Available online at www.sciencedirect.com
ScienceDirect
International Journal of Nursing Studies 45 (2008) 1090–1102
INTERNATIONAL JOURNAL OF NURSING STUDIES
www.elsevier.com/ijns

What is the impact of advanced primary care nursing roles on patients, nurses and their colleagues? A literature review

Kate Bonsall*, Francine M. Cheater

University of Leeds, Leeds, UK

Received 24 November 2006; received in revised form 4 July 2007; accepted 11 July 2007

Abstract

Objectives: To review and draw together the existing research evidence to assess the impact of advanced primary care nursing roles, particularly first contact nursing roles, for patients, nurses themselves and their colleagues in order to highlight salient issues for policy, practice and research.
Background: Internationally, nurses' roles continue to expand in response to doctor shortages and policy drives to provide effective and efficient health services. A body of research exists from which to evaluate the impact of advanced nursing roles on various dimensions of healthcare delivery and organisation.
Design and data sources: Medline, CINAHL, Applied Social Sciences Index and Abstracts, British Nursing Index, Cochrane Library, EMBASE, National Research Register, and PsycINFO databases were searched, including relevant websites. Studies were included if published in English and relevant to the primary/community care setting. Of a total of 211 papers identified, 88 were of relevance and included in the review.
Results: Nurses working in many advanced primary care roles such as acute/minor illness, minor injury and long-term conditions provide safe and effective care, and patient satisfaction is generally high. Many factors influence patient satisfaction with, and access to, such services but are little understood. Evidence on cost-effectiveness, efficiency and impact on other health care professionals is inconclusive though research suggests the introduction of extended roles can create uncertainty and intra-/inter-professional tensions.
Conclusions: Evidence is of variable quality, often ignoring potentially important effect mediators such as the experience and educational level of advanced nurses, the effect of service 'maturation', organisational characteristics and differing patient preferences. The complex range of factors that influence patient satisfaction, access and outcomes of care need further investigation. Recent UK developments in nurse prescribing and the introduction of a national post-registration competency framework may improve working relations and patient understanding and experience of advanced nursing roles in primary care.

Keywords: Advanced practice; Clinical effectiveness; Nurse practitioner; Policy; Primary care; Workforce issues

What is already known about the topic?

- The expansion of nursing roles in primary care appears set to continue as policy makers juggle cost containment and work force shortages along side the need to improve the quality of health services.

*Corresponding author.
E-mail address: katebonsall@hotmail.com (K. Bonsall).

0020-7489/$ - see front matter © 2007 Elsevier Ltd. All rights reserved.
doi:10.1016/j.ijnurstu.2007.07.013

- Nurses substituting for, or complementing, some areas of work traditionally undertaken by family physicians, including first contact care, provide care comparable to that of doctors and patient satisfaction is consistently high.
- Some nurses working in advanced primary care nursing roles experience difficulties with establishing and/or progressing within these new roles. Reasons for this include role uncertainty, lack of role clarity and limited support from colleagues.

What this paper adds

- Evidence on the cost-effectiveness of advanced primary care nursing services is inconclusive and complex factors such as patient satisfaction, different dimensions of access, and workload require further exploration.
- Potential effect mediators such as the organisational characteristics and practice culture, experience and educational level of advanced nurses and service 'maturation' are often ignored in the research evidence.
- The introduction of a national UK post-registration competency framework may go some way to alleviating intra-professional and inter-professional barriers and reducing widespread confusion among patients, nurses and their colleagues.

1. Introduction

Advanced practice roles in nursing originated in USA in late 1960s as a response to doctor shortages (Wilson, 2003). More recently such roles have expanded rapidly in the UK and other Western countries (Pearson and Peels, 2002b), either in the form of substitution (i.e. nurses may replace those undertaking some areas of practice) or complementing activity to enhance the work of others (Lankshear et al., 2005).

The UK, USA, Canada, Australia and New Zealand share similar reasons for extending the scope of nursing practice (Pearson and Peels, 2002a). Redeployment can begin to address the need to contain costs, the difficulties in recruiting family doctors to work in deprived areas (Richardson and Maynard, 1995), and the shortfall that will arise as many existing family doctors are due to retire. In the UK for example, policies have been introduced to transfer some acute services to the community (Department of Health, 2006), to improve access to services (Department of Health, 1997, 2000, 2003) and more recently, national quality standards and targets have been defined through the new General Medical Services contract. Furthermore, the introduction of new contracts has enabled greater flexibility in local service provision and offered greater opportunities for nurses to work in new ways (Department of Health, 2004b). For example, under practice-based commissioning, GP practices are given their own 'notional' budgets with which to 'buy' health services for their patients and the budget reflects any NHS services their patients receive, including attendances at accident and emergency departments, all referrals to hospital for outpatient and inpatient treatments, and drugs (Kings Fund, 2006). Furthermore, Personal Medical Services (PMS) contracts were introduced in 1998 as an alternative to the national UK General Medical Services contract and allow greater flexibility in the use of staff skills to address the needs of patients—for example, developing more nurses to safely carry out procedures once only performed by the doctor. PMS was also introduced to address recruitment and retention problems in areas where there had traditionally been doctor shortages.

As part of a study on first contact nursing in UK primary care, a comprehensive review of the literature was undertaken to collate research evidence on the impact of advanced primary care nursing (APCN) developments for a wide range of outcomes to highlight salient issues for policy, practice, and research.

In this paper we use the term Advanced Primary Care Nursing (APCN) as an umbrella term to refer to all advanced nursing practice roles in primary care (or the international equivalent) (e.g. nurse clinician, nurse practitioners, or advanced nurse practitioners), working in family (general) practice or other primary care locations such as walk-in-centres (WiCs) (services open to the public where no appointment is required). There has been limited professional consensus on the term 'advanced practice' (Daly and Carnwell, 2003) and a number of definitions exist (Pearson and Peels, 2002a) but in essence a practitioner working at an advanced level refers to a highly experienced and educated member of the care team who is able to diagnose and treat health care needs or make specialist referrals (Nursing and Midwifery Council, 2005).

The scope of APCN may include 'first contact care' (receiving patients with undifferentiated problems and managing their episodes of care by diagnosing, treating or referring, such as minor illness, care of long-term conditions and health promotion/preventative care, Bradbury, 2003). Nurse-led first contact care delivered, for example, in minor illness clinics or a WiC, is a fairly recent development in UK primary care. The review, therefore, includes the available evidence associated with these new developments as well as other advanced nursing roles in primary care. Literature on community matrons and other case management roles is excluded.

Current evidence on the impact of APCN roles is presented in relation to: clinical outcomes, patients' perspectives and experiences, accessibility to services,