

As the population ages, there is a pressing need to cost-effectively manage the care of increasing numbers of people with long-term conditions and prevent unnecessary hospitalisation. If we are to meet these needs as efficiently as possible in the future, we need to better understand the potential contribution of nurses working in general practice, and ask what we know about the efficacy and cost benefits of their contribution.

WORKFORCE DATA

In the 10 years since the introduction of the Quality and Outcomes Framework (QOF), the reported number of registered nurses employed in GP practices is estimated to have increased by 15%, and stands at 23 833 nurses in the equivalent of 14 943 full-time posts (Figure 1).¹ Practice nurses make up over one-third (37%) of the clinicians in general practice.

Yet little is known about the ways in which practice nurses are deployed within each practice: their numbers, the mix relative to other practice staff, or level of specialist skills and experience. Although the NHS in England has started to collect and publish more data on the numbers of nursing staff employed by practices¹ the information is sparse. The GP workforce census for 2013 included 14 spreadsheets; 13 on general practice medical staff: roles, type of contract, qualifications, sex, age, country of qualification, work-hours, and size of practice. One worksheet covers nursing, administration and clerical, and other staff. And these data come with the caveat that 'for those practices where data was not supplied (10%) an estimate has been made and those estimates are included in the figures'. Thus, both the quantity and quality of data on this workforce are meagre.

REGIONAL VARIATION

Analysis of these data suggests that there may be regional variation in practice nurse numbers: with one nurse per 3058 patients in North Central and East London, compared with 1973 patients per nurse in South West England. While these figures are patients per headcount, rather than per whole-time equivalent (which limits their value to some degree) they support earlier analysis² that found a two-fold variation in the patient to registered nurse ratio

"Practice nurses make up 37% of the clinicians in general practice yet we know little about the ways in which they are deployed."

between practices with the highest and lowest staffing levels (comparing the top and bottom quintiles).

TYPICAL PROFILE

Some insight into the practice nursing workforce can be gleaned from a cross-sectional survey of Royal College of Nursing nurses in 2009:³ they are typically older than other nurses, more experienced (26 years' nursing experience compared to average of 17 years) and they are a relatively stable workforce with low levels of turnover. Practice nurses are less likely to hold a degree than other nurses (17% versus 33%) but the proportion with a degree had increased since a comparable survey in 2003 (10%). They are less well paid than other nurses (relative to their experience and the role and responsibilities held) but they nonetheless are one of the most highly satisfied groups of nurses. They report having more time to spend on clinical activity and greater levels of job satisfaction, with opportunities to take time off for professional development.

This survey suggests that general practices are offering a positive work environment for nurses and there may

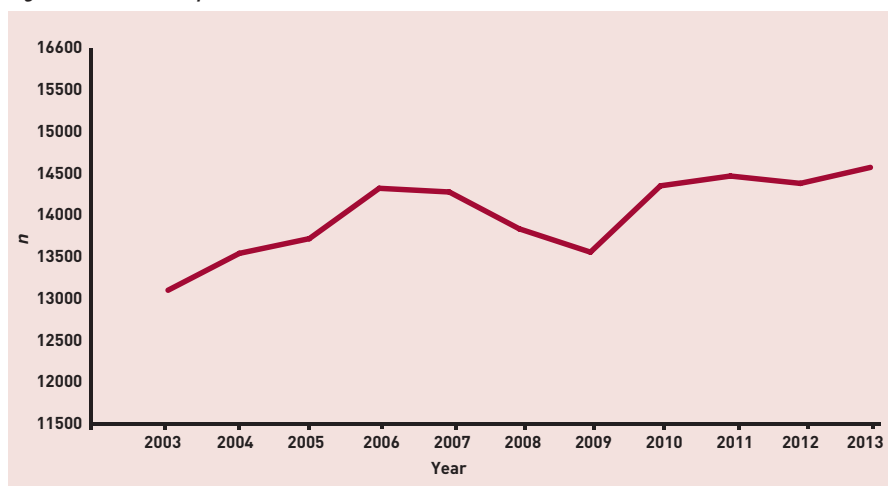
therefore be scope to continue to attract nurses into this field of nursing in the future, and, hence, increase the volume and range of work undertaken by practice nurses, should we want to. But do we? What do we know about the effectiveness of the contribution of nurses in general practice to date?

WORK AND WORKLOAD

The workload of practice nurses has been changing over the past 10 years with many nurses now dealing with more complex patient care.⁴ Nurses often provide a range of nurse-led clinics that allow for health promotion and surveillance of chronic disease such as asthma, diabetes, and chronic obstructive pulmonary disease (COPD). However, the cost implications of these changes remain unclear.⁵

Both the volume of work delegated by GPs to nurses and the proportion of consultations that are undertaken by practice nurses, is reported to have increased.⁶ Some have argued that there is considerable scope to further increase the amount of primary care delivered by nurses⁷ but the potential extent and desirability of substitution for GPs is contested.⁸

Figure 1. Nurses in GP practices (FTE) 2003–2013.



“We have a dearth of good quality data on the impact of the registered nurse contribution in primary care.”

Several studies have outlined the changes to practice nurses' workload and their increased role in caring for those with chronic conditions such as diabetes.^{4,5} The results of controlled trials suggest that nurses can provide care for a number of patient groups that is of comparable quality to that of their medical colleagues. One review concluded that extending nursing roles within general practice was a feasible way of improving service capacity with no compromise of quality of care or health outcomes.⁹ However these studies typically focused on nurse practitioners with specific specialised training, as opposed to practice nurses in general, and all examined services delivered within the tightly controlled parameters of clinical trials.

WHAT EFFECT ON OUTCOMES?

Research by the National Nursing Research Unit used the QOF to examine long-term conditions such as diabetes and found that higher levels of practice nurse staffing were associated with improved practice performance. The effect of practice nurse staffing remained after controlling for patient, practice, practitioner, and organisational factors;¹⁰ although factors such as support for education and training for staff appeared to be associated with far more variation than staffing levels. But we know little about the actual roles taken by nurses and the specialist training they have

undertaken to fulfil those roles, which in the past has been highly variable.¹¹

While much attention is currently focused on nurse staffing and skill-mix in hospitals and the relationship to patient outcomes, we have a dearth of good quality data on the impact of the registered nurse contribution in primary care. As the number and contribution of practice nurses continues to increase we need to be asking what the effect is on patient outcomes, and collect more granular workforce data to help us answer questions about the optimal level and skill-mix of nurses in general practice and their contribution to patient care.

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