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How can a country learn from the experience of another? Expanding nurses' scope of practice in Portugal: Lessons from England

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ABSTRACT

Introduction: The composition of the Portuguese health workforce suggests an inefficient combination of nurses and physicians. Evidence indicates that, under specific circumstances, nurses can provide equivalent care to that delivered by physicians. England has a broader experience in developing policy-led initiatives in this field from which Portugal can learn. The study explores this issue, aiming to assist in informing policy formulation.
Methods: The study analysed English policies which led to the enhancement of nurses' roles between 2000 and 2010. A literature review and interviews with selected informants were carried out.
Results: In 2000, the British government adopted a new policy for the health sector. A "working differently" strategy was subsequently developed. An increase in demand as well as the failure to improve access, efficiency and quality of service were the drivers for change. The strategy was fostered by the idea of building roles around patients and several tools were developed in order to trigger change, in which different stakeholders performed a central role. In spite of the registered progress, by the end of 2010, some issues remained unresolved, namely the lack of a specific framework to regulate nurses' expanded functions.
Conclusion: This study provides Portuguese policy-makers with useful knowledge for defining a strategy to expand nurses' scope of practice, by proposing a general framework of key aspects to be taken into account.

1. Background

1.1. Introduction

This study looks at how lessons can be drawn from the process of improving the efficiency of the skill mix of the healthcare workforce in one country to inform policy development in another one. Portugal's healthcare system has access, efficiency and quality problems, which may be attributed, at least in part, to an inefficient utilisation of the nursing and medical workforce [1]. Inspired by theories of policy learning [2], particularly on lesson-drawing [3],

Abbreviations: DoH, Department of Health; NHS, National Health Service; NMC, Nursing and Midwifery Council; RCN, Royal College of Nursing; UK, United Kingdom.

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we reviewed England's policy initiatives to expand nurses' clinical roles with a view of improving the performance of the health services, as an example which could be followed in policy establishing in Portugal.

The lesson-drawing assumes that most problems are not unique and that, up to a point, policymakers can learn from their counterpart's experiences [3]. But lesson-drawing is not about transferring solutions that proved effective elsewhere; it is about looking at a prospective judgement of contextual circumstances that will shape the adoption of a more or less similar solution, depending on technical feasibility and political desirability [3]. Lesson-drawing does not automatically lead to successful outcomes; differences between the economic, social and political contexts can explain failure [4]. When learning from other countries' experience, policy makers can use a framework of questions such as: why transfer? Who is involved in the transfer? What is being transferred? From where? [4]; in this study we have specially focussed on what restricts and facilitates this process of lesson-drawing.

The main objectives of this paper are: (i) to describe why and how England's policy initiatives to expand nurses' clinical roles were implemented over the 10 year period after the launch of *The NHS Plan* of 2000; (ii) to identify and discuss the drivers and levers for change; (iii) to identify and assess the constraints and facilitators that such policy initiatives would face in the Portuguese health care system and political context.

The paper is organised in five major sections. Section 1 introduces the study, sets out the profile of the Portuguese health workforce and justifies the choice of the English policies to expand nurses' roles for lesson-drawing. Methodological options are explained in Section 2. The main findings of the study are presented in Section 3, covering the case study of the policies towards expanding nurses' scope of practice and the assessment of the Portuguese contextual factors that would hinder or facilitate the lessons that could be drawn from England. In Section 4, the technical feasibility and political desirability of expanding nurses' scope of practice in Portugal are discussed; strengths and limitations of the study are also considered at this point. The final section summarises research findings.

1.2. The health workforce in Portugal

Like other public health care systems in the European Union, the Portuguese one has growing difficulties in responding to the pressure of increased demand and to the need to control costs in a context of a severe economic crisis, which is affecting a population with the highest proportion of people living in absolute poverty among the EU15 [5]. Recent reforms focused on financing, namely reducing public expenditures and increasing private ones, with little attention given to the health workforce dimension of the provision of services, in spite of numerous recommendations to do so [1,6–8].

The Ministry of Health is the major employer of the Portuguese healthcare system, accounting for 126,604 workers in 2012 (31.2% being nurses and 19.3% physicians), the majority of whom were women (76.6%), working under a civil service regime (65.5%), with a mean age of 42.4 (22.6% of nurses are aged between 30 and 34 and 19.7% of physicians between 55 and 59 years old) [9]. Human resources represent the most important expenditure of the public healthcare system (almost 50% of the NHS expenditure) [5,9]. Under the recent debt restructuring process, which required external intervention (May 2011–June 2014), Portugal was forced to decrease labour costs as part of bailout conditions; reducing salaries and freezing the new intakes were the main strategies.

In terms of broad indicators of the availability of health workers, in 2011, Portugal reported a ratio of 6.1 nurses per 1000 population, which is lower than the OECD average (8.8), and a ratio of 4.0 physicians per 1000 population, slightly above the average of the same countries (3.2) [10]. However, these figures must be cautiously interpreted. They may represent an overestimation of active professionals as councils are the primary source of information and they include all registered professionals. In addition, these figures say nothing about the geographical and sectorial imbalances in the distribution of the workforce; in 2012, the more rural and deprived region of the country had 1.65 physicians per 1000 inhabitants, while the more affluent one had 6.36 [11]. In the same year, 79% of the public health workforce was allocated to hospitals and 21% to primary care; in 2013, more than 10% of the population did not have access to a family doctor [9,12].

An analysis of the composition of the Portuguese health workforce suggests an inefficient combination of resources, namely of nurses and physicians [1,13], e.g. a 1.5 nurses/physicians ratio (1.2 in primary health care) [14] vs. an average of 2.8 in OECD countries in 2011 [10]. In addition, the scope of practice of nurses is narrower than in many other European countries, even though research shows legal room for a more effective use of nurses' skills [15]. The issue for the expansion of nurses' roles [16–18] has only very recently emerged on the national political agenda [1,13,19,20], mainly as a key part of the strategy for improving performance of the health sector [21–23]. International experiences support this option; yet they indicate that its financial implications are barely compatible with an initially reducing costs perspective [24]. Indeed, the literature on changes in the skill mix of nurses and physicians suggests that, under specific conditions, nurses can safely deliver services currently provided exclusively by physicians, though the results of this option, in terms of costs, are still quite unclear [16,18]. In spite of evidence showing that an optimal workforce skill mix can contribute to improve the efficiency of health care service delivery [24], in Portugal the minimal consensus needed to make change possible has yet to be built [25]. Portugal can learn from initiatives deployed in other countries, analysing how policies were adopted to lever change by dealing with constraints and endorsing facilitators.

1.3. The reasons for choosing England for lesson drawing

The development of advanced practice nursing in the United Kingdom has been described as an example suitable "to highlight considerations that may be applied to scale up