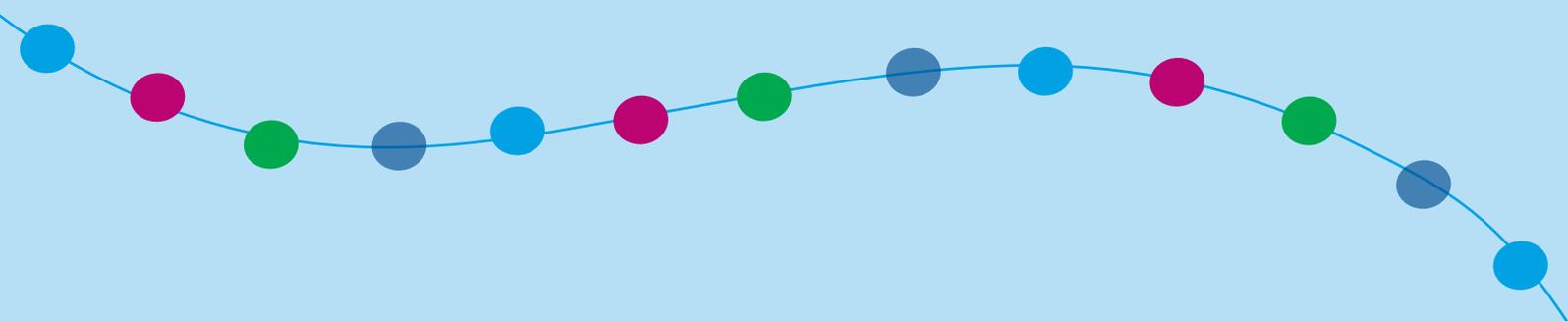
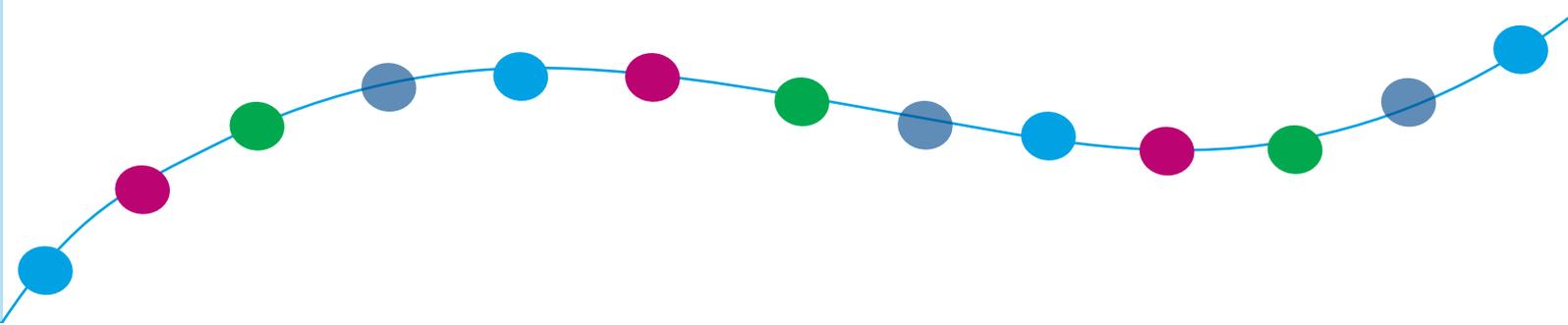


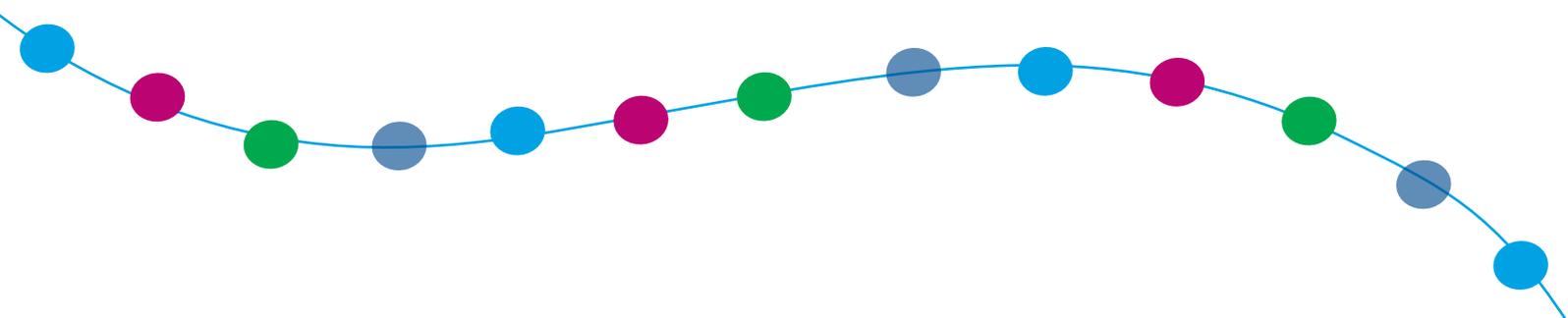
An Appraisal Handbook for General Practice Nurses



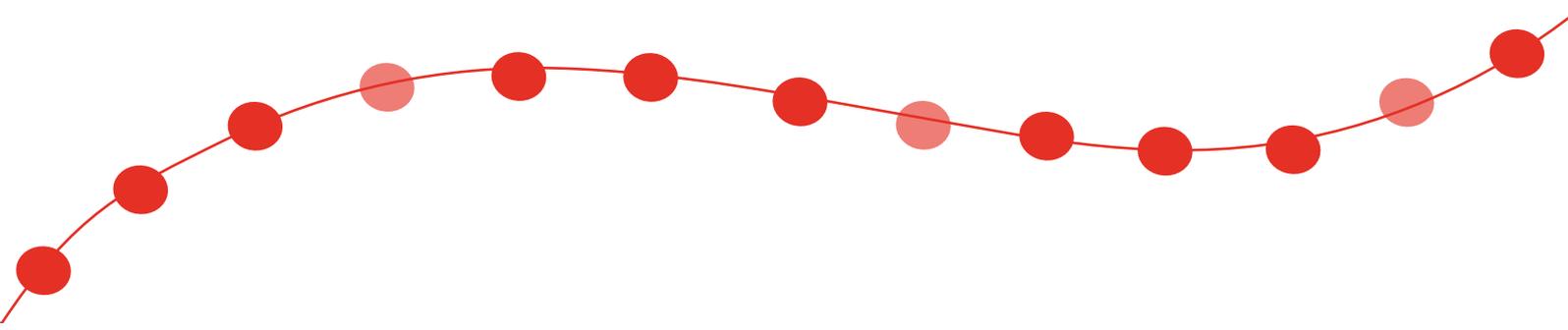


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Introduction and Background

Introduction

The NHS Education for Scotland (NES) General Practice Nurse (GPN)¹ Appraisal Handbook has been developed as a flexible resource for use in nurse appraisals in general practice. It was developed in response to repeated requests for a resource to assist in general practice nurse appraisal from a range of stakeholders. This handbook contains information and advice for appraiser and appraisee, as well as documentation.

It is intended that individuals and practices may adapt these resources to meet their own needs.

Background

The NES GPN Appraisal Handbook was developed in response to ongoing requests made to the Learning and Networking Coordinator for resources to assist in GPN appraisal. These requests were from GPs, GPNs and practice managers. However, the concept of an appraisal resource for GPNs in Scotland was first proposed in the Framework for Nursing in General Practice (Scottish Executive, 2004) and relevant areas of this document are included throughout this handbook.

The aim of this resource is to provide GPs, nurses and practice managers with a standard but flexible resource to use in the appraisal process. It aims to help practices and nurses become comfortable with the concept of appraisal for GPNs, and the intention is that they adapt this document to meet their own needs e.g. documentation and timescales.

This resource has largely been developed from the existing GP and Practice Manager resources, which have been in existence for some years, and more recently the Lanarkshire Practice Nurse Appraisal pilot study (Murie et al, 2009).

This handbook has been developed by the NHS Education for Scotland Learning and Networking for General Practice Nursing initiative, working in partnership with

1. This is used as a general umbrella term for all members of the registered general practice nursing team - in this case those nurses employed by GPs.

stakeholders. It aims to provide a structure for practices and nurses to help them ensure that GPN appraisal is focused, comprehensive, beneficial and developmental.

Consultation and Development Process

This handbook was primarily developed from the existing GP and Practice Management handbooks and information and documentation from the Lanarkshire Practice Nurse Appraisal pilot study (Murie et al, 2009). There was particular input from Ann Wilson, Practice Nurses Facilitator, NHS Lanarkshire

- Adaptations were made to take into account nurse regulation and roles.
- Details of the development group are given in Appendix 2
- Details of the process of development of this handbook are given in Appendix 3.

Purpose of This Document

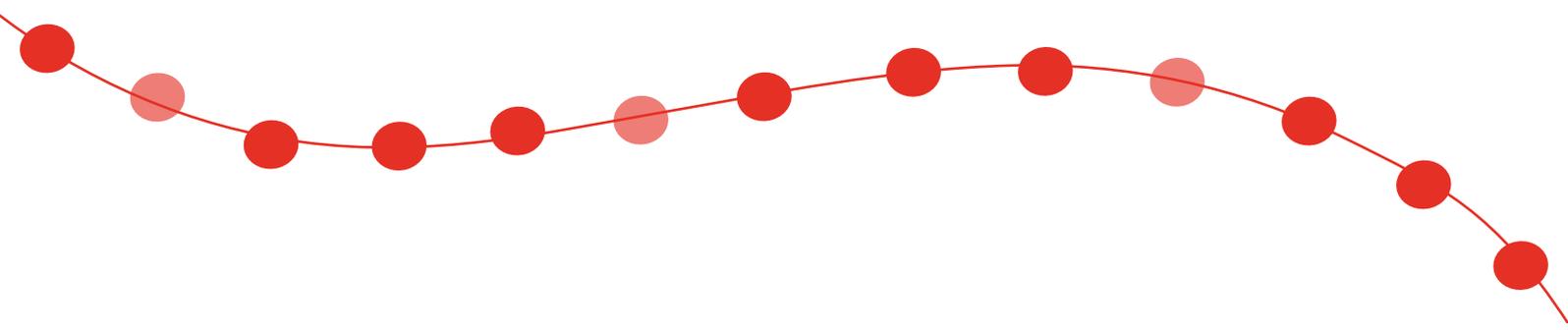
Appraisal is an annual requirement for NHS staff, However, currently there is no standardised appraisal guidance or process for nurses in general practice and it is known that there is wide variation in the range of skills and knowledge amongst individuals carrying out GPN appraisals and the format the appraisal takes.

The purpose of this document is to provide some guidance and structure for the appraisal process for GPNs which can be adapted by individuals and practices to meet their specific needs.

This handbook is intended as a resource which will be accessed as and when appropriate, with users referring to the specific sections they need at that time.

Why do Appraisal?

Appraisal provides the opportunity for a nurse and appraiser to consider the nurse's professional development over the past year and to look at his/her developmental needs in conjunction with the practice strategic plan e.g. service developments and considering the skills and knowledge GPNs need to support these developments.



A system of peer appraisal for GPs was launched successfully in Scotland in 2003. The Practice Management Appraisal Handbook (Networking and Learning for Practice Management, 2005) was developed and published in 2005 (Scottish Executive) and peer appraisal was piloted between January and May 2008. The Lanarkshire Practice Nurse Appraisal pilot study (Murie et al, 2009) piloted the appraisal of GPNs by GP appraisers.

The consultation exercise undertaken with practice managers when the Practice Management Handbook was being developed showed that practice managers wanted different models of appraisal depending on their roles, experience and the practice they worked in.

Appraisal Is...

Definitions of appraisal from the Framework for Nursing in General Practice (Scottish Executive, 2004) and NES GP Appraisal Handbook (NES, 2003) are given below.

'The appraisal process is part of a continual process of planning, monitoring, assessment and support to help staff develop their skills and be more effective in their role. The annual appraisal interview sits at the heart of the process. There is evidence both within the NHS and industry that an effective appraisal process increases the effectiveness of the organisation.' (Scottish Executive, 2004, p69)

'Appraisal is a formative and developmental process. It is about identifying individual development needs. It is not about performance management. The appraisal scheme for GPs working in Scotland ensures that all doctors working in general practice participate in a system where they reflect on and consider their current and future professional practice and, from this, identify objectives and educational activities which will enhance their professional and personal development.' (NES, 2003, p3)

Appraisal Is Not...

The appraisal process should be seen as a positive approach to development. It is not:

- *About creating unrealistic expectations or rewards*
- *A vehicle for evaluating/increasing pay entitlements.*
- *To be used as a counselling exercise for non-learning and development issues.*
- *A variant or sub set of disciplinary procedures.*

- *A substitute for the reviewer's responsibility to provide ongoing feedback to staff. (Scottish Executive, 2004, p69)*

This Handbook Is...

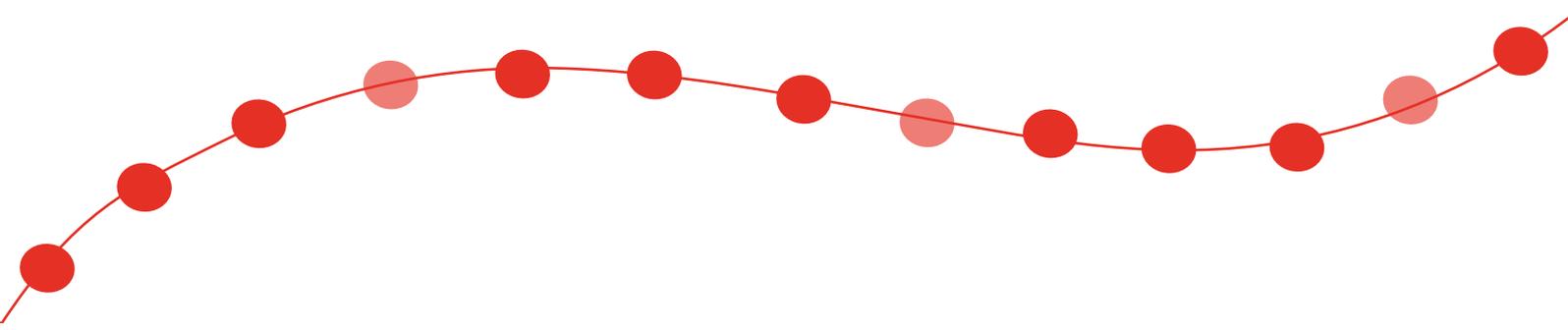
Able to be adapted to meet the needs of individuals and teams using this resource.

It includes appraisal forms which are designed to be flexible, for individuals to adapt to meet their needs

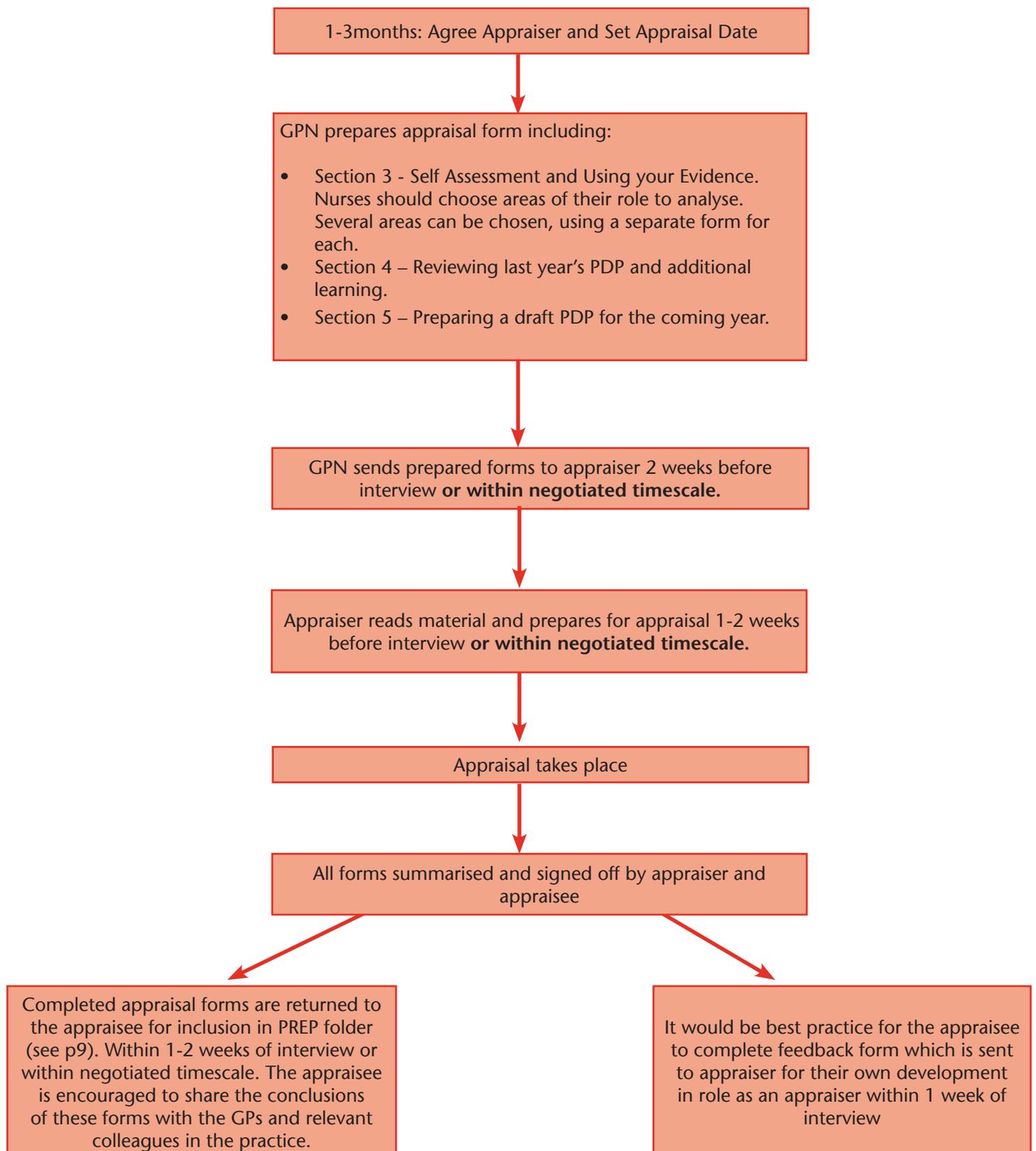
We expect those using it to identify the sections of the documentation which best meet their needs and use or adapt them as required.

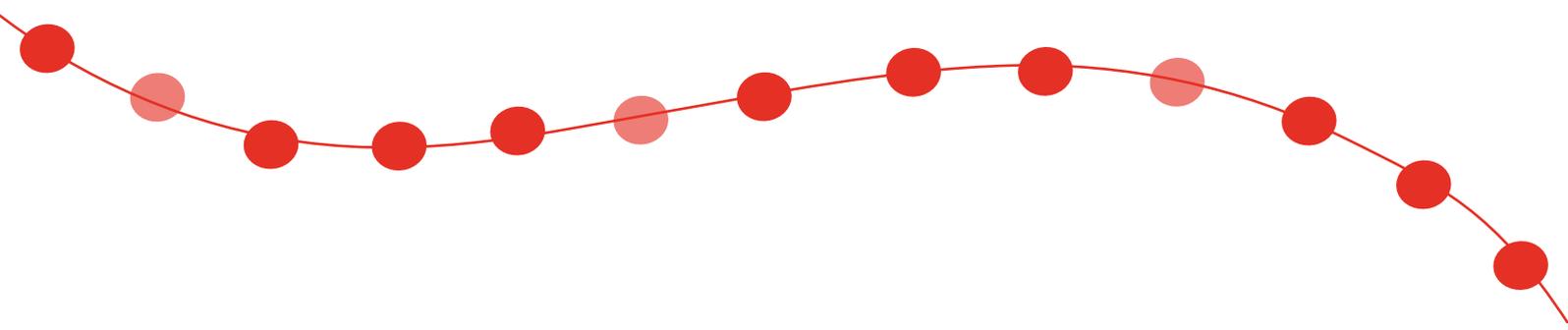
Important Points Are That:

- There is a clear understanding and agreement between the two parties of what they want to get from the appraisal process.
- The appraiser is the appropriate person to deliver the agreed appraisal.
- The appraiser is skilled in delivering the agreed appraisal.



Appraisal Process (Figure 1)





Who Carries Out General Practice Nurse Appraisals?

The person carrying out the appraisal of GPNs varies from practice to practice. In some cases it may be the GP or practice manager, in other cases it may be another nurse. This nurse may be part of the practice team or someone who is invited into the practice to carry out appraisal e.g. Health Board employed general practice nurse lead or colleague from another practice. The Framework for Nursing in General Practice (Scottish Executive, 2004) outlined a number of options which are detailed below.

1. A Senior Nurse Within the Practice Team

This may be the best option where there is an identified nurse with responsibility for leading the team, or for appraisal of staff nurses or health care assistants. In order to work effectively, the practice would need to be prepared to support development plans identified from the process and the appraiser would need to be well informed on the practice's plans and priorities.

2. Practice Manager or GP

This option has the benefit of ensuring that the practice nurse's [GPNs] objectives fit within the overall practice plans and giving a practice commitment to development plans. However, expertise in professional nursing issues will be lacking, which may make it more difficult to agree an appropriate development plan or to appropriately explore and challenge the nurses self assessment¹.

3. A Senior Nurse External to the Practice

This option is essentially similar to the GP appraisal model and would ensure appropriate professional input to the process. However, the nurse appraiser is unlikely to know the practice well, so would be unable to agree appropriate objectives with the nurse and could not commit practice funds [resources] to meeting any agreed development plan.

4. A Combination of 2 and 3

This option essentially would involve a professional component of the appraisal taking place with an external appraiser, with a discussion within the practice to agree the coming years work objectives and to sign off the personal development plan. In considering these, the most important points to consider are:

- *The nurse needs to be confident in the person identified as appraiser*
- *The practice must have confidence in the appraiser if they are to commit to meeting the identified development needs*

- *The appraiser [ideally] needs to be prepared to take on the role and should have had some training as an appraiser.'(Scottish Executive, 2004, p71)*

Some resources which appraisers may find useful can be found in Appendix 4.

Additionally, individual Health Boards and Local GP Appraisers may also have useful information and resources.

How Confidential Will The Appraisal Be?

'It is very important that everyone involved has trust in the confidentiality of the appraisal interview and the documentation surrounding it. It is essential to foster confidence in the integrity of the process not least because it will encourage both appraisee and appraiser to be as frank and open as possible. The only exception to this would be where issues emerge which indicate that the appraisee is in breach of the NMC Code of Professional Conduct, or where issues are identified that might compromise patient safety.' (Scottish Executive, 2004, p71)

The only acceptable exception to maintaining the confidentiality of the appraisal interview is when an issue arises which requires the appraiser to conform with his/her duties under the appropriate code of conduct e.g. NMC Code (NMC, 2008a), Good Medical Practice (GMS, 2006) or IHM Healthcare Management Code (IHM, 2000).

It should be remembered that confidentiality also applies to information contained in the appraisee's portfolio and patient identifiable information e.g. names or dates of birth should be removed from forms or other information that are included.

2. However, it may be that the practice manager has a nursing background.

Preparing for the Appraisal Interview

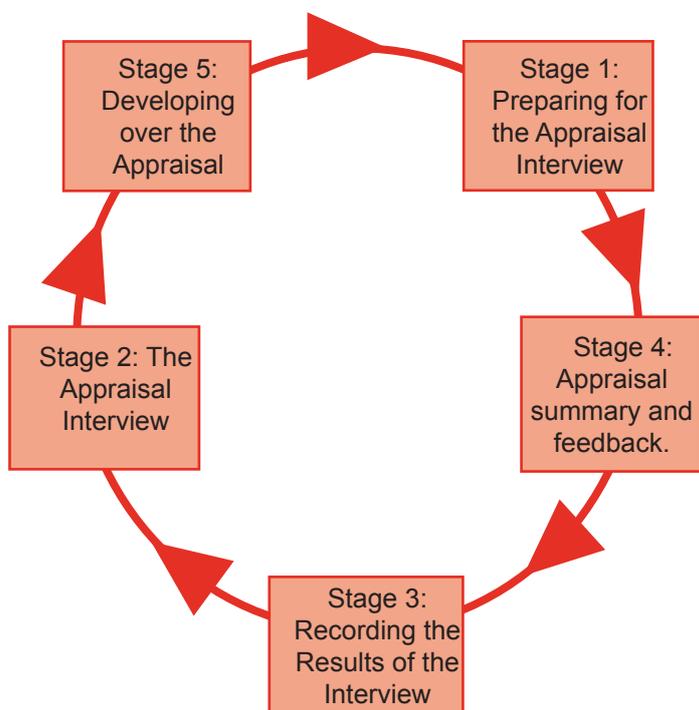
Stages of the Appraisal Process

Five stages of appraisal described in this handbook These stages are:

- Stage 1: Preparing for the Appraisal Interview
 - 1a: Preparing the Documentation
 - 1b: Organising the Interview
- Stage 2: The Appraisal Interview
- Stage 3: Recording the Results of the Interview
- Stage 4: Appraisal Summary and Feedback.
- Stage 5: Development Over the Appraisal Period

This process can be viewed as a cycle and is illustrated in Figure 2.

Figure 2 Stages of the Appraisal Process



Each stage contains notes that apply specifically to appraisers and appraisees. However, appraisers and appraisees may find it useful to read both sets of notes.

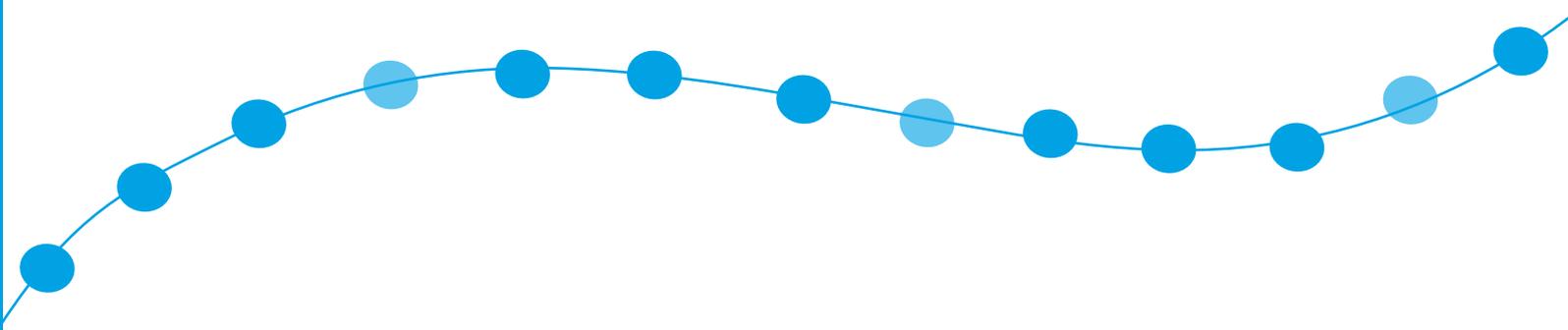
The stages and timings are adapted from those used by GPs and PMs, and are a suggestion of how this may work in practice. They should be adapted to meet individual needs. Stages and timings should be agreed by the appraiser, appraisee and practice.

You should get the forms from [situation]. Copies are available at the back of this document, can be downloaded from NES GPN toolkit at: www.nesgpntoolkit.scot.nhs.uk

It is recommended that you prepare your appraisal documents, wherever possible, in electronic form. This will assist those involved in completing the forms quickly and accurately.

The Framework for Nursing in General Practice (Scottish Executive, 2004) describes an appraisal process which has four key stages:

- *A self assessment by the individual of strengths and development needs*
- *A structured discussion with the appraiser based on the self assessment*
- *An agreed personal development plan which flows from the appraisal discussion.*
- *Action to meet the learning needs identified in the personal development plan.(Scottish Executive 2004, p69)*



Stage 1: Preparing for the Appraisal Interview

Stage 1a: Preparing the Documentation

The Appraisee

Throughout the year, you should collate evidence about how you are meeting your objectives and professional development needs and identifying new professional needs and objectives. You should review this 3 months before your appraisal interview.

1-3 months before your appraisal is due, you should be contacted and a date should be agreed for your interview. At this stage you will have the opportunity to discuss with your appraiser any concerns that either of you may have.

To prepare for the appraisal you should:

- Select the areas to discuss at the interview (see Appendices 5 and 6 for suggestions).
- Complete an Appraisal Form
- Draft a Personal Development Plan (PDP) and, in the years subsequent to year one, review your plan from the previous years. You may find the resources in Appendix 4 useful.
- Collate any evidence needed to support the main agenda item in the Appraisal Form e.g. your Prep¹ portfolio.

The process of preparing these forms will involve thinking about future objectives and personal educational needs. This should be considered in conjunction with practice needs and plans, and is not a 'wish list'. You should then send this documentation to the appraiser who will use this information to prepare an agenda, which will be agreed with you in advance.

3. The Prep requirements are professional standards set by the NMC. There are legal requirements, which you must meet in order for nurse and midwife registration to be renewed. There are two separate Prep standards which affect nurse registration. The Prep (Practice) standard requires you to have practised in some capacity by virtue of your nursing or midwifery qualification (if applicable) for a minimum of 450 hours during the three years prior to the renewal of your registration. The Prep (CPD) standard is to: undertake at least 35 hours of learning activity relevant to your practice during the three years prior to your renewal of registration; maintain a personal professional profile of your learning activity; comply with any request from the NMC to audit how you have met these requirements. You must comply with the Prep (CPD) standard in order to maintain your NMC registration.

The quality of the preparation you undertake has a direct impact on the quality of the appraisal interview. The appraisal form is a crucial tool in the appraisal's success as it is the 'springboard' for much of the discussion.

If this is hastily done then much of the value of the interview will be diminished. You should also begin to collect relevant data at this stage - starting this early will give you time to consider the following:

- Which aspects of your role you wish to concentrate on
- What sort of data you need to provide to facilitate discussion with the appraiser
- How you will gather this evidence and what other resources or help you will need.
- What other issues would you like to discuss within your appraisal interview
- If it is necessary to start gathering supporting evidence for this discussion.

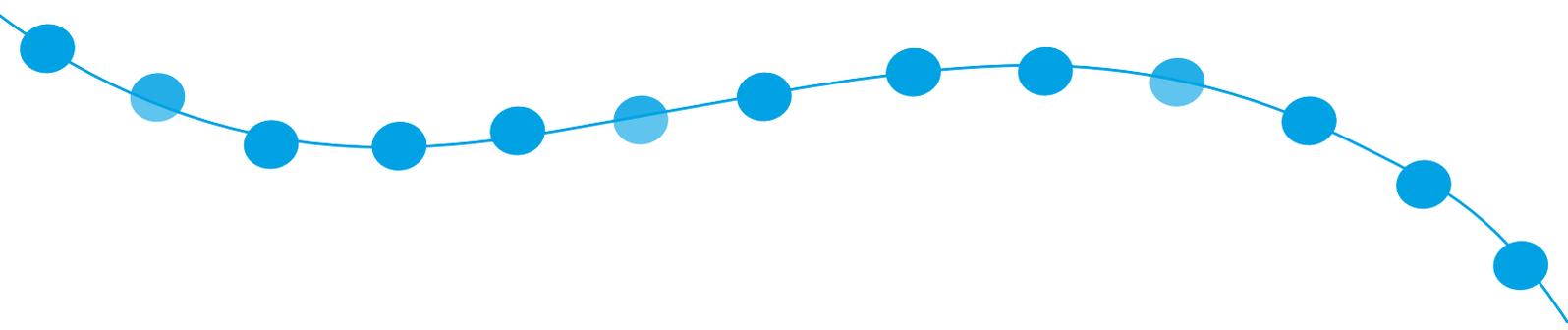
Methods you might want to consider in when collecting your evidence include:

- Significant Event Audit (SEA)
- Clinical audit
- Peer review of video consultations
- Study days and modules
- Reflection on learning activities
- Practice reports
- Multisource feedback
- Patient questionnaires and feedback
- Complaints
- Prescribing data (for non-medical prescribers).

You may wish to seek advice from your appraiser or colleagues to help you in this process.

You should consider starting to complete the appraisal form 1-3 months before the appraisal interview date. You need time to consider what you say in the forms and to gather any information you feel is necessary needed. The appraiser also needs sufficient time to consider your forms and information.

The following section gives detailed advice on completing your appraisal forms.



Preparing the Appraisal Form

You should aim to complete all relevant sections of the form except the sections summarising the appraisal interview (Section 9). This will be completed by the appraiser following the interview.

You may find that all sections of the form are not relevant to you at that time.

Section 1: Personal Details

This is self explanatory.

Section 2: The Job You Do

This provides a template you may use to consider the wider aspects of your work.

You should include your **current** entries in the NMC Register.

Your role may be very diverse or extremely specialist. This section allows you to **broadly** reflect on the service you deliver, the expertise required to deliver this and the clinical responsibility you have been given.

Please consider your job as a whole, any developments or extensions of your role and your level of autonomy.

The following areas are listed to aid your reflection, however please also consider any others relevant to your role e.g.

- Core treatment room work
- Chronic disease areas (asthma, COPD, CKD, CHD, diabetes, hypertension)
- Triage
- Minor illness and injury
- Travel health,
- Health screening
- Family planning and sexual health
- Non-medical prescribing
- Team working
- Audit
- Child health
- Significant event audit
- Communication skills
- Leadership skills/ management
- Teaching and training.

This list is not exhaustive.

If your practice is a teaching practice you may be involved in teaching all levels of staff, including GP specialist trainees, medical students, student nurses, HCA's. Please consider these in your answer.

Section 3: Self Assessment

Section 3a: General Issues

This section allows you to reflect on the key strengths of your role and to identify areas where you may wish to develop. You should also consider any barriers to developing or using your existing skills. Once these are identified, consider how this situation could be altered in terms of actions you could take and how the practice could help you develop existing strengths.

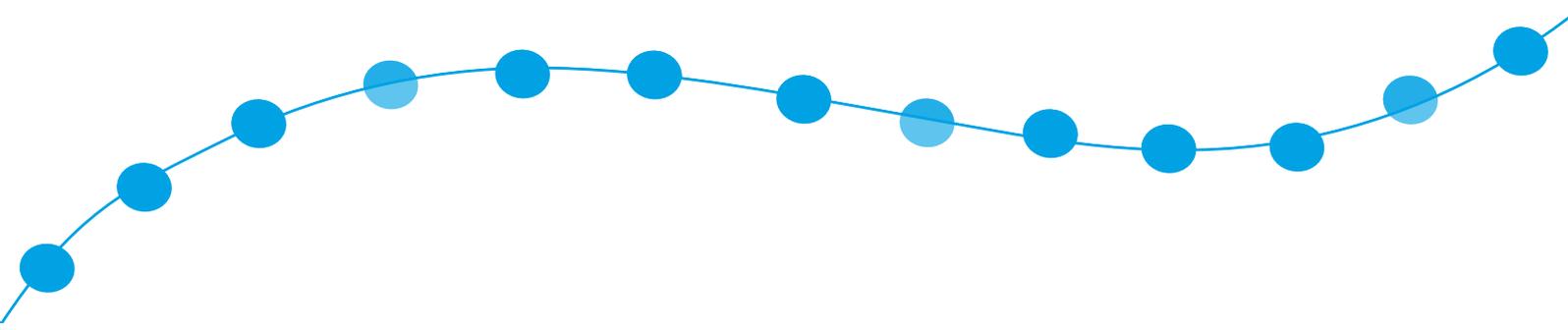
This is not about being unable to deliver a particular aspect of care because of lack of training. It is less about what you do, and more about how you do it, the personal attributes you possess or may wish to develop. These may include:

- problem solving skills
- time management skills
- autonomous working
- organisational skills, staff management
- communication skills
- delegation of work
- team working.

For example you may highlight consultation skills as an area you would like to develop. This could be achieved through mentorship or more formal education or training. New GPNs may wish to develop history taking skills, this could be achieved through role play/mentoring during protected learning time.

Section 3b: Using Your Evidence

Using the evidence you have collected for your appraisal, pick an area of your professional practice you wish to focus on. It may be appropriate to focus on one area in-depth and you should discuss this with your appraiser.



You may wish to use a range of headings to inform your reflection or consideration of areas of your practice. This may help to guide your choice of areas to focus on using your evidence in the appraisal interview. These include those used in, for example:

- Good Medical Practice (GMC, 2006)
- NHS Knowledge and Skills Framework (DOH, 2004)
- Skills for Health
- Working in Partnership Programme

There are many other competency frameworks which you may choose to use. Further resources can be found in Appendix 4.

The core categories identified in Good Medical Practice and the dimensions of the NHS Knowledge and Skills Framework are given in Appendices 5 and 6.

Prep standards (NMC, 2008b) state that you must maintain a personal, professional profile of your learning activity and must comply with any request from the NMC to audit compliance with these activities. Guidance is available on maintaining a Personal Professional Profile via the NMC web site at:

www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=3991
(Accessed 24.02.09)

The NMC highlight the following points in relation to CPD:

- It does not have to cost any money
- There is no such thing as “approved” CPD/Prep learning activity
- There is no need to collect points or certificates of attendance
- There is no approved format for the personal professional profile
- It must be relevant to the work you do now, or plan to do in the near future
- It must help you provide the highest possible standards of care for your patients.(NMC, 2008b)

Section 4a: Review of PDP From Last Year

This section provides you with the opportunity to reflect on what you have achieved over the past year. You should consider the contents of your last PDP and also additional achievements which were not included in that plan.

Your contributions to a particular achievement could be either as an individual or as part of the practice team. It is important that all GPNs take time out to identify their achievements and analyse how those achievements

came about and to learn as much from successes as from perceived failures.

You should review your objectives laid out in the PDP from the previous year in Section 4 and reflect on what you have achieved using the headings in this section.

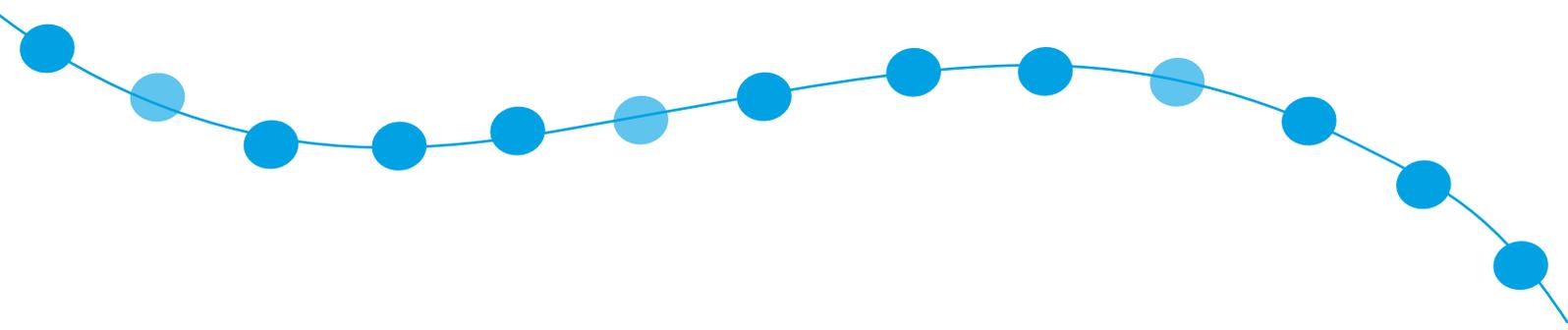
It is appreciated that not all GPNs will fulfill all the objectives in their Personal Development/Action Plan during the year. You should consider why you have not met an objective and whether you still have a need in this area that should be carried forward into this current year’s plan. You may wish to discuss with your appraiser how you might fulfill these objectives in the forthcoming year. You may wish to consider what the barriers to achieving these objectives are and how to overcome them. For example, consider whether there is congruence between your PDP and the practice learning plan, or how you can present a plan of action for overcoming the barriers.

The personal development plan is an extremely important part in the appraisal process, and by this point you should be identifying what you need to do to be effective in your role. It should not be viewed as a wish list, rather a process of individual development which fits with the strategic development of the practice and the needs of the patient population.

Section 4b: Additional Learning

Section 4b aims to deal with the opportunistic day-to-day learning that took place outwith the learning that you had planned, and other more formalised learning events or courses which you attended - in addition to those planned in your Personal Development Plan.

For each learning activity you wish to review, it is recommended that you complete and insert a copy of Section 4 (a) which asks you to reflect on your learning points. You may also choose to include a note of the formal courses or other learning events you have attended and enclose certificates or other documents from those courses or relating to other ways you have learned as you wish. This may include shadowing colleagues, reading, debate and discussion with colleagues, reflection on your skills and knowledge and actions resulting from this reflection.



Section 5: Your Current Development Plan

You should aim to draft your Personal Development/Action Plan at the same time as your Appraisal Form. In preparing your Plan, you may wish to refer to resources about PDP development.

You will find a range of resources detailed in Appendix 4. These can be used as tools to help identify the areas where you have learning needs. There is also helpful guidance in the NES GPN Toolkit on creating a Personal Development Plan.

It should be noted that some of the resources highlighted, e.g. Working in Partnership Programme resources, were developed for use in England and may not fully reflect the Scottish context.

Section 6: Accountability

You should consider whether there are issues surrounding your accountability in the practice and review the NMC Code (2008a) e.g. boundaries of your role, accountability for other staff.

Section 7: Health and Personal Circumstances

You may wish to reflect on any circumstances or conditions in your personal or professional life which could have an impact on your personal health and/or on your ability to carry out your work role in the practice.

Section 8: Other Issues for Discussion

This section is for you to indicate any other area, either personal or professional, which you would find beneficial to discuss at your appraisal.

Section 9: Summary of the appraisal interview and actions to be taken.

This will be completed after the appraisal interview.

Section 10 Appraiser Feedback

This will be completed after the appraisal interview and gives the appraisee the opportunity to reflect on the interview process, outcomes and appraiser. They may wish to share this with the appraiser or appropriate colleague.

Organisation of the Appraisal Interview

'The formal appraisal is an opportunity for the practice nurse [GPN] to discuss with the appraiser their own and the appraisers perceptions of achievements over the last year and development needs. The completed self assessment forms a starting point to this discussion...

Appraisal interviews typically take 60-90 minutes. It is important that time is committed to the process if it is to offer an opportunity for positive discussion.

The outcome of the appraisal interview should be an agreement on objectives and development needs for the year. A record of the interview should be signed and copies kept by the person being appraised and on the staff file.'(Scottish Executive, 2004, p70)

a) The Appraisee

Suggested timings are in Appendix 7.

Once your appraiser has received your appraisal forms and supporting evidence he/ she will contact you to:

- Confirm the interview date and time
- Discuss the agenda for the meeting
- Identify any gaps in your supporting evidence
- Discuss how these can be filled before the interview date.

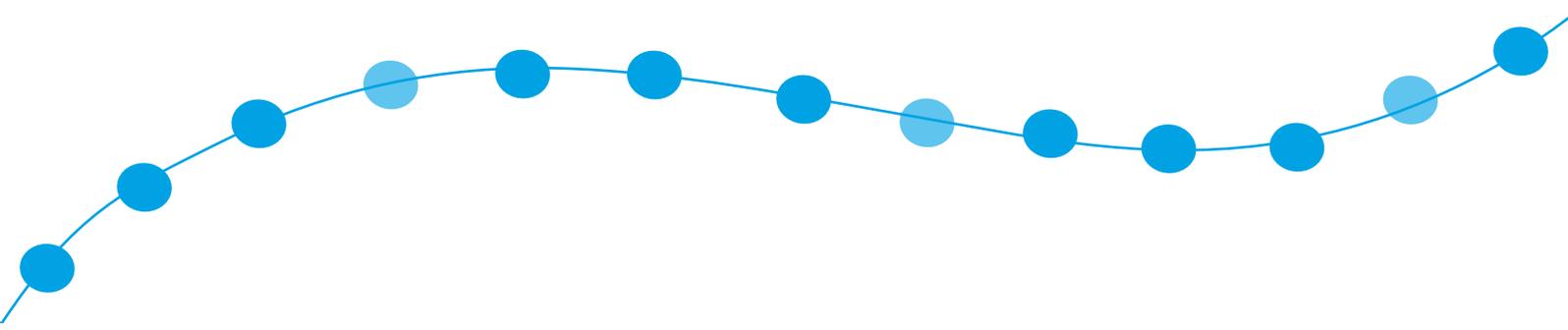
b) The Appraiser

This section summarises the appraiser's role.

Contacting the Appraisee

1-3 months before the appraisal your appraisee should be contacted and a date, time and venue for the interview agreed. This is an opportunity to ensure that the appraisee has access to this handbook and has had the opportunity to read it and express any concerns.

It is also the opportunity to find out if they have any concerns about the appraisal which should be talked through.



If, during this early preparatory period or at any time before the appraisal interview, the appraisee has trouble in confirming a date or providing the appraisal forms and information by the due date, there needs to be negotiation about the appraisal date. The date can be rearranged but, ideally, it should take place as near the original date as possible.

Preparation for the Interview

You will receive the appraisee's forms and information about 2 weeks before the interview date. Preparation for the interview should include:

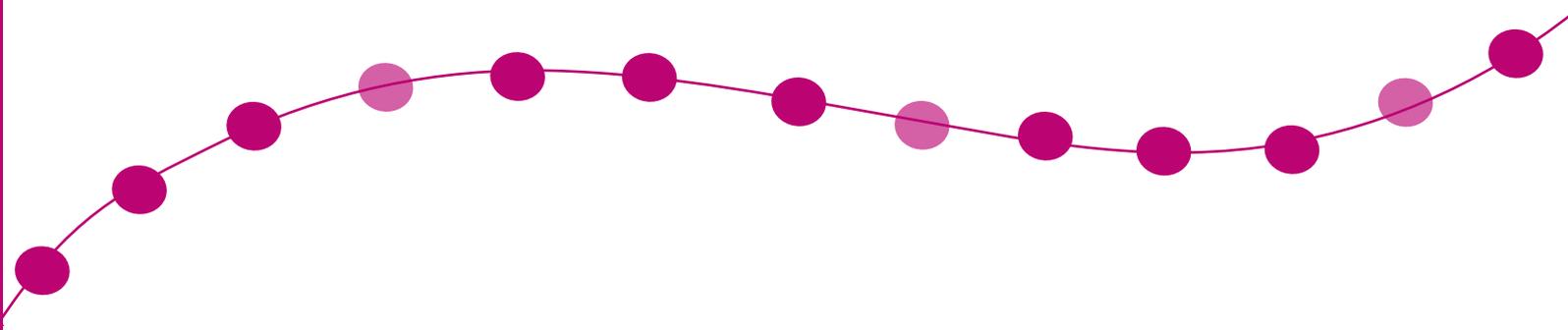
- Identifying any gaps in the supporting information. If there are any gaps, particularly in areas, which the appraisee wishes to discuss in depth, contact the appraisee without delay so that the gaps can be filled by the time the appraisal interview takes place.
- Compiling the agenda for the appraisal interview. A sample agenda is given in Appendix 8. This should include areas where you perceive the appraisee may need your help and support. Examples of such support may be in the area of expanding the objectives for the next twelve months or completing the PDP. Where appraisees have not participated in this process previously, they may need more practical help in completing the form and collating information.

Studying the appraisal forms and evidence in detail is not only important for completing the tasks outlines above; it will also give the appraisee confidence in your abilities as an appraiser and gain and maintain confidence in the integrity of the process.

Confirming the Date of the Interview

Around 1 week before the interview date, you should contact the appraisee again to confirm the arrangements and agree the agenda. It is during this discussion that you can firm up on the arrangements for the interview, ensuring it will take place without interruption and in confidence.

You must ensure that the documents received from the appraisee are kept confidential at all times.



Stage 2: The Appraisal Interview

a) The Appraisee

- The interview will be held in the agreed venue
- For GPNs it is envisaged that the interview will last approximately (60- 90 minutes and it will be held in private. It will be helpful if you read the guidance for the appraiser set out below as this will help you get the most out of the interview.

b) The Appraiser

- The appraisal forms provide the agenda and order of the interview (a sample agenda is given in Appendix 8)
- However, aside from confidentiality, you may need to use your discretion and raise the remaining topics in the order which will be of most benefit to the appraisee and his/her development
- It is important that you set a positive and supportive tone from the outset of the interview.

The appraisal interview structure and outline content should look something like this:

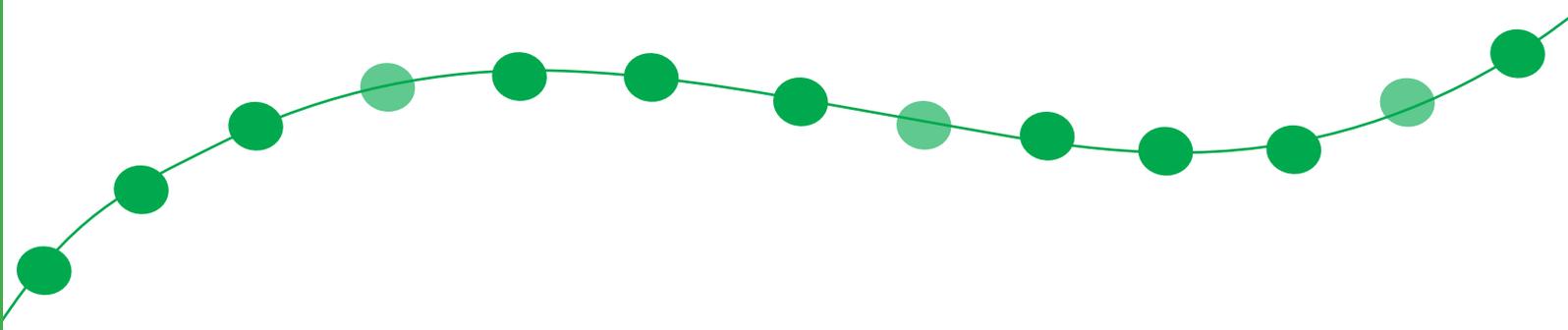
Open with welcoming remarks and remind the appraisee of:

- The parameters around confidentiality
- The aims of the appraisal
- The specific purposes of the interview
- The role of the appraiser and your expectations of the appraisee during the interview
- Go through the agenda and ensure there is agreement on the topics and order of issues to be discussed.
- Discuss the completed description of the appraisee's work and update it if necessary.
- Discuss the appraisal form and the information, ensuring there is a direct connection between the appraisee's current and future activities and the identified educational needs. For example, if the appraisee is responsible for diabetic care in the practice there may be specific educational needs in relation to this responsibility.
- Review with the appraisee their PDP and learning activities from the previous year, and agree a plan for the coming year and the fit of this plan with the practice strategic development.
- Discuss any issues and feedback, and the learning points from these.

- Take sufficient notes to complete the appraisal forms, including the PDP.

The main outcome of the interview should be an agreement on how to build for the future, based on the evidence provided. The focus of the appraiser should be to ensure that the appraisee has:

- Provided information for the areas discussed
- Completed a PDP that is relevant and prioritised
- Considered whether the PDP is achievable in the time limits stated.



Stages 3 and 4: Recording the Interview and Summary and Feedback

These stages form Section 9 of the documentation: Summary of the Appraisal interview and action to be taken.

a) The Appraisee

The appraiser's record of the interview will be agreed with you. Section 9 of the Appraisal Form will be used to record the main outcomes of the interview. A copy of this may be passed to the GP or appropriate colleague for information, if appropriate.

b) The Appraiser

It is important that you reflect back to the appraisee, at the end of the interview, the key points discussed and the actions agreed and recorded.

Although you will have made notes during the interview and have the appraisal forms and evidence, you should not rely on your memory to complete the documents.

c) Dealing with Sensitive Issues

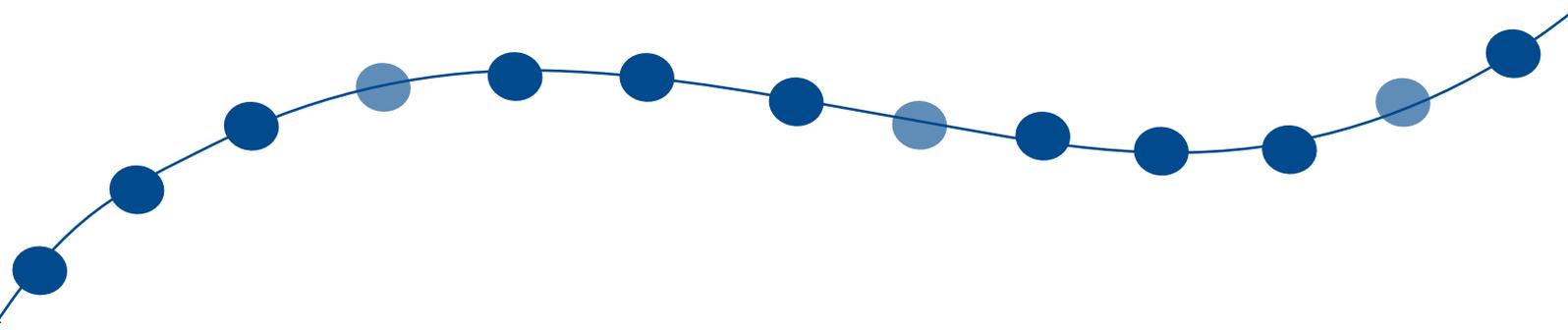
In the very unusual event where you have a significant cause for concern about the appraisee's health, conduct or performance, then you should stop the interview as these concerns must be addressed outwith the appraisal process. You should be aware of the procedures in place in your area for this situation and of your professional regulations guiding this situation and follow these.

The relevant paragraphs from the NMC Code (NMC, 2008a) Good Medical Practice (GMC, 2006) are given below.

'You must act without delay if you believe that you, a colleague or anyone else may be putting someone at risk.'
(NMC, 2008a)

'You must protect patients from risk of harm posed by another colleague's conduct, performance or health. The safety of patients must come first at all times. If you have concerns that a colleague may not be fit to practise, you must take appropriate steps without delay, so that the concerns are investigated and patients protected where necessary. This means you must give an honest explanation of your concerns to an appropriate person from your employing or contracting body, and follow their procedures.'

'If there are no appropriate local systems, or local systems do not resolve the problem, and you are still concerned about the safety of patients, you should inform the relevant regulatory body. If you are not sure what to do, discuss your concerns with an impartial colleague or contact your defence body, a professional organisation, or the GMC for advice.' (GMC, 2006, p23)



Stage 5: Development over the Appraisal Period

Appraisee and Appraiser

Discussion between the appraiser and appraisee about how the appraisee can meet their identified learning needs within a realistic timescale is an important part of the appraisal. They may have identified more than one development need, and a variety of options to enable them to meet these needs may be available. It is important that you are both aware of the level of commitment required to ensure successful completion of any learning and development activity.

A summary is normally completed by the appraiser. On occasion the appraisee may want to complete their own summary. This should be signed by appraisee and appraiser within one week of the appraisal interview.

The appraisee may want to discuss the content of this summary with an appropriate nurse, GP or Practice Manager.

With the appraisee's consent, a copy of his summary may be put on file in the practice.

The appraisee should file a copy of the appraisal summary in their Prep folder.

Engagement with the appraisal process may be viewed as a characteristic of good professional practice. By sharing the appraisal with the practice, the appraisee not only demonstrates their professionalism, but it may also benefit the practice as a whole.

The outcome of the appraisal interview should be an agreement on objectives and development needs for the year. This section is the final stage of the process and by referring back to the summary through the year the appraisee can ensure that they are addressing the developmental needs highlighted in the body of the appraisal.

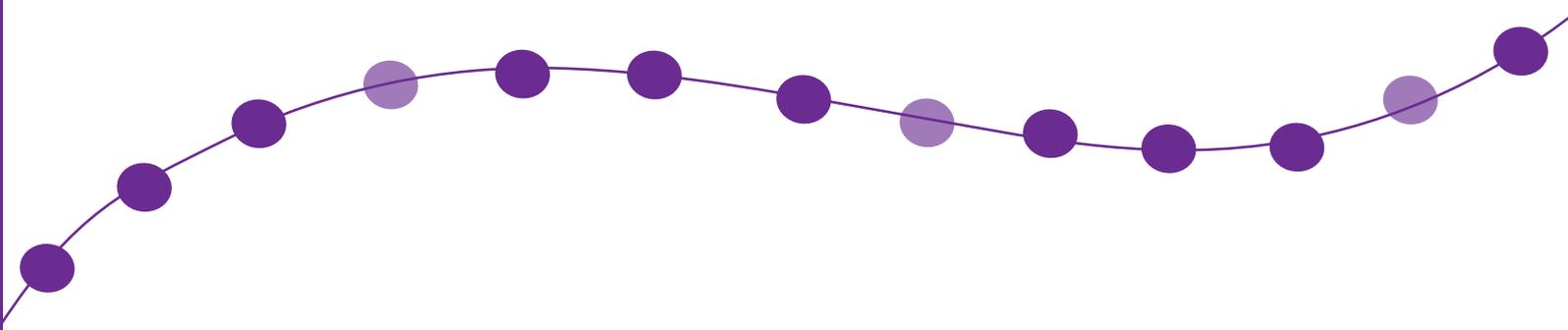
The appraisee can use their PDP over the following twelve months to:

- Provide guidance on the changes you might wish to introduce.

- Manage their continuing professional development.
- It is important as an appraisee to view the appraisal interview as a key stage in the process of professional development. The documentation is designed so that PDP can be used throughout the year by the appraisee to plan, manage and monitor their own development both in terms of the changes they have identified, they wish to make and their educational needs.

The appraisee may wish to review their PDP informally after 6 months.

Part of the preparation for next year's appraisal will involve the appraisee assessing the progress they have made in achieving their stated objectives and meeting their identified educational and training needs.



Appendices

Appendix 1: Definitions

Glossary of Terms

Appraisal

A formative, systematic and regular review of progress, to reflect on areas of strength and where change and improvement could be made. It looks forward to ways of equipping the individual to achieve agreed changes and reach their full potential.

Appraiser

The person conducting the appraisal.

Appraisee

The person being appraised.

Appraisal Period

The period of time covered by the appraisal, normally twelve months.

Continuing Professional Development (CPD)

A process of life-long learning for all individuals and teams which enables professionals to expand and fulfill their potential and which also meets the needs of patients and delivers the health and health care priorities of the NHS.

General Practice Nurse (GPN)

A general umbrella term for all members of the registered general practice nursing team, in this case those nurses employed by GPs.

NES

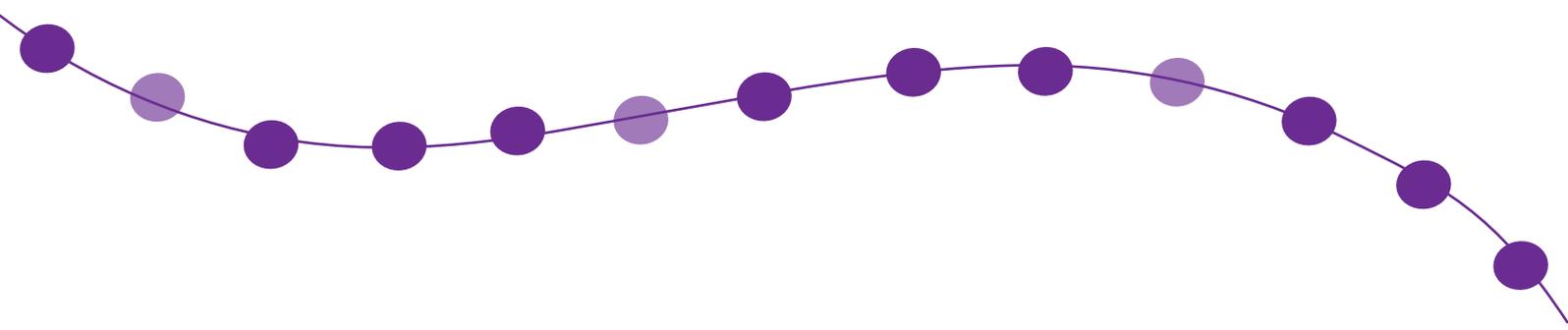
NHS Education for Scotland

NMC

Nursing and Midwifery Council

Prep

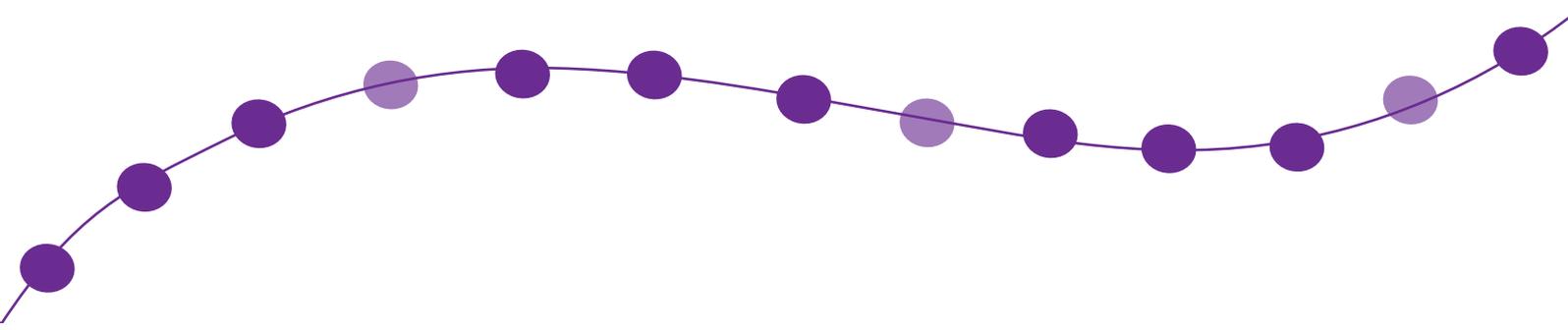
NMC Post registration education for practice. The Prep requirements are professional standards set by the NMC. There are legal requirements, which you must meet in order for nurse and midwife registration to be renewed. There are two separate Prep standards which affect nurse registration. The Prep (Practice) standard requires you to have practised in some capacity by virtue of your nursing or midwifery qualification (if applicable) for a minimum of 450 hours during the three years prior to the renewal of your registration. The Prep (CPD) standard is to: undertake at least 35 hours of learning activity relevant to your practice during the three years prior to your renewal of registration; maintain a personal professional profile of your learning activity; comply with any request from the NMC to audit how you have met these requirements. You must comply with the Prep (CPD) standard in order to maintain your NMC registration.



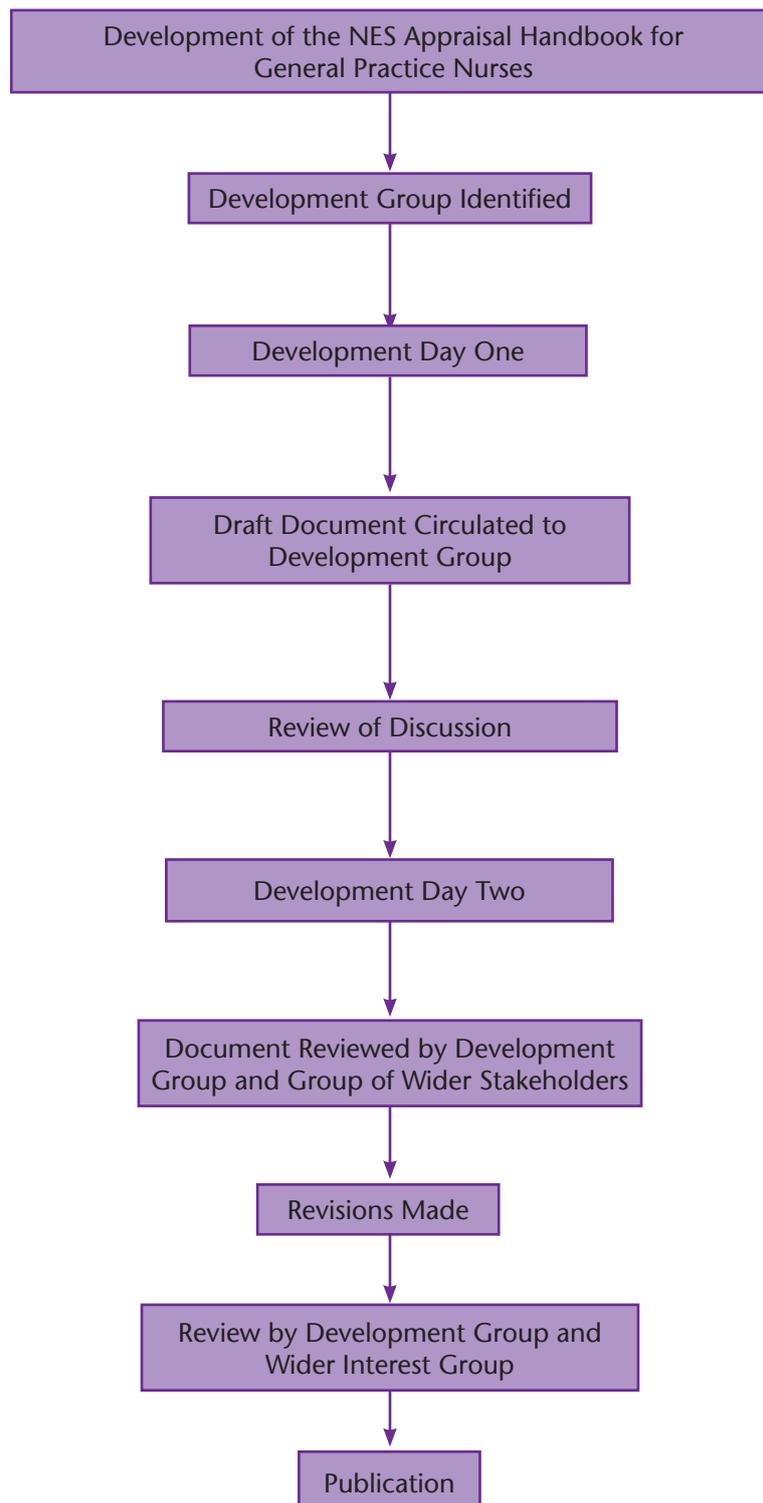
Appendix 2: Appraisal Handbook - Working Group Members

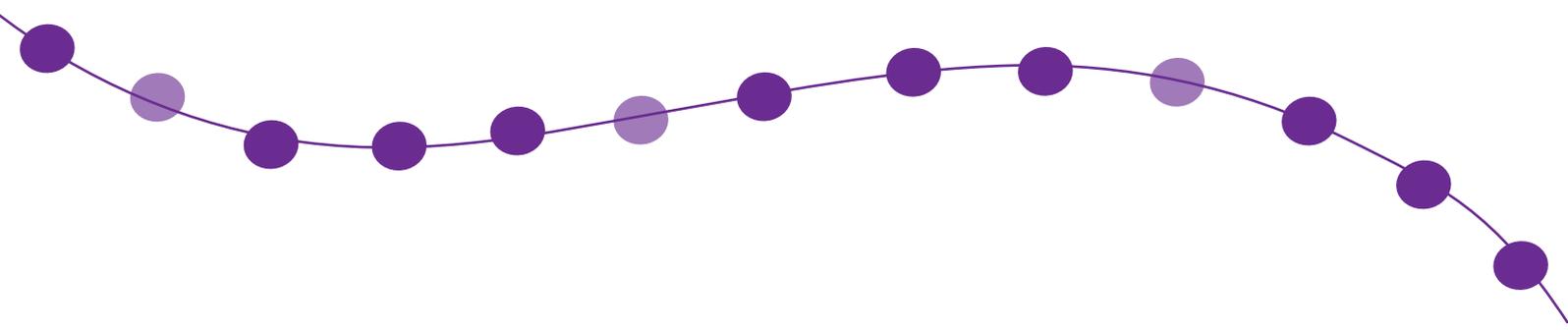
NHS Education for Scotland: Working Group Members

Fiona Bell	Learning and Networking Coordinator General Practice Nursing, NES
Gill Dennes	Scottish Practice Nurse Association, Practice Nurse
Gillian Halyburton	RCN, Practice Nurse Advisor/Professional Lead Greater Glasgow and Clyde
Linda Harper	Associate Director of Nursing, (Practice Nursing) NHS Grampian
Ken Lawton	Chair, RCGP Scotland
Sandy McKendrick	GP Appraiser/GP Advisor to the Scottish Public Services Ombudsman (SPSO)
Mary Mitchell	Network and Learning National Coordinator for Practice Management, NES
Jean Sargeant	Nurse Practitioner
Ian Staples	Development Manager (GP Appraisal), NES
Anne Wilson	Practice Nurse Advisor, Lanarkshire



Appendix 3: Development of the NES Appraisal Handbook for General Practice Nurses





Appendix 4: Resources

Appraisal

Networking and Learning for Practice Management, Appraisal for practice Managers in Scotland. (2005). Edinburgh, Scottish Executive.

www.scotland.gov.uk/Publications/2005/06/09104542/45445

(Accessed 23.2.09)

NHS Education for Scotland (NES). Appraisal for General Practitioners

Working in Scotland (2003). Edinburgh: NHS Education for Scotland.

www.nes.scot.nhs.uk/documents/publications/classa/GPAappraisal2003.pdf

(Accessed 23.2.09)

NOTE: This handbook is currently being revised. The new version will be available through the NES website when it is published. (www.nes.scot.nhs.uk)

Oxfordshire GP Appraisal Guide How to prepare for your appraisal.

<http://homepage.ntlworld.com/honor.merriman/oxfordprimarycarelearning/appraisal%20documents/apraisee%20guide%20july%202007.pdf>

(Accessed 3.2.09).

Oxfordshire GP Appraisers Toolkit

www.appraisalsupport.nhs.uk/files2/Jan%20McCall%20and%20Honor%20Merriman%20Oxford%20Toolkit.pdf

(Accessed 23.2.09).

Scottish Executive (2004). Framework for Nursing in General Practice. Edinburgh: Scottish Executive

www.scotland.gov.uk/Publications/2004/09/19966/43284

(Accessed 23.2.09)

Scottish Online Appraisal Resource (SOAR)

www.scottishappraisal.scot.nhs.uk/

(Accessed 23.2.09)

PREP/ CPD

NES GP CPD Section

www.nes.scot.nhs.uk/medicine/gpcpd/default.asp

(Accessed 23.2.09)

Nursing and Midwifery Council (2008b). The PREP Handbook. London: NMC.

www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=4340

(Accessed 23.2.09)

PREP standards and qualifications, Meeting PREP standards - CPD and practice

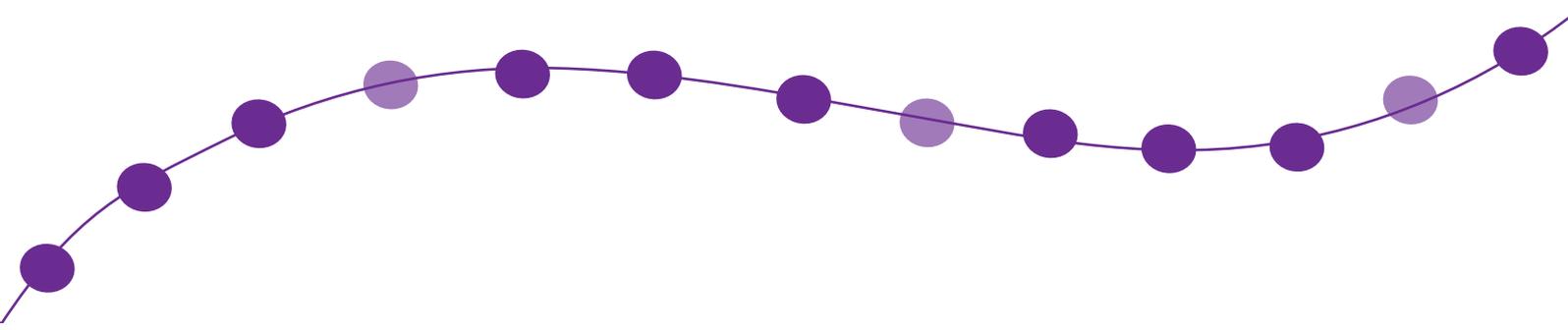
www.nmc-uk.org/aArticle.aspx?ArticleID=2793

(Accessed 23.2.09)

Royal College of Nursing. Professional Development

www.rcn.org.uk/development

(Accessed 23.2.09)



Appendix 4: Resources (cont)

Working in Partnership Programme (WiPP). Unit Four. Education and professional development of general practice nurses.

www.wipp.nhs.uk/tools_gpn/unit4_generic.php

(Accessed 23.2.09)

General Resources (may also include information about the above areas)

Department of Health. (2004). The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process (October 2004). London: Department of Health.

www.dh.gov.uk/en/Publicationsandstatistics/Publications/publicationspolicyandguidance/DH_4090843

(Accessed 23.2.09)

General Medical Council. (2006) Good Medical Practice. London: GMC.

www.gmc-uk.org/guidance/good_medical_practice/index.asp

(Accessed 23.2.09)

NES General Practice Nurse Toolkit

www.nesgpntoolkit.scot.nhs.uk

(Accessed 23.2.09)

Nursing and Midwifery Council (2008). The Code. Standards of conduct, performance and ethics for nurses and midwives. London: NMC.

www.nmc-uk.org/aArticle.aspx?ArticleID=3056

(Accessed 23.2.09)

Scottish Executive (2004). Framework for Nursing in General Practice. Edinburgh: Scottish Executive

www.scotland.gov.uk/Publications/2004/09/19966/43284

(Accessed 23.2.09)

Scottish Practice Nurses Association

www.spna.org.uk/

(Accessed 23.2.09)

Skills for Health

<http://www.skillsforhealth.org.uk/>

(Accessed 23.2.09)

Significant Event Analysis

www.nes.scot.nhs.uk/sea/sea/

(Accessed 23.2.09)

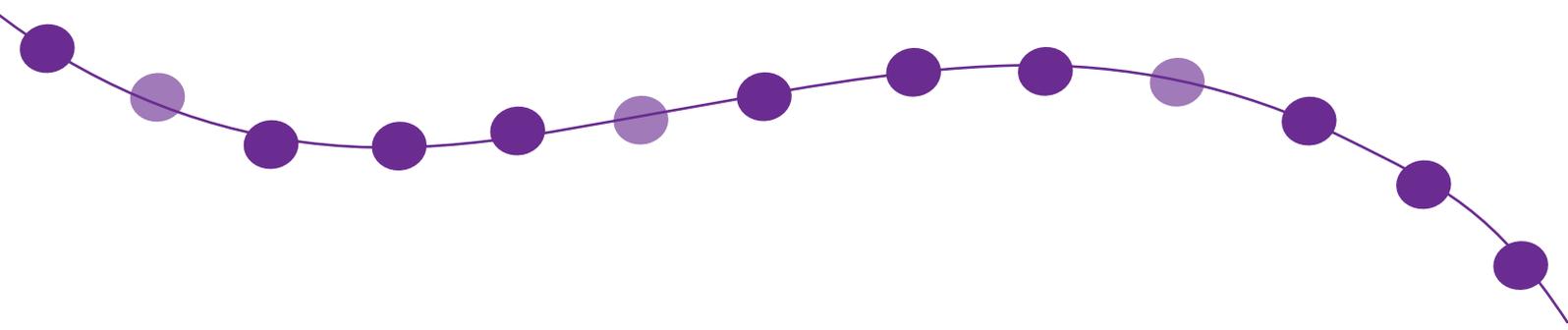
Welcome to Flying Start NHS

<http://www.flyingstart.scot.nhs.uk/>

(Accessed 23.2.09)

Working in Partnership Programme (WiPP). GPN toolkit.

www.wipp.nhs.uk/99.php (Accessed 23.2.09)



Appendix 5: Good Medical Practice

As GP appraisal is based on Good Medical Practice, all seven headings of this document are touched upon each year in GP Appraisal. The headings are:

- Good clinical care
- Maintaining good medical practice
- Teaching and training, appraising and assessing
- Relationships with patients
- Working with colleagues
- Probity
- Health

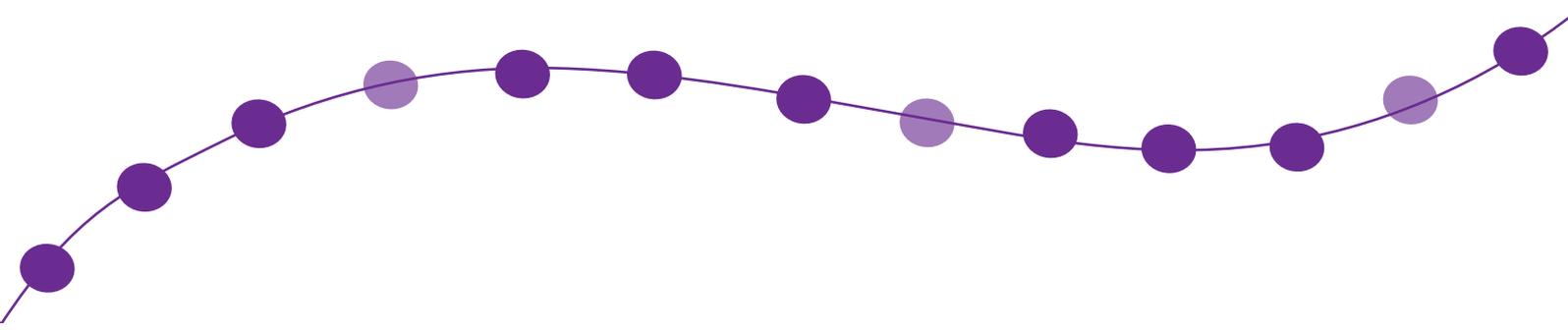
In Scotland, GPs currently use five core categories to gather the evidence for their appraisal. They choose a different core category each year to focus the evidence for their appraisal over a five year cycle.

The core categories are:

- Prescribing
- Referrals and Working with Colleagues
- Clinical Audit
- Significant Event Analysis
- Communications Skills

In addition Health and Probity are discussed at every annual appraisal.

NOTE: At time of writing (March 2009) these, these headings were accurate.



Appendix 6: The NHS Knowledge and Skills Framework (KSF) and the Development Review Process (October 2004)

The NHS KSF, on which the development review process is based, is designed to:

- Identify the knowledge and skills that individuals need to apply in their post
- Help guide the development of individuals
- Provide a fair and objective framework on which to base review and development for all staff
- Provide the basis of pay progression in the service

Each job has a job outline which uses the core and specific dimensions given below to describe the job. These dimensions are also used in the appraisal process. The information given below is from Chapter 1 and Appendix 2 of the document referenced above.

Core dimensions

- Communication
- Personal and people development
- Health, safety and security
- Service improvement
- Quality
- Equality and diversity

Specific dimensions

These are described as:

' Specific – it will relate to some jobs but not all.'

Some of those which may be relevant to your work are given below.

Health and wellbeing

- Promotion of health and wellbeing and prevention of adverse effects to health and wellbeing
- Assessment and care planning to meet health and wellbeing needs
- Protection of health and wellbeing
- Enablement to address health and wellbeing needs

- Provision of care to meet health and wellbeing needs
- Assessment and treatment planning
- Interventions and treatments
- Biomedical investigation and intervention
- Equipment and devices to meet health and wellbeing needs.
- Products to meet health and wellbeing needs

General

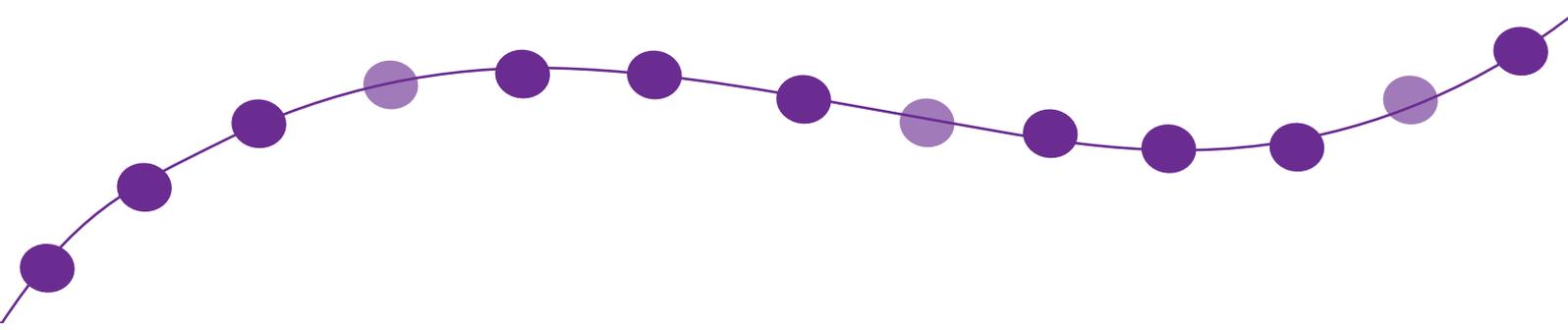
- Learning and development
- Development and innovation
- Procurement and commissioning
- Financial management
- Services and project management
- People management
- Capacity and capability
- Public relations and marketing.

A full list of these and details about what they encompass is given in Appendix 2 of the KSF document (Department of Health, 2004).

Appendix 7: Timescales

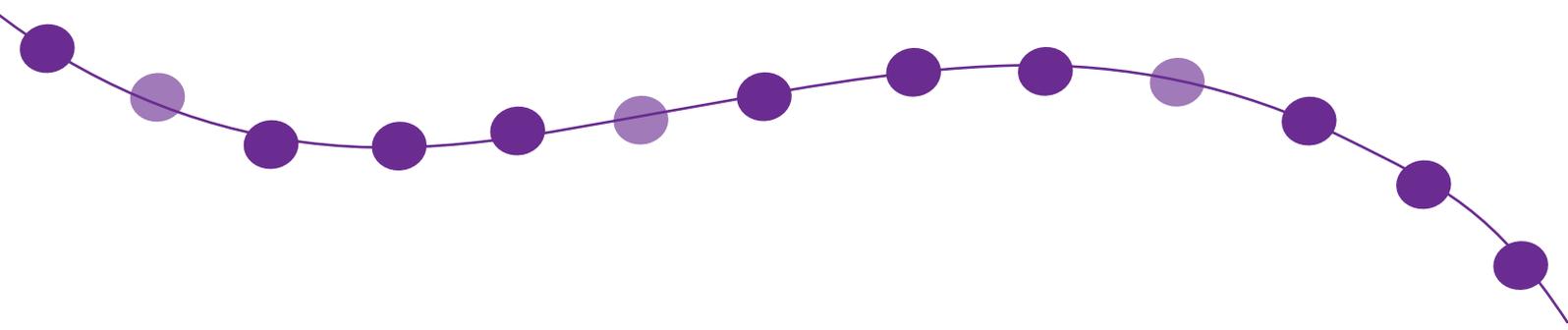
Here is a summary of the suggested timescales for each key stage of the appraisal process. This checklist will be helpful in planning the appraisal interview and the follow up.

Action	Suggested Timescale	Notes
Appraisee selects the categories for discussion and starts collating evidence and information needed for the appraisal. This may involve reviewing the PDP from previous appraisals.	3 months before the appraisal interview.	Individuals should maintain their Prep portfolio on an ongoing basis. This can form the basis for some of the evidence
Appraiser to contact appraisee to agree provisional interview date and venue.	1-3 months before interview date	
Appraisee to identify areas for: <ul style="list-style-type: none"> in-depth discussion in the appraisal meeting, appraisal agenda reviews the evidence they have been collecting 	2-4 weeks before appraisal interview date	
Appraisee reviews the Personal Development/Action Plan from the previous year (in years subsequent to year one) and starts preparing the Appraisal form and draft Personal Development/Action Plan	2-4 weeks before interview date.	
Appraisee sends forms and supporting evidence to the appraiser	To arrive about 2 weeks before interview date.	
Appraiser reviews forms	1-2 weeks week before interview or within negotiated timescale.	
Appraiser confirms the interview and agrees	1 week before the interview	
Appraisal interview is held.	On date agreed. Date should be rearranged as soon as possible if the appraisal interview is cancelled.	
Appraiser completes: <ul style="list-style-type: none"> appraisal Form personal Development/Action Plan summary Development Plan summary of Interview These are sent to the appraisee for signature.	Within 1 week of the appraisal interview.	
Appraisee completes appraiser feedback form	Within 1-2 weeks of the appraisal interview or negotiated timescale.	
Copy of appraisal summary sent to GP or colleague if appropriate.	Within 2 weeks of the appraisal interview	



Appendix 8: Sample Agenda for Appraisal Meeting

- 2) Practice & Clinical (job now)
- 3) Review of Learning Activities
- 4) PDP
- 5) Complaints
- 6) Teaching
- 7) Probity
- 8) Health



References

Department of Health (2004). The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process (October 2004)

www.dh.gov.uk/en/Publicationsandstatistics/Publications/publicationspolicyandguidance/DH_4090843
(Accessed 23.2.09)

General Medical Council. (2006) Good Medical Practice. London: GMC.

www.gmc-uk.org/guidance/good_medical_practice/index.asp
(Accessed 23.2.09)

Institute of Healthcare Management. (circa 2000) IHM Healthcare Management Code.

www.ihm.org.uk/about/code-of-conduct/impact-of-code
(Accessed 23.2.09)

Networking and Learning for Practice Management, Appraisal for practice Managers in Scotland. (2005). Edinburgh, Scottish Executive.

www.scotland.gov.uk/Publications/2005/06/09104542/45445
(Accessed 3.2.09)

Murie J, Wilson A, Cerinus M. (2009) Practice nurse appraisal: evaluation report. (in press)

NHS Education for Scotland (NES). Appraisal for General Practitioners

Working in Scotland (2003). Edinburgh: NHS Education for Scotland.
www.nes.scot.nhs.uk/documents/publications/classa/GPAppraisal2003.pdf
(Accessed 23.2.09)

NOTE: This handbook is currently being revised. The new version will be available through the NES website when it is published. (www.nes.scot.nhs.uk)

Nursing and Midwifery Council (2008). The Code. Standards of conduct, performance and ethics for nurses and midwives. London: NMC.

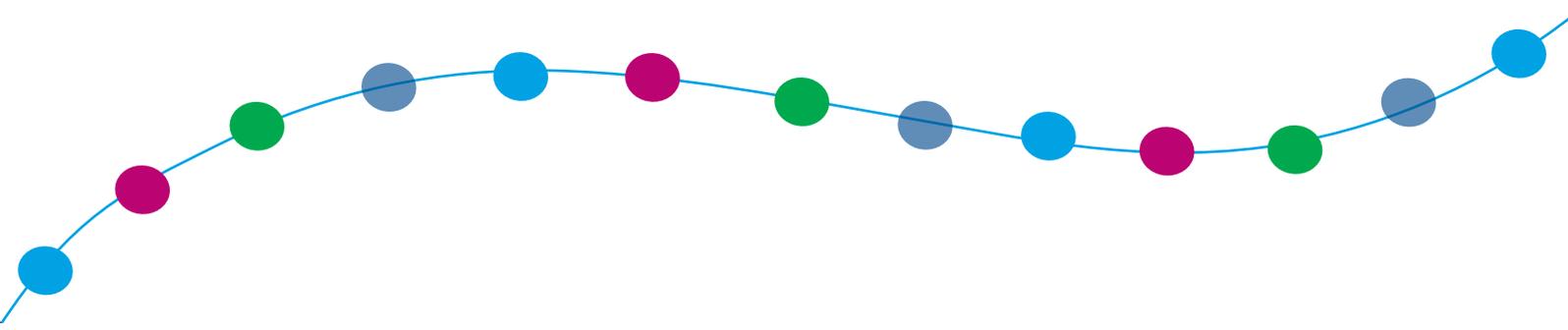
www.nmc-uk.org/aArticle.aspx?ArticleID=3056
(Accessed 23.2.09)

Nursing and Midwifery Council (2008b). The PREP Handbook. London: NMC.

www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=4340
(Accessed 23.2.09)

Scottish Executive (2004). Framework for Nursing in General Practice. Edinburgh: Scottish Executive

www.scotland.gov.uk/Publications/2004/09/19966/43284
(Accessed 23.2.09)

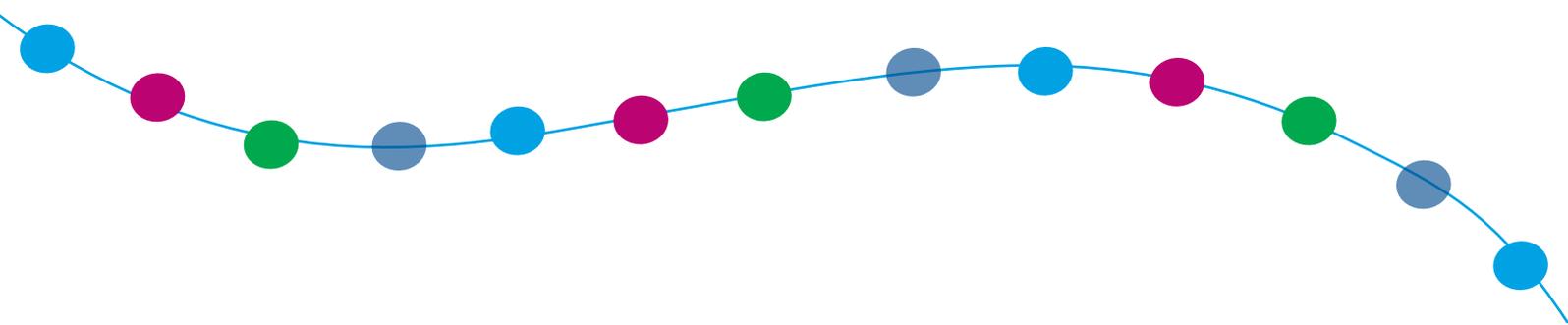


Practice Nurse 1: Annual Appraisal Form

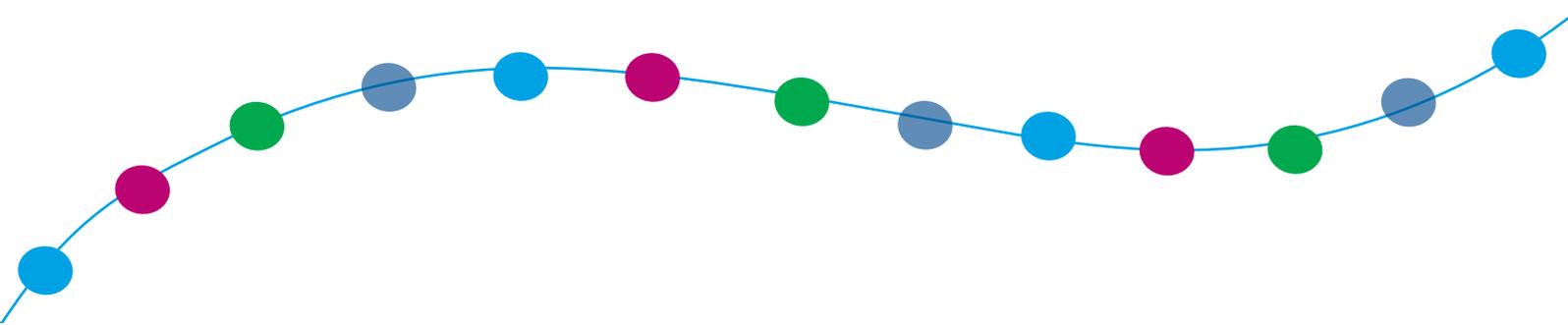
This form is intended to be used alongside the NES General Practice Nurse (GPN) handbook and is an adaptation of the form used in the Lanarkshire project (Murie et al, 2009). Although circumstances vary between practices, this form is recommended for use, by arrangement, as the basis of discussion between a GPN and their appraiser whether a doctor, practice manager or nurse colleague. It is important for GPNs that they are given time to prepare this form and gather information at least three months before their appraisal interview is due.

Section 1: Details of the Interview

Name of Appraisee:		
NMC Number		
Reregistration Date		
Professional Organisation Membership e.g. RCN, UNISON		
Are you named under the practice's indemnity cover?		
Mailing Address:	Email Address:	(Please mark preferred method of contact)
Practice Telephone No:		
Name (s) of Appraiser (s)		
Role/relationship <i>Internal Appraiser</i> GP PM Nurse Colleague <i>External Appraiser</i> Practice Nurse Advisor Other		
Date of Appraisal Interview		
Is there an agreed current job description for this post?	Yes	No (please circle)
Do you have a contract of employment for this post?	Yes	No (please circle)



We have discussed the aspects of this interview relating to confidentiality
To be ticked by the appraisee in confirmation at the start of the interview



Section 2: The job you do

What effective qualifications do you hold on the NMC register relevant to your current job?

--

If appropriate, describe the practice(s) in which you work:

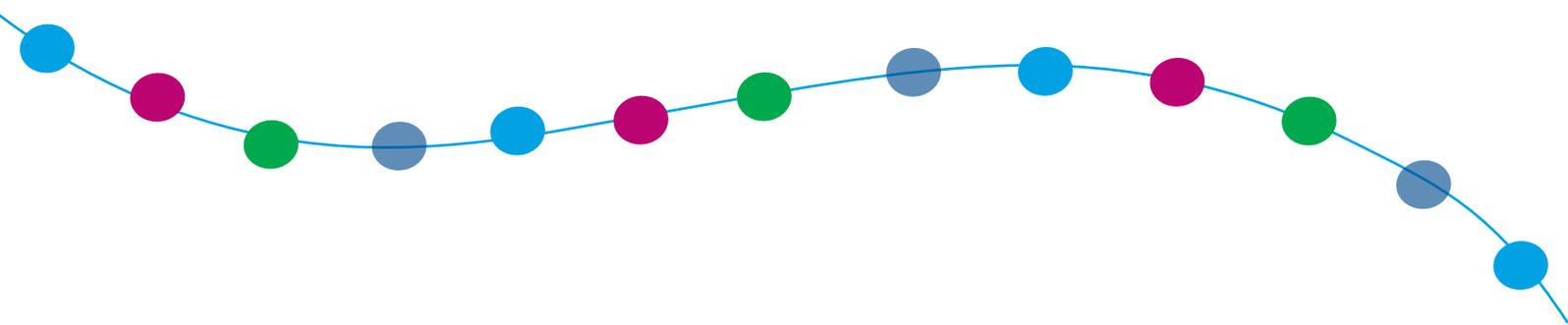
What is the practice list size?

Describe the structure of the practice nursing service in your practice e.g. number staff, number sessions, work undertaken

Are you a specialist working with a specific group of patients, or are you a generalist working with all patient groups?

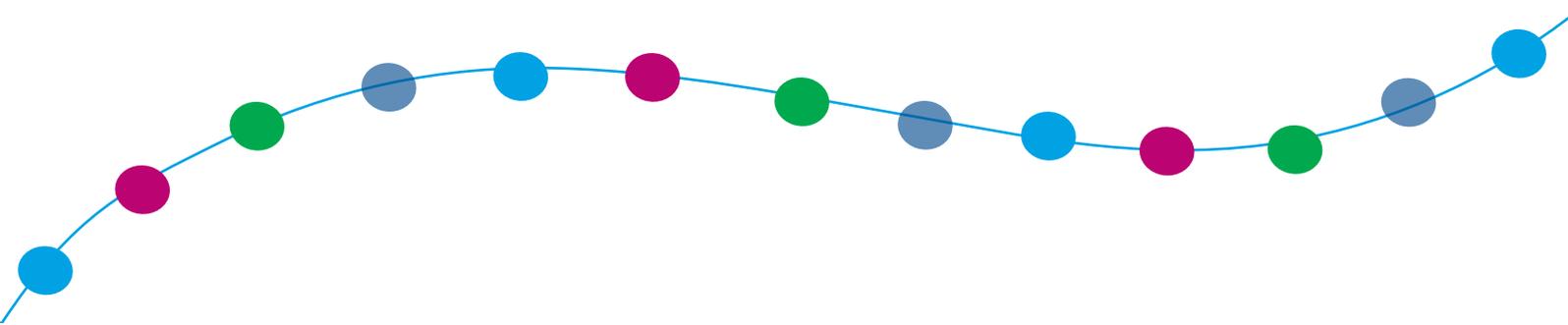
Please examine your role within the practice, broadly describing your clinical work, including any duties which require particular clinical knowledge or skills, or for which you have particular clinical responsibility.

--



Details of management/administrative responsibility and activity:
Partnership role (i.e partner in practice)
Management role (within the practice and/ or nursing team)
Administrative role e.g. data collection, collation, analysis, call and recall audit

Details of teaching and/or research activities:
Staff mentoring/ Clinical Supervision
Teaching (all staff levels)
Research activity



Details of work for regional, national or international organisations:

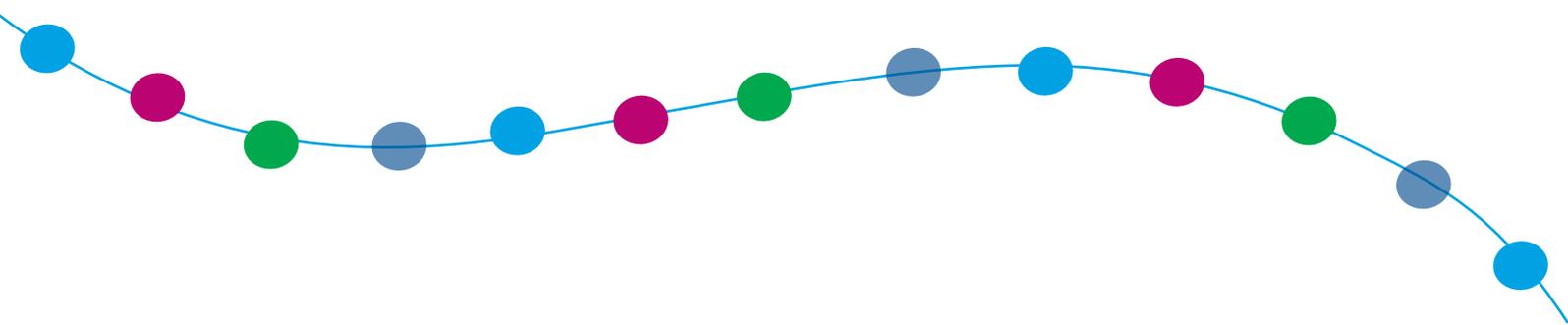
--

Details of other professional activities:

--

As you consider the time since your last appraisal, what have been your achievements? (These might be professional or personal)

--



Section 3a: Self Assessment

This section allows self reflection and helps you to identify key strengths and areas where you may be less skilled. The area chosen may be clinical or non clinical.

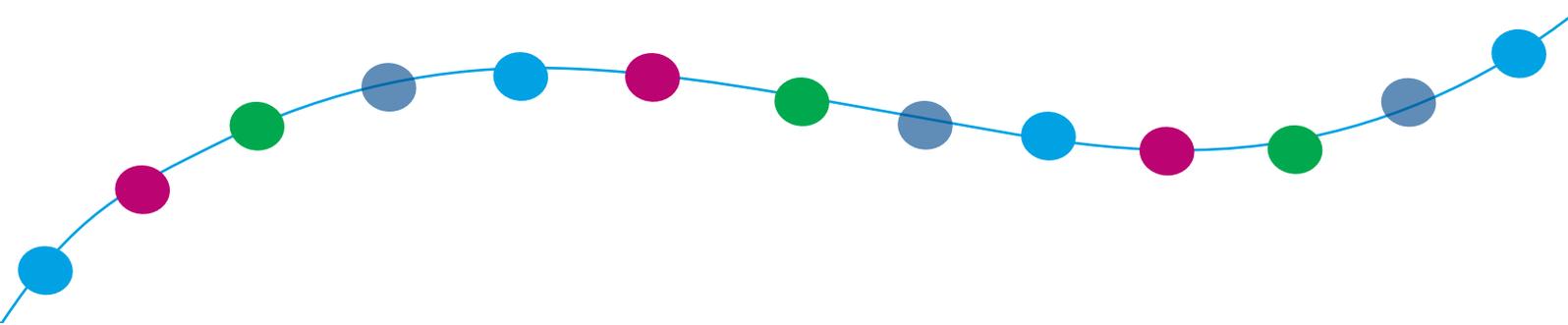
What strengths or skills do you possess which help you deliver a high standard of care?

On reflection, what skills would you like to develop to benefit you and the practice in your role?

Are there barriers in place which prevent you from developing or utilising certain skills?

What could you do to improve this? How could you develop these skills?

How could the practice help you improve these skills?



Section 3b: Using your Evidence

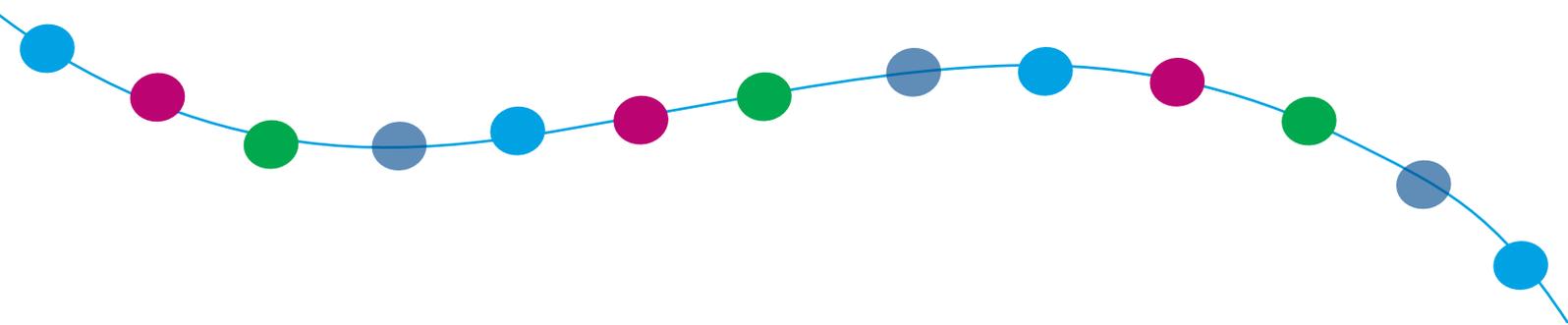
This section gives you the opportunity to reflect on a specific area of practice

Which area of practice have you chosen to reflect on?

Why have you chosen this area of practice?

What have you learnt from the evidence you have collected?

Can you identify areas for further development and learning?



Section 4 (a): Review of Your Personal Development Plan from Last Year

If you have a plan from last year, complete the questions below and INSERT A COPY OF YOUR PLAN HERE. Where you have no development plan to review, you should move directly to Section 5.

In your previous personal development plan you identified specific learning needs. Which learning needs have you met and how did you meet them?

--

How has this helped maintain or enhance your delivery of care?

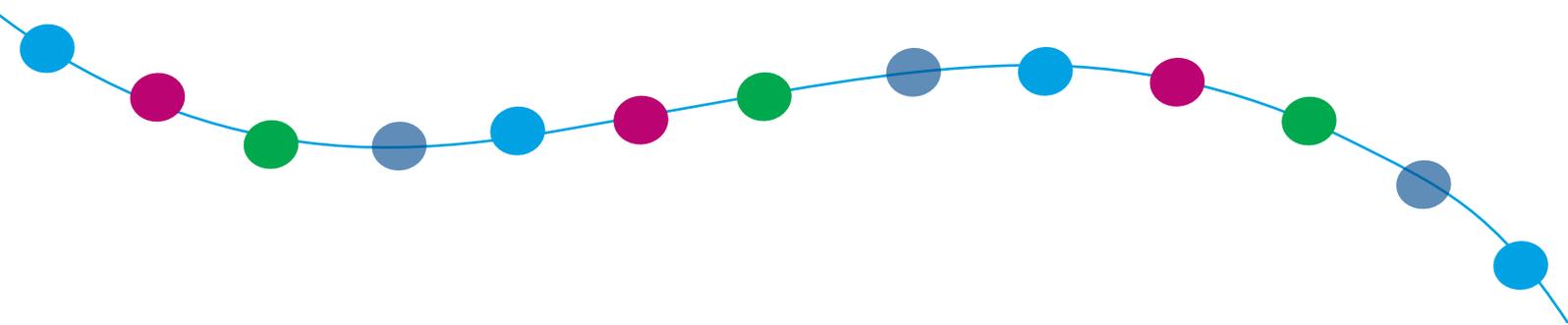
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Which learning needs have you not met?

--

Have you reflected on why this happened? Please consider any barriers you encountered and how you might overcome them.

--



Section 5: Your current personal development plan

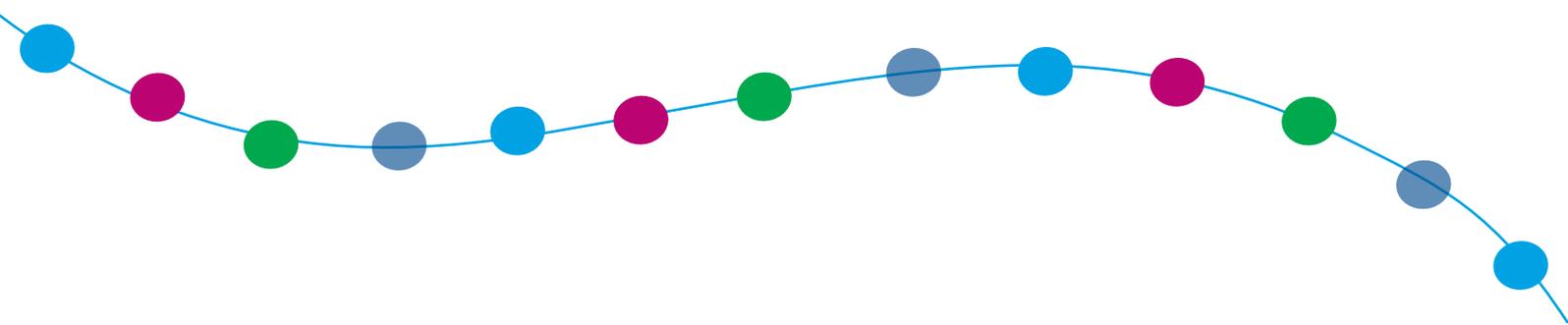
Your identified learning need.

During the course of the year you will have identified development needs to help maintain the delivery of a high level of patient care. Reflecting on your needs, the needs of the practice, and the wider practice population, what do you need, or would like to change, develop or do differently in the way you practise? Remember that this should not be viewed as a wish list, rather a process of individual development which fits with the strategic development of the practice and the needs of the patient population.

--

What has made you highlight this as an area you need to change or develop? (For example, it may be as a result of the patient survey, or a critical event, a patient complaint, or personal observation. It may be that you have skills which are not recognised which you wish to utilise).

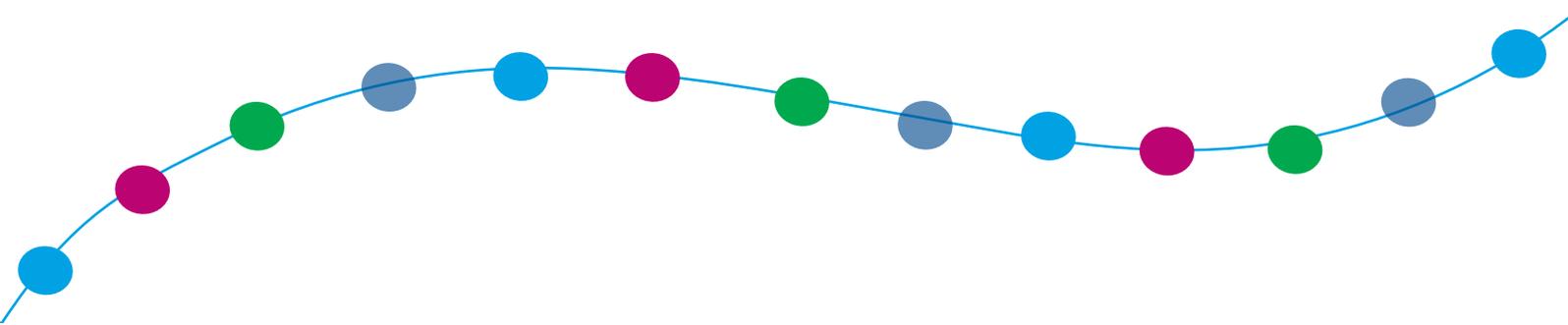
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How will you know when you have met this need, i.e. what will you be doing differently?

The Future

Considering the future plans of the Practice – how would you anticipate your job could develop or otherwise change over the next year?



Section 6. Accountability

Use the space to review any issues surrounding your accountability within the practice. For example: Are you and your partners clear as to the boundaries of your role? Are you clear about where your accountability for staff and other issues begins and ends? In deciding whether there are matters to raise, you should bear in mind the advice of the NMC Code .

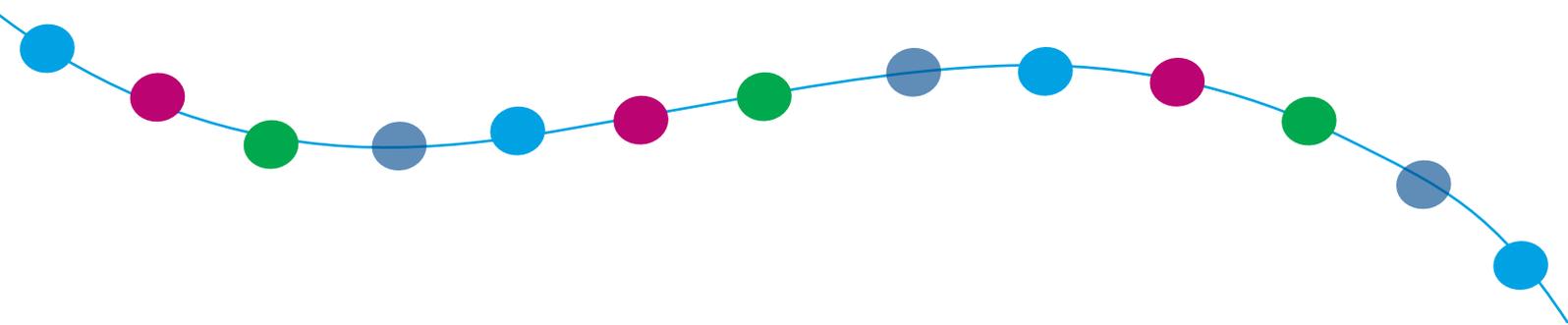
The Code says that:

“As a professional, you are personally accountable for actions and omissions in your practice and must always be able to justify your decisions” AND “You must always act lawfully, whether those laws relate to your professional practice or personal life.”

(Accessed 25.02.2009)

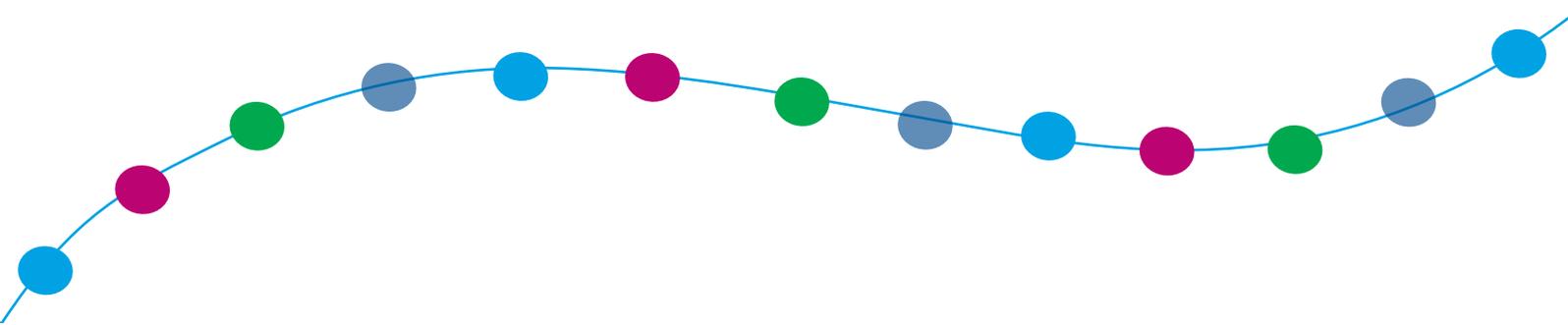
Section 7. Health and Other Personal Circumstances

Please may wish to use this space to reflect on any circumstances or conditions in your personal or professional life which could have an impact on your personal health and/or on your ability to carry out this role.



Section 8: Any other issues

Please note any other issues you wish to discuss with your appraiser. (For example, are there any particular circumstances which have helped or hindered your performance over the last year? These may include time management, work load management, skill mix, autonomy and personal and practice development).



Section 9: Summary of the Appraisal Interview and action to be taken

(to be completed following the appraisal)

This section should be used to record actions required to meet the learning needs identified in the personal development plan and to summarise any detail of the appraisal interview that you and your appraiser agree should be noted.

Action points to be highlighted:

- 1.
- 2.
- 3.

Summary of additional points

Are you happy with the appraisal process and outcome? YES/NO

COMMENTS

Additional Comments Appraiser

Additional Comments Appraisee

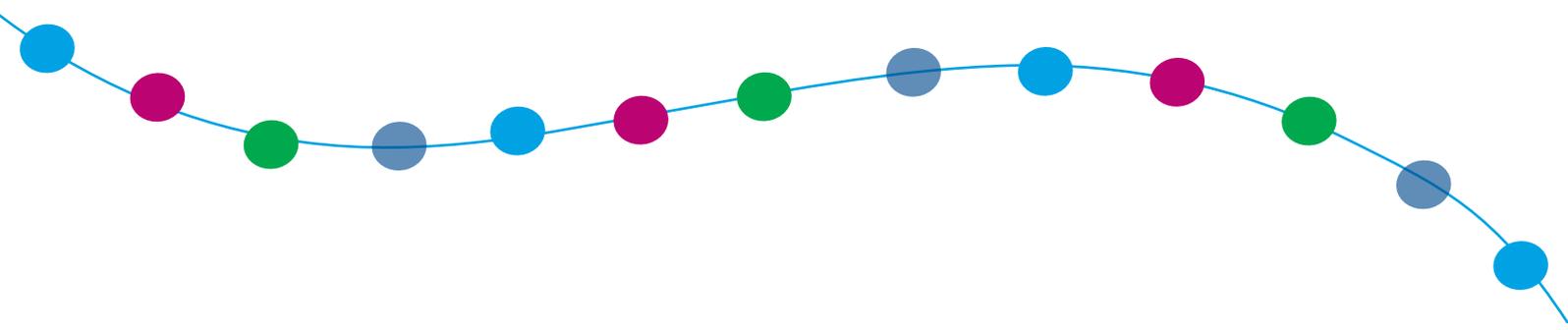
Signed Practice Nurse

Name

Date

Appraiser (1)

Date



Section 10: Appraisee Feedback form

During the Appraisal

How at ease did you feel during the appraisal?

Ill at ease throughout	Ill at ease at times	At ease most of the time	Completely at ease from the start
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How well did this appraisal help you to plan your learning needs?

Not very well	Not well	Quite well	Very well
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Did you feel that you had a clear and achievable development plan by the end of the interview?

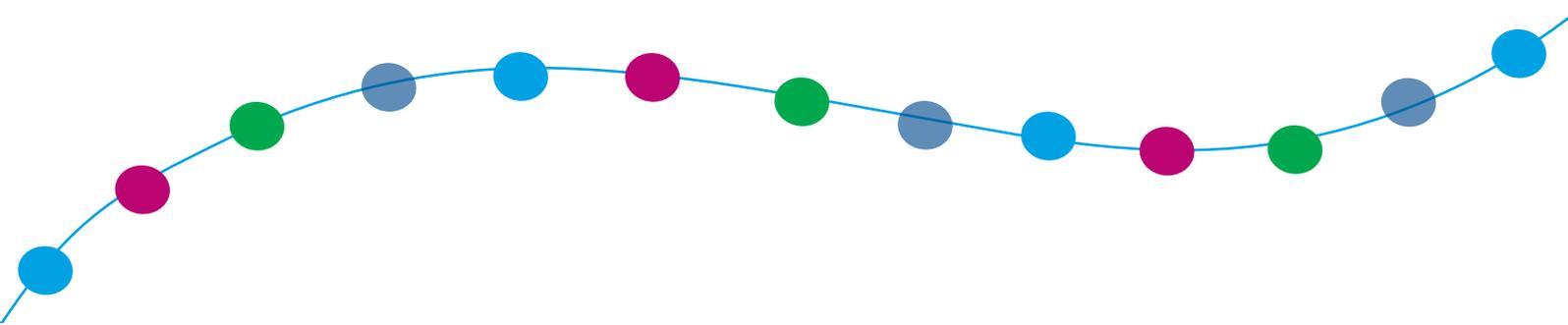
Yes	No	Not Sure
-----	----	----------

Did the appraisal interview challenge you to think about your development?

Yes	No
-----	----

Overall, how did you feel by the end of the appraisal interview?

Very negative	Slightly less negative	Slightly more positive	Very positive
---------------	------------------------	------------------------	---------------



Your Appraiser

How organised was your appraiser throughout the appraisal process?

Completely disorganised	Disorganised	Organised	Very well organised
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How understanding was your appraiser to you as a GPN?

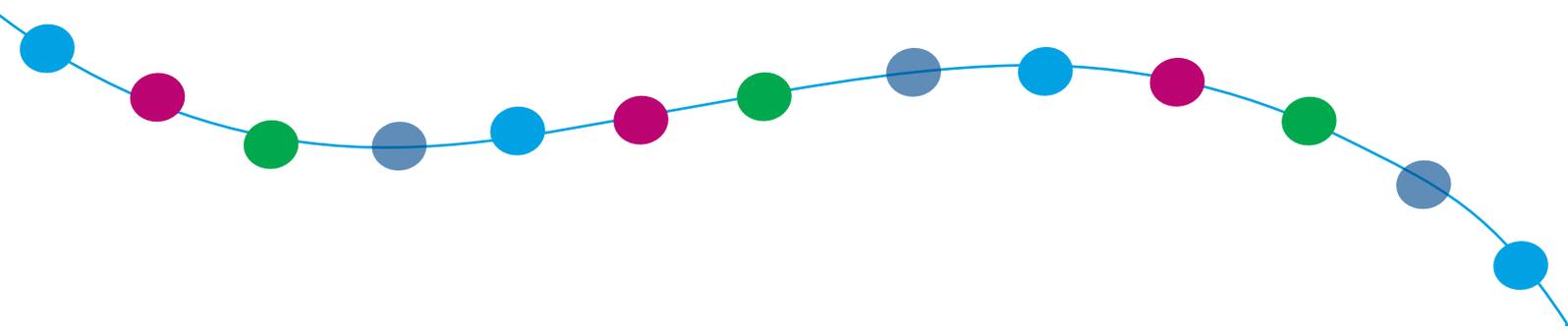
Appraiser had no understanding	Appraiser had little understanding	Appraiser was fairly understanding	Appraiser was very understanding
--------------------------------	------------------------------------	------------------------------------	----------------------------------

Did your appraiser address all the issues you wanted to discuss?

Did not address any issues I wanted to	Addressed some of the issues I wanted to	Addressed most of the issues I wanted to	Addressed all the issues I wanted to
--	--	--	--------------------------------------

Did your appraiser sum up the appraisal at the end?

Yes	No
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After the Appraisal

What went particularly well in this appraisal?

What could your appraiser have done to make your appraisal better/easier for you?

Do you have any further comments about your appraisal?

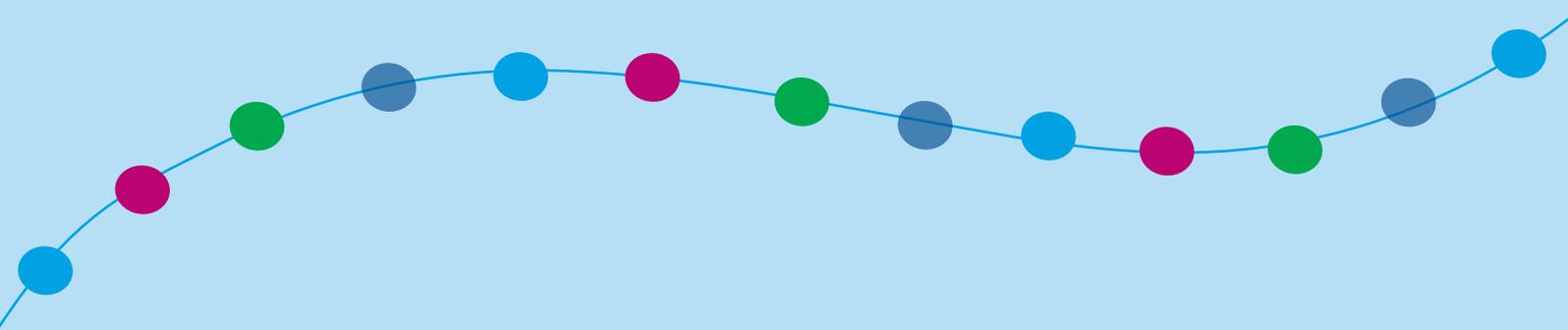
Signed Practice nurse

Name

Date

Appraiser (1)

Date





NHS Education for Scotland
Floor 5, Thistle House
91 Haymarket Terrace
Edinburgh
EH12 5HD

www.nes.scot.nhs.uk

May 2009

