The practice nurse—a review

R. A. POWELL, MB
Trainee general practitioner, Cheshire

THIS paper presents a review of the advantages of the practice nurse in a group general practice. The points discussed include: workload, the types of jobs undertaken, an assessment of the consequent improvement of patient services and the financial aspects of employing practice nurses.

The practice group consists of four partnerships with a total of 11 doctors, working from purpose-built premises, with a combined list size of 27,395 patients. The area served by the practice is an industrial town where the majority of the patients live within two miles of the surgery. Adjacent to the practice is a cottage hospital where general practitioner beds, full facilities for radiography and a 'nine to five' casualty department are available.

The practice nurses have been employed since the opening of the practice in 1969; at present four married nurses (state registered nurses) are employed on a part-time basis, working a total of 72 hours per week. Two nurses work simultaneously from separate treatment rooms, from 08.30 to 12.30 hours and from 16.00 to 18.30 hours. They also run a Saturday morning surgery. These times coincide with the normal surgery hours of the doctors.

The nurses keep a record of every 'consultation'. For the year 1980/81, all 23,370 consultations were categorized so that the number of consultations for every procedure—varying from full blood counts to treatment of ingrowing toenails—was known for that particular year. It was decided to analyse the records for a full year so that any seasonal variation would not invalidate the data. Specimen months (June 1978, June 1980 and June 1982) were also studied to assess if there was any variation from year to year. The consultation rate of approximately one visit per patient per year has changed little over the years. There is little variation in attendance figures throughout the year, apart from a drop in December which coincides with public holidays. There is also little change in the overall attendances during different days of the week, although there is a mid-week peak for specimen collection which coincides with a mid-week trough in attendances for treatment and advice. More patients attend in the morning than in the evening but this difference can be accounted for by the longer surgery hours and because specimens are mainly collected in the morning to coincide with transportation times to the pathology laboratory.

Activities

The range of activities of the practice nurse are considerable, but can be roughly divided into four categories: specimen collection and tests; treatments; advice; and help given to doctors.

Tests

The practice is fortunate in having a daily specimen collection service which enables us to provide a full range of laboratory investigations, such as full blood counts and blood levels of phenytoin. This is aided by a good liaison with the local pathology laboratory when more unusual investigations are required. The tests which the nurses perform are varied, for example: routine blood pressure and urine testing for patients taking oral contraceptives and routine rubella antibody status, fasting lipids and antithrombin III levels for patients starting on oral contraceptives; monitoring the weight of obese patients on diets; audiometry, especially for assessing hearing loss after otitis media; and scratch testing for allergens, which rationalizes the treatment of contact eczema and hay fever.

Treatment

The types of treatment performed by the nurse can be divided into three categories: dressings, immunizations and other procedures. The application of simple dressings to cuts and grazes, dressing of surgical wounds (increasing because of the trend towards earlier discharge from hospital after surgery) and stitch removal are all services which would normally be performed by the district nurses. By having the practice nurses to do the job, the district nurse is able to spend more time attending the patients who can only be seen at home.

Immunizations of children are often carried out by Local Authority clinics but there are three disadvantages to this: first, a record of the immunizations often does not reach the practice notes; second, a division is created between primary health care and preventive medicine, which is undesirable for patient care as a whole; and third, the practice does not benefit from the income. The practice nurse, by carrying out this procedure, saves the doctor's time and cuts down surgery

appointments. It should be added, however, that these procedures are only carried out while there is a doctor in the building, and any contraindications to immunization are cleared by the patient's own doctor first. Immunization against tetanus and for patients travelling abroad are also carried out by the practice nurse.

Our practice nurses carry out an assortment of other procedures: 72 ear syringings per month—a job which most doctors would gladly relinquish; routine injections, such as psychotropic drug and vitamin B12 injections; gold injections—where the nurses are conscientious in recording blood counts and urine tests before the injection—an example of a laborious task which nurses are often able to carry out with far greater precision than doctors. The nurses become accomplished in certain tasks because of the number of patients they see and their ability to review the outcome of their treatment, as for example in the treatment of leg ulcers and ingrowing toenails. Referral for specialist advice about ingrowing toenails has been almost eliminated because of the excellent treatment given by the practice nurse.

Advice

Advice is an important part of the practice nurses' work, although it is difficult to assess the full extent of this. Patients seeking advice often receive treatment as required, and this is recorded under the appropriate treatment category, rather than under 'advice'. At least 140 patients, however, attend our practice nurses for advice per month and only 50 of these patients are subsequently referred to the doctor. This decreases surgery attendances. This part of the practice nurses' job involves teaching patients simple first-line treatment of common conditions, thus reducing surgery attendances even further.

Aiding doctors

The practice nurse is far more useful and appropriate than the receptionist for jobs that require a chaperone. A nurse is far more reassuring to a female patient during a pelvic examination than a receptionist. The same is true of procedures which can only be carried out satisfactorily with the assistance of a trained nurse, such as the taking of cervical smears, the insertion of intrauterine contraceptive devices (IUCDs), suturing and minor operations. We also have a monthly wart clinic where patients are treated with liquid nitrogen and the presence of a nurse to explain the procedure helps immeasurably in the smooth-running of the clinic.

Remuneration

Some of the jobs which the nurses perform attract remuneration under the 'items of service' fees. In our practice, the total income from June 1980 to June 1981 was £7,971 (the breakdown of fees is shown in Table 1). The four practice nurses work a total of 72 hours per week and are paid approximately £11,160 in total. Seventy per cent of their wage is reimbursed by the Family Practitioner Committee, which results in an actual wage bill of about £3,350. Since this cost is shared between 11 doctors, and since this money is regarded as a practice expense and attracts 50 per cent tax relief, the actual cost to each doctor is minimal. When this figure is balanced against the income the nurses bring in, it is not difficult to establish that the practice nurses are a financial asset to the practice group.

Table 1. Breakdown of fees for services performed by practice nurses (June 1980 to June 1981).

	£
1,800 immunizations of children	3,900
390 immunizations against tetanus	846
282 immunizations of travellers abroad	612
46 insertions of IUCDs	1,193
284 cervical smears	1,420
Total	7,971

Expansion

Over the last 12 years, the practice has come to appreciate the valuable work carried out by practice nurses. Their two treatment rooms have been extended and they have been given their own secretary/receptionist and waiting room. The receptionist helps with clerical work and will, we hope, develop a comprehensive recall system, especially for the fee-paying items of service. The extension of the treatment rooms has meant that there is now accommodation for an operating table, so that the scope of minor operations may be extended. If this becomes an item of service payment, this could be a financially rewarding expansion.

Conclusion

Practice nurses improve the standards of primary health care by teaching prevention and treating common conditions within the community; they help the general practitioner to carry out his work more efficiently; they help to decrease the doctor's work load; and they increase the range of services a general practitioner can provide. I hope this review will show that practice nurses are not expensive, superfluous additions to a practice but will reveal them as the valuable asset they are.

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Address for correspondence

Dr R. A. Powell, 5 Pemberton Close, Willaston, South Wirral.