# ANCILLARY HELP IN GENERAL PRACTICE

**A report on the attachment of a home nurse to an urban group practice**

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EARLY in 1962 the Middlesex County Council placed a home nurse at the sole disposal of this group practice, a partnership of six doctors and nearly 17,000 patients based on a central surgery and one outlying surgery 2½ miles away. The practice is situated in an urban dormitory area of South-west Middlesex.

Before the nurse came to the practice it was thought that she would carry out normal nursing procedures in the surgery, such as wound dressings, injections, immunization programmes, syringing ears, the changing of pessaries, and the preparation of patients, instruments and dressings for minor operations. After surgery she would carry on with the normal domiciliary work of a home nurse.

Further, it was anticipated that she would be an invaluable ' paramedical aid ' in the collection of pathological specimens for diagnostic purposes. Procedures falling within the scope of general practice would be dealt with at the surgery, more complicated procedures being passed on to the trained personnel of the local pathological laboratory.

Therefore, with this object in mind, an optical haemoglobinometer, an electrocardiograph, an audiometer and an autoclave were obtained. Laundry problems appeared rather formidable, so that disposable paper dressings and towels were selected, and have proved most successful. These disposable tissues were obtained in bulk supply from Kimberly-Clark Ltd., " Kleenex ", Code No. 7050. The partnership was fortunate to receive a gift of a " Tubegauz " dressing set, a most worth-while asset. This dressing saves time in application, stays in position, is comfortable to wear, proving much more effective than the open-weave cotton bandage.

It is difficult to understand why these dressings are excluded from the drug tariff, more so as they are cheaper than the conventional

dressings. The present cumbersome method of obtaining dressings in general practice by being required to prescribe them for each individual patient breaks down under these circumstances and this partnership has found it necessary to buy them in bulk as a partnership expense.

*Routine.* At an early stage it became apparent that there was more work in this practice than one nurse could manage. Following an experimental period of timing, it was found necessary to restrict some of the routine domiciliary work, especially blanket baths, as these consumed most time. The district home nurses were asked to help in these cases.

Nurse's day commenced with domiciliary visits to give insulin and diuretic injections. She worked in the surgery from approximately 9.30 a.m. until noon. Following this she completed her work on the district.

In the practice, patients are seen by appointment, and once nurse's procedures had been timed she was also able to work by appointment. This saved overloading the waiting room with the additional number of patients attending at any surgery.

*Range of work.* The accompanying table (Appendix A) gives a picture of the range of her work in the surgery. As was anticipated, routine injections and inoculations form the bulk of her duties. Dressing of varicose ulcers comes second. The third group is made up of haemoglobin estimations and the collection of samples of blood, sputum, urine and faeces and arranging their delivery to the pathological laboratory. In addition, she has learned to take an ECG tracing both in the surgery and in the patient's home. It is the range of work in this third group, in which she has taken over the duties of a technical assistant, which has proved so valuable to the practitioner and the patient.

*Sterilization.* The Esse Electrical Autoclave which holds two 9 in. drums has proved most successful. We bought an additional two drums and now have a reserve of sterile dressings and towels always at hand. Instruments and dishes are sterilized by boiling in the electric 11 in. hot-water sterilizer. Pre-sterilized disposable syringes are used both in the surgery and on the district. Thermometers are sterilized by immersing in hibitane for 24 hours, the cases are boiled and after reassembly are packed in half dozens in polythene bags.

*Room.* There was already a treatment room in the surgery and this was allotted to the nurse. It was necessary to provide additional

storage space and electrical points. All necessary instruments and dressings were also obtained. (Contents of room Appendix B). She has found that her rate of work is slowed by having one room only. The ideal would be a room of 12 ft. x 12 ft. with two curtained cubicles leading off in which patients could dress and undress at leisure, or in which simple procedures could be performed.

*Doctors' training.* Practitioners in this area have always had open access to a pathological laboratory, but full use of this was not made due to the time factor required to collect the specimens and to deliver them to the laboratory. Similarly if this was not done in the surgery it meant the patient going to the laboratory and a delay of 4 or 5 days before the result was received.

The nurse, acting as a technical assistant, has made it possible for far more patients to be investigated and diagnosed at home, more quickly and more conveniently to all concerned, than by referring them to an outpatient department. This in turn has lessened the quickly and more conveniently to all concerned, than by referring load on that department. Patients are now treated satisfactorily at home, where before it was necessary to admit them to hospital for satisfactory control of their treatment (e.g. cases of coronary thrombosis, treated with anticoagulants). It has been also emphasized that the nurse can render valuable help in the care of the chronic sick, as she can give us personal reports on their progress, rather than the impersonal chats previously held over the telephone with the home nurse.

The nurse has not been employed for purely diagnostic purposes this year, as is practised in some Scandinavian countries, but once a patient has been visited by one of the doctors and the diagnosis made, where required the nurse is asked to visit and administer therapy. A small experiment was tried of testing the patients' reactions to a follow-up visit by the nurse instead of the doctor. This was received very well indeed. No attempt has been made to co-opt nurse as a sorting machine for patients coming to the surgery ' on spec '.

*Nurse's training.* The nurse came to this practice fully trained in home nursing duties and theatre work, but to enable her to become part of the team she needed further training in the technical approach to pathological work and in the use of the diagnostic equipment, i.e. ECG, audiometer, tonometer and Hb estimator.

*Limitations.* The greatest factor here is time. She has not had sufficient time to carry out all the work of the practice. It was

thought that she might be able to provide a modified almoner's service for us but time has not been on her side. Similarly, as she has no children's training, she has been unable to carry on where the midwife leaves off, nor has she any psychiatric training and so has not been able to help with this large problem of general practice. Other than this there appears to be no limitations to the work which she can do.

*Future forecasts on para-medical help in general practice.* The past year has shown that one nurse has been more than fully employed in assisting in the care of patients in this practice and the help of the other home nurses in the district has been required for much of the domiciliary work. To date nurse has been in attendance at morning surgeries only, but it is now known that there is enough work during the evening surgery to make her attendance necessary. In a group practice of this type and size the ideal would be for the attachment of three home nurses. This would enable them to cover each other for the work in the surgery and on the district covering the geographical area of the practice. They would also be able to cover each other for half-days and holidays.

The members of this practice believe that to improve the general practitioner service it is necessary to have para-medical aid provided on a more integrated basis than it is at present. This help should provide a nursing service, a technical service and a social service, and should be under the direct control of the practitioner. By this means many more patients can be treated at home (and the majority prefer this), thereby easing the load on the hospital service. Furthermore the services will allow the general practitioner to continue using the technical investigations which he has learnt whilst undergoing his hospital training, and will in itself maintain that essential contact with the progress of medicine so easily lost in the isolation of general practice.

Nor must the sense of being part of a team be lost sight of as not only have the practitioners of this group gained much from having a nurse as part of this team, but she herself has said that it is very much more satisfactory to work within the practice than it was as a detached member outside.

This principle of the attachment of a nurse to a practice, financially supported by the public health authority, working within the geographical area of the practice instead of that laid down by the public health service, is one that should be fostered and extended where possible to cover the midwifery service and the health visitors

throughout the country. This would help to integrate the general practice and public health services.

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## APPENDIX A

**Range of work undertaken by the nurse in the surgery**

| | | | |
|---|---|---|---|
| Injections | 2163 | Ear syringing | 127 |
| Dressings (including varicose ulcers) | 585 | Preparation for minor ops. | 105 |
| Haemoglobin estimations | 281 | Urine testing | 32 |
| Blood specimens for analysis | 146 | ECG | 15 |

*Time taken for procedures in the surgery*

| | | | |
|---|---|---|---|
| 1. Injections | 5 minutes | 6. Ear syringing | 15 minutes |
| 2. Inoculations | 5 „ | 7. Hb. | 5 „ |
| 3. Oral polio | 2 „ | 8. ECG | 20–30 „ |
| 4. Vaccinations | 5 „ | 9. Dressings | 5–30 „ |
| 5. Dalzobands | 15 „ | 10. Minor surgery | up to 1 hour |

Minor surgery time includes preparation and sterilization of instruments and clearing the dressing room generally.

The time taken for dressings varies considerably according to the type and number of dressings required by each individual, e.g., stitch removal, plantar wart removal, etc.

It must be noted that while the times given are the actual time taken to carry out the various treatments, often social problems of the patient are discussed while they are in the dressing room. Also time must be taken into account for making gauze swabs and packing and sterilizing drums and instruments.

*Time taken for procedures on the district (including travelling time)*

| | |
|---|---|
| 1. Blanket baths | up to 45 minutes |
| 2. Slipper bath | 30 „ |
| 3. Injections | 10–15 „ |
| 4. Dressings, variable | up to 30 „ |
| 5. General care | up to 1 hour |
| 6. Blood for analysis | 10–15 minutes |
| 7. Haemoglobin estimations | 10–15 „ |
| 8. ECG | up to 1 hour |
| 9. Dalzobands | 15–30 minutes |
| 10. Vaginal douche | 15 „ |
| 11. Ring change | 15 „ |
| 12. Enemas | up to 30 „ |

## APPENDIX B

**Equipment of Treatment Room**

| | |
|---|---|
| 11 in. water sterilizer for syringes and instruments | Cutting down set |
| Autoclave for dressing drums | Giving sets (2 disposable) |
| 4 drums | Disposable plastic gloves |
| Phisohex holders with liquid | Undine eye bath |
| | Sims vaginal speculae (2) |

4 glass tanks
2 glass jars
Small dish for blades
ECG machine
Haemoglobinometer
Sphygmomanometer
Auriscope
Stethoscope
Cautery equipment
Higginson's syringe
6 dozen thermometers
Specimen bottles for path. analysis
Glass syringes
Disposable syringes (various sizes)
Disposable needles
Equipment for " Tubegauz " dressings
Rubber sheet
Towels
Disposable dressing towels
Urine testing equipment
Test tubes
2 glass measures including 1 pint jug
Wooden spatulae
Surgical blades
Needles
Plasma giving set
Tonometer
Audiometer
Coldlite proctoscope
Coldlite vaginal speculae (3)
Curette (2)
Ear syringes (2)
Gillie's needle holder
Plaster scissors (2)
Plaster shears
Post-pharyngeal mirror
Bard-Parker handles (3)
Dressing forceps (2)
Spencer-Wells forceps (5)
Cheatle forceps
Stitch scissors
Toothed dissectors (2)
Non-toothed dissectors (3)
Small scissors
Large scissors (2)
Probe
Ovum forceps
Large stainless steel bowls (2)
Medium stainless steel bowls (2)
Small stainless steel bowls (2)
Medium receivers (2)
Small receivers (2)
Large receivers (approx. 4)

**Drugs and Dressings**

Sugar for oral polio
Plaster of Paris bandages 3 in., 4 in. and 6 in.
Dalzoband
Poroplast
Viscopaste
Lastonet 6 in.
Lotions—spirit, ether meth., silver nitrate, Savlon
" Tubegauz "
Current injections—penicillin, vaccines, etc.
Bandages
Gauze
Cotton wool
Lint
Ring pessaries
Catgut
Nylon sutures
Ethyl chloride spray
Duncaine
Plasma bottles (2)
Dextrose solution (2 bottles)
French chalk

**Furniture**

Desk
Date stamp and pad
2 chairs
Telephone
Couch
Leg rest
Refrigerator
Glass topped trolley
Wall mirror
Waste bin
1 tray
Ventaxia

**Stationery**

Clinical reference books
Pathological forms
Various forms for recording work done

APPENDIX A (continued)
RANGE OF WORK OF NURSE BY MONTHS

| | 1962 | | | | | | | | 1963 | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *May* | *June* | *July* | *August* | *September* | *October* | *November* | *December* | *January* | *February* | *March* | *April* | *Total* |
| Blood pressure | 1 | | | | | | | | | | | | 1 |
| Dalzoband | 12 | 17 | 21 | 14 | 18 | 9 | 7 | 6 | 4 | 5 | 18 | 19 | 150 |
| Dressing | 19 | 43 | 55 | 29 | 42 | 27 | 27 | 39 | 26 | 16 | 21 | 22 | 366 |
| Dressing to burn | 14 | 3 | 19 | 3 | 9 | 2 | 4 | 4 | 5 | 3 | 2 | 1 | 69 |
| Ear inspection | 1 | | | | | | | | | | | | 1 |
| Ear syringing | 13 | 14 | 18 | 14 | 9 | 13 | 8 | 6 | 8 | 4 | 11 | 9 | 127 |
| E.C.G. | | 2 | | 1 | 1 | 2 | 1 | 2 | 2 | 2 | 1 | 1 | 15 |
| Examination routine | | | 1 | | | | | | | | 2 | 1 | 4 |
| Haemoglobin | 30 | 34 | 20 | 16 | 17 | 29 | 25 | 27 | 18 | 21 | 28 | 16 | 281 |
| Minor ops.: | | | | | | | | | | | | | |
| Aspiration bursa | | 1 | | | | | | | | | | | 1 |
| Excision pile | | | | | | | | | | | | 1 | 1 |
| F.B. | 2 | | | | | | | | | 1 | | | 3 |
| Incision | 2 | 1 | 1 | 1 | | | | | | 2 | 1 | | 8 |
| Melanoma removed (benign) | | | | 1 | | | | | | | | | 1 |
| Plaster back slab | 1 | | 1 | | | 4 | 4 | 3 | 1 | | | | 14 |
| Polyp removed | | | | | 1 | | | | | | | | 1 |
| Primolut depot | | | | | | | 3 | | | | | | 3 |
| Sebaceous cyst removed | | | | 2 | | | | | 1 | 1 | 1 | | 5 |
| Splinter removed | | | 2 | 4 | 1 | | 1 | | | | | | 8 |
| Sutures inserted | 1 | | | | | | | 2 | 1 | | | | 4 |
| Sutures removed | 2 | | 5 | 2 | 7 | 1 | 3 | 4 | 1 | 2 | 1 | 1 | 29 |
| Toe-nail removed | | 2 | | 2 | | | | | | | | 1 | 5 |
| Verruca removed | | | | | 2 | 2 | | | | | | | 4 |
| Wart removed | 1 | 2 | 1 | 1 | 3 | 3 | | | 5 | 1 | | | 17 |

APPENDIX A (continued)

| | 1962 | | | | | | | | 1963 | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *May* | *June* | *July* | *August* | *September* | *October* | *November* | *December* | *January* | *February* | *March* | *April* | *Total* |
| Ring change | | | | | | | | | | | | 1 | 1 |
| Specimens for examination: | | | | | | | | | | | | | |
| Blood for analysis | 8 | 7 | 3 | 1 | 9 | 4 | 3 | 5 | 5 | 8 | 4 | 7 | 64 |
| Blood sugar | | | | 1 | | 1 | | | | | 1 | | 3 |
| C.S.U. | | | | | | 1 | | | | 1 | | | 2 |
| Prothrombin time | | 1 | | | 2 | 2 | 4 | 8 | 2 | 4 | 1 | 1 | 25 |
| Swabs | 4 | | | | 1 | | 3 | 1 | 3 | 3 | 3 | 2 | 20 |
| Urine testing | 4 | 3 | 9 | 4 | 1 | 1 | | | 2 | 1 | 3 | 4 | 32 |
| Wasp sting | | | | 1 | | | | | | | | | 1 |
| A.C.T.H. | 20 | | | | | | | | | | | | 20 |
| Cortisone | | | | | | | 1 | | | | | | 1 |
| Cytamen | 28 | 33 | 60 | 34 | 29 | 27 | 34 | 29 | 24 | 19 | 34 | 37 | 388 |
| Durabolin | 1 | | | | | | | | | | | | 1 |
| Ferrivenin | | | | | | 6 | 1 | | | | | 4 | 11 |
| Folvite | 1 | 2 | | 1 | | | 1 | | | | | 1 | 6 |
| Gamma globulin | 2 | | 1 | 1 | | | | | | | 2 | | 6 |
| Imferon | 13 | 6 | 1 | | | | 3 | 10 | 2 | 3 | 11 | 5 | 54 |
| Immunization: | | | | | | | | | | | | | |
| Acne mixed vacc. | | | | | | | | | | 1 | | | 1 |
| Anti-catarrhal vacc. | 3 | 3 | 1 | 1 | 13 | 30 | 19 | 18 | 25 | 15 | 17 | 4 | 149 |
| Anti-'flu vacc. | | | | | 1 | 2 | 11 | 1 | | 1 | 1 | | 17 |
| Anti-tetanus vacc. | 1 | 1 | 3 | 16 | 5 | 6 | 1 | | 2 | 3 | 8 | 5 | 51 |
| Cholera vacc. | | | 2 | | 1 | | | | | | 1 | | 4 |
| Desens. vacc. | 11 | 6 | 1 | 1 | 4 | 7 | 5 | 5 | 13 | 33 | 49 | 70 | 205 |

APPENDIX A (continued)

| | 1962 | | | | | | | | 1963 | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *May* | *June* | *July* | *August* | *September* | *October* | *November* | *December* | *January* | *February* | *March* | *April* | *Total* |
| Mixed bronchial asthma .. .. | | 1 | 2 | 1 | 5 | 23 | 9 | 10 | 7 | 10 | 5 | 6 | 79 |
| Oral polio .. .. .. .. | 2 | 2 | 4 | 13 | 39 | 40 | 42 | 21 | 25 | 26 | 44 | 49 | 307 |
| Polio vacc. .. .. .. .. | 2 | 3 | 2 | 6 | 12 | 9 | 16 | 5 | 2 | 3 | 2 | 1 | 63 |
| Staph. vacc. .. .. .. .. | 1 | 1 | | | | | | | | | | | 2 |
| T.A.B. .. .. .. .. .. | | 2 | 2 | 2 | 1 | | | | | | 8 | 14 | 29 |
| Triple antigen .. .. .. .. | 10 | 11 | 119 | 32 | 19 | 32 | 27 | 17 | 30 | 24 | 34 | 37 | 292 |
| Vaccination .. .. .. .. | 1 | | 2 | 27 | 17 | 7 | 15 | 2 | 11 | 8 | 19 | 6 | 115 |
| Myocrisin .. .. .. .. .. | 2 | | | | | | | | | | | | 2 |
| Penicillin .. .. .. .. .. | 49 | 15 | 16 | 3 | 7 | 4 | 10 | 19 | 35 | 11 | 20 | 28 | 217 |
| Progesterone .. .. .. .. | 8 | 8 | 16 | 13 | 16 | 20 | 8 | 6 | 5 | 7 | 8 | 22 | 137 |
| Streptomycin .. .. .. .. | | | 2 | | | | | | | | | | 2 |
| Testosterone .. .. .. .. | | | | | | | 2 | 2 | | | | | 4 |
| Total .. .. .. .. | 155 | 94 | 134 | 151 | 169 | 213 | 205 | 145 | 181 | 164 | 263 | 289 | 2163 |