

# Should primary care be nurse led?

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**YES** Nurses and doctors have overlapping skills which make it possible for one to substitute for the other within the area of overlap. In primary care this overlap is substantial. Systematic reviews of research indicate that primary care nurses can deliver as high quality care as general practitioners in the areas of preventive health care, routine follow-up of patients with long term conditions, and first contact care for people with minor illness.<sup>1 2</sup> Within the range of care studied, no aspects were found in which general practitioners outperformed nurses. Indeed nurse led care tended to be superior in that nurses gave patients more information and patients were more likely to be satisfied.

High satisfaction with nurse led care does not mean that patients inevitably prefer nurses to general practitioners. Patient preferences in most studies are mixed.<sup>1 3</sup> Nurses may be favoured when patients see their problems as “minor” or “routine” but doctors are preferred when the problem is thought to be “serious” or “difficult.” Given the assurance that nurses working in advanced roles are well qualified for that work, however, most patients accepted being allocated to a nurse and were subsequently satisfied with the care they received.

Surprisingly little research has been conducted into whether substituting nurses for doctors saves money, but the available research suggests substitution is cost neutral. In most studies, savings on nurses’ salaries were offset by their lower productivity (due to longer consultations, higher patient recall rates, and occasional increased use of tests and investigations) leading to no overall reductions in cost.<sup>1</sup> However, as salary differentials and productivity vary from place to place, cost savings may be achieved in some situations.

Substituting nurses for doctors also has the potential to improve the efficiency of

health care. Too often general practitioners continue to provide the same services as nurses, leading to duplication, rather than substitution, of care.<sup>4</sup> Efficiency gains are possible if general practitioners discontinue the services that nurses provide and focus on the tasks only doctors can perform.<sup>5</sup> General practitioners’ skills might usefully be targeted to health problems with a high degree of uncertainty regarding diagnosis or treatment, such as the management of people with medically unexplained symptoms or undifferentiated presentations and those with complex comorbidities.

Research that has focused on nurses with exceptional skills could give a false impression of the likely outcome in everyday practice. But the nurses studied varied widely in their training and experience, and encompassed both nurse practitioners and practice nurses.<sup>1</sup> All nurses were adequately trained for their role, as shown by the positive findings from the research. As employers, general practitioners need to ensure their nurses are appropriately trained if they wish to reap the full benefits of nurse led care and avoid vicarious liability for errors.<sup>6</sup> The Royal College of Nursing, together with higher education institutions, has made good progress in defining the competencies needed by primary care nurses and implementing training programmes to equip them with the requisite skills.<sup>7</sup>

A key obstacle to nurses realising their full potential has been legislative restrictions on their scope of practice, in particular the right to prescribe drugs. However, from spring 2006, suitably qualified nurses have been able to prescribe any licensed medicine for any medical condition, with the exception of controlled drugs.<sup>8</sup>

General practices in the UK are already aware of the value of using nurses to improve the quality and scope of primary care. The biggest stimulus for change was brought about by the 1990 General Medical Services contract, which paid general practitioners to provide chronic disease clinics and meet population targets for immunisations, vaccinations, and cervical cytology. Employing nurses to pro-

vide these services was the most efficient and effective way to meet performance targets and fuelled a rapid expansion in the numbers of practice nurses.<sup>9-12</sup> The momentum seems to have been sustained by the General Medical Services contract of 2004. This contract is held by the practice, not the individual general practitioner, making it even easier to shift care from doctors to nurses. Payment is linked to the attainment of quality of care targets for people with long term conditions—work that is ideally suited to nurses’ skills.

UK general practitioners have already yielded considerable ground to nurses in the interests of improving the quality and efficiency of primary care. It is time this trend moved to its logical conclusion, acknowledging nurses to be the true frontline providers of primary care. Nurses are well able to undertake the bulk of work in general practice, including preventive health care, the management of long term conditions, and first contact care for minor illness. General practitioners’ role should evolve to become that of a consultant in primary care receiving referrals from nurses.

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**“General practitioners’ role should evolve to become that of a consultant in primary care receiving referrals from nurses”**



Nurses should be acknowledged as the true frontline providers of primary care, says **Bonnie Sibbald**, but **Rhona Knight** says that moving to a purely nurse led service would be a backward step

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**NO** Having been both a partner and a salaried doctor in a nurse led service, my view is informed by respect for the nurses I have employed, worked with, worked for, mentored, and taught. The roles of general practitioners and nurses—while dynamic—are different. Each needs appropriate, role focused training.

Nurses as effective leaders are not new. Florence Nightingale with her skills in leadership, evidence based health care, and nursing transformed care and saved the lives of many under her influence.<sup>1 2</sup> As the NHS passes its 60th birthday, new 21st century Nightingales continue to venture into exciting, uncharted territory in both primary and secondary care. But concepts of nurse led primary care, where the nurse takes the place of a GP as the first point of patient contact and leads the primary health care team,<sup>3 4</sup> can restrict patients' choice, and lacks supporting evidence.

The varied roles in primary care nursing have inconsistent titles, training, knowledge, skills, and experience.<sup>5</sup> Even the term "nurse" can be used liberally, and many nurse practitioner colleagues have been called "doctor." When I take my son to the nurse led, primary care out-of-hours unit with yet another rugby injury, I do not know if the emergency nurse

practitioner (ENP) has completed two weeks' ENP training or a longer, complex course.<sup>6</sup>

Taking time, the nurse communicates well. If a patient satisfaction survey is requested, she is likely to be rated highly. A randomised controlled trial comparing same-day consultations with GPs and nurse practitioners found that patients were generally more satisfied with nurses, reporting receiving more information about their illness, in significantly longer consultations.<sup>7</sup> A systematic review exploring equivalence of care had similar findings.<sup>8</sup>

But this evidence should be analysed more deeply. Satisfaction is influenced by patients' expectations. Although research indicates that ENPs may be as effective as junior doctors in the accident and emergency department,<sup>9</sup> and nurse practitioners may be as cost effective as salaried doctors,<sup>10</sup> the Cochrane review on substituting nurses for doctors justifiably advises caution.<sup>11</sup> Are longer consultations with more investigations cost efficient?<sup>12</sup>

What of the patients' views and choices, which should surely carry a great deal of weight?<sup>13</sup> We know patients prefer to consult with a GP if they think their symptoms are serious.<sup>14</sup> Might this be due to their understanding of GPs' training, and uncertainty concerning the ability of nurses to diagnose "rare but important health problems"?<sup>15</sup>

GPs' training takes 10 years. Medical undergraduates follow a broad, assessed curriculum. They accumulate vast amounts of theoretical knowledge and develop practical strategies to access and apply this. They develop good consultation skills to facilitate the integration of expertise in diagnosis and management in an evidence based, patient centred, holistic, and professional way.<sup>16</sup> Foundation school and three years of specialist training follow, where an extensive GP curriculum encourages learners to cultivate and use clinical wisdom in situations of uncertainty.<sup>17</sup>

This training enables the development and practice of the generalist skills, which continue to make general practice the most economical part of the NHS,<sup>18</sup> highlighting the importance of GP leadership. We do general practice a disservice if we denigrate this generalist expertise<sup>19</sup> and the knowledge acquired over years

of training and application which enables GPs, as deliverers and leaders of generalist health-care, to make patients their first priority.

Nursing is in flux, and the role and training of the nurse is being reconsidered.<sup>20 21</sup> Advanced nurse practitioners (ANPs), likely leaders in a nurse led service, have a less developed training route than GPs. There is a career pathway,<sup>22</sup> and the Royal College of Nursing has produced a guide to the ANP role competencies and accreditation, recommending standards of practice and education.<sup>23</sup> Although "advanced nurse-practitioners in primary care need to look for comparison to the standard of a GP," part time ANP programmes are to include a minimum of only 500 indirect or direct supervised hours, and the domains and competencies cover just nine pages. Nurses might be trained to work as GPs, and help lead primary care, but the suggested ANP education seems woefully inadequate.

**"Nurse led primary care, driven by cost cutting rather than evidence, devalues medical training and GPs' expertise"**

To enable nurses to lead in dealing with all undifferentiated illness, a curriculum similar to the GP curriculum would be needed—as would a bespoke approach to learning

the necessary basic medical science. However, a better way may exist. Nurses who wish to take on the responsibility and work as GPs could access graduate health science medical courses, as many healthcare professionals currently do. They will then become doctors, with the option of adequate training and the entitlement to appropriate remuneration for the role they perform.

As for team leadership, moving to a purely nurse led service would be a backward step in a climate of increasing multiprofessional working, where leadership teams benefit from many perspectives. The concept of nurse led primary care, driven by cost cutting agendas rather than adequate evidence,<sup>11 24</sup> devalues medical training and the complex expertise of the GP. Restricting patient choice, it also undermines the importance of nurses in delivering their unique contribution to primary health care.

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