ANNOTATED LITERATURE REVIEW
NURSES IN GENERAL PRACTICE

Provided by Judy Proudfoot, Centre for GP Integration Studies October 2003

Murchie, P., N. Campbell, et al. (2003). "Secondary prevention clinics for coronary heart disease: four year follow up of a randomised controlled trial in primary care." British Medical Journal **326**.

Nurse-led secondary prevention clinics improved medical and lifestyle components of secondary prevention and this seemed to lead to significantly fewer total deaths and probably fewer coronary events.

Landa, A. (2003). "Collaborating for care: when joining forces helps patients." AMNews **April**: 1-5.

Recommends use of Wagner's Chronic Care Model: patient registers, planned visits, use of non-physician members of practice team (such as nurses), evidence-based guidelines.

Beaulieu, M.-D. (2002). The Team in Primary Care. The Team in Primary Care: A New Vision, New Ways to Work, Montreal.

Colloquium held in Sept 2002, Montreal. Comparison of systems in Canada, Australia and UK. Consensus about the need for nurses in the development of primary care services. But the kind of contribution they can make, and more generally, the type of collabortion needed between nurses and family physicians, still begs certain questions.

Wagner, E. (2000). "The role of patient care teams in chronic disease management." British Medical Journal **320**(7234): 569-572.

Over last 20 years, studies have clarified the advantages to chronically ill patients of care by a team. The involvement of, or even leadership by, appropriately trained nurses or other staff who complement the doctor in critical care functions (such as assessment, treatment management, serlf management support, and follow-up) has been shown to repeatedly improve professionals' adherence to guidelines and patients satisfaction, clinical and health status, and use of health services. Training in the requisite skills is necessary.

Katon, W., M. VonKorff, et al. (2001). "Rethinking practitioner roles in chronic illness: the specialist, primary care physician, and the practice nurse." General Hospital Psychiatry **23**: 138-144.

Looks at respective roles of GPs, specialists and nurses in the management of chronic illnesses. Suggests that: (1) GPs make the initial diagnosis, initiate treaetment in less complex cases, and ensure overall continuity of care; (2) nurses provide education, monitor, counsel, support and follow-up; (3) specialists provide management of more complex cases, with the level of involvement dependent on the intensity of the illness.

Poulton, B. and M. West (1993). "Effective multi-disciplinary teamwork in primary health care." Journal of Advanced Nursing **18**: 918-925.

Poulton, B. and M. West (1999). "The determinants of effectiveness in primary health care teams." Journal of Interprofessional Care **13**(1): 7-18.

Plummer, S., K. Gournay, et al. (2000). "Detection of psychological distress by practice nurses in general practice." Psychological Medicine **30**: 1233-1237.

Practice nurse caseloads include a high proportion of patients with psychiatric morbidity, but nurses' agreement with the GHQ classification of psychiatric morbidity is modest. Training in detection is crucial for nurses.

Stark, S., T. Warne, et al. (2002). "Practice nurses and integrated care examined." Primary Health Care Research and Development **3**: 11-21.

Several tensions exist which could inhibit the development of integrated care: conflict within professional relationships, inequality in pay and working conditions, a lack of understanding of how integrated care would or could translate into practice and turbulent environmental contexts.

Centre for General Practice Integration Studies (2001). Developments in Primary Care Integration:Practice Nurses. Sydney, University of New South Wales**:** 1-13.

Provides background and review of literature about practice nurses

Centre for Research into Nursing and Health Care (2002). Consumer Perceptions of Nursing and Nurses in General Practice. Adelaide, University of South Australia.

20 focus groups across Australia. Although widespread acceptance for nurses in general practice, there was limited understanding of possible nursing roles. Concern expressed about nurses undertaking a diagnostic role and being a substitute for doctors. Confusion about the term 'practice nurse'.

Gold Coast Division of General Practice (2003). The Nursing Workforce in General Practice on the Gold Coast. Gold Coast, Gold Coast Division of General Practice**:** 1-11.

Provides four workforce models as a guide for effective incorporation of practice nurses into the general practice environment.

O'Connor, T. (2002). Nurses in General Practice: The role and education needs of nurses. Townsville, School of Nursing Science, James Cook University**:** 1-18.

98 nurses in 153 practices resonded to the survey. They undertook a range of clinical nursing procedures, patient teaching and coordination activities. One important finding was that nurses reported low levels of competency in patient education activities. However, most did not indicate a need for education in these areas.

McKernon, M. and C. Jackson (2001). "Is it time to include the practice nurse in integrated primary health care?" Australian Family Physician **30**(6): 610-615.

Survey of 40 GPs, 52% worked in a practice where a nurse was employed.

Main role of the practice nurse was to do ECGs, apply dressings amd triage. Practice nurses played only a minor role in health promotion and education. General acceptance by GPs of nurse role and other health professionals in integrated patient care. Funding was seen as a major impediment to greater utilisation of nurses in general practice.

Brooks, P. (2003). "The impact of chronic illness: partnerships with other healthcare professionals." Medical Journal of Australia **179**(5): 260-262.

Burden of disease data show that chronic conditions account for nearly 30% of the years of life lost due to disability in Australia. Also workforce shortages. Thus need to explore alternative models of health care delivery. Patient care team consists of diverse healtcare professionals who communicate regularly about the care of a defined group of patients and participate in that care on a continuing basis. Data from US show that partnerships between GPs and 'advanced practice nurses' can provide better patient outcomes. Need to assess whether alternative models of healthcare delivery such as other health professionals taking on roles hiterto considered the purview of the doctor - eg nurse anaesthetists in Scandinavia who assess and manage post-operative pain; non-physician clinicians in US who provide preventive services. Team working and role substitution would free up time for doctors and allow them to concentrate their expertise in other areas.

Gilbody, S., P. Whitty, et al. (2003). "Educational and organisational interventions to improve the management of depression in primary care." JAMA **289**(23): 3145-3151.

Meta-analysis (21 relevant studies) to evaluate the effectiveness of organisational interventions to improve the management of depression in primary care settings. Results showed that strategies effective in improving patient outcome generally were those with complex interventions that incorporated clinician education, an enhanced role of the nurse (nurse case management), and a greater degree of integration between primary and secondary care (consulation-liaison). Telephone medication counselling delivered by practice nurses or trained counsellors was also effective. Simple guideline implementation and educational strategies were generally ineffective.

Sibbald, B. (2002). Skill Mix in Primary Care. Annual Forum of Australian Divisions of General Practice, Brisbane.

Cost per doctor of hiring a nurse is lower in larger practices. Nurses effective in health screening and delivering health promotion advice, but probably not cost-effective. Nurse led interventions in cdm are efficacious. Nurse-led structured clinics are as effective as GP-led structured clinics. Structured nurse care more effective than unstructured GP care. But high proportion of nurses not trained adequately for cdm.