

## Practice Nurse comes of age

### Contents

[NURSES FOR TARGETS](#)

[PRESCRIBING](#)

[GP EMPLOYMENT](#)

[CHALLENGES](#)

[WHERE ARE THE NEXT PIONEERS?](#)

[STRONG MESSAGE](#)

[FUTURE CHALLENGES](#)

**For 18 years Practice Nurse has worked alongside the profession as the role has developed through innovation to reach the forefront of primary healthcare**

This year, Practice Nurse reaches our 18th birthday. In those 18 years, the profession of practice nursing has seen more adversity, challenges and progress than any other branch of nursing, and Practice Nurse has been with it every step of the way.

Back in 1988, the practice nurse role was just starting to emerge, recalls Pauline Jeffree, Practice Nurse's first consultant editor. 'There were changes in focus, a realisation that more could be done in general practice, and there was a requirement for a nurse to meet the needs of patients, as not everyone needed to see the GP,' she said. From the start, practice nurses were carrying out immunisations, developing travel clinics and working with patients with chronic conditions. Pauline, who had begun to run one of the first pilot practice nurse courses at the University of Surrey, had been asked to develop a curriculum for practice nurses. One meeting with the publishers of Update, which remains one of Practice Nurse's sister publications, and the journal was underway.

'I was able to go back to my students and tell them we had a journal,' she said.

The first issue, May 1988, reflected the concerns of practice nurses at the time, with features on nurse facilitators, the Asthma Training Centre and its work, diabetes, acne management, a quiz on treatment room problems -- and '**education, education, education**'.

Greta Barnes, founder of the Asthma Training Centre (now called **Education** for Health), itself approaching its 20th year, remembers that practice nursing was very much seen by those outside it as a 'little job', that nurses could fit around their family commitments. There was no clear pathway and it was not a career option for a serious nurse: 'Those who came on the Training Centre courses, particularly those who took the diploma, which was a real commitment, were different,' she says. 'Everyone who came to us wanted to further their knowledge. There wasn't much **education** around for practice nurses and we were the first to offer a qualification'.

Some GPs were more enlightened, but often they showed the practice nurses a few techniques, then threw them in at the deep end. Nurses were left to find their own way - with little idea of what they were expected to do.

## NURSES FOR TARGETS

Gradually a few areas were starting to offer practice nurse courses, and as the then FHSAs started to employ nurse facilitators, the quality of **education** and support began to improve. At the same time, outside pressures were affecting practice nurses' work. The GP contract of 1990 introduced targets and GPs started using practice nurses to achieve them. Many nurses, disillusioned that they couldn't provide the care they would like to in hospitals, were keen to move into general practice. Their numbers ballooned, and the RCN's Practice Nurse Association became a real force to be reckoned with, making the voice of practice nurses heard at the top level. They have fought battles over pension rights, **education** and most of all to be recognised as equal to other branches of the nursing profession. General practice has since had to cope with innumerable changes of policy, initiatives and white papers, and practice nurses have risen to the challenge all the way. Today practice nurses are represented at PCT level, they are running practices as partners and -- on the clinical side -- taking full responsibility for patients, including prescribing. 'Things have moved in a way no one could have predicted,' says Lynn Young, adviser at the RCN.

Julie Beszant, current consultant editor of Practice Nurse, agrees. A nurse manager in Croydon, she started as a practice nurse 12 years ago because she was frustrated in hospital nursing. Like many others, she took it upon herself to get trained up in asthma, cervical cytology, family planning and so on, and moved with the times.

'It still depends on the individual practice what a nurse is able to take on,' she said. 'In our practice the nurses completely run the diabetes clinic, for example, with a healthcare assistant taking blood pressure and carrying out more basic work.'

Practice nurse Catherine Baraniak opened her own practice in a Portakabin in Derby 8 years ago and now has 7,000 patients in a purpose-built surgery. She has taken over a second, inner city surgery but remains true to her nursing roots. 'I still spend 95% of my time on clinical work and have a practice manager,' she said. She feels that for a long time nurses in primary care had been doing far more than their job descriptions imply. 'Senior practice nurses had a wealth of knowledge, both about chronic disease but also about their local patient group, and many would make suggestions to GPs who recognised their skills and respected their judgement,' she said. Being able to prescribe was the logical next step. 'The legislation has started to catch up with what nurses are actually doing -- such as holding contracts in their own right -- and with practice-based commissioning they will be able to influence what services are being delivered to patients. Nurses are not just doing what they are told to do -- the straitjacket is coming off and they are developing skills and delivering a full range of care.'

Gill Champion, another practice nurse partner, in Exeter, agrees. 'Advancing practice should centre around nurse prescribing and giving us greater autonomy than ever before,' she says. Multiprofessional training has made practice nurses more valued, and as they do the bulk of the work for the Quality and Outcome Framework they are earning for the practice.

## PRESCRIBING

Back in 1988 it would not have been unusual for practice nurses to have a few pre-signed prescriptions tucked away for use as they felt appropriate, but come the spring the whole of the BNF will be open to those nurses who have done the necessary prescribing course -- an idea that would have been unthinkable then. 'Practice nurses are the major group who will be doing it,' says Tina Bishop, non-**medical** prescribing lead at Anglia Ruskin University, Chelmsford. 'It makes sense because of their role in chronic disease. Practice nurses have taken the lead in chronic disease management and know

about those medicines. They have been making recommendations for years and this is a recognition of their professionalism.'

## GP EMPLOYMENT

One of the main differences about being a nurse in general practice is the fact that you are usually employed by a GP instead of being part of the hospital or community hierarchy. This has its pros and cons. In the old days, practice nurses were at their employers' mercy in terms of pay and conditions. It was up to the GP whether nurses were allowed time and pay to get the relevant training and in many ways this has not changed.

'Because of the independence of general practitioners, they don't have to follow what is happening elsewhere in the NHS,' says Lynn Young of the RCN.

'General practice is a marketplace, and that freedom allows for more diversity, but it is not a level playing field. A lot of money has been put into general practice and most has been used to enhance service and pay staff, but some has gone straight into GPs' pockets. I would like to see more consistency of good employment practice and opportunities for continuing professional development.'

GPs are not, for example, obliged to implement Agenda for Change, which means that employees in general practice can still not be guaranteed the pay and conditions of NHS staff. This could be a problem in the future. Julie Beszant warns: 'If nurses can get better pay and conditions elsewhere in the NHS, will they choose practice nursing?'

Tina Bishop goes a step further. 'Employment of practice nurses by doctors has held back the development of the role and has not helped patients as much as it could,' she said. 'More enlightened nurses feel that one profession employing another is not a good thing, and although some GPs are very supportive, others have not been interested in encouraging nurses to develop their roles. Practice nursing is a wonderful job, and students seeing general practice love the continuity of the care, but what holds them back is the terms and conditions, and the fact that many jobs in primary care are part-time.'

Kate Howie, non-*medical* prescribing lead at United Health Europe, and a member of the Practice Nurse Association committee, welcomes the opening up of the market in primary care: 'We can't continue to provide services as we have in the past, because of the constraints both of finance and recruitment/retention,' she argues.

'We need to think how we deliver services, and if they are high quality, meet patients' needs and are targeted and focused on that population and its needs; as long as PCTs put in place robust contracts and safeguards on providers, what does it matter who provides it?'

She does not accept accusations that a private company would put profit before patients. 'I am passionate about primary care and I couldn't work in an area where we were not delivering that. In any case, what is general practice now but private business?'

## CHALLENGES

'Nurses need to get a lot more politically as well as business aware,' says Catherine Baraniak. 'We have traditionally supported other professions and don't have a lot of say in the design of patients' care. Now we are being asked to make decisions under practice-based commissioning and need to learn about NHS budgets and what is going on beyond the practice itself.'

Gillian Champion too would like to see practice nurses getting more involved in seeing health within a broad context, looking at their practice population and developing services to meet their needs. 'Clinically we also need to develop skills around common mental health disorders, such as depression and anxiety. There are huge steps forward to take and we are leading on that.' She'd like to see more nurse partners coming through, and nurses getting more involved in offering nurse-led services traditionally organised from hospital such as respiratory care and continence.

'With practice-based commissioning practices have the opportunity to develop services for our own population and localities, which enables practice nurses to take their specialist interests forward in a way that wasn't open to them 5 years ago,' she says.

'The Commissioning Bill will offer opportunities for nurses to become independent contractors themselves,' says Tina Bishop. 'We will need to look at different models, such as not-for-profit services run by nurses. We've already got nurse-led walk-in centres and PMS pilots. Support mechanisms need to be put in place to make it happen, though. If they throw a challenge out to practice nurses they need to provide loans and security as they do to GPs. It's about developing services for patients in your area, and no-one knows better than practice nurses what those should be.'

## WHERE ARE THE NEXT PIONEERS?

Gillian Champion raised one cause for concern: 'Where is the next generation of pioneers?' she asks. Practice nursing has come so far partly because of a number of strong and outstanding personalities who have overcome the hurdles in its way and driven the profession forward, from a scarcely recognised profession to where it is now. 'I don't see the energy and vitality in practice nurse groups now that I saw when I was starting out, or the leaders I aspired to 15 years ago. Who is going to take the professional lead in practice nursing?' Catherine Baraniak echoes her thoughts. 'There are so many opportunities out there, and it grieves me to see so many nurses sit back and let others take risks and shape primary care,' she says.

Gillian Champion is also concerned that not enough is being done to teach pre-registration nurses about primary care. 'We are moving towards a primary-care led service, but nurse *education* doesn't seem to be keeping up with that. Why are pre-registration nurses not spending more time in primary care?'

In the longer term, this, together with the uncertainty of life under a GP boss, may contribute to a shortage of practice nurses, warns Julie Beszant. 'The average age of practice nurses is over 40, and we have nurses approaching retirement with not enough new nurses coming through,' she says. 'We will have to find a way to fill the gap.'

Greta Barnes worries for the patients. 'I just hope that nurses are not so busy chasing bits of paper that they forget the patients they serve,' she warns.

## STRONG MESSAGE

Kate Howie of United Health Europe has a strong message for practice nurses: 'Go out and seize opportunities; embrace practice based commissioning. There is a lot of change coming -- don't just sit back and let it happen. It will affect you so find out what is happening. Find the lead nurses in your area, get involved or at least keep up to date. Practice nurses are in an excellent position, especially in chronic disease management, to shape services, because we know what patients need. You are sitting there with all these skills and knowledge -- why not work together and share more? Practice nurses could really make a contribution here.'

## FUTURE CHALLENGES

A huge amount of change has taken place in primary care over the last 18 years. Opportunities are there for practice nurses to take their role forward in ways they never imagined, but in some ways much has not moved on. Practice nurses are still employed - for better or worse -- by GPs, and despite endless plans by now defunct organisations such as the English National Board and the UKCC, practice nurse **education** remains piecemeal and geographically patchy. However, all the nurses I spoke to agreed that practice nursing is one of the most challenging and enjoyable jobs in the profession, and one they are glad to have been part of. 'Practice nursing is a cream job now, and something people aspire to,' says Greta Barnes. 'The profession has grown up.' And, as Practice Nurse celebrates its 18th birthday, that is as it should be.

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By Moira Crawford, freelance **medical** writer

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