The contribution of nurse partners to primary health care

THE RISE OF NURSE PRACTITIONERS

There are no official numbers of nurse partners in the UK; most are advanced nurse practitioners (ANPs) who have seized an opportunity to develop the autonomy their advanced clinical skills have given them.

It has been possible for nurses to become partners in a general practice since 1997 by taking advantage of the PMS contract. However, it was the 2004 GMS contract that 'opened the gates' for non GPs to become partners in practices. It is generally acknowledged that the majority of the Quality and Outcomes Framework effort is undertaken by nurses. This involvement in income generation has been given as one of the reasons that nurses may wish to become profit-sharing partners.[1]

A qualitative inquiry (S Nutbrown, unpublished data, 2015), used interviews with GPs, practice managers, nurse partners, and nursing team members to generate a thematic analysis of two interconnected networks: the first (Stepping out the Box) illuminated the unique qualities of nurse partners and the second (Toe in the Water)described aspects of the culture and environment of the practices in which they worked.

Nurse partners are practising nursing differently to some extent, and have 'stepped out of the nursing box'. However, their nurse background enables them to be influential within their practices; able to manage risk and uncertainty and be entrepreneurial. Nurse partners are capable of taking advantage of the changing climate of primary care. They embrace multiprofessional working; play a major role in the senior management team of partners and are considered valuable to the business of providing primary care services to the practice population. Practices with nurse partners have cautiously put a 'toe in the water' by accepting a nurse as a partner. They are treading carefully with this change in organisational culture and environment, and the nurses they have accepted as partners have been long-standing members of their practice team.

Historically, health professional cultures have cultivated a hierarchical power struggle which tests the multiprofessional team process.[2] The differences of power, perspective, education, pay status, class, and sex have traditionally made the relationship between nurses and doctors complicated. There needs to be a willingness by GP partners to accept a shift in the traditional hierarchy between nursing and medicine and nurse partners need to recognise and accept the power they hold. The entrepreneurship and expertise demonstrated by nurse partners in multiprofessional working is vital to the continuation of modern effective primary health care. A nurse at the 'top table' shows a commitment to multiprofessional working.

Increasingly, modern general practice has an important role of coordinating care and working in partnership with people living with comorbidities who require support with self-management. Evidence shows that appropriately prepared nurses are well able to undertake the management of long-term conditions and first contact work,[3,4] thereby enabling GPs to have more time for those patients with complex needs.

Having a nurse partner, who understands the importance of skill mix and a well-trained nursing team, can improve the quality and efficiency of the practice. The entrepreneurial qualities of nurse partners enable them to identify and act on opportunities to change traditional ways of working.

The workforce 'crisis' in general practice has led to new roles being developed, for example physician assistants and associate practitioner. Rather than inventing new roles, investment should be in developing nurse education with primary care as a major pathway. Good general practice training placements for pre-registration nurses will support them to develop the competences needed to work effectively in primary and community care settings. A defined career framework to include nurse partners would emphasise the possibilities of a career in general practice and the potential to be 'on the Board' of the new primary care organisations.

The entrepreneurship shown by nurse partners enables them to act in a short time frame and to chase an opportunity quickly. They are prepared to take risks; able to manage resources, and have a strong self-image and self-confidence. Nurse partners push boundaries and are influential in how services are provided for the practice population. Nurse partners need to be more assertive to break down the traditional barriers between nurses and doctors and CCGs must recognise nurse partners as equal to GP partners and accept their unique value to the process of commissioning health care for their populations.

General practice is changing; the 'corner shop' business model is becoming less and less viable. The new care delivery options[5] will involve more integrated working; federations and neighbourhoods that will need to incorporate multiprofessional working. It is vital that these larger primary care organisations have a strong multiprofessional leadership that includes nurses. It is important that nurse partners are more widely recognised; thereby inspiring innovative and experienced general practice nurses to contemplate a partnership.

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