Nurse attachments to general practice in South-west England

J. A. S. FORMAN, *O.B.E.*, M.A., F.R.C.G.P.
General practitioner, Barnstaple

In Autumn, 1972 the Practice Organisation Committee of the Council of the Royal College of General Practitioners asked faculties to examine progress with nurse attachments to general practices in their areas, and to identify problems. In response to all this the South-west England Faculty Board circulated a questionnaire to *all* general practitioners in South-west England.

The questionnaire requested facts on the present state of nurse, health visitor, and midwife attachment; opinion on the value of each of these to the service given to patients, expressed on a three point rating; whether the general practitioner had a say in selection of nursing staff; and, finally, free comment on difficulties experienced.

The general practitioners circulated, numbered 1,472 from whom a response of 60 per cent was obtained (range by counties 49 per cent to 82 per cent). The figures below thus relate to a self-selected 60 per cent sample of all South-west England general practitioners—*self*-selected by opting to reply to the questionnaire.

It may reasonably be assumed that the 60 per cent replying include the majority of general practitioners who are interested and thoughtful about nurse attachments, and that their replies have value in indicating present states of attachment and in identifying particular problems being met.

Definitions

Combined offices
Thirty-five nurses combined the offices of nurse and health visitor or midwife. Eight were nurse-health visitors, 14 were nurse-midwives and four were midwife health visitors. For the purposes of these figures the first mentioned office was taken as the denominator.

South-west England
The area surveyed was Cornwall, Devon, Somerset, Gloucestershire, West Wiltshire and the cities of Bristol, Bath and Plymouth. Circulation of general practitioners was undertaken with great willingness by the executive councils concerned. Where practices over lapped two executive council areas, the general practitioners were circulated by the " paying executive councils " lists.

Present state of attachments and opinion on their value

The great majority of those replying had nurse, health visitor and midwife attachments, and of these most felt that the service to their patients had been improved by the attachment.

Of the 60 per cent replying to the questionnaires: 93 per cent had nurse attachment, 91 per cent had health visitor attachment, and 77 per cent had midwife attachment.

Of these, 91 per cent felt that the nurse attachment had improved the service, 84 per cent that health visitor attachment had improved the service, and 86 per cent that midwife attachment had improved the service.

Most of the remainder felt that the attachments had made no substantial different (nurse attachment eight per cent, health visitor attachment 14 per cent, midwife attachment 15 per cent).

A few felt that attachment had been harmful (0·6 per cent nurse attachment, 0·6 per cent health visitor attachment, 0·4 per cent midwife attachment).

General practitioners with no attachments

Of these about half expressed a wish for attachment: 55 per cent wanted nurse attachment, 54 per cent wanted health visitor attachment, and 42 per cent wanted midwife attachment.

Say in the selection of nursing staff
Of those with attachments, 72 per cent had *no* say in selecting the staff attached; 23 per cent had a substantial say in selection, and five per cent had a minimal or doubtful say in selection.

Comments

Free comment was requested on problems being encountered.

The majority of doctors replying reported " no problems "; 305 individual positive comments were made. Many comments received from different areas were similar in content and it was easy to classify them as follows. It will be seen that some difficulties are being commonly met, and these may be a pointer to subjects for discussion between general practitioners, nursing staff and local authorities (and their successors).

GROUP 1	*A group of comments suggesting need for change in local health authority administrative arrangements of attachments.*		
	Inadequate cover arrangements for holidays, courses, sickness, and off duty.		42 comments
	Difficulties arising from the local health authority not being conversant with day-to-day workings of the practice.		
	Insufficient integration of nursing staff's schedule with the practice.		23 comments
	Rapid turnover of staff.		6 comments
		Total	71 comments
GROUP 2	*A group of comments about staff selection*		
	Lack of say in selection of nursing staff and Difficulty in parting from individuals who are felt to be misplaced.		25 comments
	Personality difficulties.		20 comments
	Appointee felt to be unsuitable for the work or of insufficiently high standards.		17 comments
		Total	62 comments
GROUP 3	*Divided loyalties*		
	Difficulties arising from divided loyalties between the practice and the local health authority work; and local health authority work reducing availability for practice work.		28 comments
	Partial attachment commented on as a drawback.		13 comments
		Total	41 comments
GROUP 4	*A group of comments which may reflect the failure of the practices to adjust to nurse attachments*		
	Accommodation difficulties		12 comments
	Comment that the nurse wastes the general practitioner's time or that there is lack of co-operation.		12 comments
	Difficulties in contacting nursing staff.		12 comments
	Difficulties with the internal organisation of the practice.		9 comments
	Difference between partners as a difficulty.		8 comments
		Total	53 comments
GROUP 5	*Inadequate number of nurses, health visitors or midwives available*	Total	36 comments
GROUP 6	*Comments on the diminishing need for the midwife in general practice, due to the changing national pattern of midwifery*	Total	16 comments
GROUP	*Preferred " village nurse system".*	Total	8 comments
GROUP 8	*Miscellaneous.*	Total	24 comments

Distribution of practices reporting difficulties in South-west England

Practices reporting difficulties with nurse attachment, health visitor attachment and midwife attachment, were separately plotted on a map of South-west England. There were evident clusters and no county had a monopoly of difficulties over another.

Discussion

In an enquiry addressed to *all* general practitioners in South-west England a response rate of 60 per cent to this questionnaire may be regarded as good, and has provided a useful source of information and opinion.

The high rate of attachment among those replying is striking—over 90 per cent for health visitors and district nurses, and 77 per cent for midwives. Equally striking is the high percentage of general practitioners who felt that attachment had improved the service to patients—91 per cent for district nurse attachment, 84 per cent for health visitor attachment and 86 per cent for midwife attachment.

But from the comments made, both from supporters and critics, it is clear that much needs to be put right in the administration of attachment schemes.

The comments show where the rubs lie. Groups 1, 2 or 3 indicate that in many fields local authority senior staff are not yet universally aware of the problems of general practice organisation, and the need to integrate the administration of nursing care closely with the administration of the practices, and of how this may be done. Local informal discussion between general practitioners, nurses attached to the practice, and senior nursing staff on the localh ealth authority might erase many of the difficulties. But points of principle need to be discussed formally. For instance, the question of the general practitioner's voice in selection of staff attached to his practice.

Senior nursing staff of the local health authority may need more opportunity to demonstrate to general practitioners their own statutory obligations in providing a nursing service, and problems such as enlistment of staff, of cover, of training and teaching, and of promotion within the nursing service. The nursing organisations might feel it worth while to mount an identical enquiry directed to nursing staff attached to general practices in the same area, to obtain facts and opinions from them.

Group 4 of the comments gives evidence of the need of practices to exchange experience with each other. Successful solutions to the problems of attachment are being found in most practices, and it seems that these need to be circulated. Organisers of practice organisation courses might assist here.

Nothing is known of the 40 per cent general practitioners who did not reply to the questionnaire, but there is no reason to suspect that they form a body of opinion essentially different to those who did reply. In support of this, comparison of returns from the county with the highest response rate (82 per cent) and the lowest (49 per cent) shows no great difference in opinion on the value of attachments; nurse attachment 93 per cent and 96 per cent, health visitor attachment 85 per cent and 88·5 per cent, and midwife attachment 89 per cent and 88 per cent respectively.

Further, the questionnaire presented an opportunity for critics of attachment schemes to express their views. If there had been a strong body of opinion against attachment among the silent 40 per cent, it is likely that its voice would have been heard; it was not.

Acknowledgements

Thanks are due to the executive councils of Bath, Bristol, Cornwall, Devon and Exeter, Gloucestershire, Plymouth, Somerset and Wiltshire, for their ready help in circulating the questionnaires, and in providing information about the number of general practitioners in their areas, and to all general practitioners who gave time to responding to this questionnaire and writing their comments.