# LETTER FROM WESTMINSTER

## Rise of the nurse practitioner

JOHN WARDEN

Whatever new structure of health care is eventually constructed by the government a niche has already been reserved for the advent of the nurse practitioner. Although her arrival has been firmly signalled for some time, it has been largely ignored by doctors and patients, for whom it may turn out nevertheless to be one of the most radical changes in primary care.

The concept of the nurse practitioner has been taking hold quietly for some years, and was accepted in principle by the government last year in the primary care white paper *Promoting Better Health*. It stated: "The government welcomes the interest shown in the concept and intends to look further at such issues as legal status, functions, and qualifications."

The white paper confirmed that the government sees merit in giving nurses more freedom to prescribe a limited range of items and to exercise professional judgment on such matters as the timing and dosage of pain relief drugs prescribed by doctors. The professional and ethical issues of prescribing by nurses are currently being looked at by the health departments.

Any revision of the law on prescribing or the classification of medicines clearly has clinical implications, and doctors can expect to be consulted about any changes. It would take some insensitive handling to create open rivalry between doctors and nurses on the issue. In a House of Lords debate on nursing last week a medical peer, Lord Trafford, thought it necessary to declare an interest: "I love nurses," he said, echoing wide professional admiration and respect.

Even so, it is recognised that doctors will be wary about any relaxations in prescribing practice. The government is at present working on certain modifications, such as allowing qualified nurses to issue repeat prescriptions or to prescribe items like dressings, ointments, and sprays. What is more, ministers are prepared to exert whatever muscle may be necessary. If the medical profession were to resist there is talk of using forthcoming antimonopoly powers to make it conform. In this connection the government has announced that doctors, in common with other professions, are to lose their legal exemptions from so called restrictive trade practices in the interest of stimulating competition (19 March, p 871). The medical monopoly on prescribing is one that is definitely under scrutiny.

The main reason that the government favours the establishment of nurse practitioners is, of course, the obvious one that they come cheaper than doctors. Added to that is the fact that public relations are on the side of change. A survey for the Cumberlege committee on community nursing found that 60% of patients said that they would prefer to see nurses rather than doctors at their first point of contact.

There is evidence also that some groups, especially Asian women and the elderly, would consult a nurse practitioner more readily, leading to earlier diagnosis and treatment. Gaps in the family doctor service in inner cities are already being filled by community nurses, who determine doses or dressings, monitor hypertension, or treat minor ailments. Against that there is the fear expressed by Age Concern, for example, that nurse practitioners could come to be seen as a source of second rate health care, especially for the elderly.

The role of nurse practitioners was touched on last week when the Royal College of Nursing gave evidence to the select committee on social services. The college and the committee have in the past declared themselves in favour of the concept. The MPs, who are attempting to shadow the government's review of the NHS, asked what role nurses could take over from doctors.

For the RCN Dr June Clark, deputy president, replied that the role of the nurse practitioner was often misunderstood as being a doctor substitute, which it was not. Nursing in primary care was a complementary service which could be very much cheaper and better than if the same kind of service was provided by doctors.

Dr Clark thought that historical tradition did not help in distinguishing what doctors and nurses were each best qualified to do. She cited research showing that in tasks like health assessment, counselling, and preventive health care nurses were more skilled than doctors. Specifically she mentioned that nurses had a higher success rate than doctors in counselling people to stop smoking.

The government has just committed an extra £670m to fund the 15·3% pay body award to nurses. The RCN's witnesses welcomed it as an opportunity for more nurses to remain in clinical practice rather than become managers or tutors: "For the first time a ward sister in London may just be able to buy a single bedroom flat."

When it comes to the point ministers may well find themselves pushing at an open door so far as doctors are concerned. The profession has put on record its manifest good will towards the notion of the nurse practitioner. The Royal College of General Practitioners has said that it would welcome experiments with nurses doing a degree of prescribing, though it would want a clear definition of what is meant by the term nurse practitioner. Similarly, the British Medical Association supports an extended role for appropriately trained nurses within general practice. It sees the development of nurse practitioners as particularly desirable in extending the range of services provided within a practice.

### Audit: Currie treads where Castle feared to go

The undercurrent of change is running strongly in other directions, too. The concept of medical audit—whereby doctors are made aware in advance of how much their treatment costs—has also returned to the political agenda. The story is told of how Dr David Owen wanted to introduce a system of medical audit when he was Labour minister of health, but Barbara Castle wouldn't hear of it.

Where Mrs Castle feared to tread Mrs Currie has rushed in. Last week the junior health minister lavishly toasted the merit of medical audit—and at the same time laced it with a threat to doctors: cooperate or else. In a speech declaring doctors to be marvellous—"we are lucky to have them"—Mrs Currie said the other side of clinical freedom was to know what a decision cost and whether there might be a more cost effective treatment. The department's growing enthusiasm for the pilot projects where consultants manage their own budget is well known.

Mrs Currie said that the results looked promising. So promising, in fact, that she wanted them to be shared throughout the hospital service. The minister's words are worth noting: "We would like to see medical audit in every specialty. Either doctors will monitor their own performance, in terms of outcome for the patient and costs, or inevitably, sooner or later, someone else will do it for them as, for example, it is done in West Germany."

You have been warned, which was exactly the minister's intention.

JOHN WARDEN is a parliamentary lobby journalist