Nursing in general practice in the re-organised National Health Service

FROM THE ROYAL COLLEGE OF NURSING AND THE
ROYAL COLLEGE OF GENERAL PRACTITIONERS

The different terms used in discussing nursing in general practice have caused much confusion. Nurses should be described either by their source of employment as ' area health-authority-employed ' or ' general-practitioner-employed ' or, when appropriate, by their sphere of activity as ' treatment-room nurse ' or ' home nurse '. The use of the term ' practice nurse ' to describe general-practitioner-employed nurses should be abandoned.

General practitioners in England appear to be employing nurses increasingly in spite of the widespread attachment of area health authority-employed nurses. This dichotomy in nursing services in general practice is due largely to the determinants of historical precedent and the statutory constraints which have acted on the former local health authorities, and continues because general practitioners and nurses both have an interest in its maintenance. Nurses from each source of employment have contributed equally important innovations to the development of nursing in general practice.

The full range of nursing functions, both curative and preventive, must be available for all the patients of a practice both in the treatment room and, when necessary, at home. The necessity for a treatment-room service as well as for a home nursing service must be recognised by area health authorities and reflected in their nursing establishments, training programmes, and management structures.

Job descriptions for nursing in general practice should give equal weight to nursing activities in the home and the treatment-room. The wide range of these activities make it imperative that nurses have their own base of activities in a properly designed and equipped treatment-room in the surgery or health centre.

Nurses must be represented when an architect is briefed for the design of the treatment room. Privacy and confidentiality are essential in a treatment-room as in any other clinical area of the building.

The characterisation of nursing in the community as ' home ' nursing must give way to a comprehensive approach though this does not necessarily imply that the same nurse can carry out the two functions either concurrently or consecutively or that the same training will suffice for both.

Since patients often choose to discuss their problems and anxieties with nurses, all nurses working in general practice should be able to recognise serious psychiatric morbidity and emotional disturbances and know how to deal most appropriately with this kind of problem. The nurse must be able to rely on other members of the team for acceptance and support when she is handling an emotionally demanding situation.

The practice may benefit from the nurse's effect on the perceptions and attitudes of patients and the nurse has a responsibility to make her views known within its management structure. She can contribute to the management of the practice by her experience and advice and by bringing the nursing view to bear on the formulation of policies.

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Nurses in general practice, whether employed by area health authorities or general practitioners, sometimes undertake activities which are delegated to them by doctors and which are outside the usual scope of nursing practice. It is a misuse of nursing skills to delegate tasks to the nurse merely because they are onerous or time-consuming for the doctor. Equally, the nurse cannot be responsible for differential diagnosis or for the prescribing of definitive medical treatment.

All nurses are taught to make clinical observations and as a result they often develop the ability to judge the necessity for urgent referral or for immediate nursing treatment. These are legitimate activities if the nurse has been adequately trained and has the approval of her employer (area health authority or general practitioner). In addition, the nurse herself must feel that she is competent for them. This is a developing field which needs further evaluation in the light of experience in other systems of medical care.

High quality care depends on good communication between all members of the practice team. Communication of the nurse's observations, ideas, and expert advice depends on her unhindered access to the practice's administrative and secretarial facilities, her contribution to clinical records and her participation at clinical meetings and case conferences.

Communication between hospitals and general-practice nursing teams should be made directly between ward sister/charge nurse and practice nursing sister/charge nurse. Information should be given rather than instruction and hospital staff should know which nurse to contact in each practice in the hospital's catchment area. The planning and co-ordination of the nursing care in a practice should be carried out by a senior nurse who ideally should be practice-based. At present this may only be possible in larger practices, but in smaller practices this nursing leadership might be combined with field-work responsibilities.

The general practitioner who employs a nurse has a responsibility to ensure continuity in the service provided and this is an area where co-operation between general practitioners and area health authorities would be valuable. The desirability of an evening and night nursing service in the community is now recognised and some area health authorities have already developed appropriate schemes.

Research suggests that a larger number of qualified nurses than expected are interested in working in the community and there are many features of nursing in general practice which are attractive to nurses. The centralisation of hospital services may increase the availability of nurses at the periphery.

Recruitment of nurses to general practice is favoured by convenience, the variety of work involved, and the contribution made to the continuous care of patients. Recruitment is encouraged by satisfactory conditions of service of which the most important is flexible hours of duty, compatible with family commitments.

The period of service undertaken by general-practitioner-employed nurses in the treatment room should be recognised as contributing to their seniority if they transfer to the area health authority in any form of employment as a nurse.

The position of the nurse in general practice is necessarily more exposed than that of the nurse in hospital and the work requires mature nurses who have progressed beyond the early years after qualification.

Although the state registered nurse and state enrolled nurse qualifications denote a basic professional competence, specialised post-basic training is needed for nursing both in the home and the treatment room where the range of activities is different.

The post-basic training of these nurses should look beyond nursing activities towards wider areas such as an understanding of the characteristics and aspirations of

general practice as a system of medical care and a knowledge of group dynamics and the functions of the team.

The responsibility for all kinds of post-basic clinical nurse training is now met by the establishment of the Joint Board of Clinical Nursing Studies. However, the area health authority, the Royal College of General Practitioners and the Royal College of Nursing can contribute to this training which should be promulgated through postgraduate medical centres and the emerging multi-disciplinary training practices.

There is evidence that some general-practitioner-employed nurses are not being paid on a scale commensurate with their experience and qualifications. For this purpose they should be equated with the hospital ward sister or staff nurse, depending on qualifications and duration of post-registration experience.

All general-practitioner-employed nurses should have a contract or letter of appointment which specifies their salary and conditions of service.

No matter whether a nurse is employed by the area health authority or a general practitioner, she should ensure that she is independently covered by professional insurance against legal action.

The continuing employment of nurses by general practitioners will be subject to a number of influences, some of them imponderable. Both nurses and general practitioners have an interest in maintaining the *status quo* until they believe that the area health authority can offer a better arrangement—as some have already successfully done: for the present each employer must try to understand and meet the problems of the other while creating, on the basis of appropriate advice, the milieu and conditions in which all the nurses working in general practice can develop to the full their professional skills for the benefit of their patients.

Joint working party

As a result of an initiative by the Royal College of Nursing a joint working party was set up by the Councils of both Colleges and held its first meeting in January 1973.

The members were:

Royal College of Nursing

Miss Helen Baker, S.R.N., O.N.C., H.V., C.H.N.T. (Chairman 1974)
Miss Charlotte Bentley, *M.B.E.*, S.R.N.
Mrs June Clark, B.A., M.Phil, S.R.N., H.V.
Miss Jill Wheatcroft, S.R.N., S.C.M. (joined in 1974)
Mrs Elizabeth Wilson, S.R.N., M.C.D.N., P.W.I.

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Secretary:

Mrs Joan Mant.

ADDENDUM

This summary and these recommendations formed the conclusion of a full report by the joint working party. Those interested in the full text should apply to the Chairman, The Practice Organisation Committee, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW3 1PU.