Practice nursing in Glasgow after the new general practitioner contract

ARTHUR PETER

SUMMARY. Six months after the implementation of the new general practitioner contract in April 1990, practice nurses employed in greater Glasgow were surveyed using a self completed postal questionnaire. Of the 165 practice nurses employed in greater Glasgow 153 (93%) were identified and surveyed. Of these, 131 responded to the questionnaire (86%). The practice nurses were well qualified and experienced. Sixty per cent were under 40 years of age, 68% had been recruited within the previous year and 70% were employed for five sessions or more per week. Many carried out extended nursing duties, including health promotion activities. Many described inadequacies of their employment contract, practice facilities and the functioning of the primary health care team. If service quality is to be assured in practice nursing and practice nurses are to function as key primary health care team workers, then it is important that their role, professional skills, and working facilities are defined, supported and monitored. This should be addressed by general practitioners, practice nurses, and their professional bodies, in collaboration with the health board.

Keywords: practice nursing; nurses' role; workload; patterns of work; conditions of service.

Introduction

IN April 1990 the new general practitioner contract came into effect.[1] Major changes were expected in primary health care services and in the workings of the primary health care team.[2] In particular, it was anticipated that many primary health care service developments would focus on practice nursing.[3]

Over the last 30 years, the practice nurse's role has undergone a gradual evolution — from the undertaking of basic dressings and injections in the treatment room to the more independent activities of the nurse practitioner, such as screening and anticipatory care.[4-7] Following the implementation of the new contract, general practitioners were also expected to provide screening, anticipatory care, and health promotion services.[8] Since much of this increased workload could be delegated to appropriately trained practice nurses,[9] it was anticipated that their numbers would increase rapidly.[10]

The Royal College of General Practitioners' practice nurse task force,[11] in an attempt to 'clarify the College's role with respect to practice nurses', had reminded general practitioners in 1989 that 'basic nurse education did not equip a nurse to work in general practice and that it is the general practitioner's responsibility to ensure that suitable training is made available both at the beginning of their employment and on a continuing basis'.

Although it was anticipated that practice nursing would become instrumental in achieving many of the objectives of the new general practitioner contract, it was not possible to say whether practice nurses possessed the required skills or facilities for their rapidly expanding role in the primary health care team. A review of practice nursing in greater Glasgow was therefore carried out, with the aim of providing information on staffing levels, training and experience, employment conditions, and specific activities. This could assist in the planning of appropriate support and training for practice nurses, encourage practice nurses to maintain their own professional standards of care,[12] and help general practitioners fulfil their terms and conditions in the 1990 contract.

Method

A survey of all identifiable practice nurses in greater Glasgow was undertaken six months after the implementation of the new general practitioner contract. Data were collected from practice nurses using a self completed postal questionnaire.

A practice nurse was considered to be any state enrolled nurse (SEN) or state registered nurse (SRN or RGN)[13-15] employed by a general practitioner.[16] Attached community nursing staff[17] (for example, treatment room nurses, district nurses, community midwives and health visitors) employed by greater Glasgow health board were not included. The greater Glasgow health board primary care unit could not provide an official list of practice nurses. However, the health board finance officer was able to confirm that, for payment purposes, there were 165 practice nurses in post within greater Glasgow. Of these, 153 practice nurses (92.7%) were identified by combining acceptances to an open invitation in the primary care unit's weekly practice mail with the available membership list of the local group of the Scottish Practice Nurses Association.[18]

A nine page questionnaire, using open or closed questions as appropriate, was constructed with items based on previously published surveys, professional literature and advice,[4,9,10,19-31] and knowledge of local practice. This was piloted twice on groups of six practice nurses resident outwith the greater Glasgow health board area. After modification the final questionnaire was posted to the nurses in September 1990, together with a letter from A P and a post paid return envelope. The questionnaires were anonymous and no nurse or practice identifiers were used. Reminders were issued to all the nurses after two and three weeks. The data were analysed to provide response percentages and the written comments of the practice nurses were collated.

Results

The questionnaire was returned by 131 of the 153 practice nurses mailed (85.6%) and 131 was used as the baseline for the results.

Ninety two practice nurses (70.2%) were working for five or more sessions per week and 24 (18.3%) had a full time contract of 37.5 hours or more per week. The workforce equated to 79 whole time equivalent practice nurses, which is approximately one whole time equivalent practice nurse employed for every 12 000 residents. Only 60.3% of the 131 practice nurses (79) held an official contract. Fifty four per cent (71) were appointed on the Whitley council 'F' grade, and 36.6% (48) were on a 'G' or 'H' grade. Thirty eight of the practice nurses (29.0%) worked in practices with five general practitioners or more and nine (6.9%) in single handed practices. Forty eight (36.6%) were in training practices.

The practice nurses surveyed were all women; 60.3% (79) were under 40 years of age, 16.8% (22) were under 30 years of age

A Peter, MPH, MRCGP, registrar in public health medicine, Greater Glasgow Health Board.
Submitted: 17 April 1992; accepted: 26 June 1992.

and 2.3% (three) were under 25 years of age. Thirteen (9.9%) were aged 50 years or more, with two nurses aged more than 65 years. Eighty nine nurses (67.9%) had been less than one year in post but 13.7% (18) had over five years of experience. The longest serving practice nurse had been in post for 20 years.

Of the 131 practice nurses 107 (81.7%) described themselves as state registered nurses. The post-basic qualifications held by practice nurses are shown in Table 1 together with the number of qualifications held by each practice nurse. Seventy two nurses (54.9%) had trained in midwifery and 42 (32.1%) in family planning. Fifteen nurses (11.5%) had recorded three or more post-basic qualifications. Eleven nurses (8.4%) had attended a practice nurse training course recognized by the National Board for Scotland or the United Kingdom Central Council for Nursing, Midwifery and Health Visiting, all within the previous three years. Sixty nurses (45.8%) also indicated that they had undergone some other form of relevant training. One hundred and two practice nurses (77.9%) were members of the Royal College of Nursing, and 96 (73.3%) of the Scottish Practice Nurses Association.

The organizations providing continuing education for practice nurses, and the numbers who attended, are shown in Table 2. Fifty nurses (38.2%) attended local meetings and 20 (15.3%) national meetings, organized by the Scottish Practice Nurses Association. Thirteen nurses (9.9%) attended other educational activities, such as hospital in-service training and local practice nurse groups. Sixty seven practice nurses (51.1%) considered the provision of continuing education inadequate. In-practice training was received by 85 practice nurses (64.9%), of whom 21 reported it as inadequate. Of the 46 practice nurses who had received no in-practice training, 30 indicated that they felt there was a need for such training.

Table 1. Type and number of post-basic qualifications held by the practice nurses.

	% of nurses with qualifications ($n = 131$)
Type of qualification	
Midwifery certificate	*55.0*
Family planning certificate	*32.1*
District nursing certificate/diploma	*12.2*
Health visiting certificate/diploma	*6.9*
Occupational health nursing certificate	*0.8*
School nursing certificate	*0*
Other qualifications	*22.1*
Number of post-basic qualifications	
0	*21.4*
1	*42.0*
2	*25.2*
3	*9.2*
4	*1.5*
5	*0.8*

n = total number of practice nurses.

Table 2. Organizers of continuing education meetings attended by practice nurses.

Meeting organizer	% of nurses attending meetings ($n = 131$)
SPNA (locally organized)	*38.2*
SPNA (nationally organized)	*15.3*
Health board	*9.9*
General practitioners	*7.6*
Royal College of Nursing	*3.8*

n = total number of practice nurses. SPNA = Scottish Practice Nurses Association.

The percentages of the 131 practice nurses who felt that they could liaise with the following primary health care team members if they were available or accessible were: reception staff 100%, district nurse 90.8%, health visitor 89.3%, community midwife 42.0%, community psychiatric nurse 25.2%, social worker 6.9%, and other team members 22.1%. Seventy two per cent of the practice nurses (94) reported that they were invited to primary health care team or practice meetings while 54.2% (71) considered themselves familiar with the organization of the health board's primary care unit. Forty four per cent of the nurses (58) considered themselves familiar with primary care administration.

Forty three nurses (32.8%) reported inadequate working accommodation. The following comments were made: 'My room is a converted cupboard with no window or ventilation'. 'Everyone has free access to my room and patients have no privacy'. 'There is no couch or washing facilities'. 'I often have to use the corridor'. 'No desk, and no curtains for privacy'. Twenty four nurses (18.3%) felt that the equipment they had available was inadequate, and their comments included: 'Make-do dressings'. 'Boiler inadequate for sterilization'. 'All old and faulty equipment'. 'Inadequate for IUCD [intrauterine contraceptive device] insertions'. 'Inadequate lighting for smears'. 'No sterilizer'.

The percentages of practice nurses who were currently undertaking general duties, extended duties and non-nursing duties suggested by the questionnaire are shown in Table 3. Almost all practice nurses undertaking each category of non-nursing activity felt that such activities were appropriate within their own practice set-up — only three adverse comments about these activities were recorded.

Ninety three per cent of the practice nurses (122) felt able to use age–sex registers; 69.5% (91) felt able to use disease/morbidity registers; 74.0% (97) to use computers; and 81.7% (107) to use computer records. Forty two per cent (55) had received training in health promotion and 32.1% (42) in anticipatory care schemes.

Discussion

The 86% response rate to the questionnaire obtained in this study compared well with rates in previous surveys.[26-28] However, the process of identifying practice nurses for the survey showed that access to practice nurses was difficult, and that the little available data on them were unreliable.

In this study over half the practice nurses worked for five sessions per week or more and almost one fifth worked full time. This is in comparison to 8.7% of nurses working full time in Greenfield and colleagues' study in 1987,[27] demonstrating a considerable, and increasing, practice nurse input to primary care. All the practice nurses surveyed were women and they were comparatively young with 60% of them under 40 years of age. Not unexpectedly, following the recent demands of the new general practitioner contract, 68% had been in post less than one year. This compares with the results of Kerr and colleagues who found that 55% of nurses had held their post for more than five years.[28] Practice nurses new to their post would need to acquire new skills and knowledge rapidly; long established practice nurses could be considered as potential trainers.

Many practice nurses already had relevant post-basic qualifications or had attended approved courses. The Scottish Practice Nurses Association was the main agency for practice nurse continuing education, with little provided by the health board, Royal College of Nursing or general practitioners. Notably, just over half of the practice nurses (51%) considered the present provision of practice nurse continuing education as inadequate and

Table 3. Percentage of practice nurses undertaking various duties.

	% of nurses undertaking duty ($n = 131$)
General nursing duties	
Urinalysis	99.2
Collection of bacteriological specimens	94.7
Intramuscular/subcutaneous injections	93.9
Travel immunizations for adults and children	86.3
Ear syringing	73.3
First aid	73.3
Dressing and wound management	71.0
Varicose ulcer care	61.8
Disinfection of treatment/surgery rooms	55.7
Assisting at minor operations	41.2
Pregnancy testing	35.9
Assisting at ante/postnatal clinics	35.1
Removal of foreign bodies from eye	22.1
Extended nursing duties	
Dietary advice	96.2
Venepuncture	92.4
New patient health checks	89.3
Weight control advice	89.3
Advice on exercise	84.0
Well woman screening	84.0
Advice on travel immunizations	80.2
Hypertension control	77.1
Smoking cessation advice	74.0
Advice on alcohol consumption	73.3
Counselling	73.3
Well man screening	69.5
Three-yearly check ups	63.4
Cervical smears	61.1
Elderly screening	60.3
Home visits	55.0
To elderly	52.7
For blood	45.8
For child immunizations	15.3
For electrocardiograms	13.0
Diabetic review	51.1
Baby and childhood immunizations	44.3
Family planning	44.3
Asthma control	38.9
Electrocardiograms	23.7
Incontinence care	21.4
Ostomy care/advice	12.2
Child health surveillance	5.3
Other extended duties	3.8
Non-nursing duties	
Filing records	39.7
Reception duties	26.7
Dispensing	7.6
Typing	3.8
Other non-nursing duties	31.3

n = total number of practice nurses.

more, therefore, should be provided through, and in collaboration with, the Scottish Practice Nurses Association. In addition, for just over half of the practice nurses (51%) in-practice training was either not provided or was felt to be inadequate, and only a minority had received any training in health promotion or anticipatory care. These training needs should be addressed by both general practitioners and supportive professional organizations such as the Scottish Practice Nurses Association and the Royal College of Nursing.

Seven per cent of the practice nurses were employed in single handed practices, with the potential for working closely with the general practitioner. Twenty nine per cent of nurses worked in practices with five or more general practitioners (Greenfield and colleagues reported 43%[27]), perhaps having to cope with communication difficulties in a large team, but perhaps benefiting from better provision of premises and equipment. The many practice nurses working in a training practice, with the facilities described by the Joint Committee on Postgraduate Training for General Practice, were in a favourable position to meet the demands of the new contract. These practices may be suitable for practice nurse training.

The large number of practice nurses with no official employment contract[13] was of concern, and perhaps indicates the ineffectiveness of their general practitioner as an employer. Many practice nurses were appointed on a 'G' grade[13] (with a maximum salary of £14 545 per year at 1991 rates) or 'H' grade (£16 195). The implied level of professional functioning[13] behind these gradings needs verification and monitoring by the health board.

The considerable numbers of practice nurses who felt that they could not liaise with the various members of the primary health care team is of concern as effective practice nurse functioning is unlikely without good communication. Lines of communication and role definitions within practices should be explored.[32] In addition, over one quarter of the practice nurses reported that they were not invited to practice or primary health care team meetings.

It is also of concern that many practice nurses reported inadequate working accommodation and available equipment, although it must be remembered that these responses were highly subjective. In addition, many practice nurses were unfamiliar with primary care administration, and are perhaps, therefore, over dependent on other health care staff.

The type of general nursing duties undertaken by practice nurses is interesting. Forty one per cent of practice nurses in this survey were assisting at minor operations compared with 14% recorded by Kerr and colleagues.[28] This number might increase further as the new contract is more widely adopted by general practitioners. The results for extended nursing duties revealed that most practice nurses were involved in a wide range of health promotion and anticipatory care activities. For example, 70% and 84% were undertaking well man and well woman screening, respectively, compared with figures of 9% and 50% reported by Cater and Hawthorn in 1987.[26] Also, 55% of practice nurses were found to be undertaking home visits, compared with 25% in 1987.[26] More controversial activities, such as child health surveillance and home immunizations, were performed by only a small percentage of practice nurses. The number of practice nurses who did not provide advice on smoking cessation and alcohol consumption was low. All health care professionals[33] should provide such advice wherever possible.

With health promotion considered to be an underlying precept[33] for all practice nursing activities, it was of concern that many practice nurses felt they could not use the administrative tools developed in general practice for a planned approach to health promotion, such as the disease/morbidity register.[34] Over half of the practice nurses felt they had no theoretical knowledge of health promotion and over two thirds reported that they had received no training in anticipatory care. These findings raise questions about the availability, appropriateness and adequacy of practice nurse training which should be addressed locally by general practitioners as employers, and by the health board. However, Bowling and Stilwell have highlighted weaknesses in the present construction of approved training courses offered to practice nurses, and also difficulties in funding.[7] These issues can only be addressed effectively at national level, by the United Kingdom Central Council for Nur-

sing, Midwifery and Health Visiting and the Department of Health.

This study demonstrates the deficiencies which exist within practice nursing and raises doubts about service quality. The demands of the new general practitioner contract have stimulated growth in practice nurse numbers, but working facilities and provision of training appear to be lacking. General practitioners, as employers, must invest in their practice nurses. Practice nurses themselves must be clear about their own professional standards of care. The health board must monitor practice nursing developments and standards closely. The Department of Health, the health board and professional bodies must collaborate in providing appropriate practice nurse training. The potential and flexibility of the practice nurse's role in the primary health care team must be exploited fully.[7]

References

1. Scottish Home and Health Department. *A new contract. The government's detailed proposals for changes to the GP's terms of service and remuneration system in Scotland.* Edinburgh: SHHD, 1989.
2. Department of Health. *The primary health care team. Report of joint working group (The Harding report).* London: HMSO, 1981.
3. Davidson Y. The practice nurse grows up. *Nursing Mirror* 1984; June: 3-4.
4. Stilwell B, Greenfield S, Drury M, Hull FM. A nurse practitioner in general practice: working style and pattern of consultations. *J R Coll Gen Pract* 1987; **37**: 154-157.
5. Burke-Masters BMA. The autonomous nurse practitioner: an answer to a chronic problem of primary care. *Lancet* 1986; **1**: 1266.
6. Stilwell B, Hobbs R. *Nursing in general practice: clinical care.* Oxford: Radcliffe, 1990: 1-9.
7. Bowling A, Stilwell B (eds). *The nurse in family practice — practice nurses and nurse practitioners in primary health care.* London: Scutari Press, 1988.
8. Secretaries of State for Social Services, Wales, Northern Ireland and Scotland. *Promoting better health (Cm 249).* London: HMSO, 1987.
9. Bowling A. *Delegation in general practice: a study of doctors and nurses.* London: Tavistock, 1981.
10. Robinson G. The future for practice nurses [editorial]. *Br J Gen Pract* 1990; **40**: 132-133.
11. Royal College of General Practitioners. *Report of the practice nurse task force.* London: RCGP, 1989.
12. Royal College of Nursing standards of care working party. *Guidelines for working in general practice.* London: RCN, 1989.
13. Royal College of Nursing. *Practice nursing — your questions answered.* London: RCN, 1990.
14. Hockey L. Nursing qualifications — a problem of classification. In: *Women in nursing — a descriptive study.* Edinburgh: Department of Nursing Studies, University of Edinburgh, 1976.
15. Royal College of Nursing. *Training needs of practice nurses. Report of the steering group.* London: RCN 1984: 21.
16. Scottish Home and Health Department. *Statement of fees and allowances payable to general medical practitioners in Scotland. NHS general medical services — regulation 31 of NHS.* Edinburgh: SHHD, 1990.
17. Department of Health and Social Security. *Neighbourhood nursing — a focus for care. Report of the community nursing review (The Cumberlege report).* London: HMSO, 1986.
18. Peter A. Practice nurses — an emerging force in Scottish general practice. *Scott Med* 1987; August: 13.
19. Cartwright A, Scott R. The work of a nurse employed in general practice. *BMJ* 1961; **1**: 807-813.
20. Weston-Smith J, Mottram EM. Extended use of nursing services in general practice. *BMJ* 1967; **4**: 672.
21. Reedy BLEC. Organisation and management: the general practice nurse. *Update* 1972; **5**: 75-78.
22. Reedy BLEC. A comparison of the activities and opinions of attached and employed nurses in general practice. *J R Coll Gen Pract* 1980; **30**: 483-489.
23. Waters WHR, Sandeman JN, Lunn JE. A four-year prospective study of the work of the practice nurse in the treatment room of a south Yorkshire practice. *BMJ* 1980; **280**: 87-89.
24. Waters WHR, Lunn JE. 102 886 treatment room procedures: implications for nurse training and item-of-service payments. *BMJ* 1981; **282**: 1368-1370.
25. Stilwell B. The nurse practitioner at work. 1. Primary care. *Nursing Times* 1982; **78**: 1799-1803.
26. Cater ML, Hawthorn PG. Survey of practice nurses in the UK — their extended roles. In: Bowling A, Stilwell B (eds). *The nurse in family practice — practice nurses and nurse practitioners in primary health care.* London: Scutari Press, 1988.
27. Greenfield S, Stilwell B, Drury M. Practice nurses: social and occupational characteristics. *J R Coll Gen Pract* 1987; **37**: 341-345.
28. Kerr M, Hutchison D, Watts D. Today's practice nurse — work and attitudes. *Scott Med* 1988; April: 12-14.
29. Fallon CW, Bhopal JS, Gilmour WH, Bhopal RS. The work of the family practice nurse: an audit in an inner city practice. *Health Bull (Edinb)* 1988; **46**: 176-181.
30. Reedy BLEC, Metcalfe AV, de Roumanie M, Newell DJ. A comparison of the activities and opinions of attached and employed nursing staff in general practice. *J R Coll Gen Pract* 1980; **30**: 483-489.
31. Hasler JC, Greenland AS, Jacka SM, *et al.* Training for the treatment room sister in general practice. *BMJ* 1972; **1**: 232-234.
32. Russell E, Fyfe JM. *Health care in the community. A review of activities in primary health care.* Aberdeen: Department of Community Medicine, Aberdeen University, 1985.
33. Downie RS, Fyfe C, Tannahill A. *Health promotion morals and values.* Oxford University Press, 1990: 89-91.
34. Pritchard P. *Manual of primary health care: its nature and organisation.* Oxford University Press, 1978: 136-152.

Acknowledgements

Thanks to Drs Ian Jones and Don Coid for their comments on this paper, and to the practice nurses in greater Glasgow for their cooperation.

Address for correspondence

Dr A Peter, 4 Berryhill, Finglassie, Glenrothes KY7 4TQ.