

**EXAMPLES WHERE THE IMPACT OF PRACTICE NURSING ON
PATIENT CARE and DELIVERY OF HEALTH SERVICES WAS
NOTED OR CITED**

2010

IRELAND

RESEARCH: "GENERAL PRACTITIONER WORKFORCE PLANNING: ASSESSMENT OF FOUR POLICY DIRECTIONS, BMC HEALTH SERVICES RESEARCH, TELJEUR C, THOMAS S, O'KELLY FD, O'DOWD T, 10, 148, 2010"

EXTRACT: "Results: Relative to most other European countries, Ireland has few GPs per capita. Ireland has an ageing population and demand is estimated to increase by 19% by 2021. Without intervention, the supply of GPs will be 5.7% less than required in 2021..... **Nurse substitution can enable supply to meet demand but only if large numbers of practice nurses are recruited and allowed to deliver a wide range of GP services.** Conclusions: A significant shortfall in GP supply is predicted for Ireland unless recruitment is increased. The shortfall will have numerous knock-on effects including price increases, longer waiting lists and an increased burden on hospitals. Increasing training places will not provide an adequate response to future shortages.**Increased nurse substitution appears to offer the best long-term prospects of addressing GP shortages and presents the opportunity to reshape general practice to meet the demands of the future."**

LINK: <http://hdl.handle.net/2262/40206>

IRELAND

HEADLINE: 'GPS WITH NURSE SUPPORT LIKELY TO PRESCRIBE NEW DRUGS' re presentation of research by Jane Bourke and Stephen Roper, entitled: 'Adoption of Prescribing Innovations in Irish General Practices', 2010.

EXTRACT: **Nurses** and clerical workers are unlikely to directly influence prescribing decisions, Ms Bourke suggested. "However, **their assistance and contribution to the running of a practice may allow GPs more time to learn about new drugs from a variety of sources, such as CME meetings, pharmaceutical reps and journal articles,**" she explained.

REFERENCE: IRISH MEDICAL NEWS, 5 JULY 2010, www.imn.ie

IRELAND

PUBLICATION: "REPORT OF THE BOARD OF THE NATIONAL CANCER SCREENING SERVICE, JANUARY 2008 TO MARCH 2010" (page 16).

EXTRACT: "Market Research: Millward Brown Lansdowne was recently commissioned to carry out research on behalf of BreastCheck among a sample of over 600 women aged 50 to 64. The purpose of the research was to determine women's levels of awareness, understanding, attitudes and experience of the BreastCheck service and to ensure that the Programme was effectively communicating with those women it invites for screening.....A GP or **practice nurse's advice**, having a BreastCheck unit in a local location and clear information about the procedure **all play a role in helping to overcome women's fears.**"

LINK: http://www.cancerscreening.ie/publications/NCSS_Annual_Report_2010.pdf

COCHRANE REVIEW: "A Cochrane Review of Evidence found that existing (albeit limited) evidence indicates that, in primary care, appropriately trained nurses can produce as high quality care and achieve as good health outcomes for patients as can doctors."

LINK: <http://www.cochrane.org/reviews/en/ab001271.html>

IRELAND

CITED IN: "HOUSES OF THE OIREACHTAS JOINT COMMITTEE ON HEALTH AND CHILDREN SECOND REPORT ON PRIMARY MEDICAL CARE IN THE COMMUNITY, FEBRUARY 2010",

LINK: www.oireachtas.ie

U.K.

JOURNAL: "Policy +", Kings College London, UK, Issue 23, February 2010

HEADLINE: "Do We Need More Practice Nurses". Article summarises a national study by the National Nursing Research Unit.

EXTRACT: "**The study demonstrates that practices which employ more nurses perform better in a number of areas measured by the QOF and that patients of these practices have better intermediate clinical outcomes such as blood glucose control for people with diabetes.....**"

LINK: <http://www.kcl.ac.uk/content/1/c6/06/81/46/PolicyIssue23.pdf>

2008

IRELAND

MEETING: JOINT COMMITTEE ON HEALTH & CHILDREN MEETING on TUESDAY 4TH NOVEMBER 2008...RE ASTHMA PROGRAMMES

EXTRACT: "It is important to note that in the Finnish programme, **80% of the patient contact with the primary care unit was not with the GP but with the practice nurse. The role of the practice nurse in the success of this programme is absolutely vital as 80% of patient contact for either patient education or first point of contact for a clinical reason was through the practice nurse. Then the patient was referred appropriately to the primary care physician for intervention or evaluation, or he or she stayed with the practice nurse for continuing education.** In fact, the investment in education, once the programme was up and running required about 2.3 visits over the initial two-year period."

LINK: <http://debates.oireachtas.ie/DDebate.aspx?F=HEJ20081104.XML&Ex=All&Page=3m>

2006

IRELAND

HEADLINE: "NEW TREATMENT PROTOCOL FOR DIABETES CARE"

EXTRACT: '[GP from] Co Tipperary, says that **practice nurses are essential to a well-run diabetic clinic. "Lots of work done in diabetes could be done by a practice nurse. For the proper management and running of a diabetic clinic, a decent practice nurse is essential."** He says it is up to himself to seek out and diagnose patients, but says a clinic would give them more complete care.'

REFERENCE: IRISH MEDICAL TIMES, 7 JULY 2006, www.imt.ie

IRELAND

REPORT: ALCOHOL AWARE PRACTICE SERVICE INITIATIVE APRIL 2005-MARCH 2006, page 32.

EXTRACT: "**Where the Practice Nurse was involved, the service was certainly enhanced**"

LINK: <http://www.lenus.ie/hse/handle/10147/99941>

U.K.

REVIEW OF LITERATURE: "NURSE-LED CARE IN DERMATOLOGY: A REVIEW OF THE LITERATURE"

EXTRACT: "The emphasis placed on the expansion of the role of nurses, and the need for staff to work together to reduce waiting times and deliver modern patient-centred services, have meant that **nurse-led services are seen as one means of improving healthcare provision. There is evidence that nurses have lead roles to play in the delivery of care in a number of treatment areas, especially chronic diseases.** Furthermore, it is evident that the advent of nurse prescribing ... optimizes the role of the nurse in these situations. A diverse range of models of care exist in dermatology, particularly in primary care. **Nurses frequently play lead roles in these initiatives.**"

LINK: <http://www.medscape.com/viewarticle/521323>

2005

SCOTLAND

RESEARCH: "COST EFFECTIVENESS OF NURSE LED SECONDARY PREVENTION CLINICS FOR CORONARY HEART DISEASE IN PRIMARY CARE: FOLLOW UP OF A RANDOMISED CONTROLLED TRIAL", Raftery et al, 2005.

EXTRACT: "**Conclusion: Nurse led clinics for the secondary prevention of coronary heart disease in primary care seem to be cost effective compared with most interventions in health care, with the main gains in life years saved.**"

REF: BMJ 2005; 330 : 707 doi: 10.1136/bmj.38342.665417.8F (Published 16 February 2005)

LINK: <http://www.bmj.com/content/330/7493/707.abstract>

2004

SCOTLAND

PAPER: "SECONDARY PREVENTION CLINICS: IMPROVING QUALITY OF LIFE AND OUTCOME"

EXTRACT: "General practitioners have been encouraged to target patients with coronary heart disease for secondary prevention, but putting this into practice has proven challenging.

However, there is now evidence of the benefits from nurse led clinics in primary care.

Randomised trials have shown that such clinics can lead to improvement in both medical and lifestyle components of secondary prevention. This has in turn been associated with improved quality of life and a reduction in mortality. Benefits are conditional on several factors: in particular, risk factors are only reduced if clinic attendance is accompanied by appropriate prescribing, and improvements in risk factors are only sustained if the clinics are continued."

REF: Heart 2004;90:iv29-iv32 doi:10.1136/hrt.2004.037606

LINK: http://heart.bmj.com/content/90/suppl_4/iv29.abstract

2000

WALES & ENGLAND

RESEARCH: "RANDOMISED CONTROLLED TRIAL OF NURSE PRACTITIONER VERSUS GENERAL PRACTITIONER CARE FOR PATIENTS REQUESTING "SAME DAY" CONSULTATIONS IN PRIMARY CARE", Kinnersley et al, 2000

EXTRACT: "**Patients who consulted nurse practitioners received longer consultations, were given more information, and were generally more satisfied.** There were no differences for a range of other outcomes, including resolution of symptoms and concerns and prescribing. The study supports the extension of the role of nurse practitioners to include seeing patients requesting same day consultations."

REF: BMJ 2000; 320 : 1043 doi: 10.1136/bmj.320.7241.1043 (Published 15 April 2000)

LINK: <http://www.bmj.com/cgi/content/full/320/7241/1043>

ENGLAND

RESEARCH: "NURSE MANAGEMENT OF PATIENTS WITH MINOR ILLNESSES IN GENERAL PRACTICE: MULTICENTRE, RANDOMISED CONTROLLED TRIAL", Shum et al, 2000

EXTRACT: "Results: **Patients were very satisfied with both nurses and doctors, but they were significantly more satisfied with their consultations with nurses** Conclusion: **Practice nurses seem to offer an effective service for patients with minor illnesses who request same day appointments.** "

REF: BMJ 2000; 320 : 1038 doi: 10.1136/bmj.320.7241.1038 (Published 15 April 2000)

LINK: <http://www.bmj.com/cgi/content/abstract/320/7241/1038>

ENGLAND & WALES

RESEARCH: "RANDOMISED CONTROLLED TRIAL COMPARING COST EFFECTIVENESS OF GENERAL PRACTITIONERS AND NURSE PRACTITIONERS IN PRIMARY CARE", Venning et al, 2000

EXTRACT: "**Patients were more satisfied with nurse practitioner consultations....Conclusions: The clinical care and health service costs of nurse practitioners and general practitioners were similar. If nurse practitioners were able to maintain the benefits while reducing their return consultation rate or shortening consultation times, they could be more cost effective than general practitioners.**

REF: BMJ 2000; 320 : 1048 doi: 10.1136/bmj.320.7241.1048 (Published 15 April 2000)

LINK: <http://www.bmj.com/content/320/7241/1048.abstract>
