

PRACTICE NURSING

Practice nursing has developed as a specialist area of community nursing, largely due to the introduction of the 1990 GP contract. The client population seen by the practice nurse is the mobile and relatively fit, and includes all age groups. There have been major advances in practice nursing in the past few years, for example there is now a Bsc in general practice nursing, bringing the training on to the same level as district nurses and health visitors. As practice nursing developed, originally, out of need, there are no defined core skills and not all nurses in general practice carry out the full range of skills. It is the diversity within the role that makes it an exciting and rewarding career option.

Examples of roles carried out by a practice nurse:-

- **Immunisations.** The children's immunisation programme is carried out mainly by practice nurses, as well as routine adult immunisations and travel immunisations and travel health advice.
- **Health promotion.** This is a major part of the practice nurse's role and the patient is always viewed holistically and opportunistic health promotion carried out wherever possible. The health promotion includes chronic diseases management, asthma, diabetes and heart disease prevention.

- Management of minor injuries and wounds are carried out by the practice nurse and knowledge of wound healing and infection control policies are required.
- Family planning and sexual health advice is also a large part of the work and includes cervical smear tests and advice and support for patients on the menopause.
- Counselling. Giving advice and support requires the good communication skills, which are essential also for liaising with a wide range of disciplines.
- Assisting the GP with minor surgery is an important role for the practice nurse, and caring for the patient throughout the procedure, as well as giving post-operative advice.

Practice nurses have emerged as a discipline in their own right and have grown in strength and confidence. They can now become specialist practitioners in general practice and have been involved in audit of their patient and contributed to research in the field of practice nursing.

Practice Nurses have to deal with many changes, as are all professionals within The NHS. As we strive to work through the recruitment crisis, delivering the NHS plan and improving the daily lives our patients. There has never been such a range of opportunities for nurses working in general practice, with better access to education and training now, and clinical

supervision set up in many areas. Practice Nurses work load has increased with the NSF's and many practice nurses have moved to work in walk in centres and NHS Direct.. At the centre of all this change is improvement in service delivery and patient satisfaction. As The BMA publishes a new model of, how doctors and nurses might provide a better service for patients, Practice Nurses may be the gateholders of care in the future, freeing up G.P's to concentrate on areas where their skills are best used. The key to a bright future for Practice Nurses is continual professional development, make sure you attend study days and conferences, read the nursing press and keep active in your local community nurse /practice nurse forums. This keeps you up to date and motivated to deal with the changes and challenges of Practice Nursing .

News items for Practice Nurses

Sexual health

The Family Planning Association (FPA) has published a new training manual to help practice nurses develop their consultation skills in sexual health.

Improving sexual health services in primary care provides guidelines on how to set up and run nurse training groups and establish local support networks for interested professionals.

The manual follows an FPA project to develop the role of practice nurses, who the association says are ideally suited to deliver sexual health services through primary care. The project found that sexual health work raises issues that most nurses are ill equipped to deal with including nurses with family planning qualifications. This is particularly the case for practice nurses who tend to be isolated and lag behind in professional developments, according to the manual's author John Coleman.

The Government's new national strategy for sexual health is expecting GPs, practice nurses and the wider primary care team to play a greater role in reducing teenage pregnancy rates and the transmission of HIV and other sexually transmitted diseases. The Department of Health recently published a 27-point action plan for delivering the strategy which can be accessed at www.doh.gov.uk/sexualhealthandhiv *Improving sexual health services in primary care* – can be obtained from the FPA 2-12 Pentonville Road, London N1 9FP Tel: 020 7837 5432.

NHS Direct

NHS Direct has a good safety record and is popular with the public but too many callers are having to wait more than thirty minutes to speak to a nurse. This is the finding of a report by the House of Commons Public Accounts Committee (PAC), which also found that the number of calls handled by nurses varied significantly at different sites.

Technological improvements and better staff rostering are needed to improve NHS Direct's capacity to handle calls. The service also needs to improve response times and review productivity at individual sites to cope with increasing demand, says the report.

The PAC calls on the Department of Health to set a clear strategic direction for the service in order to prevent it becoming a victim of its own success by trying to do too many things at once.

NHS direct handled 5.3 million calls last year and is the world's largest provider of telephone healthcare advice.

The CPHVA's new Director Mark Jones says NHS Direct is 'a first class example of a nurse-led service' and has called for a national strategy to develop and extend the service. The report *NHS Direct in England (fortieth*

report) can be accessed at

www.parliament.uk/commons/selcom/pachome.htm

Hormone replacement therapy

Practice nurses have been inundated with calls from women worried about an American study showing that hormone replacement therapy increases the risk of breast cancer, heart disease and strokes.

The Women's Health Initiative study was set up as a randomised trial to find out if HRT could prevent heart disease in asymptomatic women aged 50-79 years.

The study was halted early because the number of cases of breast cancer in the HRT group had reached a pre-specified safety limit.

The study found that for 10,000 women taking HRT each year compared with those not taking it there would be an additional eight cases of invasive breast cancer, seven heart attacks, eight strokes and eight pulmonary embolisms. But there would be six fewer bowel cancers and five fewer hip fractures.

Doctors stress that women should not panic. An editorial in the British Medical Journal (BMJ2002;325:113-114) advises that women taking HRT for short term relief of menopausal symptoms should be reassured there is no appreciable risk of breast cancer. Women taking long term HRT therapy should be reviewed and counselled. HRT could still be considered for prevention of osteoporosis.

Delia Clarke a practice nurse in Leigh, Lancashire said: 'We have had a lot of calls from women and a lot have come in to see myself or the GP. There has been a mixed reaction - some have wanted to come off HRT straight

away while others have been asking for more information. The media reports were quite alarmist.'

The study was published in the Journal of the American Medical Association (2002;288:321-33) www.jama.org; advice for health professionals is available from the Chief Medical Officer on the Department of Health Website www.doh.gov.uk and from the Committee on Safety of Medicines on the Medicines Control Agency's website (www.mca.gov.uk)

The Audit Commission have just produced a new report on state of GP practice in England.

Among other things the report talks about variations in the availability and quality of GP services. Below is some brief information on the report. For those of you interested the full report can be accessed on-line at

<http://www.audit-commission.gov.uk/publications/genprac.shtml>

General practice is a well-used and valued public service. Eight out of ten people visit their general practitioner (GP) every year and 99 per cent of the population are registered with a GP. The service costs £8.2 billion (including prescribed drugs) - one-fifth of NHS spend.

There are many pressures on general practice...

as medical science advances, more can be done for patients locally, with treatments becoming more complex - but the average time available for consultations is under ten minutes . There are new national standards, and new arrangements to hold practitioners to account for achieving them one in three staff are near retirement age and more are working part-time - but the numbers joining general practice have not risen to keep pace with these changes .Not all patients have the same level and quality of

service. The amount spent per person varies greatly across the country -

Oxfordshire has twice as many GPs as South Derbyshire

nearly one in ten premises fail basic standards, such as having
sinks in treatment rooms. More of these are in inner city areas.

One in five patients in inner cities have to wait three or more days
to see a GP, compared with one in eight overall .

There are wide variations in the quality of service between
practices and two-fold variation in spend on drugs, after adjusting for age

younger people are less satisfied with current services - one in
four want to be seen more quickly by their GP

National policy changes are driving improvements ...

new rules mean that, in future, money for general practice will
follow patient need rather than doctors' investment decisions

The proposed new GP contract and other changes will give primary
care trusts (PCTs) greater powers to shape general practice against national
standards and practices are modernising themselves.

Practices have changed the way that they organise home visits and
out-of-hours services to manage their workload better, and practices are
getting bigger .Practices in the Primary Care Collaborative are redesigning
the way that they work, more than halving the time that patients wait to see a
GP, often by using nurses more effectively.

These changes need to be managed carefully to retain the best features of
traditional general practice: local and well-understood services offering
continuity of care. Some practices need to be better managed to provide
better care for their patients. The Audit Commission will be working with
PCTs to provide information to help them to shape and support general

practice in the future.

The CPHVA and Practice Nurses.

Rosemary McQuarrie is the Professional Officer for Practice nursing. Rosemary has 12 years of Practice Nurse experience as a Practice Nurse. She has also completed an MSc in Advanced Practice.