RACGP

Independent nurse-led clinics in primary healthcare

Position Statement

7 August 2015

Position

The RACGP:

- Welcomes and encourages the participation of other healthcare providers in patient care as part of a General Practitioner (GP) led team
- Supports nurses working to their full scope of practice, as part of a GP-led team
- Does not support any model that results in fragmentation of care, by increasing the number of health service providers (which are associated with poorer health outcomes) and reducing the provision of quality coordinated patient care
- Believes that independent nurse-led clinics must be part of an integrated general practice model, to ensure Australians continue to receive high-quality healthcare
- Supports independent nurse-led clinics in remote Australia, provided the clinic has access to either a GP or hospital in circumstances that require medical care.

Preamble

General practice is the foundation of an integrated and efficient primary healthcare system, providing person-centred, continuing and comprehensive care to individuals and the community. The RACGP supports a collaborative model between GPs, patients and other healthcare providers. Due to their extensive medical training and a focus on whole-person care, GPs are best positioned to be the clinical leaders of multidisciplinary teams responsible for patient care coordination.

In this document, the term 'independent nurse-led clinic in primary healthcare' refers to a facility that is led by nurses, that sits outside of the general practice setting. Nurses in these clinics have their own patient case load and deliver treatment (within their scope of practice) for illnesses and injuries. Sometimes, these clinics provide extended hours of services without the need for an appointment or referral.

Background

Like many developed nations, Australia is faced with providing comprehensive and timely healthcare services to an ageing population with high levels of chronic disease. In addition to this challenge, Australia also faces issues with the supply of healthcare professionals across the country. [i] While governments have placed general practice at the centre of prevention and early intervention agendas, there have been ongoing concerns regarding adequate workforce distribution and capacity to meet Australia's healthcare needs, now and into the future. The Government has therefore stimulated the implementation of new models of nurse-led primary healthcare. [ii,iii]

Recent changes to course accreditation standards expand nurses' scope of practice to encompass a generalist role. To further support the implementation of different models of nurse-led care, the nursing profession has sought to facilitate:

- a further expansion of nurses' (especially nurse practitioners) scope of practice
- the transition from specialist to generalist roles
- new nurse-led models of care.

The stated intention is to promote independent decision making and clinical leadership to position nurse-led care as an alternative to GP-led care within the primary healthcare sector.

The RACGP does not support the adoption and operation of independent nurse-led clinics, regardless of whether they are led by specialist nurses or generalist nurses.

The RACGP supports nursing as part of GP-led multidisciplinary team, such as in the general practice setting. General practice is the number one employer of practice nurses in Australia. It is estimated that 63.5% of all practices employ at least one practice nurse, with a total of 10,693 (headcount) nurses employed in Australian general practices. [iv]

Nurses working in primary healthcare settings provide a breadth of opportunities to improve the health of the population, including health promotion, illness prevention and community development. Rather than promoting stand-alone independent nurse-led clinics, the RACGP believes that all models of care must support the integration of primary healthcare nurses into general practice, supporting coordinated, integrated healthcare, and improving overall efficiency of the healthcare system. Nurses working alongside GPs can increase efficiency and capacity within general practices.

The RACGP supports practice nurses working in the general practice setting. However, for the reasons described below, it has concerns regarding the operation of independent nurse-led care where care is provided outside of the general practice setting.

Issues

Quality and safety of care

Nurses do not have the breadth of training required for an open access environment where a broad range of undifferentiated health problems will be present. Nurse-led care will result in unusual (and sometimes serious) conditions which will not be recognised and managed appropriately because they are beyond the level of training and expertise of the nurse. The majority of medical training focuses on distinguishing diagnoses which cannot be taught as a stand-alone course or module.

Nurses are also not trained to manage patients with multiple co-morbidities and care priorities when several conditions co-exist. This is exacerbated when the patient is on multiple medications, whereby there are potentially harmful drug interactions if new medications are prescribed.

Fragmentation of care

General practice is at the centre of primary healthcare in Australia and is the most frequent point of entry to the health system, with around 85% of the population reported to visit a GP in one year.[v]

GPs are ideally positioned to provide ongoing and comprehensive healthcare due to their highly developed expertise in whole-person care. General practice training, defined by the provision of person centred care, enables GPs to understand the implications of disparate pieces of information received while integrating physical, psychological and social perspectives of care. GPs can confidently manage multiple health issues, both acute and chronic, and identify those that present in an undifferentiated way and may require urgent intervention.

A key role of general practice is to protect patients and health system efficiency from issues that may arise due to unnecessary screening, testing and treatment, and also to guide patients through the complexities of the healthcare system. Creating more independent entry points to the health system, introducing more independent healthcare providers, will fragment care - reducing quality health outcomes and increasing cost.

The findings from the Independent evaluation of the nurse-led ACT Health Walk in Centre reveals that patients did not have a relationship with the staff from the centre and at the time. Key stakeholders had not been contacted by staff since it opened. The findings indicate that the nurse-led model of care is a 'silo' approach to healthcare[iv] which is incongruent with patient centred healthcare and continuity of care (both core principals underpinning quality general practice).

However, nurses working alongside GPs can increase efficiencies, where GPs see patients but also support the nurse in the management of more complex, unusual and serious cases.

Unnecessary referrals and increased health expenditure

Health systems underpinned by strong primary healthcare with general practice at the centre lead to better outcomes, lower costs and improved population health. In recent health reforms, the Australian government recognised general practice as the most appropriate setting to provide person-centred, continuous and coordinated care to the community.[v]

The clinical algorithms utilised by nurses are essentially designed to reduce risk, which drives a higher rate of referrals to emergency departments. The establishment of ACT Health Walk in Centre in 2010 saw an increase of triage category 4 and 5 services in the adjoining hospital during the first 12 months of its operation. The average cost per service provided by the Walk in Centre during this time was $196, when the average cost of a GP service is $45[iv].

Additionally, patients with a chronic disease attending an independent nurse-led clinic instead of their usual GP are likely to experience duplication of investigations and effort as the nurse will be unaware of the patient's complex past history information or that they might have a General Practice Management Plan (GPMP).

The same algorithms used by nurses also tend to result in higher levels of referrals to specialists and diagnostic testing, where a GP could make a clinical judgement not to x-ray and manage the patient within the general practice setting.

There is no clear evidence that nurse-doctor substitution saves money or reduces the workload of GPs. Efficiency gains are not observable due to a high level of task duplication, particularly when individuals present to clinics (or walk-in centres) and general practice with the same problem.[vii] Although intended to improve access to healthcare, the independent nurse clinics are likely to accentuate health inequalities. A review of these clinics/walk-in centres in the UK shows the majority of clinic attendees are young and from a higher socio-economic background, indicating a lack of planned response to formal assessment of local needs.[i] The result is increased healthcare access for individuals primarily living in areas already well served by health services.

Conclusion

The evidence to support the long-term benefits of independent nurse-led clinics is, at best, unclear. [viii] [ix] Conversely, linkage to a medical home has shown to improve the quality and cost-effectiveness of healthcare particularly for individuals with chronic conditions, a significant cost-driver in Australia's current health system.

As the hub for the promotion and management of health and wellbeing in the community, general practices aim to utilise an integrated approach that meets increased care demands. Nursing care can contribute to improving capacity and addressing patient needs through:

- chronic disease management, including clinics for diabetes, cardiovascular and respiratory diseases
- immunisation and wound care
- management of quality systems and processes
- outreach services to high-risk patients
- focusing on wellness and promoting heathy living, health education and self-management
- supporting general practice integrate the acute and rehabilitative phases of care, maintaining individuals in the community as long as possible.[x]

The Australian Government has over recent years encouraged primary care practices that improve the effectiveness and efficiency of the health system. Strengthening the integration of nursing professionals into general practice has shown to reduce the number of unattached individuals in the community, contributing to a healthier community and more positive health outcomes.[xi]

The Australian health system faces ongoing challenges which may impact the ability to provide safe, effective and accessible healthcare that meets the needs of our communities. The role of nurses in primary healthcare has expanded recently, with over 63.5 per cent of general practices employing a nurse as a member of the multidisciplinary team.[iii]

Patients and primary healthcare providers have benefited significantly from the contribution that nurses make to general practice. The RACGP has strongly advocated for the strengthening of the Practice Nurse Incentive Program

(PNIP) to encourage more general practices to utilise nurses as part of a GP-led multidisciplinary team. Combining, rather than duplicating, facilities is a much more cost-effective way to increase accessibility of care. This is essential to ensure the optimal and equitable use of limited health resources, particularly when there is insufficient evidence to draw firm conclusions about the benefits of independent nurse-led clinics and their potential impact on healthcare services.

References

[i] Health Workforce Australia (2012). Health Workforce 2025. Available from: https://www.hwa.gov.au/our-work/health-workforce-planning/health-workforce-2025-doctors-nurses-and-midwives

[ii] Australian Government Department of Health and Ageing. *Primary healthcare reform in Australia: report to support Australia's first National Primary Healthcare Strategy. Canberra*: Commonwealth of Australia; 2009.

[iii] Australian Government Preventive Health Taskforce. *Australia: the healthiest country by 2020*. National preventative health strategy – the roadmap for action. Canberra: Commonwealth of Australia; 2009.

[iv] Parker, R., Forrest, L., Desborough, J., McRae, I., Boyland, T. (2011). Independent evaluation of the nurse-led ACT Health Walk-in Centre. Canberra: Australian Primary Health Care Research Institute. Available from: http://files.aphcri.anu.edu.au/research/act_health_walk-in_centre_report_final_v2a.pdf

[v] BEACH team. A decade of Australian general practice activity 2004-05 to 2013-14. General practice series no.37. Sydney: Available from: http://ses.library.usyd.edu.au/handle/2123/7771

[vi] Starfield, B., Shi, L., Macinko, J. (2005) Contribution of primary care to health systems and health. *Milbank Quaterly*; 83: 457-502.

[vii] Salisbury, C., Manku-Scott, T., Moore, L., Chalder, M., Sharp, D. (2002). Questionnaire survey of users of NHS walk-in centres: observational study. *British Journal of General Practice* ;52:554-60.

[viii] Desborough J., Forrest L., Parker R. (2011). Nurse-led primary healthcare walk-in centres: an integrative literature review. *Journal of Advance Nursing* 68(2): 248-263.

[ix] Salisbury, C, Munro, J. (2003). Walk-in centres in primary care: a review of the international literature. British Journal of General Practice, 53(486): 53-59.

[x] Australian Medicare Local Alliance. *Nurse Clinics in Australian General Practice – planning, implementation and evaluation*.

[xi] Sibbald B(2002). Nurses in General Practice: An evolution in primary care? National Primary Care Research and Development Centre, University of Manchester, England.