Skill mix in Primary Care - a bibliography

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Acknowledgements

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Our thanks also go to Gillian Geraghty for her secretarial and administrative support.
Abstract

- Primary care in the UK is currently undergoing rapid and substantial changes in skill mix. The past decade has seen an upsurge in the range of health professionals working alongside GPs in their practices and concomitantly the roles of many types of practice based clinicians have been redefined. Research based evidence of the nature and cost effectiveness of change is scattered across the specialist literature of different disciplinary groups, making it difficult to form a coherent overview of service provision.

- We have identified and systematically searched this specialist literature, including MEDLINE, CINHAL, BIDS Embase, the Social Science and Science Citation indexes, the Cochrane Controlled Trial Register and the National Centre's own database. An overview of the literature in skill mix in primary care has been created in the form of an up-to-date bibliography containing some 400 articles, dating from 1965 onwards.

- This easy to use reference guide to the literature includes articles with a full annotated reference and abstract. Articles are indexed by keywords, such as by the type of health professional and the nature of the skill mix focus, as well as by author. In addition, an extract of the bibliography will shortly be published electronically on the National Centre's web site. Updates of new research findings will be added to the bibliography on a regular basis.

Readership:

- **Primary Care Teams:** District nurses, nurse practitioners, practice nurses, health visitors, general practitioners, practice managers and other primary care team members.

- **Community NHS Trusts:** Managers.

- **Health Authority’s:** Primary care leads.

- **Hospital Libraries:** Information specialists, librarians.

- **Higher Education:** (Schools of Nursing, Medical Schools and other academic institutions) lecturers, trainers GP trainees, health service researchers.
**Introduction**

Primary care in the UK is currently undergoing rapid and substantial changes in skill mix. The past decade has seen an upsurge in the number and types of health professionals working alongside general practitioners (GPs) in their practices and concomitantly the roles of many types of primary health care professionals have been re-defined.

Skill mix is a term without precise definition which is used variously to refer to the-
- mix of disciplinary groups involved in the delivery of a service;
- mix of skills within a given disciplinary group;
- mix of skills possessed by an individual.

There are two conceptually different ways in which changes in skill mix are perceived to alter primary health care provision. These are-

**Delegation/Substitution**
Task(s) formerly performed by one type or grade of professional are transferred to a different type or grade of professional. Skill mix change in British primary care is largely focused on the transfer of tasks from highly qualified, expensive professionals to less highly qualified, cheaper professionals. Examples include task delegation from GPs to senior nurses, and from senior nurses to junior nurses or nurse assistants. The intention is to reduce costs and improve service efficiency.

**Diversification**
The range of services provided within primary care is enhanced through recruitment of new types of professionals or through the acquisition of new skills by existing professionals. Examples include the addition of practice counsellors and the introduction of clinics for minor operations in general practice. The intention is to fill previously unmet health needs and/or replace services previously provided within hospitals or other settings.

In practice, skill mix changes may involve both aspects. For example, many GPs have delegated the routine care of patients with asthma to practice nurses. Many of these nurses have undertaken specialist training in asthma care and offer a wider range of services than was previously available. This skill mix change therefore exhibits elements of both delegation and diversification.

The move towards increased skill mix in primary care is fuelled by -
- Rising demand and cost of care which has increased interest in the possible economies to be made by shifting care from expensive to cheaper health professionals.
- NHS policy changes which encourage a shift from hospital based to community based care, thereby increasing the volume and range of services demanded of primary health care professionals.
- Anticipated changes in the general practitioner workforce, consequent on a recent decline in recruitment to the speciality and a shift towards part time working related to the increasing proportion of female doctors.

Ideally skill mix should be governed by research based evidence of how skills may best be distributed among health professionals in order to optimise the cost-effectiveness of health service delivery. There is, however, a dearth of research in this area and many changes in skill mix within
primary care have yet to be adequately researched. Existing evidence of the nature and cost-effectiveness of skill mix change is scattered across the specialist literature of different disciplinary groups, making it difficult to form a coherent overview of service provision.

Our aim has been to form a comprehensive database which brings together the specialist literature relating to skill mix in primary care as resource for health services researchers, providers and purchasers in the UK. The database encompasses research conducted in other countries where health services organisation is sufficiently similar to the UK for the work to be relevant to UK practitioners. Articles dealing with primary care service provision in developing countries have been excluded. The database additionally encompasses research relating to the interface of primary health care with secondary health care and social services where this involves joint working with a primary health care professional. So, for example, articles dealing with hospital outreach and liaison models of working between primary and secondary health care professionals have been included. Articles have been excluded if they deal with service provision by hospital, social services, or other staff working alone, rather than in conjunction with primary health care professionals. In this way we have sought to build a database which is exclusively concerned with skill mix issues in UK primary health care.
**About the bibliography**

A reference database of research relevant to skill mix in primary care was established using Reference Manager® bibliographic software. Entries include a full annotated reference including abstract and key words.

Literature was reviewed by systematically searching the following databases: Medline, Cinhal, Bids Embase, the Social Science and Science Citation indexes, the Cochrane Controlled Trial Register and the National Centre’s own database. The period searched was from 1965 onwards. The box below indicates the search terms used. The search was a very broad for identifying papers. It maximised recall at the expense of precision and as a result many papers were not relevant. In addition, material from previous National Centre reviews and databases, for example, the doctor-nurse substitution database, Centre for Health Economics, have been included in the Skill Mix Database.

### Terms used to identify articles relevant to skill mix in primary care

(Medical Subject Headings (MeSH) and free text words)

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<thead>
<tr>
<th>Clinical competence</th>
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The Boolean operators of ‘and’, ‘or’, ‘not’, and ‘wildcard’ symbols were used in the searches.

All papers found were entered into the database. A total of 2494 articles were identified between 1965 and 1997. The search was difficult as some of the key words were not fully developed especially in the area of skill mix and workload. There was one restriction on searching - only English language articles were included.

The abstract of each article was reviewed by two of the editors. Discrepancies between the editors were resolved through discussion. The papers which were reviewed as relevant were downloaded into a new database which contains approximately 450 records. For those references without an author abstract, the article was obtained, reviewed and if relevant, an abstract was written by the editors.
Additional relevant research material is in the process of being identified from conventional and grey literature sources, such as conference proceedings, and will be reviewed and included in an up-date of this bibliography. There is an on-going manual search of leading journals to identify recently published papers that would not appear in electronic databases. Again these papers are reviewed and will be included in an up-date of this bibliography.
How to use this guide

The references have been sorted by year of publication and by first author.

To enable you quickly to find the references that interests you, a comprehensive key word index has been included in the back of the bibliography. After the keywords you will find reference ID numbers which refer to the specific reference. For example: if we were interested in nurse practitioners and the part they play in skill mix we would find the following references cited in the key word index in relation to nurse practitioners:


The references are listed in numerical order according to the first three digits of the Ref. ID number. Turning to number 057/106 we find:

**Ref. ID: 057/106**
**Keywords:** Nurse Practitioner; Physician Assistants; Role; Education; Commentary.
*Abstract:* The 1970's have seen policy changes in the USA favouring the development of "new health practitioners" (NHPs) otherwise known as nurse practitioners,..................

Another way of looking up abstracts is by checking the author index which has also been included in the back of the bibliography. This refers to the reference ID number in the same way. For example, if we were interested in the paper by D. Sanders we would find him cited in the author index as:

Sanders D 170/427

The references are listed in numerical order according to the first three digits of the Ref. ID number. Turning to number 170/427 we find:

**Ref. ID: 170/427**
**Keywords:** Practice Nurses; Health Promotion; Role; Service Impact; Quality of Care; Controlled Trial.
*Abstract:* Practice nurses are playing an increasingly prominent role in preventive care..................

Abstracts that have been written by the editors are denoted by 'Editor'. All other abstracts were retrieved with the reference and are assumed to be author abstracts.
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How to obtain material cited in this bibliography

Enquirers should be able to obtain copies of the items cited from their own libraries, who may, if necessary, borrow from the British Library Document Supply Centre.

The National Primary Care Research and Development Centre and The John Rylands University Library, University of Manchester cannot photocopy articles or loan books and reports.

Declaration

This bibliography has been produced from Medline (Dialog CD-ROM), Cinhal (Silverplatter CD-ROM), Bids Embase, Bids Social Science Citation Index and the Cochrane Controlled Trial Register in the Cochrane Library. These databases are publicly available and their publishers should be contacted for more information.

While every precaution has been taken in the preparation of this bibliography, the editors and publishers accept no responsibility for errors or omissions, nor for the use made of the material contained in this bibliography.
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1965

Ref ID: 001/89

Keywords: Ancillary Workers; Primary Care Teams; Interprofessional Working Practices; Social Workers; Health Visitors; Case Study.

Abstract: In general practice teams, how many and what kind of ancillary workers should there be? Who should pay for them? If it is the State or local authority, how will this affect the family doctor's position as an independent contractor? This paper attempts to answer these questions by examining two practices who have employed ancillary workers. The practices are examined as are the reasons why the practices took the team approach. The teams and how they help in the practice is discussed. The role of the medical social worker and the boundaries between that role and that of the health visitor are analysed. It was concluded that quality and accessibility of staff had improved with the team approach. Collaboration and teamwork was found to make general practice better. (Editor).

1966

Ref ID: 002/246

Keywords: Mental Health Services; Psychiatry Services; Interprofessional Development; General Practitioners; Psychiatric Social Workers; Case Study.

Abstract: This article describes a scheme to provide psychiatric care in general practice. The aim of the scheme is the provision of psychiatric diagnosis and psychotherapy as part of the family doctor's service, and to be available where patients have not been able to use other help. In addition the scheme has acted as an experiment in collaboration, creating a closer working relationship between the family doctor, the specialist and the psychiatric social worker. The nature of the general practice, organisation of work, the psychiatrists work and case reports are discussed and presented. The advantages of this joint collaborative approach in primary care are presented in terms of improved patient care and a successful team approach. (Editor)

1968

Ref ID: 003/84
Anonymous Health visitors and district nurses working with general practitioners. Nursing Times 1968;64:1522-1523.

Keywords: Health Visitors; District Nurses; Primary Care Teams; Interprofessional Communication; Interprofessional Working Practices; Commentary.

Abstract: The short paper reports the discussions of a meeting held to discuss health visitors and district nurses working in general practice and the role of the team. Issues of communication, both inside and outside of the practice was discussed, as was the appointment of nursing staff to the practice. Issues of medical practice, particularly immunisations and whom should administer them was reported as were the problems of medical records in which it was suggested additional non-medical team members should be brought in to provide good
organisation. Finally the name of district/community/domiciliary nurse was discussed. This paper was briefly concluded by examining the male role in community nursing. (Editor).

Ref ID: 004/86
Keywords: Social Workers; Role; Primary Care Teams; Case Study.
Abstract: This article presents the results of a 5 year study - the Caversham Project - to examine the role of the social worker in general practice. The method employed was that the GP referred all patients to the social worker that needed her assistance. There were some exceptions. All cases are discussed by the team in informal bi-weekly meetings. Results are presented in detail, but key findings are: team work between medical and non-medical colleagues is successful. The social worker provides a link to other outside social agencies. The social worker can help with diagnostic functions, such as psychosomatic illness, and stress. Finally, the ease of access of the social worker to patients within the practice, might have had some preventative implications. This project clearly demonstrates close links between medicine and social work and how teamwork and collaboration can be successful. (Editor).

Ref ID: 005/88
Jones PE. The public health nurse and general practice. Canadian Nurse 1968;64:43-44.
Keywords: Health Visitors; Role; Case Study; Elderly Health Care; Maternity Services; Workload.
Abstract: This article describes the first year of an experimental scheme in which a public health nurse was attached to four general medical practitioners. During the year, the nurse received 203 referrals of which a third related to maternity care and a third to care of the elderly. Some time was required initially to develop and refine the procedures for joint working. Preliminary observations suggest that participants welcome the scheme and believe it contributes to a high standard of health care for patients and families. (See also Ref.: 012/80 which describes the second year of the scheme) (Editor).

Ref ID: 006/85
Keywords: Primary Care Teams; Interprofessional Working Practices; Case Study; Interface between Primary Care and Specialist Hospital Services.
Abstract: A county medical society, responding to a request of low-income urban population for health care, obtained funds to subsidise a medical practice in its community. The practice was staffed by a physician, social worker, office nurse, public health nurse, technician, and secretary. Non-physician personnel, under supervision, performed some services usually given by physicians, furnished half the patient care, and were well accepted by patients in these responsible roles. Use of non-physician personnel increased effectiveness of the physician and expanded the scope of services beyond that usually provided in a general practice. Resources of a local hospital ultimately were integrated with the practice to provide comprehensive diagnostic and therapeutic services. The programme constituted a practical way to deliver primary health care which was well accepted by patients, simple in organisation, comprehensive in scope, and not costly. (Editor).
Ref ID:007/ 79
Keywords: Primary Care Teams; Commentary; Interprofessional Workload Distribution.
Abstract: This paper examines the current situation of the traditional GP team in primary care and the problems associated with this approach before moving on to examine future trends of the health team. Issues of first agent of contact and models of access in terms of delegation, substitution and multiple access are presented. The paper then moves on to examine who should have access for practice management. To conclude the author calls for more efficient working of health teams, more so in terms of limited resources and manpower, and that the team approach is evaluated according to a robust and sound methodology (Editor).

Ref ID:008/ 243
Keywords: General Practitioners; Role; Workload; Education; Primary Care Teams; Interprofessional Structure; Interprofessional Workload Distribution; Commentary.
Abstract: This paper presents an 'anatomy of general practice'. It begins by defining the role of the general practitioner, before moving onto examine the education of the general practitioner. The content and work load of general practice are discussed. The paper then moves on to examine the general-practitioner team, advocating who should be in the team and illustrating how the work of practice can be divided into three areas: curative (practice nurse, domiciliary nurse); preventative (health visitor) and social (medical social worker). The facilities need for the team are finally advocated. The paper, in addition, examines the team approach in a city, urban and rural setting; size of practice; and patient responsibility (Editor).

Ref ID:009/ 77
Keywords: Practice Nurses; Workload; Role; Case Study.
Abstract: In six months there were 1,704 attendance’s at the treatment room of a small health centre. The attendance rate for the population registered with the health centre doctors was 448 per 1,000 patients per year. Females between 15 and 44 years and males under 15 had the highest attendance rates. There were 256 casual attenders, 58 (23%) of whom were referred to a doctor or hospital for further advice or treatment. It is suggested that in a health centre treatment room about six hours of nursing time a week for every 1,000 patients is required, and that a case can be made out for some of the routine work of casualty departments being done in health centres. (Editor).

Ref ID:010/ 83
Keywords: Social Workers; Interprofessional Communication; Primary Care Teams; Case Study.
Abstract: Weekly case conferences have been found valuable in the management of problem families in a general practice in a new town. These are attended by health visitors, mental welfare and child care officers, welfare officers, and psychiatric social workers, as well as by the family doctors. The conferences are a quick and easy way of exchanging important information and leading to rapid decisions. (Editor).
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Ref ID: 011/82
Keywords: District Nurses; Primary Care Teams; Commentary; Role; Interprofessional Working Practices
Abstract: This paper discusses the principles of attachment in general practice, the way a nurse enters general practice and how she is employed and directed. The importance of personality and relationship with other team members is analysed. The general principles of the team's organisation and result of care are presented. Finally, patient benefits, and effectiveness of doctor and nurses time is examined (Editor - summary amended).

Ref ID: 012/80
Keywords: Workload; Health Visitors; Role; Maternity Services; Elderly Health Care; Interprofessional Working Practices; Case Study.
Abstract: This article describes the experimental attachment of a public health nurse to six general medical practitioners. During the two year attachment, the nurse received 484 referrals of which 38% were related to maternity care and 27% to care of the elderly. In the opinion of the majority of participants, the greatest value of the project to patients was the teaching and counselling function of the nurse. GPs reported better communication and enhanced teamwork. Improved efficiency in the dealing with certain problems was hypothesised to result in overall time savings for doctors (See also Ref. ID:005/88 which describes the first year of the scheme) (Editor).

Ref ID: 013/81
Keywords: General Practitioners; Community Health Services; District Nurses; Primary Care Teams; Interprofessional Development; Commentary.
Abstract: The impossibility of increasing the number of experimental attachment schemes between general practitioners and the community nursing services led to the proposal and implementation of a complete, simultaneous unification scheme. Despite major administrative difficulties, this has proved both acceptable and workable. (Editor).

1970

Ref ID: 014/75
Keywords: Primary Care Teams; Interprofessional Communication; Case Study; Interprofessional Development.
Abstract: This paper presents the results of a survey of 10 large GPs practices, to try and identify how primary health work together and how far they have both defined and answered problems of internal communications. The methodology employed was a self-reported questionnaire followed by a practice visit and follow-up interview. Key findings were that by delegating tasks to various team members, patients receive a higher standard of care and co-operation within the team has improved and will continue to do so as each team member learns from each other's work, through training, discussions and collaborative practice (Editor).
Ref ID: 015/74

**Keywords:** Community Care Teams; Community Health Services; General Practitioners; Nurses; Interprofessional Working Practices; Interprofessional Communication; Case Study.

**Abstract:** By the end of June 1969 home nurses in Bristol were attached to 18 general practices caring for about 137,000 patients, or about one-third of the city's population. Attachment was associated with an increase by about one-third in the number of patients referred by general practitioners for home nursing. Additional benefits derived from attachment during the nine months from January to September 1969 were 1,047 items of service performed by nurses in general practitioners' surgeries, 65 home visits to patients who were not receiving domiciliary nursing care, improved communications between general practitioners and nurses, and opportunities for both doctors and nurses to widen their fields of work. The travelling expenses paid to Bristol's nurses increased by 9.5%. It is suggested that the benefits to patients, doctors, and nurses of attachment far outweigh the costs and that there is scope for extending the role of the attached nurse in the surgery and in home visiting. (Editor).

1971

Ref ID: 016/73

**Keywords:** Psychiatric Social Workers; General Practitioners; Interprofessional Development; Case Study.

**Abstract:** This article describes an experiment in which mental health social workers employed by local authorities were seconded to work for a session a week with general practitioners in their surgeries. (Editor).

Ref ID: 017/68

**Keywords:** Commentary; Primary Care Teams; Interprofessional Working Practices; Health Promotion.

**Abstract:** This article presents the personal perspective of a GP who has been involved in one team approach in primary care. Issues of experimentation and flexibility of the team approach is discussed as are the roles of district nurses, midwives, health visitors and other ancillary workers. The paper concludes by briefly looking at the role of the primary care team in health education disease prevention and health promotion. (Editor).

Ref ID: 018/69

**Keywords:** Education; Primary Care Teams; Nurses; Ancillary / Workers; Commentary.

**Abstract:** This paper presents the issues of vocational training in general practice, and in particular the vocational training and work of three members of the primary care team - the family nurse, the home help services and the administrative workers. This paper draws on international examples of practice within these areas. (Editor).
Ref ID:019/72
Keywords: Social Workers; General Practitioners; Interprofessional Education; Case Study.
Abstract: This article describes an experiment in which student social workers became involved with patients in a general practice with the object of contributing to their own and the doctor's education, in the course of providing a new service to patients. (Editor).

Ref ID:020/71
Keywords: Health Visitors; Community Health Services; Case Study; Primary Care Teams; Interprofessional Working Practices;
Abstract: A description of the introduction of a public health nurse in private practice is given. The advantages of this arrangement are identified. A proposal for community health care is described based on expansion of this experience.

Ref ID:021/241
Hasler JC. The community nurse in the 70s. Nursing Times 1971;67:146-147.
Keywords: Nurses; Community Health Services; Role; Commentary.
Abstract: This paper examines the development of the nurse in a community health team. It begins by examining the role of the nurse from the beginning of the health service to the early 1970s, from a limited role to a more developed role. It argues that community medicine should be practised by a team and moves on to consider the community nurse's job, in terms of general nursing care, technical procedures, assessment and advice. The paper concludes by addressing three key concepts for the future - care; competence and communication. (Editor).

Ref ID:022/67
Keywords: Physician Assistants; Education; Case Study; Role.
Abstract: In recent years, there has been an increasing number of reports on the need for and use of trained physician's assistants and it has been estimated that their use increases physician productivity some 30% to 50%. Several institutions are now training assistants who would be capable of performing a variety of tasks and procedures as well as assuming clinical responsibilities.

We have been considering the development of a training programme for physician's assistants who would be working with Maryland general practitioners. Since the training programme should be relevant to the current activities of the physician's office practice and to those tasks he would delegate to the trained assistant, it was felt advisable first to gather information from Maryland practitioners, with this assessment focusing on answers to the following questions:

How much time is spent daily by Maryland general practitioners in the performance of certain technical procedures and treatment activities?

To what extent are these practitioners delegating responsibility to other office personnel for technical procedures and other tasks?

To what extent is there interest among practitioners in hiring a physician's assistant and what duties and responsibilities would be assigned to him?

This paper reports the results of studies designed to answer these questions. (Editor).
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1972

Ref ID:023/ 63

Keywords: Community Care Teams; Interprofessional Education; Interprofessional Working Practices; Interprofessional Structure; Interprofessional Communication; Interprofessional Development Commentary.

Abstract: This paper applies behavioural science knowledge about organisation functioning to interdisciplinary working in community health care teams. The kinds of organisational problems faced by community health teams are described and possible solutions discussed under the headings: work team effectiveness; organisational structure; task and role definition; decision-making; communication and information flow; education and development strategy; and social issues such as culture, professionalism, and value systems. The implications for curricula planning in medical schools and institutions responsible for training health professionals are discussed. (Editor).

Ref ID:024/ 65

Keywords: Multidisciplinary Teams; Commentary; Community Health Services; Interprofessional Working Practices; Interprofessional Structure; Nurses.

Abstract: A model multi-disciplinary unit providing primary health services and currently operating in a community health centre is described. The function of the primary care nurse as a generalist for family health care is explained. Team structure and function is described and various implications are discussed.

Ref ID:025/ 240

Keywords: Community Psychiatric Nurses; Primary Care Teams; Interprofessional Communication; Case Study.

Abstract: This article examines the attachment of psychiatric nurses to general practices, whose job it was to test the hypothesis that psychiatric nurses working with GPs could provide a prophylactic and therapeutic agency. Once the research had been completed, the psychiatric nurse became a permanent member of the family health team. As the team enlarged and the demand for communications develop, problems emerge. This paper examines the importance of communications using illustrative examples with suggestions on how these might be overcome. (Editor).

Ref ID:026/ 64

Keywords: Primary Care Teams; Nurses; Role; Quality of Care; Patient Satisfaction; Case Study.

Abstract: A system involving a family doctor-nurse team was put into operation in an Israeli town in 1967. New tasks were involved for the nurse. These are described. The number of patients seen by the physician have been reduced, greater satisfaction among patients, physicians and nurses has been created, and there has been improved medical care for the community.
1973

**Ref ID: 027/237**

**Keywords**: Nurses; Doctors; Role; Education; Commentary.

**Abstract**: This paper presents the recommendations from the Canadian Nurses Association and Canadian Medical Association, who have agreed on a policy on the expanded role of nurses. The Associations examined the priorities, the roles and responsibilities of the nurse and physician, education and work situations; and made recommendations in each of those areas. (Editor).

**Ref ID: 028/61**

**Keywords**: General Practitioners; Dentists; Commentary; Workforce Planning; Interprofessional Working Practices; Interprofessional; Structure.

**Abstract**: This article presents the findings of a conference which we examined 'the future shape and organisation of general practice medicine and dentistry' This article begins by examining the health centre concept by examining how the needs of the patient can be met by the team approach and with the shift away from hospital care to community care. Issues of the shortage of GPs, dentistry and the reorganisation of the system of health and social services in Northern Ireland. The paper then moves on to examine the organisation of community care and of the health centre, in terms of the community care committee, management and administration. Finally the paper looks at the community care team and the role of key primary care staff, such as the health visitor, district nurse an treatment room nurse. (Editor).

**Ref ID: 029/56**

**Keywords**: Case Study; Primary Care Teams; Interprofessional Working Practices; Interprofessional Communication; Interprofessional Workload Distribution.

**Abstract**: This article examines team work in general practice drawn on personal experience of the author, a literature review and the results of a study which examined the working of seven general practice teams in terms of role definition, authority, decision-making and patterns of communication within the teams. The teams consisted of two/three GPs, a home nurse, midwife, visitor and social worker. The author concludes by stating that at present there is no best way to organise team work in general practice, but the ideal for all to strive for is a system of comprehensive and high quality co-ordinated care. (Editor).

**Ref ID: 030/55**

**Keywords**: Nurse Practitioners; Role; Education; Commentary.

**Abstract**: This article describes the training, role and one year's experience of a medical nurse practitioner (MNP) in a primary care centre in the USA. It begins by examining the nurse practitioner concept within the centre before examining the training programme and the experience of the practice through the use of practice data based on consultation, follow-up, diagnosis and health assessment, carried out both by the MNP and physician. (Editor).
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Ref ID:031/ 57

Keywords: Primary Care Teams; Education; Commentary.

Abstract: Three level non-physician family health teams with built in vertical career mobility have been developed and trained by the East Baltimore Community Corporation and the Johns Hopkins Medical Institutions to deliver primary health care. Graduates of this new health career programme are now working in several Johns Hopkins affiliated community health programmes. The programme is described.

Ref ID:032/ 51

Keywords: Workforce Planning; Paramedics; Role; Commentary.

Abstract: This study analyses the potential impact of physician extenders on the productivity of primary care practices and considers the consequent implication for future health manpower requirements. A number of previous investigations have evaluated a variety of extenders in experimental settings. This study, in contrast, constructs and operates a simulation model of the representative practice permitting one to synthesise the experiences and insights of earlier demonstration projects. The model requires the practice to delegate tasks to paramedical personnel including the physician extender in such a way as to minimise the total cost of delivering a list of required medical services. The alternative acceptable techniques for delivering care are defined by the number of minutes of each type of medical personnel that must be employed in producing each service. Primary care is characterised by distinct medical services. The model reveals that physician extenders could increase the productivity of a representative primary care practice by up to 74 per cent. Alternatively, the commitment of physician time required to serve a patient load of 100 visits a week might be reduced by 14.2 hours through effective use of an extender. The article concludes with observations on the implications of physician extenders for future health manpower requirements.

Ref ID:033/ 59

Keywords: Community Psychiatric Nurses; Case Study; Mental Health Services; Psychiatric Services; Role.

Abstract: This article reports the first six months of an experimental scheme in which a psychiatric nurse was attached to a group general practice. The nurse received 47 referrals from general practitioners of which 38 were managed in the practice without involving the psychiatrist. The principal value of the attachment was hypothesised to be early intervention to prevent social breakdown which might in turn lead to hospital admission. A research project capable of testing this hypothesis is outlined (Editor).

1974

Ref ID:034/ 42

Keywords: Primary Care Teams; Nurse Practitioners; Case Study; Interprofessional Working Practices

Abstract: A one month long experiment in which a doctor/nurse-practitioner team took over a busy practice as a joint locum is described. The nurse's activity was entirely supplementary
to that of the doctor. She in no way substituted for the practice nurse and did no work which the practice nurse or reception-secretarial staff usually do.

The strong impression was formed by both participants that their efficiency as a practising combination would increase rapidly with further experience and in-service training. They also felt efficiency would have been greater if they had been working within a methodological structure and with a record system specifically designed for better communication, easier data retrieval and reduced effort.

Even in the current suboptimal circumstances both felt that the ease of dealing with numbers of patients was much greater than it could be with the doctor working alone. Both felt that either more patients could be cared for or more comprehensive care could be given or both. They believe the most satisfactory point to aim at as a result of substituting the doctor/nurse practitioner for a doctor alone would lie somewhere between these extremes. (Editor).

Ref ID:035/54
Keywords: Nurse Practitioners; Role; Case Study.
Abstract: This article describes the role of a clinical nurse specialist in primary health care in the USA and is based on her experiences. The article examines major developments in one family health service programme and the growth in the number of nursing staff in this multi-disciplinary unit over a seven year period. The development of the interdisciplinary programme, the nurses role, staff education and primary care delivery are put forward. The article concludes by examining the emerging nursing roles, challenges and opportunities. (Editor).

Ref ID:036/52
Keywords: Nurse Practitioners; Role; Service Impact; Quality of Care; Commentary.
Abstract: This paper argues that the traditional role of the nurse and their expertise has been misused for a number of reasons. To correct this 'misuse', it is purported that the development of the nurse practitioner role should be fostered and one paper cites examples of such an approach. Issues of quality of care under one nurse practitioner are examined in depth with an evaluation against physician care. Finally, the value of nurse practitioners are affirmed before evaluating how the numbers of nurse practitioners can be increased. (Editor).

Ref ID:037/123
Keywords: Nurse Practitioners; Child Health; Mental Health Services; Role; Commentary.
Abstract: This paper reports on the ways in which Paediatric Nurse Practitioners (PNPs) may act as community mental health workers. PNPs undergo 4 months of academic training followed by a 20 month internship in order to learn how to undertake the care in the community of children with severe illness and their families. The functions of PNPs can be arranged on a continuum: from those which overlap with other non-medical practitioners of short term counselling and those who assess the need for more specialised intervention; to those which make possible the more effective delivery and utilisation of conventional health care services. In so doing they provide a model for other health care practitioners of how important is an awareness of the psychosocial context in which care is delivered and the impact of that care on the patient. (Editor).
Skill Mix in Primary Care

Ref ID:038/43

Keywords: Doctors; Role; Primary Care Teams; Commentary; Education.

Abstract: Leadership is as important as clinical ability for a doctor in a developing country. Often his main task will be to lead a health team in a rural health centre, but his leadership should extend widely into the community. To fulfil this he needs training and ability as a teacher and manager. He should be able to define the problems, and conscious of economic realities, should muster the available resources of staff, facilities, and time. In order to delegate educational and therapeutic tasks, his first teaching responsibility is to his team. The health benefit will largely depend on achieving staff co-ordination and co-operation. The broad scope of these responsibilities indicates the need for new methods and emphases in medical training. (Editor).

Ref ID:039/129

Keywords: Nurses; Role; Primary Care Teams; Commentary.

Abstract: This article discusses the implications of nurses undertaking extended clinical roles in primary health care teams. It has been argued that nurses do not wish to assume clinical responsibility for patients and that doctors are reluctant to delegate such responsibility to nurses for fear this may lower the standard of patient care. Many nurses, however, already make diagnostic decisions and initiate treatment, not openly but hidden under the auspices of the "doctor's responsibility". This seems unhelpful and counterproductive. Nurse would welcome the opportunity to work as equal members of the team and take clinical responsibility for those aspects of patient care for which they are best suited. In order to undertake an extended care role nurses need to be highly trained and should consider delegating unskilled aspects of their work to nursing auxiliaries. The legal framework for extended nursing roles needs also to be thought through. (Editor).

Ref ID:040/50

Keywords: Community Health Services; Nurses; Role; Commentary.

Abstract: This article examines the numerous nursing roles that have been developed in the community and asks who determines the nursing roles and what do nurses think about these new roles. It then moves on to examine these questions in detail by reporting on a recently held conference. Issues of the nursing role, the need for family centred care, nurse responsibility, the need to keep up-to-date teaching, autonomy and the team approach are examined in relation to community care (Editor).

Ref ID:041/47

Keywords: Interprofessional Working Practices; Primary Care Teams; Community Care Teams; Health Promotion; Commentary.

Abstract: This article begins by providing some background to the team approach in Kent, namely the 1974 re-organisation of the NHS. The role of the community based primary care team is examined as is the progress of this development in Kent, along with the necessary pre-requisites for a successful team approach. The roles of nurses, health visitors and social work teams are examined along with issues of health education, collaboration and preventative medicine. The article concludes by arguing that the aims and objectives of the 1974 re-organisation can be met through the teamwork approach. (Editor).
Ref ID:042/ 116

Keywords: Physician Assistants; Role; Case Study.

Abstract: The role of physician's assistants in a model primary care setting in Muscatine, Iowa is presented. Basic ideas relating to the preparation of the PA for primary care are discussed. The use of the PA as a "buffer" for the primary care physician is suggested. The author feels appropriate use of the PA may actually improve the quality of care by allowing the physician sufficient time for complex problems and for keeping abreast of current medical knowledge. (Editor).

Ref ID:043/ 49

Keywords: Primary Care Teams; Interprofessional Workload Distribution; Paramedics; Case Study; General Practitioners.

Abstract: A survey of the total care provided by a general practitioner and his paramedical team for 3,137 patients in Teesside in 1972 showed that even in this area of high morbidity and mortality the work load was very small. The doctor held an average of 2.3 consultations per patient per year, and the overall average for the team of doctor, nurse, and health visitor was only 3.1. By delegating work to a team of trained paramedical workers, by increasing the proportion of personal medicine, and by engaging the co-operation of his patients, the general practitioner reduced his work load considerably, without any apparent reduction in standard of care. (Editor).

Ref ID:044/ 126
McIntosh JB. Communication in teamwork. A lesson from the district. Nursing Times 1974;70:suppl 85-8.

Keywords: Community Care Teams; Case Study; District Nurses; Interprofessional Communication.

Abstract: This paper examines the nature and extent of contact and collaboration between district nursing sisters and some of their colleagues in the community health team. It is based on an in-depth observation study of the work of the district nurse, at present being carried out in the City of Aberdeen. The author suggests a simple model for analysing the nature and extent of collaboration, which is based upon the different practice contexts in which the nurses work. The results of the observations, and the nurses' own perceptions and views, point to certain weaknesses in the way team contact is organised and carried out. (Editor).

Ref ID:045/ 45

Keywords: Primary Care Teams; Workforce Planning; Commentary.

Abstract: The report of the health planning task force was released on April 4 1974 by Ontario's Minister of Health, Frank Miller. The 10-member task force, established in January 1973 and chaired by Dr J Fraser Mustard of McMaster University, was asked to propose "a comprehensive plan" which would meet the province's health needs and take into account present and forecast financial resources for implementation "by voluntary means". The following article outlines the proposals of the task force.

Ref ID:046/ 424

Keywords: Controlled Trial; Nurse Practitioners; Service Impact; Health Outcomes; Roles.
Skill Mix in Primary Care

Abstract: In a randomised trial of nurse practitioners as providers of primary clinical services, attention was devoted to the 'outcomes' of clinical effectiveness and safety. These outcomes - expressed in physical, emotional, and social function - were assessed with newly developed methods that could be applied easily and objectively by non clinicians to the two groups of patients under study: patients receiving conventional care and patients receiving care from nurse practitioners. Besides showing the comparability of these groups at the start of this study, these measurements showed similar levels of physical, emotional, and social function in the two groups after year 1 of receiving either nurse practitioner or conventional care. Since the numbers of patients were large enough for a statistical detection of even small differences, the results indicate that the nurse practitioners were effective and safe. This study provides a base from which to explore the 'process' of delivering primary clinical services by nurse practitioners.

Ref ID: 047/44
Keywords: Primary Care Teams; Workforce Planning; Interprofessional Working Practices; Service Impact; Quality of Care; Commentary; Interprofessional Education.

Abstract: This review purports in detail the shortage of general practitioners in primary care and how the solution to recruit more doctors into primary care will not save the immediate shortage after the period of training - 6 years in the UK - is taken into account. It is argued that the primary care team might be the solution to the shortages of GPs, with nurses taking on a much larger role. Examples of practice are cited, as are examples of practice form the USA. Issues of educational standards and training are also presented. The paper concludes by arguing that the team approach offers the opportunity to raise the quality of health care for the patient. (Editor).

Ref ID: 048/46
Keywords: Primary Care Teams; Commentary; Community Health Services; Interprofessional Working Practices.

Abstract: Recently there has been increasing recognition of the need for collaborative work by health professionals in the provision of primary care health services. New roles have evolved for nurses as nurse practitioners and clinical specialists. New health careers and career ladders are now available for community residents served by developing community based primary health care programmes. These developments have led to an ever increasing complexity in the organisation and delivery of primary care services. A new form of organisation has evolved: The Primary Health Team. This review will examine recent developments in the team approach to primary care and will focus upon specific issues of interdisciplinary professional collaboration. (Editor).

Ref ID: 049/53
Keywords: Nurse Practitioners; Controlled Trial; Role; Service Impact; Health Outcomes; Quality of Care; Patient Satisfaction.

Abstract: From July, 1971, to July, 1972 in a large suburban Ontario practice of two family physicians, a randomised controlled trial was conducted to assess the effects of substituting a nurse practitioners for physicians in primary-care practice. Before and after the trial, the health status of patients who received conventional care from family physicians was compared with the status of those who received care mainly from nurse practitioners. Both groups of patients had a similar mortality experience, and no differences were found in physical functional capacity, social function or emotional function. The quality of care rendered to the two groups seemed similar, as assessed by a quantitative "indicator-condition" approach. Satisfaction was high.
among both patients and professional personnel. Although cost effective from society's point of view, the new method of primary care was not financially profitable to doctors because of current restrictions on reimbursement for the nurse-practitioner services.

Ref ID: 050/48

**Keywords:** Primary Care Teams; Paramedics; Interprofessional Development; Commentary.

**Abstract:** This paper presents in detail a model which can help to plan a team practice and which can help to determine the conditions under which a team approach will be successful. Issues of cost, speed and autonomy are also evaluated by the model, to help health planners determine whether a team approach would be successful in different situations. (Editor).

1975

Ref ID: 051/121

**Keywords:** Primary Care Teams; Commentary; Interprofessional Development.

**Abstract:** This paper is linked to Ref. ID: 058/122
This short paper focuses on the need for expanding the traditional base of general practice to primary care teams in Ireland. It provides some background analysis by examining the team approach or lack of it, in Britain, Ireland, Europe, North America and the USSR. This paper then examines the recommendations of the McCormick Report, which advocated a team of general practitioners, nurses and secretarial staff, with the support of social workers and physiotherapists, and the implications that this will have, in terms of administration and finance. (Editor).

Ref ID: 052/119

**Keywords:** Nurse Practitioners; Service Impact; Quality of Care; Role; Commentary.

**Abstract:** This paper presents a broad overview of recent developments in quality of care research with regards to the nurse practitioner. There has been some debate over the issues of quality of care with nurse practitioners taking upon a greater role. This paper provides an overview of nurse practitioner studies before examining the characteristics of a practical evaluation system of the nurse practitioner role. New research directions for measuring quality: the process, structure and outcomes of care are discussed and finally implications of researching nurse practitioners and the quality of care they provided is purported. (Editor).

Ref ID: 053/112

**Keywords:** Nurse Practitioners; Role; Before and After Study; Primary Care Teams; Service Impact; Patient Satisfaction.

**Abstract:** Attitudes toward the expanded role of nurse practitioners in primary care (family practice nurses) have been determined for persons from a semi-rural area who chose as their principal source of care an interdisciplinary family medical centre (FMC) incorporating two nurse practitioners, and those for whom the FMC was not the usual source of care. Data were obtained using "before- and-after" structured interviews of a random sample of persons living in a southern Ontario township. Slowly evolving, non significant trends of greater acceptance were observed among patients who had death with family practice nurses. The greatest change
observed was an increased acceptance of the nurse by FMC users as the person who would be contacted as a second choice if their first choice, usually a physician, could not be reached in specific worry-inducing situations. FMC users depended more on nurses to provide information. A conclusion of increased general acceptance of the family practice nurse by FMC users is supported by a 34 per cent higher use of nurses by FMC patients compared to other persons of comparable characteristics living in the same community.

Ref ID:054/105
Keywords: Interprofessional Education; Primary Care Teams; Service Impact; Quality of Care; Costs; Commentary.
Abstract: This paper examines interdisciplinary education for primary health care teams. The first section examines the historical context of the primary care team; before moving into answer a series of key questions about team delivery, such as 'why is teamwork particularly important?' and 'is there any evidence that primary care teams provide more, better, cheaper services?' The third section of this paper reviews the past experiences in interdisciplinary education for education and the fourth section, discusses guidelines for interdisciplinary education. This paper concludes by presenting a model for implementation of this training in a primary care practice. (Editor).

Ref ID:055/109
Keywords: Primary Care Teams; Interprofessional Development; Interprofessional Attitudes; Interprofessional Working Practices; Commentary.
Abstract: This paper describes the evolution of co-operation in a multi-disciplinary primary health care team. It begins by examining the perception of the stereotypical role which depicts no co-operation. It then moves on to examine role perceptions, that is ideas, prejudices, abilities and limitations. The third model examines relationships in the team with evidence of some co-operation and common goals. Finally, the fourth model presents a co-operative and united team with common goals in the group practice. This paper examines not only the benefits of the team approach but also the hazards of this approach. (Editor).

Ref ID:056/108
Keywords: Interprofessional Education; Primary Care Teams; Case Study.
Abstract: This paper linked to Ref. ID:054/105 and 060/107. It presents the experience of the John Hopkins University in setting guidelines for future interdisciplinary educational experience of primary care teams and the implementation of these concepts in the primary care setting as recommended in article 105. (Editor).

Ref ID:057/106
Keywords: Nurse Practitioner; Physician Assistants; Role; Education; Commentary.
Abstract: The 1970's have seen policy changes in the USA favouring the development of "new health practitioners" (NHPs) otherwise known as nurse practitioners, physicians assistants, physician extenders and the like. NHPs work along side physicians, usually in group practice, performing a wide range of tasks which enable physicians to focus on care which only they can provide. New legislation has been introduced in many states to allow physicians to delegate care to NHPs and formal mechanisms have been set in motion to deal with NHP accreditation.
Several major policy issues have yet to be resolved. These include the unknown impact of NHPs on: the size and distribution of the physician workforce; the quality and accessibility of care; and physician productivity and the cost of care. In addition a better understanding is needed about how to manage role changes for other health professionals who may feel their job is being downgraded or restricted by the introduction of NHPs.

Ref ID:058/122
Keywords: Primary Care Teams; General Practitioners; Education; Commentary.
Abstract: This paper is linked to Ref. ID:051/121
This paper examines the team concept in general practice in Ireland. It begins by describing some of the basic principles of teamwork, as applied to general practice before examining why the general practitioner should become part of a team and the obstacles to the GP in working as a team member. The paper then moves on to call for training for GPs to be able to apply the principles of teamwork to their practice. The application of teamwork is then discussed. (Editor).

Ref ID:059/115
Keywords: Nurse Practitioners; Role; Education; Commentary.
Abstract: This paper compares and contrasts the role of the nurse practitioner in the United States and Canada. The development of educational programmes which enable nurses to function in their new role in dealing with patients is discussed in depth. Issues of health workers allied to physician’s, education, evaluation and the future of the nurse practitioner in this new expanded role is purported. This paper is presented in an historical context with summations of key research findings in this field. (Editor).

Ref ID:060/107
Keywords: Interprofessional Education; Primary Care Teams; Commentary.
Abstract: This paper presents comments on Ref. ID:051/105, on issues for team delivery and inter-disciplinary education from a Canadian perspective. The paper goes on to examine some of the problems and priorities that are encountered in implementing team practice and educating team members. (Editor).

Ref ID:061/313
Keywords: Social Workers; Community Care Teams; Service Impact; Patient Satisfaction; Interprofessional Development; Interprofessional Working Practices; Commentary.
Abstract: In a satellite city in South Australia, 17 miles from Adelaide, a controlled experiment in which a social worker from a local community agency has been placed in a four-man practice is demonstrating one way in which new forms of professional co-ordination can evolve out of already existing services. Through daily face-to-face contact, doctors, and social worker, as well as other surgery staff members, are learning ways of co-operating in unravelling the many mixed medical and psychosocial problems that present in a general practice setting. There are indications that community response to the innovation is positive because the doctors
develop an assurance in making referrals, and people see the service as an extension of a known service in an already familiar setting.

Ref ID:062/315
Keywords: Commentary; Primary Care Teams; Interprofessional Education; Interprofessional Workload Distribution.
Abstract: Primary health care has become a focus of interest from the World Health Organisation down. The hopes that more emphasis on primary care will lead to less expensive and better care will not be realised unless a more critical analysis of its problems is undertaken and some of its defects and deficiencies put right. Its roles must be better defined and the work shared within a team; training and education must be more related to its needs; and much sharper research is required to decide what is useful and what is useless.

Ref ID:063/104
Keywords: Physician Assistants; Nurse Practitioners; Role; Survey; Doctors.
Abstract: This study uses a task delegation questionnaire to compare 1973 physician extender practices in seven primary care-oriented sites with a physician attitude survey made in 1969. One additional site using no physician extenders was included as a control. The study involves both major types of physician extenders (physician assistants and nurse practitioners) in ambulatory practices with at least one year of experience in using such personnel. With minor exceptions, actual task delegation patterns conform with the 1969 attitudes of physicians as to which tasks "could and should" be delegated to physician extenders.

Ref ID:064/103
Keywords: Social Workers; General Practitioners; Interprofessional Attitudes; Interprofessional Working Practices; Interprofessional Developments; Commentary.
Abstract: Much has been written about social worker/general-practitioner collaboration, particularly about conflict of roles, differing functions, avenues of accountability, and problems of distributing scarce resources. We suggest that if the two professionals are to work more conformably together, then it is imperative that both also share the despair, hopelessness, anxiety, and anger that are the occupational hazards of each. We suggest ways in which doctors and social workers can look at the pain their patients are suffering to the benefit of the patient and their own working relationship. (Editor).

Ref ID:065/314
Keywords: Social Workers; General Practitioners; Interprofessional Development; Commentary.
Abstract: Closer collaboration with social workers may be a means of enabling the general practitioner to deal with the psychosocial problems expressed in his practice. Emerging interest on the part of general practitioners in exploring the potential contribution of the social worker to patient care is accompanied by some anxiety and ambivalence. Reports of collaborative projects have come mainly from the United Kingdom, and although these offer some guidelines, it is imperative that any policy proposals for the development of closer general practitioner-social worker collaboration in Australia be grounded in an Australian database.
Primary health care delivery in the UK is based around a "core" multi-disciplinary team, comprising general medical practitioners, health visitors and community nurses. Good teamworking is essential to high quality care but cannot be achieved simply by placing professionals together on the same site. Specific training in the process of teamwork (e.g. leadership, negotiation, priority setting, etc.) is required. Recent years have seen an expansion of the role played by nurses into such diverse areas as the management of stable chronic disease, care of the elderly and nurse-run community hospitals. These developments have not been planned, but have arisen in response to demand, and need critically to be appraised. The opportunity exists for further expansion and development in nurses' roles, particularly into areas which have traditionally been the province of doctors. (Editor).

Briefly trained physicians assistants using protocols (clinical algorithms) for diabetes, hypertension, and related chronic arteriosclerotic and hypertensive heart disease abstracted information from the medical record and obtained history and physical examination data on every patient-visit to a city hospital chronic disease clinic over a 18-month period. The care rendered by the protocol system was compared with care rendered by a "traditional" system in the same clinic in which physicians delegated few clinical tasks. Increased thoroughness in collecting clinical data in the protocol system led to an increase in the recognition of new pathology. Outcome criteria reflected equivalent quality of care in both groups. Efficiency time-motion studies demonstrated a 20 per cent saving in physician time with the protocol system. Cost estimates, based on the time spent with patients by various providers and on the laboratory-test- ordering patterns, demonstrated equivalent costs of the two systems, given optimal staffing patterns. Laboratory tests were a major element of the cost of patient care, and the clinical yield per unit cost of different tests varied widely.

This article describes the experience of attaching part time social workers to a Bristol, UK, general practice. The perceived advantages to the practice were many and included: improved flexibility in rostering; enhanced pool of skills with team; mutual support and enthusiasm; improved communication between general practice and social work departments; and multi-disciplinary teaching. Patients experienced less stigma by seeing social workers in a primary care setting. Attention needs to be given to long term financing if experimental schemes such as this are to become routinely available in general practice. (Editor).

Extending the role of the nurse into family practice. Australian Family Physician 1976;5:1411-1417.

Keywords: General Practitioners; Workload; Nurses; Role; Workforce Planning; Commentary.
**Skill Mix in Primary Care**

**Abstract:** For some time now, our health care system has been under scrutiny and the subject of social and political controversy. Almost daily we find both consumers and health professionals expressing their dissatisfaction with some aspects of the way care is provided. Attention seems to have shifted away from the shortage of nurses, and focused upon the shortage of doctors and in particular, on the overworked general practitioner. (Editor).

**Ref ID: 070/311**

**Keywords:** Service Impact; Costs; Interprofessional Working Practices; Primary Care Teams, Case Study.

**Abstract:** This paper describes the development of an interdisciplinary team approach to primary health care delivery in an Israeli teaching hospital. The basic team comprises a doctor, nurse, social worker, secretary, and aide. Rigid professional boundaries are not observed with each member taking on a role appropriate to their skills and the needs of the patient. Nurses and social workers tend to focus on the psychosocial aspects of care is enhanced while, at the same time, the salary differential between non-physicians and physicians means that cost savings are realised. (Editor).

**Ref ID: 071/100**

**Keywords:** Literature Review; Nurse Practitioners; Multidisciplinary Teams; Service Impact; Cost; Quality of Care.

**Abstract:** The impact of multi-disciplinary teams that incorporate nurse practitioners on total use of health services was measured with the new Utilisation and Financial Index (UF-Index). The data from two studies, a randomised controlled trial and a before-and-after study, showed that, in spite of large increases in use of ambulatory services by practice populations served by family physician-nurse practitioner teams, the ultimate effect has been a substantial reduction in total use of health services. The effect was associated with major reductions in hospital care for the same populations. Such economic advantages to society proved feasible within a fee-for-service context and in settings where rigorous evidence demonstrated no concurrent deterioration in health status of patients or in quality of care.

1977

**Ref ID: 072/302**

**Keywords:** Nurse Practitioners; Doctors; Role; Workload; Service Impact; Quality of Care; Cost; Case Study.

**Abstract:** This article describes the work of a nurse clinician in a pre-paid group practice in Rochester, USA. The nurse clinician and general physician overlap in perhaps 60-80% of their role, giving them flexibility in how they programme their time and how they deal with patients. Both provide first contact care. However the nurse tends to see more patients with psychosocial problems needing counselling and education. For this reason the nurse has a smaller caseload than the doctor and offers longer consultations. In the clinic as a whole, an estimated 30% of care is provided by non-physicians enhancing the quality of care and reducing the financial costs.
Skill Mix in Primary Care

Ref ID: 073/ 305
Allen S. A true team concept. Nursing Mirror and Midwives Journal 1977;144:63
Keywords: Primary Care Teams; Interprofessional Education; Commentary.
Abstract: The primary health care team is more than just a number of people working in the same field from the same premises. It is the mechanism for bringing together all available resources for the good of the patient, and its members must always be aware of, and anxious to use, the skills of their colleagues. The key to team development is team education. This should always be presented in a team setting so that each member may fully appreciate the contribution of others. A multi-disciplinary, community-based course for teaching primary care teams about varicose ulceration is presented to illustrate these points. (Editor).

Ref ID: 074/ 299
Keywords: Nurses; Doctors; Role; Nurse Practitioners; Education; Jurisprudence; Commentary.
Abstract: Nurse leaders in the USA are seeking to establish nurses as independent professionals who determine their own practice, accepting responsibility for it, and being accountable to their clients and to society for their actions. Nurses who have been trained to undertake an extended clinical role (e.g. nurse practitioners) seek "joint" practice with physicians, rather than "team" practice, emphasising their role as co-equals. Physicians are reluctant to accept the expansion of nursing roles, into traditional medical areas in part because of: the lack of standardisation of nurse training; legal constraints on nurse practitioner care; and regulatory constraints which sometimes prohibit billing for nurse practitioner services. Debate and discussion about the changing roles of health professionals needs to be focused on enhancing patient welfare and not diverted to the special interests of professionals groups. (Editor).

Ref ID: 075/ 304
Keywords: Practice Nurses; Role; Primary Care Team; Literature Review; Service Impact Costs.
Abstract: This paper reviews current research into the advantages and disadvantages of adding family practice nurses (FPNs) to the primary health care team. The evidence suggests that most clinicians recognise that a proportion of their work can be safely and effectively delegated to a nurse. Two research studies on FNP schemes in Canada support the view that delegation from doctors to nurses is cost effective and acceptable to patients. The principal barrier to wider uptake of FPNs is the fee-for-service payment system which prohibits billing for nurse services. (Editor).

Ref ID: 076/ 306
Keywords: Primary Care Teams; General Practitioners; Nurses; Other Health Professionals; Interprofessional Working Practices; Commentary.
Abstract: Good teamworking cannot be achieved without conscious planning based on the promotion of awareness among all team members of what is involved in teamwork and the factors which hinder and accelerate the process. This article briefly outlines the opportunities and barriers to teamworking in primary health care for: district nurses, health visitors, health assistants, school nurses, midwives, specialist nurses, general practitioners, social workers, physiotherapists, occupational therapists, and dieticians. The importance of adequate clerical support, shared records, and good premises is also discussed. (Editor).
Skill Mix in Primary Care

Ref ID:077/303
Keywords: Nurse Practitioners; Doctors; Interprofessional Working Practices; Interprofessional Work Load Distribution; Service Impact; Cost; Before and After Study.
Abstract: Long-term surveillance of the employment experience and developing roles of 99 nurses and 79 associated physicians who participated in the first 5 years of the McMaster University educational program for family practice nurses was undertaken with a descriptive survey. Data were gathered by mailed questionnaires; a 97.8% response rate was attained. Socio-demographic profiles of both groups and characteristics of the practice setting where co-practitioner teams functioned were determined. Selected noteworthy results show that 92.7% of the nurses were currently employed, and that 82.5% of the graduates continued in their original practice. Nurses' time invested in patient care activities increased by 105%; time devoted to clerical and housekeeping duties decreased by 42%. Changes in roles for both categories of co-practitioners were important. The interdisciplinary arrangements resulted in appreciable financial disadvantages to physicians and only modest income incentives to nurses. A series of successes of the model of practice under assessment has been identified; offsetting ongoing difficulties and problems have also been enumerated. The data from this project and preceding studies can facilitate the solution of unresolved problems on the basis of evidence rather than opinion.

Ref ID:078/300
Keywords: Nurse Practitioners; Physicians Assistants; General Practitioners; Interprofessional Education; Service Impact; Continuity of Care; Case Study.
Abstract: The nurse practitioner and physician's assistant are new health practitioners providing primary health care. When teamed with family physicians, these new health practitioners can extend patient services. Family physicians should be trained to work with new health practitioners effectively. Presented is a model where a nurse practitioner and family practice residents work as co-practitioners in a family practice unit. A nurse practitioner in this role can improve the continuity of the relationship between patient and provider in a family practice residency.

Ref ID:079/301
Keywords: Doctors; Nurse Practitioners; Elderly Health Care; Service Impact; Quality of Care; Cost; Controlled Trial.
Abstract: An experimental design was used to compare the delivery of primary care by two health manpower patterns - the Physician Only (PO) and the Adult Health Nurse Practitioner/Physician (NP/P) Team. The study group consisted of 167 patients in three subgroups (Ambulatory, Homebound, and Nursing Home). The dependent variables were effectiveness and efficiency. Effectiveness was measured by the Goal Attainment Scale. Efficiency was determined by measuring the operational use and cost of the primary and supportive systems for health care delivery. A cost-effectiveness model was used to facilitate the comparison between the two approaches to primary care. Scientific hypotheses related the measures of the dependent variables to the levels of the independent variable. The conclusions of the study were: 1) The NP/P Team is as effective as the PO but substantially more efficient in its operational use of the systems for health care delivery; 2) Ambulatory patients can make a
positive change in the achievement of their health care goals with efficient use of the health care system, if they receive their care on a PO basis; 3) Homebound patients can make a positive change in such achievement if they receive their care from a NP/P Team; and 4) Nursing Home patients can make a positive change in such achievement whether they receive their care from the PO or the NP/P Team. (Editor).

1978

Ref ID:080/ 271

Keywords: General Practitioners; Social Workers; Interprofessional Education; Commentary.

Abstract: This discussion document emphasises the importance of co-operation between general practitioners and social workers during their training. Sample aims and objectives suitable for trainees in both professions are listed and discussed. (Editor).

Ref ID:081/ 265

Keywords: Primary Health Care Teams; Interprofessional Development; Commentary.

Abstract: There is renewed interest in primary care and the development of primary health care teams as a system for the delivery of health care in the USA. The development of a team approach is predicated on the assumptions that (i) adequate financing is available, (ii) primary care is holistic taking the family and wider environment into consideration, and (iii) educational and legal constraints may mitigate against each profession valuing and respecting the role of other professions in the team. Current options for selecting people who will work well together in teams include the use of psychometric instruments to characterise individual types and personal preferences. (Editor).

Ref ID:082/ 298

Keywords: Primary Care Teams, Interprofessional Development; Controlled Trial.

Abstract: Health-care teams are functioning in the delivery of primary care. For purposes of this paper, the health-care team is composed of a primary care physician or physicians working with other health-care providers to deliver primary care. This definition represents an organisational model of health-care teams. Organisational specialists have proposed "team development" processes for improving health team function. This paper reports the results of an initial experiment designed to analyse the results of such a process. A modification of the "health-team development" process was used with one of three comparable teams at a family practice residency. Pre and post- team development data were taken. The team that experienced the modified team development process showed significant differences in the gain scores, compared to the "control" teams. Discussion focuses on the role of organisational technology in health-care teams and avenues of further analysis are presented. The modified format for the team development process is also reported and discussed.

Ref ID:083/ 270

Keywords: Social Workers; Interprofessional Communication; Role; Job Satisfaction; Survey.
Skill Mix in Primary Care

Abstract: A questionnaire seeking details of working arrangements and problems encountered was circulated to social workers working in general practice. The main difficulties were: insufficient preparation for the scheme, poor communication between general practitioners and social workers, and the inadequate provision of facilities for social workers in practice premises. Most of the respondents had not experienced big difficulties. Two thirds had enjoyed a rewarding professional experience, which is a testimonial to interdisciplinary co-operation. (Editor).

Ref ID:084/293
Keywords: Multidisciplinary Teams; Interprofessional Education; Case Study.
Abstract: Interprofessional approaches to practice have gained increased popularity. This paper describes a course in team training for professionals in health care. It is an overview of the course's content with a discussion of the problems and issues that arose as the course was designed and implemented. It concludes with a discussion of the outcomes and evaluations of the students' and faculty's experience.

Ref ID:085/296
Iveson-Iveson J. The role of the psychiatric nurse. Nursing Mirror 1978;146:37
Keywords: Community Psychiatric Nurses; Health Promotion; Interprofessional Working Practices; Commentary.
Abstract: This article summarises the proceedings of a one day symposium on the role of the community psychiatric nurse. The need for clear guidelines on the carriage and administration of drugs by nurses was emphasised. Guidance was also wanted on the safety, legal, and financial aspects of transporting patients in nurses' own cars. Psychiatric nurses considered that they had much to contribute to primary health care teams and that their energies might best be directed toward developing their role in preventive care. (Editor).

Ref ID:086/286
Jameson J. Community nursing. It takes more than one to make a team. Nursing Mirror 1978;147:44-45.
Keywords: Multidisciplinary Teams; Interprofessional Education; Case Study.
Abstract: This article describes the origins and development of an interdisciplinary course for primary health care professionals. The course aims to develop attitudes, knowledge, and skills that will contribute to a more effective and economic use of multi-disciplinary teams. The course content, format and evaluation are summarised. (Editor).

Ref ID:087/294
Keywords: Primary Care Teams; Interprofessional Education; Case Study.
Abstract: Modern comprehensive health care is frequently provided by a team of health-care professionals representing different disciplines working closely together. Various schemes to teach team interactions have been developed but often appear stilted and artificial to students. At the University of Washington a team has been developed which provides patient care within the family practice residency while teaching the essentials of team interactions and providing a high level of participant satisfaction.

Ref ID:088/292
Skill Mix in Primary Care

Keywords: Primary Care Teams; Interprofessional Structure; Interprofessional Working Practices; Commentary.

Abstract: This article reviews the organisation of primary health care in New Zealand and suggests the ways in which health care organisation will need to change. General practitioners (GP) increasingly work as part of extended multi-disciplinary teams but team members' roles are not always clearly defined and well co-ordinated. GPs' independent contractor status diminishes the opportunities for better, more integrated teamworking. Service organisation could be enhanced by moving towards: registered patient population; government subsidies to purchase premises and employ ancillary staff; and the substitution of fee-for-service by other types of remuneration such as community budgets. (Editor).

Ref ID:089/269
Keywords: Primary Care Teams; Interprofessional Education; Interprofessional Structure; Interprofessional Working Practices; Case Study.
Abstract: This article describes the working of a multi-disciplinary primary health care team in Soweto, South Africa. To make optimal use of available manpower, experienced state registered nurses have been given short but intensive in-service training so that they can develop the necessary clinical skills to provide comprehensive health care. The primary care nurse can deal with about 80% of the problems of attending patients; and additional 15% can be managed by the doctor; and only 5% require hospital referral. The doctor is a resource person in the team, able to assist with training, monitoring and service evaluation, as well as providing medical backup to nurses. Midwifery, dental, and family planning services are also available within the clinics. Learning and training for the whole team are ongoing and well resourced. Regular monitoring and feedback of the quality of care is arranged with the knowledge of the whole team for mutual benefit. (Editor).

Ref ID:090/264
Keywords: Multidisciplinary Teams; Social Workers; Mental Health Services; Interprofessional Education; Interprofessional Working Practices; Case Study.
Abstract: An interinstitutional, interagency Consortium has been formed in Houston to develop an innovative service model and provide interdisciplinary primary care/mental health training. The Houston Consortium Program integrates mental health professionals and trainees into the primary care framework of a neighbourhood centre serving a low-income, predominantly Mexican-American population. The introduction of mental health, psychosocial, and cross-cultural perspectives to complement the long-standing physiological concerns of health professionals fosters an holistic approach to patient care. The social workers' full participation as members of primary care teams builds upon their traditional training to provide them the experience and skills required to function effectively in the expanded coordinative capacity of health/mental health manager as defined by the President's Commission on Mental Health. It is anticipated that Consortium Program can serve as a heuristic model in the development of a nation-wide pattern of comprehensive care.

Ref ID:091/266
Keywords: Pharmacists; Role; Case Study.
Skill Mix in Primary Care

Abstract: There is a need for a health care provider in the ambulatory care area, who specialises in drugs, to assist other health providers in the total health care of the patient. Clinical pharmacists can provide overall co-ordination of pharmaceutical care which is patient oriented and provides maximum utilisation of manpower. This article describes three types of service provided by clinical pharmacists in a Veteran Administration Outpatient Clinic: walk-in triage clinic; clinical pharmacy clinic; and fee basis drug utilisation review. The role of the clinical pharmacist in the drug dependency treatment centre and day treatment centre are also described. (Editor).

Ref ID:092/268

Keywords: Nurses; Primary Care Teams; Elderly Health Care; Role; Service Impact, Quality of Care; Case Study.

Abstract: The inclusion of a trained nurse in the general practice team is one way to improve the quality of care given to "at risk" people, such as the elderly with chronic illness. Her role is complementary to the doctor, leaving him more time to attend to issues demanding his special skills. The value of using nurses in an expanded role to provide domiciliary care for the elderly was assessed in a metropolitan area of Adelaide, Australia. A major finding was that, in the people receiving additional nursing support, independence and lifestyle were significantly improved. This finding broadly supports other research which suggests that trained nurses can enhance the quality of care in general practice. (Editor).

Ref ID:093/267

Keywords: Nurse Practitioners, Health Visitors; General Practitioners; Hypertension Care; Service Impact; Quality of Care; Controlled Trial.

Abstract: The purposes of this study were to determine whether nurse practitioners with a master's degree (NPM), nurse practitioners with a certificate (NPC), and public health nurses (PHN) perform as proficiently as family practice physicians (FPP) in assessing and managing essential hypertension and whether the four groups use a psychosocial or pathophysiological model in providing care. Subjects included 30 FPPs, 30 NPMs, 33 NPCs, and 40 PHNs. A clinical simulation test required subjects to collect data, identify problems, interpret tests, and formulate care plans. Criterion test performance was established by eight expert nurses and physicians. Physicians and nurse practitioners were equally proficient, and public health nurses were significantly less proficient on only 3 of 11 test sections. Sharpest contrasts were in test interpretation, with FPPs clearly more expert. FPPs' practice style was less psychosocial but not more pathophysiological than that of the nurse practitioners. The study suggests that, except for nurses' greater use of a psychosocial model, expanded role nurses and physicians perform similarly in assessing and managing hypertension and that, with slightly more training, PHNs could perform comparably.

Ref ID:094/263
Slepian FW. Medical social work in primary care. Primary Care; Clinics in Office Practice 1979;6:621-632.

Keywords: Social Workers; Role; Commentary.

Abstract: The management of non-medical problems by a physician may be inefficient in terms of his or her time and expertise. A social worker may prove more effective in obtaining optimal social outcomes for patients, and easing the burden on the physician's time.
**Ref ID:095/ 471**
**Keywords:** Practice Nurses, Health Promotion; Role; Education; Commentary.
**Abstract:** The practice nurse is a registered nurse who is a member of a community based health team headed by a general medical practitioner. The aim of this study is to emphasise the importance of the nurse in community medicine, to demonstrate the type of patient, the type of illness and its severity, the action taken by the nurse, the health promotion undertaken and to show areas of function that could be important in any future practice nurse training scheme.

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**1980**

**Ref ID:096/ 383**
**Keywords:** Nurse Practitioners; Role, Commentary.
**Abstract:** This article draws on examples in the USA and Canada who use nurse practitioners and physicians' assistants in primary care. The author puts forward the case for expanding the nurse's role in Britain, similar to those in the USA and Canada. Whether nurses would accept this new role is examined in depth as are the views of nurses themselves. The article concludes by examining the likely development of a nurse practitioner role in British primary care.

**Ref ID:097/ 251**
**Keywords:** Nurses; Education; Role; Commentary.
**Abstract:** This paper examines how primary care nursing might develop over the next five years. Three issues are examined in depth - education and training; team participation; and trends for the future. This framework is said to be underpinned by idealism as well as realism.

**Ref ID:098/ 257**
**Keywords:** Social Workers; Primary Care Teams; Role; Interface Between Primary Care and Social Services; Commentary.
**Abstract:** The attachment of social workers to general practices has increased recently and this study reports some of the factors which affect the success of such arrangements. Access to a room in the surgery for interviewing and the use of a telephone is an important factor as the time spent by the social worker in the premises increases the chance of making good working relationships with members of the primary health care team. When the social worker handles all the cases personally there are advantages, especially for other members of the primary health care team, although in such a situation a social worker may become relatively isolated from her own profession. The organisation of the practice itself is an important variable, especially the degree of commitment by members of the primary care team, and the attitudes of the doctors. It is helpful if the doctors meet together as a group or with other professionals. Equally, the social worker must be committed to the role. Social work attachments to health centres can be particularly effective. The lack of preliminary discussion with the social work agency can contribute to difficulties in such attachments, and preliminary meetings should include discussions about the type of cases to be referred and the quantity of social work time available.
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Ref ID: 099
Keywords: Primary Care Teams; Interprofessional Development; Commentary.
Abstract: This article describes the origins and development of the primary health care team in Britain. In the early years of the National Health Services, GPs were largely single-handed and worked separately from community based nurses. Policy and contract changes in the 1960's encouraged the attachment of community based nurses to general practice and offered financial incentives for GPs to employ ancillary staff. General practice teams grew in size and typically came to comprise partnerships of 2-3 GPs, their employed administrative and nursing staff, and attached health visitors and district nurses. The attachment of nursing staff to general practice does not itself ensure good team working will occur. There is a need for educationalists to promote inter-disciplinary training in order to maximise the effectiveness of team work.

Ref ID: 100
Keywords: Primary Care Teams; Interprofessional Development; Interprofessional Education; Service Impact; Cost; Interprofessional Communications; Commentary.
Abstract: This article presents an historical account of 'trends in primary care'. The author documents the 'two streams' in primary care - the growth of primary care and the role of auxiliaries in medicine, since 1920 from a global perspective. Demographic influences, medical influences and the influence of research are discussed before the author examines the future of primary care. The shortage of physicians are examined and the author examines the concept of the health care team for the delivery of primary care, as a solution for this shortage. Issues of education and curriculum development are discussed. Elements in the delivery of primary care are examined, including resource implications, communication, participation and research.

Ref ID: 101
Keywords: Social Workers; Primary Care Teams; Role; Case Study.
Abstract: This article presents the evolution of health care teams in a primary care setting from a social work perspective. The personal views of a staff social worker are presented in terms of understanding and organising her role as a team member. It describes her work and focuses on some specific techniques and interventions used in the routine delivery of primary health care.

Ref ID: 102
Keywords: General Practitioners; Nurses; Interprofessional Attitudes; Interprofessional Working Practices; Survey.
Abstract: 533 (77.3%) of a random sample of 690 general practitioner (GP) principals in Britain replied to a postal questionnaire about the appropriateness of nurses undertaking, after suitable training and under the supervision of a doctor, but on their own, certain clinical tasks (history taking, examination, diagnosis, and advice on treatment) in general practice. Those who replied were representative of British GPs. Two-thirds were in favour of the extended role and were prepared to delegate clinical tasks to a nurse. Their opinion was unaffected by whether or not they had worked with or observed the work of medical auxiliaries. 65% of those in favour would prefer to work with a woman. The characteristics most significantly associated with acceptance of this new role for the nurse were: doctors aged less than 50 years and...
practices in which regular formal meetings took place between doctors, nurses, and other practice staff.

Ref ID: 103/ 98

Keywords: General Practitioners; Health Visitors; District Nurses; Social Workers; Interprofessional Working Practices; Role; Interprofessional Development; Interprofessional Education; Primary Data.

Abstract: The aim of this paper is to highlight some of the findings of a research study concerned with the perception of general practitioner trainees, health visitor, district nurse and social work students towards the primary health care team. Areas of role understanding; role restriction/role euphoria and high referral of problems to others are illustrated. The results suggest a need for role learning experiences during training which are subsequently extended and reinforced by interdisciplinary participation in simulated patient management experiences. The idea of team care in the United Kingdom was first mooted as early as 1920 when a committee under the chairmanship of Dawson proposed that doctors should work in teams from health centres. This suggestion was destined to lie dormant until the 1960s, when due to a more favourable political, social and economic climate, the idea was rejuvenated. District nurses and health visitors became associated with doctors in general practice and such terms as 'attached', 'aligned', 'linked' and 'in liaison with' were in vogue (C.E.T.H.V. 1977). However, the bringing together of personnel was only the first small step in what should have been a dynamic drive to progress from an individualistic effort to that of a concerted team approach. In recent years however, there has been increasing controversy about the effectiveness of the team as a unit.

Ref ID: 104/ 96

Keywords: Nurse Practitioners; Physician Assistants; Role; Service Impact; Quality of Care; Cost; Commentary.

Abstract: Though knowledge about physician's assistants and nurse practitioners is far from conclusive, these new health practitioners (NHPs) appear to perform a large percentage of primary care services at a high level of quality and productivity. Moreover, the gap between the physician/NHP substitution ratio and the NHP/physician cost ratio seems wide enough to assure cost savings when NHPs are used well.

Ref ID: 105/ 252

Keywords: Health Visitors; Primary Care Teams; Role; Job Satisfaction; Commentary.

Abstract: In the early 1960's health visitors moved away from the patch system of care (where they served a defined geographical area) to the GP attachment system (where they were served the patients registered to designated GPs). The objective was to enhance communication and co-operation with GPs in the preventative aspects of health care. While many health visitors who are attached to GP practices work happily in this way, others have found it an unmitigated disaster. This article explores the relative advantages and disadvantages of the patch and attachment models of working. (Editor).

Ref ID: 106/ 262

Keywords: Practice Nurses; Role; Case Study.
Abstract: During a four-year study period 43,985 patients were seen in the treatment room and 61,806 coded procedures carried out. Thirty per cent of these procedures were not part of usual nursing curricula and required initial supervision and assessment or training (or both). Nearly 15% of the patients seen were making a first visit and did not require referral to a doctor. A further 17% were also making a first visit but were referred to a doctor. The treatment room made an important contribution to the work of the practice, but this would not have been possible if the staff concerned had been attached nurses requiring area health authority authorisation for procedures carried out as opposed to practice nurses for whom procedures were authorised on a personal basis.

Ref ID: 107/250

Keywords: Doctors; Nurses; Interprofessional Working Practices; Commentary.

Abstract: American health care from 1950 to 1980 is viewed through the eyes of a participant surgeon and a nurse. The authors feel that a collegial approach between physician and nurse needs to be displayed both in patient care and in the conference room with an empathetic professional attitude conveyed to the patient in the medical office, the Emergency Room and at the bedside.

Ref ID: 108/141

Keywords: General Practitioners; Nurses; Interprofessional Working Practices; Interprofessional Attitudes; Survey.

Abstract: A random sample of general practitioners and their nursing staff was interviewed to examine the extent to which the doctors delegated medical tasks to the nurses and to analyse attitudes towards delegation. A significant minority of both doctors and nurses were reluctant to have minor clinical tasks delegated and a majority did not think that nurses should carry out delegated diagnostic procedures. Doctors and nurses who had completed their training since 1960 were more likely to favour delegation than those who had completed their training before 1960. This suggests that delegation may become more common. However, the finding that there is considerable opposition to delegation and that this opposition is often based on feelings of professional threat suggests that many doctors may not be ready to experiment with ways of expanding the nurse's role in general practice.

Ref ID: 109/144

Keywords: Doctors; Nurses; Pharmacists; Interprofessional Education; Interprofessional Working Practices; Case Study.

Abstract: This article describes a successful venture in inter-disciplinary education among nursing, pharmacy and medicine. The impetus for the scheme arose from students themselves who proposed establishing a primary care clinic in a nearby correctional institution. Students from each of the three disciplines trained together for a week in preparation for working in the clinic. The work experience itself was found to enhance skills and confidence. Students learned from each other and came to value more highly the unique contributions made by each discipline to patient care. The scheme has now been extended to other health care settings to offer more students the opportunity for inter-disciplinary training. (Editor).
Ref ID:110/ 142
Keywords: Nurse Practitioners; Doctors; Role; Interprofessional Attitudes; Survey.
Abstract: To measure the extent of disagreement on roles between nurse practitioners (NPs) and physicians working together and to look for characteristics of joint practices that are associated with disagreement, patient vignettes were sent to 15 NP/M.D. dyads, and both M.D.s and NPs were asked how appropriate it would be for them and for their co-practitioner to provide care for the problem presented in each vignette. Measures of disagreement on patient care roles were developed by comparing responses within the dyad. For all practices, there was moderate agreement on roles, and this agreement seemed to favour a complementary practice. Disagreement on the NP's role was most often in the direction of NP feeling capable of providing more care than the M.D. felt she could provide. Various factors, such as job satisfaction, age differences between providers, and training level of the NP, were associated with the disagreement that was found. Some disagreement on roles exists between NPs and M.D.s practising together. Resolution of these differences may lead to greater job satisfaction and more effective interaction between providers.

Ref ID:111/ 91
Keywords: Practice Nurses; Role; Commentary.
Abstract: This article describes the role of the general practice employed nurse. Practice nurses enjoy more independent status than health authority employed nurses and are free to develop their role in whatever ways they and their employing doctors think appropriate. Their work is highly varied and typically includes elements of independent practice such as first contact care, immunisation and family planning, and the routine follow-up of hypertensive patients. Increasing demands on the NHS make it likely that nurses will continue to expand their role in diagnostic testing and preventive care. Practice nurses enjoy their distinctive role and are valued by both patients and GPs. Key challenges for the future include the need to develop specific training for practice nursing and the need to achieve recognition as equal members of the primary health care team. (Editor).

Ref ID:112/ 469
Keywords: Pharmacists; Primary Care Teams; Role; Education; Commentary.
Abstract: Family practice is a young medical speciality steeped in the tradition of general practice. This relatively new speciality has stimulated a renewed interest in personal, comprehensive care of the entire family. This article will include discussions of family practice health care teams, clinical pharmacy services in family practice, and specialised clinical pharmacy training. Projections for new patterns of clinical pharmacy-family practice opportunities will be presented.

Ref ID:113/ 90
Keywords: General Practitioners; Primary Care Teams; Nurses; Role; Commentary.
Abstract: The changes in general practice over recent years are for the better. It is important to consider why people visit their family doctor - the reason may not be as simple as it appears. In the evaluation of his patient's symptoms, the general practitioner must consider the social circumstances in which the patient finds himself, as well as the physical and psychological aspects. All three influence his state of well being or illness. Patients may see their general practitioner without delay, although most practitioners use an appointment system. On average, each appointment occupies a short time only, but a useful relationship develops after
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several consultations. General practitioners are tending towards group practice. Working in purpose-built premises, and with the assistance or receptionists, nurses and health visitors, they are able to offer a more efficient and effective service. The nurse may be an "attached" community nurse, or may be employed by the practice. The methods used in general practice differ from those in hospital medicine. Drugs are less easy to monitor, particularly for those patients on long-term medication. Some practitioners may have medical responsibilities outside general practice, for example, in a local hospital or industry.

Ref ID:114/470

Keywords: Social Workers; General Practitioners; Interprofessional Attitudes, Interprofessional Working Practices; Case Study.

Abstract: Social workers and general medical practitioners have suggested that differences in time orientations are a source of conflict in inter-occupational collaboration. Little attempt has been made to elaborate these differences. Arising from the author's development of a method of inter-occupational relationships, this article presents an analysis of the contrasting time orientations of these two occupations. Divided into three sections, the first deals with their manifestation in one aspect of the work orientation of social workers and general practitioners, the second with their relationship to the nature of work done in each occupation, and particularly to the nature of practitioner relationships with patients or clients, the third with their relationship to the type of income enjoyed by each profession and its impact on the development of effective inter-occupational collaboration. Illustrations of the manifestation and impact of these differences are derived from a social work attachment project conducted in Sydney, Australia.

Ref ID:115/248

Keywords: Primary Care Teams; Health Promotion; Interprofessional Working Practices; Case Study.

Abstract: This article presents the results from the evaluation of the "student health programme for migrant farm workers and rural poor". An interdisciplinary team offers primary care services to migrant workers in Colorado. The programme has grown since its inception in 1971 to include a team of student doctors, dentists, dental assistants, nurses, nurse practitioners, physician’s assistants and health educators. This paper focuses upon the role of the health educator within the team and examines role definition, communication and issues of integrating into the team. The health care team model within primary care is explored as is the health education programme for migrant workers. The author concludes that there is a need for a community health educator within the primary care team and as a result of integrating the health educator into the primary care team in the migrant health programme, community involvement in the health care of community residents as well as migrant farmers has increased. (Editor).

Ref ID:116/247

Keywords: Primary Care Teams; Interprofessional Working Practices; Commentary.

Abstract: This article critically evaluates the Joint Working Group report on Primary Care Teams. The working party examined the problems associated with the establishment and operation of primary health care teams and recommended solutions. The author examines the report and points to problems in the recommendations. (Editor).
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Ref ID:117/ 143
Keywords: Social Workers; Doctors; Interprofessional Education; Case Study.
Abstract: Patients have overlapping social and medical needs, yet social workers and doctors often have problems in working together to help with them. We planned a short experimental course which was to look at this situation and to help members of both professions learn about each other. This was to encourage attitudes of mutual trust and respect in order to promote future collaboration. The social workers had all qualified within the past year and were working in their first appointment, based either in the community or in a hospital. The doctors were training to become general practitioners and were either members of a three year vocational training programme or were working in a one-year attachment in local practices. Each session started and ended with the whole course together, but the core of each meeting was case discussion among small mixed groups. In this way social workers and doctors were able to explore together mutual problems of patient care.

Ref ID:118/ 92
Keywords: Primary Care Teams; Interprofessional Working Practices; Commentary.
Abstract: This article argues that ‘we need the primary health care team’ and urges more co-operation among community nurses. It begins by examining the GP and the team and why team’s fail. The justification of the team approach and attachments are put forward as are issues of how the team can help to solve problems and how the team can flourish. (Editor).

Ref ID:119/ 466
Keywords: Health Visitors; General Practitioners; Interprofessional Working Practices; Case Study.
Abstract: There was a great variation in the case load of the community health nursing service in terms of attending general practitioners. The visits made by the nurses indicated that although 30 general practitioners attempted to restrict the geographical area of their practices in nearly all instances exceptions were made for certain patients. The pattern of nurses’ visits in the case of 12 general practitioners revealed that patients were attended in virtually all areas of Dunedin City and St Kilda Borough except the lower two-thirds of Otago Peninsula. An interesting finding was that in streets in which nurses visited where patients were attended by either seven or eight different doctors the majority of the general practitioners were in solo practice. Apart from technical skill cost effectiveness of the community health nursing service is governed by two major factors, a maximum amount of time spent in direct patient contact and a minimum amount of time spent in travelling and other areas of non-direct patient contact. In Dunedin City and St Kilda Borough the allocation of nurses to general practices, even group practices, partnerships or doctors working in close association would only be possible at the cost of decreased patient contact time, increased travelling time and a massive increase in the cost of mileage. The result would be an increase in staff to render the same number of services as are now given and a major increase in the cost of the service at a time when economy is a top priority.

Ref ID:120/ 467
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**Keywords:** Nurses; General Practitioners; Interprofessional Working Practices; Hypertension Care; Before and After Study; Service Impact; Health Outcomes.

**Abstract:** In Israel, most hypertensives are treated by the family doctor alone. In 45 family practices, nurses were given a more active part to play in the follow-up of these patients, including measuring weight and blood pressure, giving dietary guidance, checking patient compliance and actively following up drop-outs. After two years' follow-up, of a total of 4,255 patients studied, 82.4 per cent were under control (diastolic blood pressure less than 95 mmHg) compared to 42.1 per cent at the onset of the study. The drop-out rate was 0.65 per cent.

**Ref ID:** 121/468


**Keywords:** General Practitioners; Health Visitors; District Nurses; Interprofessional Attitudes; Case Study.

**Abstract:** A number of health centres and other general practitioner premises were visited and information obtained by interview from general practitioners, health visitors and district nurses on the importance they attach to co-operation with one another in various aspects of their work, and related matters. There were differences, in a number of respects, in the views held on co-operation by general practitioners and community nurses, between those who participated in regular and relatively formal meetings to discuss matters of common professional interest about patients and those who did not attend such meetings. For example, general practitioners who participated in these meetings appeared generally to attach greater importance to co-operation with health visitors than those who did not. Doctors' views on the importance of co-operation with district nurses did not vary in this way. However, general practitioners participating in these formal meetings were less likely to feel that doctors should always lead the primary health care team in all matters than those who did not. Health visitors' and district nurses' views on these matters also varied in differing ways according to whether they did or did not participate in these formal meetings. In particular health visitors' views on co-operation with general practitioners appeared to be in closer agreement with those of the doctors in the study where they participated in these meetings, while the opposite was the case in respect of district nurses and general practitioners. The health centres where meetings of this kind were found tended to be of medium size, serving one firm of general practitioners only.

**Ref ID:** 122/465


**Keywords:** Nurses; Doctors; Multidisciplinary Teams; Interprofessional Development; Commentary.

**Abstract:** The establishment of a successful nurse-physician associated practice requires planning, patience, and a willingness to take calculated risks. The nurse executive can lend credibility and support to the nurse in associated practice by understanding the concept, providing a climate for acceptance of such practices, and by clarifying the role of the nurse associate in relation to other professionals in the Organization. In this article the authors describe models for associated practice, as well as the measures necessary to ensure peer and patient acceptance and effective health care delivery.

**Keywords:** Social Workers; Primary Care Teams; Role; Commentary.

**Abstract:** However difficult and controversial, the task of defining the role of social workers is often a practical necessity, especially in contexts involving professional collaboration. The approach reported here used a list of psychosocial problems and accompanying protocols to define the role of social workers in primary care clinics.


**Keywords:** Multidisciplinary Teams; Health Promotion; Interprofessional Working Practices; Case Study.

**Abstract:** Despite its proven benefit, oral fluoride supplementation has received little attention in the family practice literature. This study describes how one academically affiliated family practice, staffed by physicians knowledgeable in fluoride supplementation, failed to prescribe fluoride appropriately until a specific protocol was developed. Initially a pilot study consisting of a chart review and a mail and telephone survey was performed. The results indicated a compliance problem involving the physicians as much as the patients. Next, a detailed protocol for improving fluoride supplementation was developed that delegated responsibilities not only to the physicians but also to the receptionists, the nurses, and a physician's assistant. The protocol was initiated in July 1982. From July to October 1982, 40 at-risk children visited the clinical for assorted health care needs. A follow-up chart audit on these children revealed that 23 (58 percent) were currently taking fluoride, and 27 families (79 percent) had had their wells checked for fluoride. This study demonstrates the advantage of using a protocol with a team approach for increasing compliance with respect to oral fluoride supplementation.


**Keywords:** General Practitioners; Primary Care Teams; Health Promotion; Role; Interprofessional Working Practices; Survey.

**Abstract:** A random sample of 214 general practitioners in the Wessex region was invited to complete a postal questionnaire about the practice of preventive medicine and 90% replied. This inquired into their attitude and behaviour towards smoking and accident prevention, promoting exercise, and controlling obesity and hypertension. The results were generally encouraging. Most recognised their key role in health promotion and health education and their shared responsibility with other professionals. Many had made progress in smoking prevention and control of obesity and hypertension. Promoting exercise and accident prevention left room for improvement. The availability of information in patients' records to identify and monitor problem areas was particularly lacking. We conclude that further progress might be achieved by better training of general practitioners, and developing information systems orientated towards promoting health. The team approach in primary care needs to be strengthened. In particular extending the role of the health visitor and practice nurse may provide the support so vital for the successful outcome of preventive initiatives. Community unit management teams need to consider carefully how they may encourage advances in health promotion in primary care.
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Ref ID:126/136
Corney RH. The mental and physical health of clients referred to social workers in a local authority department and a general practice attachment scheme. Psychological Medicine 1984;14:137-144.

Keywords: Social Workers; Primary Care Teams; Interprofessional Working Practices; Survey.

Abstract: Although numerous reports have strongly argued that there is a need for a closer collaboration between the health and social services, studies investigating the health of clients in contact with the personal social services have been few and limited. This study collected information regarding the physical and mental health of clients referred to social workers in a local authority intake team and to a general practice attachment scheme by means of questionnaires completed by the client and at interview. The results indicated that the proportions of patients with physical or mental illness were very high. However, while social workers in the attachment scheme had many contacts with members of the primary care team regarding these clients, contacts between intake social workers and medical personnel were very limited.

Ref ID:127/138

Keywords: Physicians Assistants; Doctors; Interprofessional Working Practices; Interprofessional Workload Distribution; Survey.

Abstract: This paper reports a concurrent self-report study of 2,456 office encounters with physicians and/or physician assistants (PAs) in 16 primary care, private practices in Florida. Initial patient assignment to either a physician or PA varies according to demographic and visit-specific characteristics. Patients who are male, younger than 65 years, new patients, seeking help for acute problems, and those who are "walk-in" or "work-in" patients are more likely to be assigned to a PA. Among frequently performed procedures, physicians are more likely to perform the partial histories, partial physicals, and pelvic examinations, as well as counsel patients on diet and psychosocial problems. PAs are more likely to perform the complete physical examinations, record vital signs, conduct diagnostic tests, and perform therapeutic procedures (administer injections, change dressings, etc.). Most tasks performed by PAs receive supervision through chart review rather than direct oversight. The typical patient visit in a practice employing a PA involves the receipt of services from only one provider. Approximately 50% of patient services are performed by physicians only, while 35% of the services are performed solely by PAs, and 15% are performed by both. Most patients have received care from both the physician and the PA.

Ref ID:128/134

Keywords: Nurse Practitioner; Doctors; Interprofessional Working Practices; Survey.

Abstract: Because of differences in education and role preparation, nurse practitioners (NPs) and physicians (MDs) may assume either complementary or substitutive roles in patient care. To describe role complementarity and similarity, the role perceptions of 15 NPs and 15 MDs in joint practice were assessed. Ten NP and MD respondent pairs were selected from a variety of ambulatory primary care settings (urban, rural, public, private, and health maintenance organisations), and five NP-MD pairs were chosen at random. A questionnaire of nine patient vignettes was created; respondents rated the appropriateness of their role in managing the clients described in each vignette using an 8-point scale. Significant differences existed between NP and MD perceived roles for six vignettes, p less than .05. NPs identified as highly role appropriate those vignettes necessitating psychosocial support and health education; MDs identified as highly role appropriate vignettes representing high risk physical conditions. The differences in NP and MD role perception were complementary.
Skill Mix in Primary Care

Ref ID:129/ 139
Keywords: Nurse Practitioner; Doctor; Interprofessional Communication; Interprofessional Working Practices; Case Study.
Abstract: A new method is presented which describes and measures the problem-solving and collaborative efforts between physicians and nurse practitioners on primary care teams. Application of the method would allow the relationship between team interaction and outcomes of health care to be studied. The method relates clinical problem-solving between team members to a measure of collaboration. Team interaction data were collected in a two-stage process for the purpose of tool development and refinement. Six nurse practitioner-physician teams practising in three primary care settings participated. Audio tapes of team interactions were analysed for initiation of interaction, character of the decision-making process that led to the interaction between providers, and characteristics of the exchange between physician and nurse practitioner. Inter-rater agreement was 0.80 for scoring of the rationale for interaction and 0.70 for collaborative scores. The findings suggest that this method is an uncomplicated clinically relevant means of allowing professionals in primary care practices to examine their own practice patterns. Trends in the data reveal little interaction between practitioners, and minimal physician initiation of exchange on the team.

Ref ID:130/ 137
Keywords: Health Visitors; District Nurses, Primary Care Teams; Interprofessional Communication; Interprofessional Attitudes; Survey.
Abstract: A survey of 93 community nurses, 48 health visitors, and 45 district nurses was carried out in one area health authority where nurses had been attached to general practice schemes for up to 10 years. The purpose of the study was to determine the nurses' impression of teamwork within their attachment arrangements. Half the group surveyed had either a geographical area or other area health authority responsibilities, or both, in addition to their primary attachment commitment. No structured plan for preparing or evaluating attachment groups had been carried out by the area health authority. Only one third of attached nurses were working from premises shared with other members of the attachment group, and often facilities were poorly designed for teamwork. Health visitors were generally less enthusiastic about attachment and identified more obstacles in developing teamwork than did district nurses. Health visitors also tended to stay with individual attachment groups for shorter periods than did district nurses. Most nurses communicated frequently with attachment group members, but these opportunities were unplanned and usually limited to immediate problems of patient care. In a few attachments patterns of communication and collaboration appeared to be non-existent. Despite the problems identified in this study, most respondents prefer attachment to working solely in a geographical area and value their links the area health authority. Evaluation and positive direction is needed if the primary care team is to develop.

Ref ID:131/ 133
Keywords: Doctors; Nurses; Interprofessional Working Practices; Service Impact; Cost; Primary Data-Other.
Abstract: Non-physician health care professionals provide high-quality primary care and increase consumer access to primary care. This article compares the physician/ non-physician health care system with the all-physician system in three areas: the degree of patient delegation to non-physician health care professionals; the level of productivity; and the costs of training.
and employment. Studies of physician/non-physician health care professional substitution ratios
show four non-physician health care professionals can replace two to three physicians. The
addition of a non-physician health care professional to a physician office results in an average
increase of approximately 40 to 50 percent in total office visits. Total cost savings when a non-
physician health care professional replaces a physician is more than $34,000 a year. An analysis
of several studies demonstrates that the substitution of non-physician health care professionals
results in a significant cost savings.

Ref ID: 132/ 135
Saint-Yves IF. Staffing costs in primary health care. Journal of the Royal Society of Health
Keywords: Primary Care Teams; Workforce Planning; Service Impact; Cost; Commentary.
Abstract: The doctor centred orientation of the NHS is a fundamental block to proper utilisation of professional manpower, particularly within primary health care. The rapid rise in health care costs since the inception of the NHS make it imperative that organisational investments and manpower policies maximise cost effectiveness. Primary health care services are relatively the most cost effective and therefore merit proportionately higher investment than hospital services. The cost effectiveness of primary health care services themselves could be greatly enhanced by increasing investment in paramedical staff, rather than GPs, and by breaking down unhelpful disciplinary boundaries among community nurses and between nurses and doctors. For the cost of producing one medical school graduate it would be possible to produce 4 clinical associates (e.g. nurse practitioners), 8 generic community nurses, or two hundred nursing aids. A primary care team organised around these professionals, with GPs providing specialist backup, could provide better, more comprehensive, and more cost effective care. (Editor).

Ref ID: 133/ 405
Keywords: Practice Nurses; Primary Care Teams; Workforce Planning; Interprofessional Working Practices; Commentary.
Abstract: This article examines why practice nurses have halted the near extinction of general practice in rural parts of the USA. However, despite this situation, the author argues that practice nurses are an "underused resource". The author cites two RCTs (article numbers 046/424 and 049/53) which have examined the performance of nurse practitioners in a primary care setting. He goes on to argue that a team approach to primary care has numerous advantages to both patients and the health service. However the slow take up of practice nurses (only 1 in 4 practices employ a practice nurse) is cited with the implications for the GP contract and NHS resources. The article concludes by examining the risks of employing more practice nurses in primary care. (Editor).

Ref ID: 134/ 462
Hasler JC. Communications and relationships in general medical practice. Physiotherapy
Keywords: General Practitioners; Primary Care Teams; Interprofessional Communication; Commentary.
Abstract: This paper looks at communication with patients, why some doctors have difficulties, and steps towards improvement. It then examines the problem of communication between different professionals in the health team.
Ref ID:135/413

Keywords: Nurse Practitioners; Doctors; Workforce Planning; Commentary.

Abstract: Despite demonstrated potential for nurse practitioners (NPs) to replace physicians in the provision of many primary care functions, NPs remain under-utilised in the health care system. The perception of an over-supply of physicians has been one of the factors discouraging greater use of NPs. We describe a method for estimating the percentage of general practitioners who could be replaced by NPs in Ontario. It would be feasible to introduce NPs with only minor adjustments in the future supply of physicians. We discuss the importance of these estimates to physician manpower planning and consider other barriers to the widespread use of NPs.

Ref ID:136/414

Keywords: Nurses; General Practitioners; Mental Health Services; Interprofessional Working Practices; Service Impact; Health Outcomes; Patient Satisfaction; Controlled Trial.

Abstract: In a randomised controlled clinical trial neurotic patients (mainly phobic and obsessive-compulsive) did significantly better up to one year follow up after receiving behavioural psychotherapy from a nurse therapist rather than routine treatment from a general practitioner. At the end of the year control patients who had not improved had crossover behavioural treatment from the nurse and then improved. Those who dropped out or refused therapy did not show worthwhile gains. Patients preferred being treated in the primary care setting rather than in hospital. Placing nurse therapists in primary care is not only viable but may save more health care resources than it consumes.

Ref ID:137/131

Keywords: Doctors; PAMs; Clinical Psychologists; Social Workers; Multidisciplinary Teams; Asthma Care; Interprofessional Working Practices; Case Study.

Abstract: A small, controlled trial of joint treatment of childhood asthma by a doctor, a physiotherapist, a psychologist, and a social worker, working together in the family setting, demonstrated an improvement in ventilatory capacity. The limited scope of this trial does not permit more general conclusions as to the effect of such treatment on the severity and frequency of attacks, but the observation that some measurable physiological improvement occurred suggests that the place of multi-disciplinary nonpharmaceutical management of childhood asthma should be investigated in more detail.

1986

Ref ID:138/173

Keywords: Primary Care Teams; Interprofessional Working Practices; Commentary.

Abstract: The need for enhanced access, economy and flexibility in response to changing demands for care, make an overwhelming case for the development of an effective primary health care team. Two concepts or dimensions are relevant to understanding team function: the concept
of coactive and interactive behaviour; and the concept of individual professional autonomy and hierarchical control. It is argued that teams presently exhibit hierarchical control (by doctors) and coactive behaviour (where each professional seeks to operate independently of others). This restricts the development of professionals at the bottom of the hierarchy and is relatively unresponsive to the needs of patients and society. Ideally teams need to progress towards individual professional autonomy (where each professional is valued for his/hers contribution) and interactive behaviour (where each professional acts in concert with others). This system has the potential to be responsive to the needs of patients and professionals alike. It can only be achieved by teams centred on general practice and administered by a new independent family practitioner committee with adequate nursing representation. (Editor).

Ref ID:139/394

Keywords: Nurse Practitioners; Indigent Care; Role; Case Study.

Abstract: This paper presents the account of an autonomous nurse practitioner who runs a daily surgery for homeless and destitute people. It begins with the problems of providing primary care for these people before examining in detail her new autonomous role, backed by a sympathetic GP. To conclude, the author argues that the autonomous nurse practitioner could answer the chronic need for providing primary health care for homeless and destitute people. However, nurse practitioner’s need the authority to carryout this role fully, in terms of nurse prescribing. (Editor).

Ref ID:140/130
Davis LL. The politics of interdisciplinary collaboration in professional practice. Journal of Professional Nursing 1986;2:206, 266

Keywords: Nurses; Doctors; Multidisciplinary Team; Interprofessional Communication; Interprofessional Working Practices; Commentary.

Abstract: This article describes three aspects of interdisciplinary collaboration between nurses and doctors which have political implications for professional nursing; the development of cross-discipline perspectives of patient problems; the myth of complementary roles; and the conflict resolution strategies necessary for establishing collaborative practice. It is argued that nurses and doctors need to find a mutual diagnostic nomenclature which is not entrenched within the "world view" of either discipline and so gives equal weight to the scientific basis of both disciplines. It is inevitable that entering a collaborative practice relationship will involve some measure of professional role skill diffusion so blurring the unique role of associated with any one discipline. Finally nurses need to become more expert in negotiating with powerful others and realistic in seeking the "best alternative" solution to a problem of mutual concern. In these ways collaborative working may shape the fundamental ideology of nursing science and professional roles. (Editor).

Ref ID:141/329

Keywords: General Practitioners; Primary Care Teams; Role; Commentary.

Abstract: General practice is one of the three bases of care in the British National Health Service (NHS); the other two are hospital and community services. Each is administered separately. There are 30,000 general practitioners (for a population of 57 million), who are independent and can organise their work as they see fit. Few are single-handed (13 percent) and the majority work in groups of three to five physicians. They are paid by capitation fees, and fees for specific services, and also receive reimbursements for staff, premises rental, and local taxes (rates). They work in close association with practice teams that include nurses, midwives, and social workers. There are no universal hospital privileges but many general practitioners
hold appointments in local hospitals. Important trends in the NHS include mandatory vocational training of general practitioners for three years; the growing importance of attempts by the Royal College of General Practitioners to shift care from the hospital to the community; increased patient participation; clashes between the government and the medical profession over restricted funding of the NHS; definition and improvement of "quality," and a need for improved data collection; and long waits for hospital services.

Ref ID:142/ 172
Keywords: Community Care Teams; Interprofessional Development; Interprofessional Education; Commentary
Abstract: There is universal agreement that the combined knowledge and skills of many disciplines are required to meet the complex health needs of patients in the community. This article reviews the history of community health care teams and suggests that the development of good team working requires good multi-disciplinary training. The opportunities for developing such training within the changing policy context of the National Health Service are discussed. (Editor).

Ref ID:143/ 168
Keywords: Social Workers; Primary Care Teams; Role; Commentary.
Abstract: This paper describes the development by field educators and social work students of a generalist model of practice related to work with general medical practitioners. The model developed outlines the values, knowledge and skills required to respond to the problems presented by intervening in a wide range of social systems. Effective social work practice is related to successful collaboration with the doctors. This is facilitated when there are close administrative links and when both groups are aware of the different perceptions on client/patient care. Conflict resolution is facilitated when the social worker encourages a focus on what is best for the client/patient and can articulate and demonstrate a practice perspective that links interaction among social, economic, political and health factors in people's lives.

1987

Ref ID:144/ 164
Keywords: General Practitioners; District Nurses; Health Visitors; Interprofessional Working Practices; Interprofessional Workload Distribution; Survey.
Abstract: A survey of 148 general practitioner/district/nurse pairs and 161 general practitioner/health visitor pairs was undertaken in 20 health districts throughout England in 1982-83. Data were collected using interviews, self-completed questionnaires and a prospective record of consultations and referrals. It was shown that though collaboration does exist, it is at a low level. The study confirms that structural features such as attachment, number of GPs community nurses worked with and being based in the same building are associated with the existence of collaboration. These findings should be borne in mind when structural changes suggested by the Cumberlege report are being considered.

Ref ID:145/ 326
Keywords: Health Visitors; Role; Education; Commentary.
Abstract: This article examines the role of the public health nurse in the primary care team. It begins by examining the concept of primary care before moving on to discuss the role of the public health nurse. Responsibilities of the public health nurse are examined in detail. Issues of research to increase knowledge and skills of public health nurses are briefly examined and with this educating nursing staff. Finally the author calls for a new conceptual framework for primary health care to be based upon, with regard to nursing staff. A six point framework is put forward. (Editor).

Ref ID:146/ 556
Keywords: Multidisciplinary Teams; Nurses; Pharmacists; Midwives; Social Workers; Doctors; Interprofessional Communication; Interprofessional Working Practices; Commentary.
Abstract: This article examines patterns of interdisciplinary or multi-disciplinary liaison. It begins by examining interdisciplinary concepts of collaboration across disciplines, role definition and issues of territoriality. Forms of collaboration are presented: nurse and pharmacist, nurse-midwife and physician, nurse and social worker; and forms of collaboration in three clinical settings are also presented: multi-disciplinary teams in a burns centre, pain relief unit, in a cardiac care unit and in a hospice is presented. Issues of attachment and liaison and joint practice are purported. Groups and prevention, conflict, doctor-nurse relationships and team relationships are analysed. Models of collegial interaction, networks, teams and care practices which enhance multi-disciplinary functioning are illustrated. Finally, research issues and education are analysed. (Editor).

Ref ID:147/ 399
Keywords: Social Workers; General Practitioners; Mental Health Services; Depression Care; Interprofessional Working Practices; Interface between Primary Care and Social Services; Controlled Trial; Service Impact; Health Outcomes.
Abstract: In a clinical trial investigating the effectiveness of social work intervention with depressed women patients in general practice, 80 women were randomly allocated to an experimental group for referral to attached social workers or to a control group for routine treatment by their GPs. They were reassessed at 6 and 12 months. The results indicated that women who had major marital problems were more likely to be depressed at follow-up than those with good relationships. However, patients with marital difficulties in the experimental group made more improvement than the controls. Women initially assessed as suffering from 'acute on chronic' depression and having major marital difficulties were found to benefit most from social work intervention.

Ref ID:148/ 169
Keywords: District Nurses; Doctors; Multidisciplinary Teams; Interprofessional Working Practices; Interprofessional Workload Distribution; Case Study.
Abstract: An assessment of community nursing in relation to physician care has been made in a Swedish primary care district. The staff was organised in health care teams. A totally integrated, comprehensive care service for everyone in the geographically defined district was made possible, as all members of the team used the same medical records. Visits in district care (district nurse, practical nurse) amounted to more than 50% of the visits to the teams. The visiting pattern in district care was dominated by the young and the old, the ages below 5 years of age making 3.7 visits per year, and the ages above 75 years making 10.0 visits. Health care was an important task among the children, while chronic ulcer of skin, senile dementia and
diabetes were the most common diagnoses among the elderly. Every third visit in district care was a home visit. In almost 50% of the visits no appointment had been made in advance, which demonstrates a high accessibility to the district nurse. The distribution of diagnoses presented several social problems. Diagnoses like neuroses, alcoholism, and senile dementia produced many visits by few patients. Compared to physician visits, the district nurse made more home visits, had more visits among the young and the old, and had a different distribution of diagnoses. Regardless of, or despite, their different ways of working, the district nurse and the district physician complemented each other in the team cooperation. Besides her role as a health professional concerned about health care and medical treatment, the district nurse is an important social contact for many individuals living in her district. (See also Editorial, Ref. ID:156/170.)

Ref ID:149/ 324
Keywords: Primary Care Teams; Occupational Health Services; Interface between Primary Care and Specialist Community Services; Interprofessional Communication; Survey.
Abstract: This article presents the results from a small survey which examined whether the primary care team have had contact with the occupational health (OH) team and what general attitudes were towards the OH team. Results found that the vast majority of GPs and health visitors have had some contact with the OH team, whilst district nurses have had little contact. General attitudes of the primary care team towards the OH team saw that a variety of functions for the OH nurse - health education, prevention, screening - fit in with the functions of the primary care team. To conclude, the author examines issues for the future of OH nursing. (Editor).

Ref ID:150/ 166
Keywords: Doctors; Nurses; Social Workers; Interprofessional Attitudes; Survey.
Abstract: Many writers have indicated that the future of social work in primary health care is dependent on the attitudes of physicians and nurses. This article reviews the literature in the field and describes the results of a study of 95 physicians and 78 nurses in Israel which found that physicians have a more positive attitude towards social work intervention than nurses and explores the differences in these attitudes in relation to particular personal characteristics. Physicians who were young, had recently received their MD degree and had been educated in Israel had by far the most positive attitudes towards social workers. Those aged over 60 years old, who had received their MD degree in Western countries more than 25 years ago were more positively inclined towards social work in the clinics than middle-aged physicians educated in Eastern European countries. The personal characteristics of the nurses made little difference to their generally poor attitude towards social work in the clinics. Those who received their nursing education more recently were more positive than other nurses.

Ref ID:151/ 167
Keywords: Primary Care Teams; Community Care Teams; Interprofessional Working Practices; Commentary.
Abstract: Primary health care is best provided by a primary health care team of general practitioners, community nurses, and other staff working together from good premises and looking after the population registered with the practice. It encourages personal and continuing care of patients and good communication among the members of the team. Efforts should be made to foster this model of primary care where possible and also to evaluate its effectiveness. Community services that are not provided by primary care teams should be organised on a
defined geographical basis, and the boundaries of these services should coincide as much as possible. Such arrangements would facilitate effective community care and health promotion and can be organised to work well with primary care teams. The patient's right to freedom of choice of a doctor, however, should be retained, as it adds flexibility to the rigidity of fixed geographically based services.

Ref ID:152/327
Keywords: Primary Care Teams; Interface between Primary Care and Social Services; Interprofessional Working Practices; Interprofessional Workload Distribution; Before and After Study.
Abstract: This essay on practice examines the successful liaison between the health team and social workers in a general practice in Scotland. The value of team meetings between all the health professionals who work at the health centre, members of the social work team and the officer of the Royal Scottish Society for Prevention of Cruelty to Children are put forward. How the workload and type of work has changed over a ten year period since this team approach has been implemented is examined. The article concludes by examining the advantages and problems of this team approach. (Editor).

Ref ID:153/429
Keywords: Nurse Practitioners; Minor Illness; Role; Workload; Case Study.
Abstract: The work of a specially trained nurse practitioner, to whom patients had open access, was studied on an inner city general practice over a period of six months in 1983. A total of 858 patients of all ages and ethnic origins sought consultations for 979 problems. Morbidity from every diagnostic group was presented but the majority of the problems (60.4%) fell into the 'Supplementary' group: preventative medicine; health instruction and education; social, marital and family problems; administrative procedures. The consultation room setting and the long appointment times available (20 minutes) may partly account for this. Additional problems, mostly concerning health education, were raised in 46.0% of consultations. Most patients chose a consultation with a nurse practitioner appropriately and in more than one-third of all consultations the nurse managed the presenting problem without further referral for investigation, prescription or other medical advice. It is concluded that nurses have a much larger and more autonomous part to play in the care of patients than hitherto.

Ref ID:154/321
Keywords: Primary Care Teams; Interface between Primary Care and Specialist Hospital Services; Diabetes Care; Interprofessional Working Practices; Commentary.
Abstract: If a practice or district is to adopt a system of shared care for diabetic patients, the initiator of the scheme must accept that the task will involve much hard work and some cunning. However, recognition of the factors which can both hamper and promote the plan is an important step towards its acceptance.

Ref ID:155/325
Keywords: Primary Care Teams; Interface between Primary Care and Specialist Hospital Services, Mental Health Services; Interprofessional Working Practices; Case Study.
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Abstract: Three models of interaction between primary care and psychiatry in the British National Health Service are presented. Although the first two are traditional and well recognised, the third, the liaison-attachment model, is an innovation of the last decade. Two studies are described that outline the extent and nature of this form of working collaboration between specialists and generalists. Clinical, service, and educational implications are discussed in the context of the British primary care structure.

Ref ID: 156/170
Abstract: See Ref. ID 148/169

1988

Ref ID: 157/160
Keywords: Multiprofessional Teams; Interprofessional Education; Commentary.
Abstract: It is a policy of the World Health Organisation to foster a type of educational programme for health personnel that will enable them to respond to the needs of the populations they serve as part of efforts to achieve the goal of health for all through primary health care. Multi-professional education oriented to the priority health needs of populations is one such type of programme. During certain periods of their education students of different health professions learn together the skills necessary for solving priority health problems. The emphasis is on learning how to interact with one another. Multi-professional education does not replace but complements the part of the curriculum concerned essentially with one profession. It is based on ascertained priority health problems of communities; learning takes place in direct contact with people and in different kinds of health service setting. (Editor).

Ref ID: 158/163
Keywords: Primary Care Teams; Interface between Primary Care and Social Services; Interprofessional Development, Commentary.
Abstract: The need for close collaboration between health and social services is important given that (i) there is a large overlap in the clients seen by these two services; and (ii) attention to the social care needs of clients frequently may enhance health status and vice versa. This paper discusses ways of fostering a better working relationship between social workers and general practice teams. The approaches considered include: joint study days and meetings; multi-disciplinary education; preliminary preparation for social worker attachment to general practice; and joint team building. (Editor).

Ref ID: 159/555
Keywords: Nurse Practitioners; Primary Care Teams; Role; Case Study.
Abstract: This paper examines the role of the nurse practitioner and the primary health care team in an inner city health centre in the USA. The centre was established in 1980 and the team is made up of a health co-ordinator (administrator), clinical director/physician, a staff nurse, three nurse practitioners and four support staff. The focus of this paper is on the role of the nurse practitioners (NPs). Two NPs work in terms with a physician and share a common
caseload. While the main NP focus is on outreach, home visits etc., the third NP liaises with the teams but receives referrals from other agencies. These roles are examined in-depth. The advantages of this innovative approach are purported, such as increased communication, greater role definition and better patient care. The paper concludes by examining the challenges of the team approach in the inner city. (Editor).

Ref ID:160/397

Keywords: Nurse Practitioners; Service Impact; Patient Satisfaction; Survey.

Abstract: A study exploring the acceptability of a nurse practitioner to a random sample of 126 patients is reported. Sixty per cent of patients either approved of the concept and expressed willingness to consult the nurse or held no strong views. Fifty three per cent of patients had difficulty in differentiating between the role of the nurse practitioner and the role of the doctor and the perceived differences included qualifications, ability to prescribe drugs and the severity of the condition dealt with. Women were nearly three times more likely than men to consult a nurse practitioner. Good communication skills were reported to be among the most sought after qualities of those whom patients consult about their health problems.

Ref ID:161/557

Keywords: Nurse Practitioner; Role; Case Study.

Abstract: Nurse practitioners continue to struggle to find avenues for professional fulfilment. Urgent care or ambulatory care centres (ACCs) may, because of their need to respond to consumer demands for more comprehensive services, offer nurse practitioners a unique opportunity to establish productive primary care practices based on the concepts of total patient care. A model for such a practice has operated successfully since 1983, establishing that both professional and business success can result from the collaborative efforts of nurse practitioners and physicians in an ACC setting.

Ref ID:162/408

Keywords: Nurses; General Practitioners; Hypertension Care; Interprofessional Working Practices; Service Impact; Health Outcomes; Controlled Trial.

Abstract: Thirty-four newly diagnosed or poorly controlled hypertensive patients were randomly allocated to be managed in a hypertension clinic run by a nurse or by their own general practitioner. Blood pressure fell in both groups so that by the end of the study a year later 67% of those in the nurse-controlled group and 63% in the doctor-controlled group were normotensive.

Ref ID:163/161

Keywords: Nurses; General Practitioners; Interprofessional Working Practices; Survey.

Abstract: A survey of general practitioners and nurses working in the treatment room was carried out in a Scottish new town to determine present treatment room practices and how nurses and doctors saw treatment room nursing developing in the future. There was a general desire to extend the nurse's role in practical fields but disagreement between doctors and nurses over the extent to which nurses should take on diagnostic and therapeutic roles.
Ref ID:164/ 159

Keywords: Nurse Practitioners; Doctors; Multiprofessional Teams; Interprofessional Communication; Survey.

Abstract: The purpose of this critical theory study was to investigate the observed failure of nurses and physicians to collaborate, and the underlying meaning behind this failure. Using a phenomenological and participatory approach, 18 family nurse practitioners and physicians in joint practice were interviewed separately and together about their practice relationships. Transcribed interviews and data summaries were returned to the participants for review and validation. Emergent themes were analysed using the critical theory of Jurgen Habermas. Results demonstrated that distorted communication and non-meaningful interactions were promoted by both nurses and physicians. Elements identified as contributing to more successful collaborative practices included a willingness to move beyond basic information exchange in nurse/physician interactions, the willingness and ability to challenge distortions and assumptions in the relationship, and a belief system based on critical self-reflection.

Ref ID:165/ 423

Keywords: Nurse Practitioners; General Practitioners; Primary Care Teams; Interprofessional Working Practices; Interprofessional Workload Distribution; Survey.

Abstract: The work of a nurse practitioner was compared with that of a general practitioner. Both were equally available to the same patient population over the same period. The nurse practitioner saw a similar age and sex distribution of patients to the doctor but saw different types of problems. More of the patients she saw were for follow-up of chronic diseases, health advice and screening measures while fewer were acutely ill. The doctor dealt with four times as many patients. The nurse practitioner managed 78% of her consultations without referral to a doctor, and 89% without resorting to prescribed drugs. There was a high level of patient satisfaction with her work and 97% of the patients who saw the nurse would choose to consult her again. The role of the nurse practitioner in our practice has developed differently from a similar post in another setting, thus emphasising the need for flexibility when defining the role. Nurse practitioners are a valuable extra resource for the development of new areas of care, rather than a cheaper substitute for a general practitioner.

Ref ID:166/ 319

Keywords: Primary Care Teams; Role; Commentary.

Abstract: The essential characteristics of British general practice—a defined list of patients for each practitioner, the pivotal role of general practice in controlling access to specialist services, and the primary care team—all are likely to be preserved for the foreseeable future. New government legislation will attempt to increase the accountability of general practitioners, to reward "good practice", and to encourage greater emphasis on preventive activities. This article provides an overview of general practice in the United Kingdom, including administrative issues, reimbursement structures, research directions, and government policies.

Ref ID:167/ 156
Abstract: The aim of this study was to evaluate the quality of care provided to geriatric patients in long term care facilities by a multi-disciplinary primary care team comprising a general internist and a family nurse practitioner. Patient health status and quality of care were assessed before and again 6 months after the introduction of the nurse practitioner to the primary care team. No significant changes in outcomes were found. The reasons for this may include: an inappropriate choice of outcome measurement instruments; the limited scope for enhancing patients' quality of care which was already good in most respects; and the short time span over which outcomes were monitored. One limitation of this model of care is the regulatory constraints on nurse practitioner reimbursement and scope of practice which prevent these nurses from their full range of skills. (Editor).

Ref ID:168/422

Keywords: Nurses; General Practitioners; Health Promotion; Interprofessional Working Practices; Service Impact; Quality of Care; Controlled Trial.

Abstract: OBJECTIVE-To assess whether an organised programme of prevention including the use of a health promotion nurse noticeably improved recording and follow up of cardiovascular risk factors and cervical smears in a general practice that had access to computerised call and recall. DESIGN- Randomised controlled trial. SETTING-General practice in inner London. PATIENTS-All 3206 men and women aged 30-64 registered with the practice. INTERVENTION- The intervention group had their risk factors ascertained and followed up by the health promotion nurse and the general practitioner, whereas those in the control group were managed by the general practitioner alone. END POINT- Recording and follow up of blood pressure and cervical smears after three years. Recording of smoking, family history of ischaemic heart disease, and serum cholesterol concentrations were also examined. MEASUREMENTS and MAIN RESULTS-When the trial was stopped after two years the measurements of blood pressure in the preceding five years were 93% (1511/1620) v 73% (1160/1586) (95% confidence interval for difference 17.5 to 22.7%) for intervention and control groups respectively. For patients with hypertension the figures were 97% (104/107) v 69% (80/116) (18.2 to 38.2%). For women the proportion who had had a cervical smear in the preceding three years were 76% (606/799) v 49% (392/806) (22.5 to 31.9%). Recording of smoking, family history of ischaemic heart disease, and serum cholesterol concentrations was also higher in the intervention group compared with the control group. CONCLUSION-An organised programme, which includes a nurse with specific responsibility for adult prevention, is likely to make an important contribution to recording of risk factors and follow up of those patients with known risks.

Ref ID:169/460

Keywords: District Nurses; General Practitioners; Elderly Health Care; Prescribing; Interprofessional Communication; Survey.

Abstract: The prescribed medication of elderly patients receiving district nursing care was studied in an inner London group practice. Information on each patient's medication was obtained independently from the patient's doctor, her district nurse and from the patient herself and then compared. This paper focuses on the areas of agreement and disagreement between professionals and patients, and the doctor/nurse meeting as a method of resolving disagreements. The discussion highlights some of the problems of maintaining accurate records in primary care, and the implications for teamwork.
Skill Mix in Primary Care

Ref ID: 170/ 427

Keywords: Practice Nurses; Health Promotion; Role; Service Impact; Quality of Care; Controlled Trial.

Abstract: Practice nurses are playing an increasingly prominent role in preventive care, including the provision of anti-smoking advice during routine health checks. A randomised controlled trial was designed to assess the effectiveness of anti-smoking advice provided by nurses in helping smokers to stop smoking. A total of 14,830 patients aged 16-65 years from 11 general practices completed a brief questionnaire on general health, including smoking status, at surgery attendance. The doctor identified 4330 smokers and randomly allocated 4210 to control or intervention groups. The doctor asked those in the intervention group to make an appointment with the practice nurse for a health check. The attendance rate at the health check was 26%. Smokers were sent follow-up questionnaires at one month and one year, and those who did not respond to two reminders were assumed to have continued to smoke. There was no significant difference in reported cessation between the intervention and control groups at one month or one year. However, there was a significant difference in the proportion of patients who reported giving up within one month and who had not lapsed by one year-0.9% in controls and 3.6% in the intervention group (P less than 0.01). Nevertheless, the effect of the nurse intervention itself may be small as the sustained cessation rate in attenders was only 42.4% higher than in non-attenders. The deception rate in reporting cessation, as measured by urinary cotinine, was of the order of 25%.

Ref ID: 171/ 518

Keywords: Nurses; Doctors; Interprofessional Working Practices; Interprofessional Morale; Case Study

Abstract: This paper tests the hypothesis that structural changes in nurses' work situation, which allowed nurses to autonomously exercise their knowledge and skills will lead not only to an enhanced feeling of professional autonomy, but also to an improvement in their professional self-image and to an increase in job satisfaction. An opportunity to test this hypothesis arose when physicians in Israel went on a strike which lasted 116 days. Primary Care (PC) clinics were completely abandoned by physicians, leaving nurses to operate them on their own, while in hospitals nurses continued to work as usual under physicians' supervision. The study compares the effect of the strike had on head nurses in the two sectors. Data were collected by means of self-administered questionnaires. The findings indicate that during the strike, PC head nurses expanded their activities and responsibilities and consequently felt more professional autonomy and job satisfaction, as well as improvement in professional self-image. Hospital head nurses experienced significantly less changes in their work situation and, as expected, less change in all work related attitudes. It is suggested that, when given the opportunity to define for themselves roles where they can use their experience, knowledge and skills, senior nurses stand up to the challenge and consequently are more satisfied and their professional self-image improves.

Ref ID: 172/ 372

Keywords: General Practitioners; Workload; Literature Review.
Abstract: This paper reviews studies sponsored by the Department of Health which have attempted to measure workload in general practice and compares these with data from general household survey. Despite the considerable differences in the objectives and methods employed by the four studies, they were found to contain remarkably consistent measurements of general practitioner workload. In a 'normal working week' general practitioners spend 38 hours on general medical service duties (including 24 hours of patient contact and five hours of travel to home visits), they see 150 patients or their representatives in surgery, and make 26 home visits. In an 'annual average week', taking into account holidays and sick leave, general practitioners undertake 90% of this workload. The studies show consistently large variations in the workload of general practitioners measured in this way, but fail to identify the key determinants of such variations. The reasons underlying the variation in general practitioner workload will remain unclear until we can distinguish between the expected, measurable variation and the residual, unexplained variation which may be due to the personal preferences of general practitioners.

1990

Ref ID: 173/152
Keywords: General Practitioners; Practice Nurses; Interprofessional Education; Before and After Study
Abstract: An experimental multi-disciplinary course for prospective general practitioner and practice nurse trainers is described. Factual knowledge and attitudes were measured before and after the course and some of the changes measured emphasised the importance of multi-disciplinary training. The ideas generated by the group of nurse trainers in terms of their future professional development were identified.

Ref ID: 174/517
Keywords: Nurse Practitioners; Doctors; Interprofessional Communication; Survey.
Abstract: The delivery of primary health care involves complex interactive communication between the provider and patient. Describing the manner of style of this communication is important to more completely understand the delivery of primary health care. The purpose of this study was to examine provider's style of interaction with the patient and to compare the styles of nurse practitioners and physicians in joint practice. A total of 412 provider/patient clinic visits including 276 with physicians and 136 with nurse practitioners were video taped and analysed using a content-based interactive analysis system. Five provider style dimension indices were constructed including affiliation, control, somatic, psychosocial, and information indices. The results of this study showed that the development of a content-based interactional analysis system which focuses on clinician activities can be useful in describing important aspects of the provider/patient encounter. Overall, there was little difference between nurse practitioner and physician style of interaction. Nurse practitioners, however, exhibited significantly more concern with psychosocial issues than physicians. Type of visit and visit theory were also factors associated with provider style. Using the style dimension indices constructed for this study a typology of provider styles was developed.

Ref ID: 175/553
Skill Mix in Primary Care

Keywords: Community Psychiatric Nurses; Doctors; Indigent Care; Interprofessional Working Practices; Interprofessional Education; Case Study.

Abstract: An innovative collaboration between psychiatric clinical nurse specialists and a physician in a medical indigent clinic is described. The problems and issues in nurse-physician collaboration with this population and the training possibilities of the setting and the way of working are outlined.

Ref ID:176/155
Keywords: Health Visitors; Role; Commentary.
Abstract: Over the past 2 years, community nursing appears to have been quietly marginalised within successive government health documents. The health visiting profession in particular looks to be under the greatest threat, and it is to that issue that the discussion will be addressed. The argument will be made that changing the content of health visiting practice in an attempt to solve the apparent problems, is not sufficient in itself to both protect and allow development of the profession for the 21st century. It is of more relevance to determine the direction for health visitors within the rapidly changing context of primary health care provision. The potentially worrying changes in the community health agenda for health visitors will be demonstrated by some analysis of the Cumberlege Report 1986, the 1987 White Paper Promoting Better Health, the Griffiths Report on Community Care 1988, and the NHS Review 1989 Working for Patients. Potential avenues for action are explored, including neighbourhood nursing, and a serious attempt at membership of primary health care teams within general practice. The conclusion is that health visitors need to indulge in some painful decision-making, in order to prevent the withering away of their profession within the newly emerging context for primary health care delivery.

Ref ID:177/400
Keywords: General Practitioners; Interprofessional Structure; Service Impact; Continuity of Care; Survey
Abstract: OBJECTIVE-To establish the degree of continuity of care in general practice. DESIGN-Retrospective study of the records of all eligible patients attending the surgery at randomly selected sessions. SETTING-Four large group practices in the Southampton Health District, one of which operated a strict system of personal lists. PATIENTS-776 Patients who had been registered for at least two years and had consulted at least 12 times over six years or less. MAIN OUTCOME MEASURES-Continuity score for each patient calculated from the number of consultations (out of the past 12) with his or her usual doctor. Number of the times the patients had consulted the doctor with whom they were registered. RESULTS-In the practice with personal lists a mean of 10 of the 12 consultations had been with the same doctor (83% of consultations), but in the three practices with combined lists the means were 5.9 (49%), 6.2 (52%), and 6.9 (58%). Continuity was associated with increased age and with the recording of a major problem. In the practices with combined lists 63 of 72 children consulted at least five different doctors. Only 140 of 489 patients currently in the practice who were identified as being registered with a doctor had most usually consulted that doctor in the practices with combined lists. CONCLUSIONS-Personal continuity of care may be fairly low in group practice, especially for younger and healthier patients registered at practices with combined lists. These findings support the Department of Health's recent decision to make "target payments" (for cervical smears and childhood immunisations) to groups rather than to individual principals but pose a question for the future of individual clinical responsibility.
Skill Mix in Primary Care

Ref ID:178/ 554

**Keywords:** District Nurses; Primary Care Teams; Roles; Commentary.

**Abstract:** This article examines the many issues that hinder teamwork in primary care. Taken from the district nursing perspective, the author examines issues of over-large caseloads, financial constraints and changes to the health service management structure which has meant that the role and responsibility of the district nurse has changed and increased. These factors are seen to not only hinder district nurses in providing patient care but also their full contribution to the primary health care team. The author puts forward suggestions, so that district nurses can fully contribute to the primary care team in the future. (Editor).

Ref ID:179/ 526

**Keywords:** Nurse Practitioners; Doctors’ Interprofessional Education; Case Study.

**Abstract:** Collaborative practice is essential to quality health care and should be an integral part of all health care provider's practice. The training of physicians in a collaborative teaching model may enhance future collaborative work in their own medical practice. Physicians report that they have little experience in training with non-physician providers which has left them unprepared to practice collaboratively. This article discusses an innovative model of resident education as it is demonstrated in the Primary Care Internal Medicine Residency Training Program at Cook County Hospital in Chicago, Illinois. The expanded role of the Nurse Practitioner as teacher and supervisor of primary care residents is described. Additionally, a study was conducted to determine the utilisation of Nurse Practitioners within administrative, clinical, supervisory, and teaching roles in Primary Care Residency Programs at the national level. A survey showed that thirty-seven per cent of Primary Care Residency Programs are utilising Nurse Practitioners primarily as co-managers of patient care, direct providers, and for additional coverage. No programs are utilising Nurse Practitioners in a supervisory capacity. Cook County Hospital’s unique interdisciplinary teaching model is innovative in the field of residency training and such a model may promote a more profound understanding of collaborative practice. This Abstract was submitted to the Society of General Internal Medicine, Washington DC, May 2-5, 1990 and was reproduced in Clinical Research.

Ref ID:180/ 153

**Keywords:** Nurses; Role; Interface between Primary Care and Specialist Hospital Services; Commentary.

**Abstract:** Hospital based liaison nurses have a valuable role to play in co-ordinating links between community, hospital and social services, and between professionals, lay workers and voluntary organisations. Liaison nurses are chosen for their ability to communicate; they are creative and imaginative thinkers with analytical and interpersonal relationship skills. They are qualified to undertake and reach informed decisions on the best ways of co-ordinating care for patients whose needs may span more than one provider organisation, using their depth knowledge of the patient and available services. Such a role is likely to become increasingly valued in the wake of the NHS health service reforms of the 1990’s. (Editor).

Ref ID:181/ 447
Skill Mix in Primary Care


Keywords: Nurse Practitioners; Doctors; Interprofessional Working Practices; Service Impact; Health Outcomes; Quality of Care; Controlled Trial.

Abstract: From July 1971 to July 1972, in a large suburban Ontario practice of two family physicians, a randomised controlled trial was conducted to assess the effects of substituting nurse practitioners for physicians in primary-care practice. Before and after the trial, the health status of patients who received conventional care from family physicians was compared with the status of those who received care mainly from nurse practitioners. Both groups of patients had a similar mortality experience, and no differences were found in physical functional capacity, social function or emotional function. The quality of care rendered to the two groups seemed similar, as assessed by a quantitative "indicator-condition" approach. Satisfaction was high among both patients and professional personnel. Although cost effective from society's point of view, the new method of primary care was not financially profitable to doctors because of current restrictions on reimbursement for the nurse-practitioner services.

Ref ID:182/154

Keywords: Nurse Practitioners; Role; Survey.

Abstract: The purpose of this study was to examine the career trends of family nurse practitioner (FNP) graduates of one master's program. A questionnaire was mailed to all FNPs (N = 113) who graduated 1-11 years earlier; there was a response rate of 83%. The survey revealed that for both first and present jobs the majority were providing direct patient care as a primary care provider or practising in an indirect role. The study findings indicate that for these graduates there is a long term commitment (demonstrated through continued employment) as well as opportunity to practice in the nurse practitioner role in a direct or indirect capacity.

1991

Ref ID:183/402

Keywords: Practice Nurses; General Practitioners; Interprofessional Attitudes; Interprofessional Working Practices; Survey.

Abstract: Questionnaires surveying the attitudes of general practitioners towards the role of the practice nurse and its potential extension were distributed to a random 12% sample of Hampshire general practitioners. The response rate was 85%. It was found that practice nurses were performing more tasks of greater complexity than had been previously reported. The general practitioners expressed satisfaction with the role of the practice nurse, but had reservations about the evolution of that role towards that of a nurse practitioner. Inadequate resources were the most commonly cited factors limiting the development of practice nursing. In conclusion, it appears that Hampshire general practitioners wish to retain control of the evolution and extension of the role of the practice nurse.
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Ref ID: 184/317

Keywords: Primary Care Teams; Interprofessional Development; Case Study.

Abstract: Over a two year period an inner city primary health care team constructed a manifesto which defined the common aims and objectives of the team. The statement was not comprehensive, but it served a variety of purposes. Audit was made explicit and a framework was provided for the team's annual report. The manifesto has proved useful for trainees and other new members of staff. It has given the team a sense of direction, and it is hoped that it will foster teamwork through team members feeling that they have 'ownership' of the plan. The manifesto was conceived in advance of the government's white paper and new contract for general practitioners. It addresses the perceived health needs of the practice population in a practical way. Other primary health care teams may wish to adapt or use the framework of the manifesto to produce their own version.

Ref ID: 185/331

Keywords: Nurses; Interprofessional Working Practices; Commentary; Education.

Abstract: This article examines teamwork in nursing and health care delivery. This paper begins by presenting a general description of the concept of teamwork, its importance and rationale. The constraints and obstacles in the operationalisation of teamwork are presented. Finally the implications to nursing service, education and administration are discussed in depth.

Ref ID: 186/380

Keywords: Primary Care Teams; Interprofessional Structure; Service Impact; Quality of Care; Survey.

Abstract: Objectives - To examine whether variations in the activities of general practice among family health service authorities can be explained by the populations characteristics and the organisation and resourcing of general practice. Design - The family health services authorities were treated as discrete primary health care systems. Nineteen performance indicators reflecting the size, distribution, and characteristics of the population served; the organisation of general practice (inputs); and the activities generated by general practitioners and their staff (output) were analysed by stepwise regression. Setting - 90 family health services authorities in England. Main outcome measures - Rates of cervical smear testing, immunisation, prescribing, and night visiting. Results - 53% of the variation in uptake of cervical cytology was accounted for by Jarman score (t=-3.3), list inflation (-0.41), the proportion of practitioners over 65 (-0.64), the number of ancillary staff per practitioner (2.5), and 70% of the variation in immunisation rates by standardised mortality ratios (-6.6), the proportion of practitioners aged over 65 (-4.8), and the number of practice nurses per practitioner (3.5). Standardised mortality ratios (8.4), the number of practitioners (2.3), and the proportion over 65 (2.2), and the number of ancillary staff per practitioner (-3.1) accounted for 69% of variation in prescribing rates. 54% of the variation in night visiting was explained by standardised mortality ratios (7.1), the proportion of practitioners with lists sizes below 1000 (-2.2), the proportion aged over 65 (-0.4), and the number of practice nurses per practitioner (-2.5). Conclusions - Family health services authorities are appropriate systems for studying output of general practice. Their performance indicators need to be refined and to be linked to other relevant factors, notably the performance of hospital, community, and social services.
Ref ID: 187/ 145

Keywords: Practice Nurses; General Practitioners; Interprofessional Working Practices; Diabetic Care; Survey.

Abstract: This study compared the aims and needs of General Practitioners (GPs) and practice nurses who wished to improve the service they provided for non-insulin-treated diabetic patients. Contact was made with 242 GPs in 110 practices in Central and North Nottingham, and a questionnaire was sent to the 149 (62%) who requested one. Completed questionnaires were returned by 110 (74%) of these, and by 48 (80% of 60) of their practice nurses. Only 19 GPs ran a specific diabetic clinic, but nearly all (95%) wanted to improve the service they provided for diabetes care. In doing so, many wished for involvement of opticians, chiropodists, and dieticians, and all wished to involve the practice nurse. The need for involvement of hospital-based diabetes specialist nurses was perceived by only 37% GPs. More than two-thirds (69%) of practice nurses wanted more input into the care of diabetes. Both GPs and practice nurses felt that the role of the practice nurse should include screening for complications, although there was some disagreement about the extent of this involvement. GPs envisaged that patient education would be a major problem in establishing a diabetes service, but only 58% identified education as a task that could be accomplished by the practice nurse.

Ref ID: 188/ 395

Keywords: Practice Nurses; Asthma Care; Role; Service Impact; Health Outcomes; Quality of Care; Before and After Study.

Abstract: The aim of this study was to assess the effect of a nurse run asthma clinic on practice workload and the morbidity of patients in a four partner general practice. One hundred and fifteen asthmatic patients were studied and comparisons were made between the 12 months prior to the introduction of the clinic and the first 12 months after the clinic started. Morbidity was measured in terms of: the number of courses of oral steroids, the number of emergency salbutamol nebulisations, and the number of days lost from work or school. The number of consultations with the general practitioners were recorded. The repeat prescribing register was also monitored throughout the study to examine the effect of the clinic on prescribing in the practice. Consultations with general practitioners fell from a total of 818 to 414 during the study period (P less than 0.001). This was offset by 496 consultations with the nurse in the first 12 months of the clinic. As a result of attending the nurse clinic significant reductions (P less than 0.01) were found in the patients' requirements for courses of oral steroids, acute nebulisations and days lost from work or school. The results for the 46 children were similar to those for the 69 adults, confirming that the asthma clinic was effective for all ages. The clinic coincided with an increase in the number of patients receiving regular bronchodilator therapy and prophylactic medication. Eighty per cent of patients had their medication modified as a result of attending the clinic. The cost of prescribing remained remarkably stable. (ABSTRACT TRUNCATED AT 250 WORDS)

Ref ID: 189/ 403

Keywords: Nurses; Role; Service Impact; Cost; Health Outcomes; Quality of Care; Workforce Planning; Literature Review.

Abstract: The issues surrounding skill mix are often highly contentious and, not surprisingly, various interest groups either welcome or reject attempts to examine the different combinations of staff, qualified and unqualified, experienced and inexperienced, in relation to costs,
outcomes and quality of nursing care. Despite the strong passions aroused by the debate, other factors, most notably demographic changes and the possible shortage of nurses, new demands on health care services and the call for more cost-effective use of resources, have kept skill mix foremost on the policy agenda. The review covers manpower planning, an area where considerable efforts have been made to determine the number but rarely the mix of nurses required to provide the necessary care for patients. In addition, previous work on staff turnover, and the possibility of substituting less qualified for more qualified staff, are examined in relation to cost-containment, recruitment and demography, and the creation of a new single level of nurse. These factors, along with the introduction of health care assistants, will have an important influence on the future shape and structure of nursing and, of course, the composition of the skills available. While calling for further work on skill mix, the review provides a timely reminder that the issues are complex and often highly political.

Ref ID:190/208

Keywords: General Practitioners; District Nurses; Health Visitors; Interprofessional Communication; Survey

Abstract: This paper describes a study which examined the extent of collaboration between general practitioners and district nurses and between GPs and health visitors. The study was designed to study pairs of professionals who had patients in common. Representative sampling was used in the three professions within 20 districts. The objectives and methods employed are described, such as observational techniques. Key findings were the level of collaboration was lower in doctor/health visitor practices than doctor/nurse units, with a large proportion not communicating on a regular basis. The paper then went on to discuss the result in light of working for patients, the 1990 GP contract and caring for people. (Editor).

Ref ID:191/149

Keywords: Paediatricians; Nurses’ Child Health; Interprofessional Structure; Interprofessional Working Practices; Commentary.

Abstract: Professional partnerships in paediatric primary care produce opportunities for blending nursing and medical roles to offer optimal health care to children and families. During the Sixth Annual Paediatric Nursing Conference, held October 4-7, 1990 in San Francisco, issues of role delineation, reimbursement or salary schedules, prescriptive authority, on-call status, malpractice coverage, and hospital privileges were discussed among a distinguished panel of PNPs and physicians.

Ref ID:192/411

Keywords: General Practitioners; Primary Care Teams; Interprofessional Structure; Commentary.

Abstract: This article examines the debate which could change British general practice - personal care or polyclinics - which is based on the General Medical Services Committee's strategy paper “Building your own future”. This will have implications not only for the general practitioner but the primary care team also. The author examines what this hypothetical 'polyclinic' might be like in terms of it's practice and examines what will be gained and lost from this approach. It begins by examining the debate about list sizes (Editor).
Ref ID:193/ 415
Keywords: Nurses; Doctors; Interprofessional Working Practices; Survey.
Abstract: The telephone consultation service is an important part of Swedish primary health care. However, few studies have compared telephone consultations managed by nurses with surgery consultations managed by both doctors and nurses in terms of information obtained from the patient regarding his or her symptoms, and the management decisions made. In this study, the information obtained from a patient during a telephone consultation with a health centre nurse and the management decisions made, were compared with those obtained at a subsequent surgery consultation with the same nurse, and then with a doctor. Of 200 telephone consultations at a health centre (50 in each of the following four categories as defined by the management decision of the nurse: acute case, semi-acute case, referral case and self-care case), 193 patients were included in the study. The information given to the nurse during the telephone consultation was recorded. The patient was then asked to come for a surgery consultation on the same day, first with the same nurse and then with a general practitioner. A comparison was made between the information obtained and the decisions taken in these three situations. In 185 of the 193 cases (96%) the information led to the same management decision by the nurse, in both the telephone consultation and later in the surgery consultation. In all cases the same history was recorded by the nurse during the telephone and surgery consultations as by the general practitioner. This indicates that in most cases little or no information is missed in a telephone consultation with a nurse as compared with a surgery consultation with a nurse or doctor. (ABSTRACT TRUNCATED AT 250 WORDS).

Ref ID:194/ 330
Keywords: General Practitioners; Primary Care Teams; Interprofessional Working Practices; Interprofessional Structure; Commentary.
Abstract: This paper examines how general practitioners can manage larger lists, reviews the evidence on how this may bring benefits and makes recommendations. This is presented within the concepts of the primary health care team - the administrative and management staff, nursing team and other team members. Issues of team working, home visits, efficient management of clinical decisions, health education, repeat prescribing and preventative care are presented. Personal lists, efficient records, consultation, working times and patient involvement are examined in detail. To conclude the author examines the merits of larger lists. (Editor).

Ref ID:195/ 148
Keywords: Doctors; Nurses; Asthma Care; Interprofessional Working Practices; Interface between Primary Care and Specialist Community Services; Interprofessional Education; Case Study.
Abstract: In the development of 'education protocols' for the treatment and education about chronic diseases in primary care the involvement of several disciplines of care providers must often be taken into account. This implies that tasks will have to be divided across several disciplines. An orderly way to do this does not seem to have been suggested in the literature. In this paper a systematic technique is presented to divide educational tasks across disciplines. The basic idea of this method is that one should link up as far as possible with existing task conceptions and knowledge of the disciplines involved. The general description of the technique will be followed by a piece of research in which the technique is applied to protocol development for parents of asthmatic children (0-4 years). The protocol aims at allocating specific asthma education tasks to community nurses, general practitioners, asthma nurses and
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doctors working at child health centres in the Netherlands. This paper focuses mainly on results for community nurses. Three criteria were considered in assigning tasks to the different care providers: whether the discipline in question claimed a certain task; whether the other three disciplines agreed with the claim, and whether the discipline in question had appropriate and sufficient knowledge about asthma to perform the task correctly. Community nurses did claim several tasks in asthma care, but knowledge did not always seem to be sufficient. Additional results indicated that nurses who had taken a refresher course did have a higher knowledge level than nurses who had not taken such a course. Regular contact with asthmatic children also tended to be associated with increased knowledge of asthma. (ABSTRACT TRUNCATED AT 250 WORDS).

Ref ID:196/552
Keywords: Nurse Practitioners; General Practitioners; Primary Care Teams; Interprofessional Working Practices; Literature Review.
Abstract: This paper presents a literature review of primary care services a search of alternative ways of providing services that are affordable, accessible and appropriate. The review is broken down to examine services where the GP is the central health professional or team leader, and examines the major problems that are reported in the literature of this approach. Studies which examine nurse practitioners as the first point of contact are described along with the benefits of this approach to service delivery. The author argues that the evidence from the literature raises serious questions about the current patterns of primary care delivery, as presented in the literature. Finally, the development of nurse practitioner services, complementary to those provide by the GP is commended. (Editor).

Ref ID:197/521
Keywords: Multidisciplinary Teams; Interprofessional Working Practices; Case Study.
Abstract: A multi-disciplinary clinic was established in an inner city general practice. Using the approach of co-operative inquiry, the clinicians involved explored their joint practice to understand better the nature of multi-disciplinary practice. This paper focuses on issues of power and conflict which arose in the course of this work, and makes suggestions for future practice.

Ref ID:198/369
Keywords: Nurses; Primary Care Teams; Interprofessional Working Practices; Commentary.
Abstract: This article argues that two recently published reports - Nursing in the Community (1990: NHSE) and Developing Primary Care - Opportunities for the 1990s (1991: King's Fund) - and the debate which will ensue from these reports could radically affect the concept of the primary health care team. The author examines the models of organisations put forward by both reports and the implications for practice these approaches will have for general practice and community nursing. (Editor).

Ref ID:199/386
Brown K, Williams EI, Groom L. Health checks on patients 75 years and over in Nottinghamshire after the new GP contract. British Medical Journal 1992;305:619-621.
**Skill Mix in Primary Care**

**Keywords:** General Practitioners; Nurses; Elderly Screening; Health Promotion; Interprofessional Working Practices; Service Impact; Survey.

**Abstract:**

OBJECTIVE-To investigate annual health checks for patients of 75 years and over required by the 1990 contract for general practitioners. DESIGN- Visits to practices to collect information on how assessments were organised and carried out; completion of questionnaires for every patient who had been assessed in a sample month, using information provided by the practice records. SETTING-20 general practices in one family health services authority. SUBJECTS-Patients of 75 years and over in 20 general practices. RESULTS-Three practices (15%) had not performed checks. Thirteen practices sent a letter to invite patients to undergo a check. Of these practices, seven followed up non-responders. Two practices visited patients' homes unannounced, and two did checks on an opportunistic basis only. Sixteen practices used a checklist. Sixteen practices involved their practice nurses; at eight of these, doctors also performed checks; in six practices the nurses undertaking the checks had no training in assessing old people. Ten practices assessed more than 75% of their old people in the first year of the new contract. Practices that did not follow up patients who had not responded to the invitation for assessment completed significantly fewer checks. During the sample month, 331 patients were assessed in the 17 practices. 204 new problems were discovered in 143 patients. Significantly more problems per patient were found in inner city areas. CONCLUSIONS-The way health checks were performed varied greatly, both in their organisation and the practices' attitudes. Many old people did not respond to letters asking if they wanted an assessment but very few refused one if followed up. Forty three per cent of those assessed had some unmet need. The number of new problems found per patient may reduce over the next few years if the assessments are successful. The need for annual assessment should be kept under review and adequate resources made available for the needs uncovered. Improved training for practice nurses in assessment is needed. Effectiveness of the checks must be monitored. If most unmet need falls in particular high risk groups it would seem sensible to modify the annual check to target these groups.

**Ref ID:**200/494


**Keywords:** General Practitioners; Pharmacists; Interprofessional Working Practices; Prescribing; Survey.

**Abstract:**

Aim: to determine the views of general practitioners on the roles and activities of community pharmacists. Method: the views of 137 general practitioners in Otago and Southland were canvassed by postal questionnaire. Results: one hundred and three completed questionnaires were returned. All of the general practitioners reported that their professional contact with pharmacists was useful. Seventy-five percent expressed a desire for greater cooperation. Nearly all respondents (99%) accepted that pharmacists have a role in screening prescriptions for possible problems and preparing and dispensing medicines. They also accepted that pharmacists were capable of treating and advising in the management of minor illnesses. Providing drug information to general practitioners, information about previously diagnosed conditions to patients, and advice on personal and home hygiene were less widely accepted activities. The majority indicated that they considered it inappropriate for pharmacists to undertake screening programmes (blood pressure (70.6%), cholesterol (70.6%), glucose (60.8%), haemoglobin (72.5%)). Younger general practitioners objected more often than older general practitioners to reclassification of Acetopt eye drops from prescription only to availability through pharmacies (p < 0.05). Female general practitioners were more often in favour of reclassification of Gyno- Daktarin than their male colleagues (p < 0.05). Conclusion: this study shows that general practitioners accept several aspects of the current role of pharmacists in providing primary health care. However, there is room for improved communication between general practitioners and pharmacists to ensure optimum patient care.
Ref ID:201/ 366

Keywords: General Practitioners; District Nurses; Health Visitors; Interprofessional Working Practices; Survey.

Abstract: STUDY OBJECTIVE-The aim was to develop indices of the degree of collaboration between district nurses, general practitioners, and health visitors. DESIGN- Semi-structured interviews were conducted with each member of a pair of professionals who had patients in common. In each district a stratified random sample of six general practitioners and six community nurses was drawn, and for each a "partner" of the other profession was sampled. SETTING-A stratified random sample of 20 district health authorities in England. PARTICIPANTS- Complete interviews were obtained with 148 doctor-nurse and 161 doctor-health visitor pairs. MAIN RESULTS- Only 27% of general practitioners and district nurses with patients in common and 11% of general practitioners and health visitors collaborate. Stepwise logistic discriminant analysis was used to develop measures of collaboration between general practitioners and district nurses and between general practitioners and health visitors. The indices of collaboration were calculated from the responses of the community nurse to at most 10 questions. CONCLUSIONS-The indices developed here might be used as a measure of one aspect of the quality of service offered by a primary health care team or to assess the effect of changes in working patterns or the degree of collaboration within the organisation.

Ref ID:202/ 365

Keywords: Primary Care Teams; Interprofessional Development; Interprofessional Structure; Commentary.

Abstract: The history of the general practice health care team is described. Three phases of development are outlined. In the first phase (1948-1965), there were few policy or financial incentives encouraging GPs to work in teams and most worked alone in single-handed practices. The second phase (1966-1989) saw a series of contractual and policy changes which enabled and encouraged GPs to employ a range of health professionals in the practice. Practice nurses in particular increased rapidly in number and their role was extended to include chronic disease prevention and health promotion. As practice teams grew in size and complexity, practice managers were employed to oversee the operational management of the business. The third phase of development (1990-present) introduced further incentives to expand and diversify practice-employed clinical and managerial staff. GPs were also enabled to buy in the services of community-based nurses and other health care staff. The size and complexity of modern general practice teams increases the need for effective teamwork, and enhances the potential for delivering primary care in new ways. (Editor).

Ref ID:203/ 367

Keywords: Primary Care Teams; General Practitioners; Interprofessional Structure; Interprofessional Working Practices; Survey.

Abstract: This paper comments on the survey carried out by the General Medical Services Committee of 36,000 General Practitioners, after the introduction of the 1990 GP Contract. The Survey highlighted that GPs want to lead ‘normal lives’ - family life and free time - which conflicts with patients’ expectations - round the clock services and easier access. It is argued that in order to meet these needs and demands, general practice should be restructured away from individual GPs being the primary care focus and towards multidisciplinary teams. It is argued that teams should share common goals, shared premises and working practices which would enable a patient to visit any member of the team. The salary and managerial structure of the primary care team should be reviewed with budgets devolved to the team and
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administered by a team manager. Issues of out-of-hours services, deputising services, and other models of care are discussed. Finally the role of community health councils is discussed in terms of educating patients to be responsible in their use of primary care services. To conclude the author argues that in order to facilitate the shift away from individual GPs and towards primary care teams, continuing education and research should play a pivotal role. (Editor).

Ref ID:204/406
Keywords: Doctors; Service Impact; Continuity of Care; Patient Satisfaction; Survey.
Abstract: OBJECTIVE-To evaluate the influence of continuity of care on patient satisfaction with consultations. DESIGN-Direct and episodic specific evaluation of patient satisfaction with recent consultation. SETTING AND SUBJECTS-A representative sample of 3918 Norwegian primary care patients were asked to evaluate their consultations by filling in a questionnaire. The response rate was 78%. MAIN OUTCOME MEASURES-The patient's overall satisfaction with the consultation was rated on a six point scale. Continuity of care was recorded as the duration and intensity of the present patient-doctor relationship and as patients' perception of the present doctor being their personal doctor or not. RESULTS-The multivariate analysis indicated that an overall personal patient-doctor relationship increased the odds of the patient being satisfied with the consultation sevenfold (95% confidence interval 4.9 to 9.9) as compared with consultations where no such relationships existed. The duration of the patient-doctor relationship had a weak but significant association with patient satisfaction, while the intensity of contacts showed no such association. CONCLUSION-Personal, continuous care is linked with patient satisfaction. If patient satisfaction is accepted as an integral part of quality health care, reinforcing personal care may be one way of increasing this quality.

Ref ID:205/363
Keywords: Primary Care Teams; Interprofessional Education; Commentary.
Abstract: All members of primary health care teams have a need for continuing education. It is the employer's responsibility (GP or health authority, as appropriate) to ensure that this need is met among its employed staff. The greatest challenge is to improve collaboration and cooperation with the team. This may best be achieved through "learner centred", multi-professional educational activities. Examples include multi-professional workshops or practice based "facilitators" who work with team members to help them develop and realise a plan for improved joint working. A valuable alternative may be the audit of practice activity by several team members. Multi-professional audit has the potential to improve understanding and cohesion within teams, and the necessary resources and guidelines are already available to most teams. (Editor).

Ref ID:206/417
Keywords: Primary Care Teams; Diabetes Care; Role; Interface between Primary Care and Specialist Hospital Services; Before and After Study.
Abstract: Forty three patients with non-insulin dependent diabetes registered at two suburban practices were interviewed at least one year after the introduction of an organised general practice based system of diabetic surveillance and the results compared with data gathered from interviews administered before the introduction of the system. Structured data from the two interviews were compared in relation to the importance which patients attached to diabetes and its medical review, patients' preference for place of future review and the health professionals from whom they wished to receive diabetes care. Patients' ratings of the performance of health
professionals on various aspects of care were compared with the ratings given before the introduction of the new service. At the follow-up interviews the reasons behind patients' responses to the structured questions were explored using a qualitative method. The introduction of a general practice based diabetes service was marked by an improvement in attendance for diabetes monitoring (56% before introduction, 98% in the year following introduction). This was associated with an increase in the importance which patients attached to diabetes and its medical review. After experience of diabetes care in general practice, patients remained enthusiastic about general practice involvement and confident in their general practitioners' knowledge about diabetes management. In spite of an improvement in the patients' ratings of hospital doctors' communication skills, they continued to rate general practitioners significantly more highly in these skills (P < 0.01) and in terms of convenience and accessibility (P < 0.001). (ABSTRACT TRUNCATED AT 250 WORDS).
Skill Mix in Primary Care

Keywords: General Practitioners; Community Psychiatric Nurses; Social Workers; Interprofessional Communication; Interface between Primary Care and Specialist Community Services; Interface between Primary Care and Social Services; Case Study.

Abstract: For some years good communication and collaboration between health and welfare professionals has been emphasised as a desirable goal by both official reports and relevant professions. This is as much the case in mental health as other areas. This paper compares communication and collaboration between social workers and general practitioners (GPs) with that between community psychiatric nurses (CPNs) and GPs. Both social workers and CPNs were based at a community mental health centre, and the contact was interagency (with primary health care). Major differences were found between social workers and CPNs. CPNs were far more likely to contact GPs than social workers, although GPs very rarely initiated contact themselves. Differences reflected different 'philosophies of contact'. Social workers contacted GPs when this could be purposively related to their case management. In addition to this contact, CPNs also made contact to provide GPs with information, reflecting awareness of GPs' long-term continuing care responsibility. The excess of CPN contacts was not limited, but involved a wide range of problems. GPs, however, when contacted, exerted greater influence on social work case management. The article concludes by explaining differences between CPNs and social workers in terms of occupational culture. It suggests, furthermore, that the results arise at least in part from assumptions of team leadership by GPs, and that social workers' and CPNs' behaviour represents different responses to this.

Ref ID:211/ 495

Keywords: Community Psychiatric Nurses; Social Workers; Counsellors; Clinical Psychologists; Psychiatrists; Interprofessional Structure; Interface between Primary Care and Specialist Community Services, Interface between Primary and Social Services; Survey.

Abstract: The aim of this study was to obtain an estimate of the extent to which collaborative schemes exist between general practice and mental health professionals and to assess the influence of practice size and district on these schemes. A questionnaire asking about such links was sent to each general practice in six randomly selected health districts in England. The response rate was 75%. Half of the 261 responding practices had a link with a community psychiatric nurse, 21% with a social worker, 17% with a counsellor, 15% with a clinical psychologist and 16% with a psychiatrist. Practices with more general practitioners were significantly more likely to have a link with a counsellor, after allowing for marked differences between the sizes of practices in the different districts. There was a tendency for some practices to have many links, while others had few. This poses questions about the efficiency and equity of collaborative schemes in primary care. Further research is required to investigate the quality of these links and the extent to which they serve the interests of the patient.

Ref ID:212/ 540
Timpka T, Nyce JM. Dilemmas at a primary health-care centre - a base-line study for computer-supported Co-operative health-care work. Methods of Information In Medicine 1992;31:204-209.

Keywords: Multidisciplinary Teams; Interprofessional Communication; Survey.

Abstract: For the development of computer-supported co-operative health care work this study investigated, based upon activity theory, daily dilemmas encountered by the members of interprofessional primary health care work groups. The entire staff at four Swedish primary health care centres were surveyed, 199 personal interviews being conducted by the Critical Incident Technique. Medical dilemmas were mainly reported by general practitioners and nurses, organisational dilemmas by laboratory staff, nurses' aides, and secretaries, and dilemmas in the patient-provider relation by nurses, nurses' aides, and secretaries. Organisational and communication dilemmas reported by nurses, nurses' aides, and secretaries often had their cause outside the control of the individual professional. These dilemmas were often "caused" by
other group members (general practitioners or nurses), e.g., by not keeping appointment times or by not sharing information with patients. The implication for computer-supported co-operative health care work is that computer support should be planned on two levels. Collective work activity as a whole should benefit from individual clinical decision support for general practitioners and nurses. However, since most patient communication and organisational problems occurred at group level, group process support is required in these areas.

Ref ID: 213/433
Keywords: Doctors; Nurses; Elderly Screening; Health Promotion; Interprofessional Working Practices; Interprofessional Workload Distribution; Survey.
Abstract: Objectives-To evaluate the assessment scheme for people aged 75, to establish doctors’ and nurses’ views on the value of the assessment scheme, and to seek patients’ opinions on elderly assessments. Design-Data on the assessment process were collected from individual practices. Questionnaires were sent to doctors and practice nurses undertaking assessments and to a sample of elderly patients. Subjects-31,565 patients aged 75 and over and all doctors registered with Wiltshire Family Health Services Authority, as well as practice nurses assessing elderly patients. A 2% random sample of elderly patients was selected to answer questions on patient satisfaction. Main outcomes measures-Numbers of patients accepting the invitation for assessment, who carried out the assessments and where, what unmet needs were identified, and by whom. Results-20,192 patients (64%) accepted the assessment offer. Doctors carried out 8786 assessments and nurses 10,779. Although 12,317 (61%) were carried out in the home, nurses did most domiciliary assessments (7122/11,883). Nurses with extra qualifications identified the highest number of unmet needs (400/1000 visits). 155 of 228 (68%) doctors thought assessments unnecessary whereas 25 of 48 (52%) of nurses thought them important. 93% of patients found assessment useful. Conclusions-Doctors see no merit in the scheme; most undertake assessments opportunistically and pick up few new problems. Nurses who see it as important require further training to fit them to do home visits confidently. Patients who were assessed found it worth while. The case for developing a specialist community nurse for elderly people should be investigated.

Ref ID: 214/435
Keywords: Nurse Practitioners; Role; Commentary.
Abstract: With increasing economic pressures, swaying public opinion and new government policies rationing health care resources, nurses in Canada are again challenging physicians for room to practice as nurse practitioners. Although the last Canadian nurse practitioner program was discontinued in 1983, and it was argued that the death of the role was inevitable in Canada's health care system, nurse practitioners have not vanished. Social plans in the United States are drawing heavily on the Canadian model of universal access and a government-funded health care system, and dramatic changes are taking place in Ontario's health care system. Now more than ever it is important that nurse practitioners understand Canada's health care system, why the NP role in Ontario has not been highly successful, and why the time is right for reintroduction of nurse practitioners into Ontario's health care system.

Ref ID: 215/357
Keywords: Primary Care Teams; Interprofessional Development; Interprofessional Education; Interprofessional Communication; Commentary.
Skill Mix in Primary Care

Abstract: If primary care is to remain the foundation of the NHS then effective teamworking should be given higher priority. Effective management is essential to good teamwork and greater attention needs to be given to management skills training for primary health care professionals. Good communication among team members is essential and should not be sacrificed on the alter of patient confidentiality. Team members need time to meet and show mutual respect by not keeping each other waiting. Remuneration for all disciplines should be adequate and appropriate. Teams need to be open to the addition of new disciplines, in particular the professions allied to medicine such as physiotherapists, occupational therapists and dieticians. These issues deserve more emphasis in vocational training schemes which need to encourage multi-disciplinary learning between GPs and other primary health care professionals. (Editor).

Ref ID:216/437
Keywords: Primary Care Teams, Interprofessional Structure; Case Study.
Abstract: This paper presents the results of a survey of the structure of general practice in two contrasting areas within Greater Glasgow health board: the south west area had a more deprived social profile at the 1981 census and higher than average all cause and selected major cause standardised mortality ratios than the health board as a whole while the north west area had a more affluent social profile at the 1981 census and lower than average all cause and selected major cause standardised mortality ratios. The general practice survey data gathered in 1989 were supplemented with data from a survey of residents of the localities in three age cohorts carried out in 1987-88, which provided information on use of services, as well as perceived accessibility of and satisfaction with them. Despite the more deprived social and mortality profile of the south west area, and greater use of services, few systematic differences in the structure of general practices were found in the two areas. These findings support other studies which suggest that the stereotype of poorly resourced, low quality primary care in inner city areas may apply in London, but not elsewhere. Respondents in both areas were equally satisfied with services and found them accessible.

1993

Ref ID:217/391
Keywords: Practice Nurses; Role; Survey; Education.
Abstract: This article reports on the results of a 'national census' which set out to find out what practice nurses do, how the job has changed over the years and what their training needs are. The study, commissioned by the Department of Health, was carried out by York University. A questionnaire was sent to practice nurses in post in England and Wales, according to FHSA registers in 1992. An 85% (n=12,589) response rate was achieved. Key findings were: 96% of practice nurses carry out immunisations/vaccinations; 75% carry out cervical smears and 60% carry out ECGs. Role development over the years was also identified. In addition, with regard to training 89% of practice nurses have taken study days to train over the past 12 months. Overall, the data illustrated a dramatic increase in the numbers of practice nurses as well as their changing role. (Editor)

Ref ID:218/210
Keywords: Health Visitors; Role; Commentary.
Abstract: Health visiting is facing its biggest ever challenge from the government's decision to give GP fundholders the powers to purchase health visiting and other community nursing services, writes WALTER BARKER. Here he proposes that health visitors should specialise and work either as practice health visitors employed by GP fundholders or as community health visitors employed by FHSAs or public health directorates. This approach would retain a strong home support service for families in need while maintaining the health visitor's public health role, he argues.

Ref ID:219/202
Keywords: Primary Care Teams; Interprofessional Working Practices; Interprofessional Education; Commentary.
Abstract: This paper begins by examining the aim of the primary care team before examining the members of the team and their role. It then moves on to examine the values of the team approach for trainee's in the primary care team. (Editor).

Ref ID:220/356
Keywords: General Practitioner; Diabetes Care; Role; Interface between Primary Care and Specialist Hospital Services; Commentary.
Abstract: Increases in both the cost of providing quality diabetes care and in the number of people developing diabetes have led to a search for more cost effective models of care. This paper outlines a shared care scheme that has benefits for the patient, the outpatient clinic and the general practitioner.

Ref ID:221/214
Fagin C. Can APNs (advance practice nurses) be independent gatekeepers? Yes. Hospital Health Network 1993;67:8
Keywords: Nurse Practitioners; Role; Commentary.
Abstract: This short paper presents two arguments on whether advanced practice nurses (APNs) can be independent gatekeepers. The author in article 221/214 argues that APNs can be independent gatekeepers and cites numerous advantages, such as cost control, reducing physician shortage and providing effective patient care. The author in article 238/184 argues that APNs cannot act as independent gatekeepers and cites numerous reasons, such as lack of training and experience, of why APNs cannot be independent gatekeepers. However, both interestingly concluded their arguments by calling for a collaborative or team approach. (Editor).

Ref ID:222/401
Keywords: Primary Care Teams; Service Impact; Continuity of Care; Patients Satisfaction; Survey.
Abstract: While much has been written about the benefits of personal continuity of care there has been little research about the views of patients. In this cross sectional study 111 patients from three group practices (one of which ran a personal list system) were interviewed at home within a week of consulting a general practitioner. Patients were selected randomly from a systematic series of consulting sessions and a semi-structured interview was administered. Patients receiving more personal continuity of care were likely to be older, to have booked their most recent appointment further in advance, to desire personal continuity of care, to have an external health locus of control and to have a lower extroversion score. In the practice with a personal list, patients had a high level of continuity of care, were satisfied and showed little interest in having a choice of doctor. In the combined list practices patients valued their choice...
of doctor but often could not exercise it enough and they were more critical. They made more suggestions for change than those in the practice with a personal list system, mostly about receptionists and appointments. It is concluded that most patients like to see the same doctor, but they may not be willing to wait two days for this if there is a quicker option. It may be difficult to deliver both personal continuity of care and choice in group practice.

Ref ID:223/207
Keywords: Nurses; Nurse Practitioners; General Practitioners; Interprofessional Structure; Case Study
Abstract: This article examines the calls from GPs and nurses to change the law and shift the balance of power so nurses can become partners with GPs. With the introduction of GP Fundholding in 1991, some practices are planning to rewrite partnership agreements to include nurse practitioners, as well as practice managers in advance of any change in the law. The case studies of practices in Runcorn and Reading are examined. The article concludes by examining the views of the RCN and BMA over the issue of partnership in primary care (Editor).

Ref ID:224/203
Keywords: Practice Nurses; Primary Care Teams; Interprofessional Working Practices; Case Study
Abstract: This article reports on a project to introduce a new "form" of nurse management into a Primary Health Care Team (PHCT). The model was based on the recommendations of the Roy Report (1992) into the organisation and management of community nursing services, with a GP-managed PHCT and an attached community services under the management and control of the practice. The community NHS Trust, appointed the practice nurse management (PNM) who liaises with a GP, interprets their requirements as well as managing the nursing team. This model was set up in two experimental practices, with a control practice. The article then goes on to examine the results from this study in implementing the model and PNM. Key findings were: improved teamwork to help meet health of the nation targets; speedier decision-making arising from responsive in-house management; and improved communications. To conclude, the paper examines issues of training, planning and preparation. (Editor).

Ref ID:225/359
Keywords: Nurses; Doctors; Health Promotion; Interprofessional Working Practices; Service Impact; Controlled Trial
Abstract: OBJECTIVE: Physician-delivered advice to stop smoking is effective, but time demands often reduce the number of smokers who receive assistance. We evaluated three nurse-assisted interventions designed to minimise physician burden and increase counselling in primary care settings. DESIGN: Randomised controlled trial with a 12-month follow-up. SETTING: Internal medicine and family practice offices in a health maintenance organisation. PARTICIPANTS: Smokers (n = 3161) who were patients of participating physicians or other medical care providers (n = 60). INTERVENTION: Medical care providers delivered a 30-second stop-smoking prompt to 2707 smokers and referred them to an on-site nurse smoking counsellor. The nurse randomly provided a two-page pamphlet (advice control) or one of three nurse-assisted interventions: 1) self-quit training; 2) referral to a group cessation program; or 3) a combination of self-quit training and referral. Each nurse-delivered intervention included a 10-minute video, written materials, and a follow-up phone call. RESULTS: Physicians delivered brief advice to 86% of identified smokers during the 1-year program. The proportion of participants reporting abstinence after both 3 and 12 months of follow-up nearly doubled (P = 0.01) for the nurse-assisted self-quit (7.1%), group-referral (7.6%), and combination (6.9%) interventions, compared to brief physician advice alone (3.9%) (P < 0.05). Saliva cotinine tests
confirmed these effects (P < 0.004), although quit rates were lower (3.4%, 4.7%, 4.3%, and 2.3%, respectively) because roughly one half of quitters chose not to provide a saliva sample and were counted as smokers. CONCLUSION: Involving nurses in counselling smokers reduces physician burden, makes counselling more likely, and significantly increases cessation rates compared with brief physician advice alone.
Keywords: General Practitioners; Primary Care Teams; Interprofessional Development; Commentary.
Abstract: Today, family medicine deals with a spectrum of physical, social, psychological, and developmental issues in day-to-day practice. It is unrealistic to expect family physicians to intervene with all issues. Multi-disciplinary health care teams can provide comprehensive and effective care, but teamwork does not occur automatically. This article reviews the process required to develop an effective team and the role of family physicians on health care teams.

Keywords: General Practitioners; GP Fundholding; Commissioning; Interprofessional Working Practices; Case Study.
Abstract: When district health authorities ran out of cash last autumn GP fundholders were still able to buy hospital treatment for their patients, evidence that the scheme creates a two-tier service. From April GP fundholders will be buying health visiting and district nursing services from NHS Community Trusts and Units. What might be the advantages and what are the fears? This article profiles a pilot project in Ivybridge, Plymouth where health visitors and managers are working with primary care teams. (Author-amended - Editor).

Keywords: Nurse Practitioners; Role; Survey.
Abstract: This study focused on nurse practitioner-patient conversations. The purpose was to uncover a process that might contribute to understanding the positive outcomes of nurse practitioner (NP) care. Transcripts from 24 audio taped NP-patient conversations and three NP-researcher interviews, as well as 100 hours of field abstract from observations, were analysed using a combination of discourse and ethnographic analysis.

Keywords: Practice Nurses; Role; Education; Health Promotion; Case Study.
Abstract: The introduction of the GP contract in April 1990 has given the primary health care team greater incentive to carry out health promotion activities. One area of health promotion which many practice nurses (PNs) have undertaken is the provision of dietary advice to patients in both preventive and disease management roles. The present study looks at nutrition training of PNs within Somerset FHSA. The aim was to evaluate the efficacy of the dietary training provided and also the quality of information being imparted to clients in terms of accuracy, the ability to tailor advice to suit individuals and that the information is positive. Four different methods were used. 1. Basic questionnaire to assess how useful PNs found the nutrition training and how applicable it was in their role as health educators (n = 83). From these 83 PNs, three smaller groups were randomly selected to take part in further investigations. 2. A case study questionnaire to assess nutritional knowledge (n = 10). 3. Tape-recorded dietary interviews (n = 10). 4. Observation interviews by a community dietician (CD) (n = 10). There was a 78% response rate to the initial questionnaire. Of the PNs 74% rated their previous nutritional knowledge as 'average', whereas after training 72% perceived their knowledge to be 'good'. When discussing dietary issues with patients, after training, 33% of PNs described their confidence to be 'average', 64% 'good' and 3% 'excellent'. Only one PN felt the information in
the training was too detailed. Of the PNs 31% requested input on additional topics and also the opportunity to sit in with a clinical dietician. Six case study questionnaires were returned. In questions requiring a specific answer on healthy eating issues, 50% of PNs gave the correct response and in most cases this was greater than 80%. However when asked what advice they would give a hypothetical patient there was still a tendency to offer ‘blanket’ healthy eating advice rather than tailoring it to the patient. Tape-recorded interviews proved to be unpopular and so these nurses agreed to observation interviews. Fourteen PNs were visited who saw a total of 17 patients and three groups. Using an assessment checklist each PN was given a score of 0-5 where 0 = ‘of very little value to understanding’ and 5 = ‘very comprehensive advice’. Scores obtained by the PNs were 2 (n = 2), 3 (n = 12), 4 (n = 3) and 5 (n = 3). Results obtained from this small study would suggest that given adequate training, practice nurses can increase their knowledge and skills to enable them to deliver basic healthy eating advice. It was highlighted by the PNs however that this initial training should be followed up by regular study days to ensure PNs are kept up to date and have access to expert nutrition advice when needed. This will ensure that nutrition information is based on sound scientific and dietetic principles. In conclusion PNs can be a resource to help promote healthy eating.

Ref ID:230/496

Keywords: District Nurses; General Practitioners; Practice Nurses, Health Promotion; Elderly Screening; Interprofessional Working Practices; Survey.

Abstract: The Elderly Screening Survey was carried out in 1990 as a follow-up to a similar study completed by the Centre for the Study of Primary Care in 1988. The aim of these two studies was to look at national differences in the types of screening programmes for elderly people and, specifically, to look at who carries out these programmes. The Elderly Screening Studies of 1988 and 1990 can be located within the ongoing debates about screening. In particular, given the implications of the general practitioner contract arrangements, these studies provide information on the discussion about the role and involvement of community nurses in screening older people. The results suggest that screening programmes for this age group had become more tailored to ‘age-related need’ in 1990 as compared to 1988. In 1990, districts were more likely to employ a wider variety of nursing personnel in carrying out screening schedules. Furthermore, it was evident that more districts were employing district nurses and practice nurses to implement screening assessments than in 1988. Attention is drawn to the lack of guidelines at district level on screening activities. The need to re-assess training provision particularly for practice nurses is highlighted.

Ref ID:231/538

Keywords: Primary Care; Health Promotion; Elderly Screening; Contracting; Interprofessional Working Practices; Workload Distribution; Literature Review.

Abstract: The 1990 contract for general practitioners made annual health checks for people aged 75 and over compulsory. We review the costs and effects of different approaches to the health check, focusing on the method advised in the 1990 contract. This involves an annual home-based functional assessment by a member of the primary health care team, known as a blanket assessment. Our review of published randomised controlled trials shows such assessments have few consistent benefits. Data on the costs of assessment are usually reported in summary form, with little or no information on which costs are included. In studies where average costs are given for assessments, because of salary and travel expenses, the costs are high. Several promising methods for reducing costs in assessment, and a method with potential to improve effectiveness, are currently outside the terms of the 1990 contract. These methods are described. Revision of the 1990 contract should incorporate the flexibility to encourage
more cost-effective approaches to assessing the elderly such as a two-stage assessment or using volunteers. A monitoring group is needed to establish how health checks are being implemented. This group could co-ordinate and advise on standardised criteria for methods of costing and assessing effectiveness in assessment programmes.

Ref ID: 232/ 211

Keywords: Nurse Practitioners; Health Promotion; Cancer Screening; Service Impact; Quality of Care; Interprofessional Working Practices; Survey.

Abstract: This paper evaluates the results of a pilot study in which nurse practitioners (NPs) collected Pap smears to screen for cervical cancer in women in Victoria, Australia. A comparison is made between women screened by NPs and women screened by three other types of medical practitioners. Women screened by NPs were more likely to be older, of non-English-speaking background, and to have had fewer smears collected previously. The quality of the smears collected by the NPs and the other medical practitioners did not differ, but a higher proportion of smears collected by the NPs were from women who had undergone a hysterectomy. The abnormality rate was lower in the smears collected by the NPs. This difference was statistically significant, even after the data were age standardised. As a result of this short-term evaluation, it has been concluded that NPs are able to effectively screen a hard-to-reach group of women, collect technically adequate specimens, and arrange for appropriate follow-up care for women with screen-detected abnormalities.

Ref ID: 233/ 418

Keywords: Practice Nurses; General Practitioners; Family Planning; Interprofessional Working Practices; Patient Views; Survey.

Abstract: For many years at one inner city practice, practice nurses trained in family planning and using an in-house protocol have been providing family planning advice and supplies to patients initially seen by the general practitioner. Two hundred consecutive patients attending the practice nurse or doctor for family planning supplies or advice were invited to complete a questionnaire to assess their preferred career and their overall satisfaction with the services. The patients' perceptions of whom they thought most appropriate to deal with their family planning requirements were explored. The patients who had seen the nurse rather than the doctor claimed to be more up to date with their cervical smear, to have had their blood pressure (BP) checked, and to be generally more satisfied with the consultation. Apart from the initial consultation for oral contraception most patients stated they would prefer to attend the nurse.

Ref ID: 234/ 212
Peter A. Practice nursing in Glasgow after the new general practitioner contract. British Journal of General Practice 1993;43:97-100.

Keywords: Practice Nurses; Job Satisfaction; Role; Workload; Service Impact; Quality of Care; Survey.

Abstract: Six months after the implementation of the new general practitioner contract in April 1990, practice nurses employed in greater Glasgow were surveyed using a self completed postal questionnaire. Of the 165 practice nurses employed in greater Glasgow 153 (93%) were identified and surveyed. Of these, 131 responded to the questionnaire (86%). The practice nurses were well qualified and experienced. Sixty per cent were under 40 years of age, 68% had been recruited within the previous year and 70% were employed for five sessions or more per week. Many carried out extended nursing duties, including health promotion activities. Many described inadequacies of their employment contract, practice facilities and the functioning of the primary health care team. If service quality is to be assured in practice
nursing and practice nurses are to function as key primary health care team workers, then it is important that their role, professional skills, and working facilities are defined, supported and monitored. This should be addressed by general practitioners, practice nurses, and their professional bodies, in collaboration with the health board.

Ref ID: 235/213

Keywords: Primary Care Teams; Interprofessional Development; Interprofessional Education; Service Impact; Patient Satisfaction; Before and After Study.

Abstract: The nature and development of teamwork in primary health care is discussed and some barriers to effective teamwork identified. Theories of team effectiveness are outlined and methods of applying these to primary health care teams are explored. The 'constituency approach' and the theory of team innovation are examined in more detail. Team-building interventions are described as one way of improving team effectiveness but their limitations are also acknowledged. The Health Education Authority primary health care team workshops are used as an example of a team-building intervention. Research at the MRC/ESRC Social and Applied Psychology Unit, Sheffield University, is described. This is evaluating the outcomes of the primary health care team workshops in terms of team effectiveness. The research will measure viability (the extent to which the team sufficiently sustains good relationships to continue working together) and team performance (achievement of desired outcomes) pre and post workshop. Team effectiveness will be measured through team self-assessment, patient satisfaction and family health service authority designated targets for health promotion. The overall aim is to develop a model of team effectiveness for primary health care teams, which can then be used to diagnose and guide teams in their work.

Ref ID: 236/209
Richards RW, Henry RC. Community partnerships: educational linkages to increase the number of primary care practitioners. Academic Medicine 1993;68:594-596.

Keywords: Primary Care Teams; Interprofessional Education; Case Study.

Abstract: The Community Partnerships initiative is focused on the creation of academic, non-hospital community health centres shaped by people and institutions at the local level. In our view, public policy-makers need such positive ideas and programs to support-things to be for rather than against. Incessant lamenting about the problems of the health care system will change the system less than will positive programs shaped and supported by the people whose needs they serve. All of us in medical education recognise the need for change in medical education. The Community Partnerships program represents one strategy for change that brings communities directly into the sphere of influence and enables them to enhance the relevance of the educational experience for health professions students.

Ref ID: 237/421

Keywords: Practice Nurses; General Practitioners; Role; Education; Survey.

Abstract: Practice nursing has expanded rapidly since the 1990 contract for general practitioners. In 1990, a national survey was undertaken of the attitudes of a random sample of general practitioners towards practice nurses. Responses to the postal questionnaire were received from 41.9% of the 4800 general practitioners sampled. Of the responding general practitioners, 90.0% were satisfied with the role of the practice nurse within their practice. To fulfil the requirements of the 1990 contract for general practitioners 50.7% had created a new nursing post, and 83.1% had expanded the role of nurses already employed; 89.7% wished to see further expansion of the practice nurse's role. However, lack of space was the factor most frequently reported as limiting the expansion of the practice nurse's role, mentioned by 76.0%
of general practitioners. Only 43.7% of general practitioners recognised lack of opportunities for practice nurse training as a hindrance to role expansion. The key to managing the expansion of the role of the practice nurse lies in the provision of resources and in training. A pressing need exists for a national training scheme based in general practice.

Ref ID: 238/184
Schwarz MR. Can APNs (advance practice nurses) be independent gatekeepers? No [comment]. Hospital Health Network 1993;67:8

Keywords: Nurse Practitioner; Education; Cost; Quality of Care; Role; Service Impact; Commentary.

Abstract: This short paper presents two arguments on whether advanced practice nurses (APNS) can be independent gatekeepers. The author in article 238/184 argues that APNS cannot act as independent gatekeepers and cites numerous reasons, such as lack of training and experience, of why APNS cannot be independent gatekeepers. The author in article 221/214 argues that APNS can be independent gatekeepers and cites numerous advantages, such as cost control, reducing physician shortage and providing effective patient care. However, both interestingly conclude their arguments by calling for a collaborative or team approach. (Editor).

Ref ID: 239/541

Keywords: Doctors; Counsellors; Role; Service Impact; Patient Satisfaction; Case Study.

Abstract: Collaboration between family therapists and physicians has attracted increasing attention in the field of family therapy. Family therapists practising in medical settings encounter many stimulating opportunities and challenges. This paper focuses on the experience of the authors providing family therapy in a primary care medical setting which is also a family medicine residency program. The authors discuss the role of physician and patient expectations in treatment as well as the influence of the medical context on the development of family therapists.

Ref ID: 240/428

Keywords: Counsellors; Primary Care Teams; Role; Education; Workload; Survey.

Abstract: OBJECTIVE-To establish the prevalence of counselling services in English and Welsh general practices and factors associated with their distribution; to describe qualifications, working arrangements, and case mix of "counsellors." DESIGN-Postal questionnaire and telephone interview survey of a sample of about one in 20 general practitioners in England and Wales. SETTING- English and Welsh general practices. SUBJECTS-1880 general practitioners of whom 1542 (82%) completed questionnaires. MAIN OUTCOME MEASURES-Prevalence and distribution of practice counselling services; counsellors' qualifications and funding; types of patients referred. RESULTS-586 counsellors were distributed among 484 of the 1542 practices. Three types of counsellor predominated: community psychiatric nurses (187); "practice counsellors" (145); and clinical psychologists (95). Practice characteristics which independently predicted the presence of a counsellor were for community psychiatric nurses four or more partners (odds = 1.72, 95% confidence interval 1.18 to 2.26); for practice counsellors stress clinic (odds = 2.22; 1.83 to 2.61), training practice (odds = 1.70; 1.24 to 2.16), and health region (chi 2 = 55.94; df = 14; p < 0.001); and for clinical psychologists list size of > or = 10,500 (odds = 1.79; 1.09 to 2.49), training practice (odds = 1.78; 1.31 to 2.25), health region (chi 2 = 48.31; df = 14; p < 0.001). 197 counsellors had training in counselling. The qualifications of 85 were unknown to the general practitioner. The principal source of funding was the district health authority for community psychiatric nurses (150) and clinical
psychologists (58) and the family health services authority for practice counsellors (76). All counsellors were referred a wide range of problems. CONCLUSIONS-Counselling services are wide-spread in general practice, but a high proportion of counsellors lack qualifications, and many may be referred problems outside their knowledge.

Ref ID:241/ 201
St John W. Primary health care: a clarification of the concept and the nursing role. Contemporary Nurse 1993;2:73-78.
Keywords: Health Visitors; Primary Care Teams; Role; Commentary.
Abstract: Various authors have noted that the terminology relating to 'community nursing', 'community health nursing' and 'public health nursing' have continued to change over the years, and that this has lead to a lack of conceptual clarity (Flynn 1988, Highlighter 1984, Sills & Goepfinger 1985). With the addition of the concept of primary health care (WHO-UNICEF 1978) there has been added confusion about the meaning of terminology used. This confusion contributes to uncertainty about nurses' practice role in primary health care. This paper explores the differing approaches to interpreting the meaning of primary health care and addresses itself to clarifying the community health nursing practice role in primary health care.

Ref ID:242/ 204
Keywords: Primary Care Teams; Practice Nurses; Diabetes Care; Role; Interprofessional Working Practices; Commentary.
Abstract: Primary care teams who involve practice nurses in the management of patients with diabetes mellitus provide better care. Measures of the structure and process of care are improved when nurses are involved in diabetic care.

Ref ID:243/ 431
Keywords: General Practitioners; Counsellors; Community Psychiatric Nurses; Clinical Psychologists; Social Workers; Interprofessional Attitudes; Interprofessional Working Practices; Survey.
Abstract: Links between general practitioners and mental health professionals, such as counsellors, psychiatrists, community psychiatric nurses, clinical psychologists and social workers, are increasing in number and type. The aim of this survey was to elicit general practitioners' attitudes to these workers, comparing those with a link with a mental health worker and those without. General practitioners in two district health authorities were surveyed and a response rate of 70% was obtained. General practitioners linked to a mental health professional were more likely to have made a referral to that service in the previous three months and, on the whole, were more satisfied with that service. The commonest problem reported by respondents was the length of waiting lists. Regarding liaison with social workers, inadequate feedback and difficulty with contact were the problems mentioned most by doctors. A number of general practitioners expressed a desire for closer contact with all these mental health services. While caution is required in ascribing causality to these relationships, it is clear that a closer working relationship between general practitioners and mental health workers is productive and is valued by general practitioners. The challenge for policy makers is to structure mental health provision in such a way that more general practitioners are able to benefit than at present.

Ref ID:244/ 436
Keywords: Health Visitors; Practice Nurses; District Nurses; Job Satisfaction; Work Load; Education; Survey.

Abstract: This paper reports the results of the first of three annual surveys of the job satisfaction of health visitors, district nurses and practice nurses working in communities served by four trusts. Analysis of variance illustrates differences in the level of Personal Satisfaction, Satisfaction with Workload, Satisfaction with Professional Support, Satisfaction with Training and Satisfaction with Pay and Prospects. Practice nurses appear to be the most satisfied group; the level of satisfaction for health visitors is significantly lower. Qualitative analysis of the additional comments made by approximately one-third of respondents illustrates the gulf in perceived values between staff and management and the feelings of uncertainty experienced by community nurses in the wake of major legislative change. Possible reasons for differences in level of staff satisfaction between the four trusts are discussed.

Ref ID:245/456

Keywords: Primary Care Teams; PAMs; Social Workers; Neurologists; Physical Disability; Interprofessional Working Practices; Service Impact; Costs; Quality of Care; Case Study; Interface between Primary Care and Specialist Community Services.

Abstract: On the assumption that team-work, follow-up monitoring and the involvement of a neurologist would contribute to the management of chronic disabling conditions, a project to promote these aims was operated for two years in four general practices serving a rural population of 35 000. Physically disabled adults posing management problems were discussed (in their absence) at meetings attended by general practitioners, nurses, therapists, social workers and district based staff including a neurologist. The majority of the 138 patients reviewed had neurological diagnoses. Team-work and routine surveillance of patients were generally favoured by therapists, health visitors and others more than by GPs and district nurses. Nevertheless, the project demonstrated how a community disability team can function at minimal cost, with potential benefits to patients.

Ref ID:246/455

Keywords: General Practitioners; Community Mental Health Teams; Primary Care Teams; Interprofessional Attitudes; Interprofessional Working Practices; Mental Health Services; Case Study.

Abstract: Recent years have seen closer links developing between general practitioners and mental health specialists. A study was undertaken in Manchester to determine the effects of a new community mental health service on the practice and attitudes of general practitioners. Ten doctors had access to the community based psychiatric team over a three year period while another 10 doctors continued to use hospital services. Those with access to the team were significantly more satisfied with the specialist support services, and were more likely to give high priority to community psychiatric nurses and psychiatric social workers working as part of a primary health care team than those without access to the service. Those with access were more willing than those without access to share with psychiatrists the care of patients with chronic neurotic disorders. The community mental health team was considered particularly helpful in reducing the burden posed by patients with neurotic and psychosocial problems, but this resulted in the general practitioners doing less counselling themselves. The study did not find that the new service had an effect on the general practitioners' ability to detect or manage psychiatric illness.
Ref ID: 247/398

Keywords: Nurses; Cardiovascular Screening; Health Promotion; Role; Service Impact; Quality of Care; Controlled Trial.

Abstract: OBJECTIVE-To measure the change in cardiovascular risk factors achievable in families over one year by a cardiovascular screening and lifestyle intervention in general practice. DESIGN- Randomised controlled trial in 26 general practices in 13 towns in Britain. SUBJECTS-12,472 men aged 40-59 and their partners (7460 men and 5012 women) identified by household. INTERVENTION- Nurse led programme using a family centred approach with follow up according to degree of risk. MAIN OUTCOME MEASURES-After one year the pairs of practices were compared for differences in (a) total coronary (Dundee) risk score and (b) cigarette smoking, weight, blood pressure, and random blood cholesterol and glucose concentrations. RESULTS- In men the overall reduction in coronary risk score was 16% (95% confidence interval 11% to 21%) in the intervention practices at one year. This was partitioned between systolic pressure (7%), smoking (5%), and cholesterol concentration (4%). The reduction for women was similar. For both sexes reported cigarette smoking at one year was lower by about 4%, systolic pressure by 7 mm Hg, diastolic pressure by 3 mm Hg, weight by 1 kg, and cholesterol concentration by 0.1 mmol/l, but there was no shift in glucose concentration. Weight, blood pressure, and cholesterol concentration showed the greatest difference at the top of the distribution. If maintained long term the differences in risk factors achieved would mean only a 12% reduction in risk of coronary events. CONCLUSIONS-As most general practices are not using such an intensive programme the changes in coronary risk factors achieved by the voluntary health promotion package for primary care are likely to be even smaller. The government's screening policy cannot be justified by these results 57-88-5 (Cholesterol).

Ref ID: 248/351

Keywords: General Practitioners; Diabetes Care; Interface between Primary and Specialist Hospital Services; Service Impact; Health Outcomes; Patient Satisfaction; Cost; Controlled Trial.

Abstract: OBJECTIVES-To evaluate integrated care for diabetes in clinical, psychosocial, and economic terms. DESIGN-Pragmatic randomised trial. SETTING-Hospital diabetic clinic and three general practice groups in Grampian. PATIENTS-274 adult diabetic patients attending a hospital clinic and registered with one of three general practices. INTERVENTION-Random allocation to conventional hospital clinic care or integrated care. Integrated care patients seen in general practice every three or four months and in the hospital clinic annually. General practitioners were given written guidelines for integrated care. MAIN OUTCOME MEASURES-Metabolic control, psychosocial status, knowledge of diabetes, beliefs about control of diabetes, satisfaction with treatment, disruption of normal activities, numbers of consultations and admissions, frequency of metabolic monitoring, costs to patients and NHS. RESULTS-A higher proportion of patients defaulted from conventional care (14 (10%)) than from integrated care (4 (3%), 95% confidence interval of difference 2% to 13%). After two years no significant differences were found between the groups in metabolic control, psychosocial status, knowledge, beliefs about control, satisfaction with treatment, unscheduled admissions, or disruption of normal activities. Integrated care was as effective for insulin dependent as non-insulin dependent patients. Patients in integrated care had more visits and higher frequencies of examination. Costs to patients were lower in integrated care (mean 1.70 pounds) than in
conventional care (8 pounds). 88% of patients who experienced integrated care wished to continue with it. CONCLUSIONS—This model of integrated care for diabetes was at least as effective as conventional hospital clinic care.

Ref ID:249/ 410

Keywords: General Practitioners; Role; Workload; Education; Commentary.

Abstract: The role of general practitioners is being redefined in the light of the emphasis on more care in the community, economic factors, and patients' expectations. The strength of general practice lies in the doctor-patient relationship; this strength must not be lost sight of. Specific tasks of the general practitioner include the responsibility for the care of individuals; the role of gatekeeper; broad knowledge of curative, preventive; and rehabilitative medicine; teamwork; management; and development of population based strategies. Future work patterns include the general practitioner first and foremost as a clinician and an integrator of health services, but they also involve audit, education and training, research, management, and relations with organisations in the public, private, and voluntary sectors. It is important to make changes only when they benefit patients and to maintain the principle of equity of access to care.

Ref ID:250/ 182

Keywords: Practice Nurses; Role; Health Promotion; Education; Workload; Survey.

Abstract: This paper outlines the results of a national census of practice nurses in England and Wales. It not only shows that the numbers of practice nurses have increased dramatically in recent years but also demonstrates how their role has evolved. Many practice nurses are now involved in health promotion, and home visiting, as well as advice and counselling. The findings also indicate that many practice nurses express a need for training. Continuing education for practice nurses is important in ensuring practice nurses are fully qualified and trained for the tasks they undertake. In addition, it also enables them to develop their role and work alongside other community health professionals.

Ref ID:251/ 189

Keywords: Doctors; Nurse Practitioners; Interprofessional Working Practices; Health Promotion; Case Study.

Abstract: British Colombia, Alberta, Saskatchewan and now Ontario have announced their intention to increase the use of nurse practitioners in primary health care. Doctors are worried what this decision will signify for their role in primary health care. An Ottawa doctor who has worked for six years with nurse practitioners, assures his colleagues that this collaboration is well worthwhile. Dr Daniel Way stresses the strong points of nurses in the field of patient education, counselling and health promotion, marry well with those of family GPs in the fields of diagnosis, treatment and disease prevention (Translation-Editor).

Ref ID:252/ 491

Keywords: Pharmacists; General Practitioners; Prescribing; Interprofessional Working; Communication; Survey.
Abstract: In the Dutch region of "Betuwe" the hospital pharmacists and community pharmacists together provide short drug letters about new drugs, which are sent bimonthly to all the practising general practitioners (n=83) and medical specialists (n=50) in this region. A survey was conducted among these physicians in order to investigate their opinion about and reported use of the drug letters in comparison with other drug-information sources. The majority of the responding physicians (response rate 68%) was found to read the drug letter frequently and evaluated the drug letter as a useful source of information about drugs, especially its section about the advantages and disadvantages of the new drug compared to other drugs. With respect to different stages of the drug-adoptions process, the drug letter was found to be the most frequently used information source at the decision stage. At the introduction stage the pharmaceutical industry representative seems to be the most frequently used source of information, while at the information stage it is the "Geneesmiddelenbulletin" (Drug Bulletin). The majority of the responding general practitioners reported to participate in local group meetings with pharmacists. However, in only 20% of these group meetings attention is given to the drug letter. Since it is known that written information has only a limited influence on the physician's behaviour, the influence of the "Betuwe Circulaire" may increase when attention is paid to it in the local contacts between pharmacists and physicians.

Ref ID:253/177

Keywords: Health Visitors; Workload; Role; Case Report

Abstract: Alignment with a GP practice resulted in fluctuating workloads for health visitors Lynda Brooks, Caro Fickling and Caroline Walker. Here they describe how the introduction of a corporate caseload helped to restore balance.

Ref ID:254/510

Keywords: Primary Care Teams; Service Impact; Patient Satisfaction; Survey

Abstract: A central theme of health policy has concerned the public's participation in primary health care services, both as individual consumers and collectively as communities. In the UK primary care increasingly centres on general practice. This paper reports an exploratory study undertaken with practice teams in inner city Sheffield about community participation. The study design was influenced by a grounded theory approach to data collection and analysis. The main data collected was from interviews of 23 general practitioners, 20 practice nurses, 11 health visitors and 7 district nurses. Concepts of community and participation were explored by interview with these primary care workers. Typologies of community and participation for general practice are presented in the findings, along with associated strategic positions and political tensions. The discussion highlights a number of tensions and issues concerning community participation when primary care is organised around general practice.

Ref ID:255/191

Keywords: General Practitioner; Primary Care Teams; Nurses; Health Promotion; Coronary Heart Care; Interprofessional Working Practices; Interprofessional Workload Distribution; Survey

Abstract: BACKGROUND. Recent years have seen a vast increase in the amount of health promotion activity undertaken in general practice. AIM. This study set out to identify the level of general practitioner and nurse involvement in activities aimed at coronary heart disease prevention and to examine variations in involvement. METHOD. A questionnaire survey was undertaken of a sample of general practitioners across England and the nurses who worked in their practices. RESULTS. Of 1696 randomly selected general practitioners 64% completed a
questionnaire, of 928 practice nurses 71% responded and of 682 health visitors and 679 district nurses 52% and 40% responded, respectively. Of the general practitioners 94% reported that they were involved in assessing lifestyle risk factors in the routine consultation and regular assessments most commonly involved blood pressure testing and inquiry about smoking status. Eighty six per cent of practices were reported by the practice nurse as having well person clinics; these clinics were usually run by the practice nurse. Clinics for the management of specific lifestyle risk factors were also usually run by practice nurses, although many doctors were involved in hypertension clinics and cholesterol clinics. Health visitors and district nurses had a low level of involvement in this practice based clinic activity. Involvement of general practitioners and practice nurses in coronary heart disease prevention was associated with training in health promotion and positive attitudes towards prevention and health promotion. The level of involvement of practice nurses in health promotion was associated with the support received from primary health care facilitators, family health services authorities and district health authorities. CONCLUSION. Members of the primary health care team appeared to have their own distinct area of preventive activity. However, this division did not appear to be a result of organised teamwork and deployment of skills and expertise according to a clearly defined management protocol. Instead it seemed to be a product of general practitioner contract and management arrangements which tended to encourage an approach to general practice health promotion which revolved around the practice nurse and which hindered the development of a broader team based approach to planning and delivery of health promotion in relation to the needs of the practice population.

Ref ID: 256/396

Keywords: General Practitioners; Practice Nurses; Elderly Screening; Interprofessional Working Practices; Health Promotion; Survey.

Abstract: BACKGROUND. The new contract for general practitioners, introduced in 1990, required them to offer an annual assessment, or 'health check', to patients aged 75 years or more. AIM. A study was undertaken to collect details of practice Organisation of these assessments, general practitioners' and practice nurses' experience of assessments, and their views of the value of such assessments. METHOD. A nation-wide postal survey of 1000 general practitioners and interview surveys with general practitioners and practices nurses from 150 practices were carried out in 1992. RESULTS. The postal survey yielded a response rate of 69% and the interview survey a practice response rate of 76%. Organisation of assessments varied enormously between, and often within, practices with a variety of methods of invitation and assessment instruments being used. Of general practitioners 13% did not use a letter of any sort to invite patients to attend, and many doctors excluded certain patients from assessment, particularly those who were seen regularly or had been seen recently. However, 70% of general practitioners estimated that they had assessed over 60% of their elderly patients in the first year (1990-91). A substantial proportion of assessments were estimated to have been conducted on an opportunistic basis and few practices were doing all the assessments of those aged 75 years and over in the patients' homes. In the majority of practices, the general practitioners and practice nurses were the only personnel carrying out assessments. Only 9% of the doctors and 34% of the nurses interviewed had been specially trained to carry out the assessment; 54% of nurses said they would like more training in this area. Both doctors and nurses reported that the assessments did detect previously unknown problems, although over half of doctors reported that they rarely picked up new mental health problems. Increased referrals to social services as a direct result of the assessments were reported by 63% of doctors. The majority of doctors and nurses reported that routine assessments were useful in providing advice and reassurance to elderly people. Two thirds of doctors said they would continue to offer at least selected groups of their elderly patients routine assessments, even if not contractually obliged to do so.
CONCLUSION. The findings suggest that the experiences of the first two years of this activity had convinced some general practitioners that routine assessment of elderly patients is worthwhile. However the increased demand for other services must obviously be met by an increase in resources if the effectiveness of these assessments is not to be undermined.

Ref ID:257/188
Keywords: Health Visitors; District Nurses; Interprofessional Education; Case Study.
Abstract: There is an assumption that shared learning between health visitors and district nurses at the time of their initial preparation for the professional role promotes positively and fosters team-working. The present study addressed a gap within the current state of scientific knowledge and understanding of the effect of shared learning between health visitor and district nurse students. The results suggest that shared learning is likely to be a more positive experience for some students than for others. The practical implications are discussed and recommendations made for educational practice.

Ref ID:258/343
Keywords: Nurses; Social Workers; Dentists; Interprofessional Education; Survey.
Abstract: This short article presents the results from a survey which set out to evaluate a multi-disciplinary community based primary care education programme in the USA. Academic multi-disciplinary practices were established in 4 sites in order to combine nursing, social work and dental education with primary care medical education. Results are presented in 3 areas: practice based multi-disciplinary preceptorship; community project; and project based learning. It was found that community school based sites are appropriate settings to carry out multi-disciplinary health professionals education. (Editor).

Ref ID:259/334
Keywords: Optometrists; Primary Care Teams; Ophthalmology Services; Hypertension Care; Interprofessional Working Practices; Commentary.
Abstract: Information provided by doctors of optometry to the primary care providers of patients with hypertension provides one of the few objective means of assessing the status of these patients. The optometrist may also be the first to suspect primary or secondary hypertension in the course of a comprehensive eye examination. In this paper the pathophysiology of essential, malignant, and secondary hypertension is reviewed. The treatment and management of the systemic and ocular effects of hypertension are discussed along with the pivotal role that doctors of optometry play in co-managing patients with hypertension.

Ref ID:260/335
Keywords: Doctors; Optometrists; Diabetes Care; Working Practices; Health Promotion; Ophthalmology Services; Commentary.
Abstract: Co-management of the diabetic patient emphasises interdisciplinary care between optometry and ophthalmology, and between optometry and the patient's primary physician. For the optometrist and the patient's primary physician, the emphasis is on written communication with regard to the ocular health of the patient's eyes. The optometrist also participates in educating patients about the complications related to diabetes mellitus, as well as reinforcing medical compliance and encouraging lifestyle changes for better health. By providing this scope of care, optometry becomes an integral part of the health care team. Between ophthalmology and optometry, the success of co-managing diabetic patients will be dependent on several
factors, including demonstrating expertise in managing diabetic retinopathy, making timely and appropriate referrals based on results from national clinical trials, and developing a trusting relationship built over time. This paper emphasises the multi-dimensional role the optometrist plays in the co-management of the diabetic patient with the patient's primary physician and with the ophthalmologist in treating and managing diabetic retinopathy.

Ref ID: 261/ 551
Keywords: Nurse Practitioner; Role; Education; Commentary.
Abstract: Blinded by new reports of public acclaim for their services, NPs may not be alert to contemporary trends that might either modify or destroy the nurse practitioner role as it is now known. Changes in educational preparation, broadening of scope of practice, and increasingly competitive relationships with physicians must all be examined for their potential influence on the NP role. A new structure is emerging, the National Nurse Practitioner Coalition, which is designed to help all NP organisations work together more co-operatively and provide a unified voice for NPs on issues that may further influence their practice.

Ref ID: 262/ 336
Keywords: Optometrists; Ophthalmology Services; Interface Primary Care and Specialist Hospital; Commentary.
Abstract: Co-management is a relatively new health care delivery system. It represents a co-ordinated approach to the delivery of eye care involving the local primary care provider (optometrist) and the regional secondary and tertiary centre. The history, philosophy, and future of co-management are discussed, as are keys to the development of a successful co-management team.

Ref ID: 263/ 337
Keywords: General Practitioners; Obstetricians; Midwives; Maternity Services; Interprofessional Working Practices; Survey.
Abstract: A postal questionnaire was sent to a random sample of 495 Dutch general practitioners (GPs) and 278 midwives to evaluate the use of the 'imminent miscarriage' standard used by the Dutch College of General Practitioners. The response rates were 63 and 87% respectively. The first questions asked related to the respondents' routine management of an imminent miscarriage. The second part of the questionnaire addressed the respondents' attitude to the 17 most important guidelines in the standard. Finally, the respondents were invited to describe problems arising in adhering to the standard. Midwives and GPs differed in their management of an imminent miscarriage. Midwives used more 'technology' such as ultrasound scans or a dopitone to trace complications or see if the foetus was still viable, whereas the GPs more often carried out vaginal and speculum examinations. Midwives also paid more attention to care following a miscarriage. The guidelines that many respondents did not adhere to involved the period of 10 days for the follow-up appointment and counselling after 6 weeks. Guidelines restricting ultrasound scans and the decision only to refer the patients to an obstetrician after three consecutive miscarriages were also not accepted by all respondents. Respondents mentioned several practical problems or obstacles in adhering to the standard, including women's requests for ultrasound scans or referrals and also the attitude of obstetricians who sometimes simply assumed control. The results will serve as a starting point for updating the standard.

Ref ID: 264/ 339

**Keywords:** School Nurses; Primary Care Teams; Child Health; Asthma Care; Role; Interprofessional Working Practice; Commentary.

**Abstract:** Asthma is the most common chronic health problem affecting children. Yet studies show that many children and their families have little understanding and knowledge of the condition. Catherine Gleeson describes how school nurses could develop their role in asthma care, in partnership with colleagues in the primary health care team, to provide better education and support to children, parents and teaching staff.
Skill Mix in Primary Care

Ref ID:265/193

Keywords: Primary Care Team; GP Fundholding; Commissioning; Child Health; Health Visitors; Commentary.

Abstract: The extension of GP fundholding and the focus on the primary health care team means that GPs have become major players in the purchasing of child and family community nursing services. Shirley Goodwin explores what effective purchasing by GP fundholders of health visiting services might entail and the principles which should inform their decisions.

Ref ID:266/340

Keywords: Community Psychiatric Nurses; General Practitioners; Mental Health Services; Interprofessional Working Practices; Interprofessional Workload Distribution; Controlled Trial; Service Impact; Health Outcomes.

Abstract: BACKGROUND. Community psychiatric nurses (CPNs) are increasingly working in primary health care with non-psychotic patients. This study was designed to test the efficacy of this work. METHOD. The study was carried out in six health centres in north London with a total of 36 participating general practitioners (GPs) and 11 CPNs. Using a randomised controlled trial, 177 patients were referred by their GP and randomly allocated to continuing GP care, immediate community psychiatric nursing intervention, or placed on a 12-week waiting-list, after which time the patient was offered CPN intervention. A range of measures of symptoms and social function were used, and ratings were carried out at assessment and at 24 weeks. RESULTS. Patients improved on all measures over time (P < 0.001 for all measures). However, there was no difference between the group of patients receiving GP care and patients seen by the CPN. Improvements seemed to be independent of the amount of contact. Drop-out rates from CPN intervention were high (50%). CPN drop-outs were more disabled to start with, but did as well as CPN treatment completers. Patients were more likely to drop out with trained than untrained CPNs. There was no evidence that referral to a CPN saved GP time. CONCLUSIONS. The results add weight to the argument that CPNs should refocus their activity on people with serious mental health problems, and indicate that CPN education should focus on skill acquisition and interventions of proven effectiveness.

Ref ID:267/507

Keywords: District Nurses; Role; Job Satisfaction; Survey.

Abstract: The purpose of this paper is to examine Intraprofessional teamworking between district nurses. Data from an exploratory study, conducted in the United Kingdom, of 130 home visits of 16 district nurses describes Intraprofessional relationships in community nursing teams. Participant observation and in-depth interviews were the methods of data collection. The findings suggest that the professional culture of community nursing has led to the development of organisational rules which, in a quest to avoid conflict between team members, potentially militate against patient choice. The data presented here explore three areas of the nurses' practice: committing services, changing care and working unsociable hours.

Ref ID:268/354
Handysides S. Morale in general practice: is change the problem or the solution. British Medical Journal 1994;308:32-34.

Keywords: General Practitioners; Role; Job Satisfaction; Commentary.

Abstract: Despite the pervading gloom about morale in general practice it can still offer a rewarding career. This article, which is the first in a series examining ways to improve general
practitioners’ job satisfaction, weighs the evidence for low morale in the profession and examines the factors that cause most dissatisfaction. The main causes of discontent seem to be increased paperwork and out of hours work, and many blame the 1990 contract for their problems. Dissatisfaction was growing before the contract was introduced, however, and some doctors believe that it has had positive effects. Further change seems inevitable if general practice is to offer a stimulating career for life.

Ref ID:269/ 197
Keywords: General Practitioners; GP Fundholding; Role; Commentary; Job Satisfaction.
Abstract: General practice is likely to change greatly over the next few years. Increases in care in the community and day surgery will lead to more work, and the demand for better data on practice activity will mean the development of audit and epidemiological work. To make time general practitioners will have to learn to delegate work that does not require a doctor. Fundholding has already stimulated some practices to bring services to patients rather than send patients to hospital, and this trend seems set to continue. It is important to pool resources, not only within practices but among other practices in the area-joint action will increase the ability to improve the services for patients. If general practitioners take the opportunity to gain control of the changes the morale of the profession should improve.

Ref ID:270/ 404
Keywords: Practice Nurses; Role; Education; Workload; Survey; Maternity Services; Health Promotion; Asthma Care.
Abstract: All 102 nurses known to be practising as practice nurses in the Republic of Ireland were sent a questionnaire for completion anonymously. A response rate of 56% was obtained. Over half the respondents had commenced practice nursing since the new General Medical Services contract in 1989 following a career break, the median duration of which was 5.5 years. Two thirds had completed midwifery training but only one was a qualified Public Health Nurse. An examination of the tasks performed by the respondents suggests that Irish practice nurses are already filling an extended role beyond their treatment room duties with 46% involved in smoking counselling, 74% in counselling on cholesterol and 37% involved in asthma care. Nurses providing antenatal care or taking cervical smears were not, however, more likely to have completed midwifery training.

Ref ID:271/ 195
Heath I. Skill mix in primary care - Should be used to match services to needs rather than to cut costs. British Medical Journal 1994;308:993-994.
Keywords: Primary Care Teams; Interprofessional Working Practices; Commentary.
Abstract: Changing the skill mix of primary health care teams is too often motivated by a desire to cut costs and too little concerned with the quality of care for patients. At its best, however, careful consideration of skill mix offers much in terms of aligning services more effectively and appropriately to the health needs of the population. This can be achieved through effective multidisciplinary working in which the skills and contributions of each member are explicitly valued. Scope exists for reallocating responsibilities between almost every group in the primary care team; for example, from GPs to practice nurses, and from nurses to health care assistants. As Family Health Service Authorities assume responsibility for commissioning community nursing services there is greater potential for increasing integration and avoiding duplication within primary care teams. (Editor).
Skill Mix in Primary Care

Ref ID: 272/194
Keywords: Health Visitors; District Nurses; Primary Care Teams; Interprofessional Working Practices; Commentary.
Abstract: Department of health policy to integrate health visitors and district nurses with the primary health care team raises critical professional and management issues. But pilot schemes have revealed serious flaws in direct management by GPs of attached community nursing staff. Catherine Jackson reports.

Ref ID: 273/409
Keywords: Practice Nurses; Role; Minor Illness; Mental Health Services; Commentary.
Abstract: Reviews the contribution practice nursing have made in recent years, having once been described as an untapped source. The changes and financial structure of practices have led to an enhancement of practice nurses. They now run clinics managing chronic diseases, give advice on minor illness, and identify anxiety and depression. These moves towards professionalism should be further supported.

Ref ID: 274/371
Keywords: Nurse Practitioners; Role; General Practitioners; Interprofessional Working Practices; Commentary.
Abstract: The evaluation of nursing in primary care has seen the inclusion of skills, which were not encompassed in nursing, designed to compliment and supplement general practitioner care. This change in role has come from the introduction of target payments, PRP, the new GP contract and the 1990 NHS Act, where by necessity, GPs have delegated a proportion of their workload to nurses. This paper argues that there has not been a significant level of evaluation of this role but points to some key research papers, it concludes that the role of nurse practitioner offers opportunities to meet both existing and future needs. (Editor).

Ref ID: 275/196
Keywords: Nurse Practitioners; Occupational Health Services; Education Workload; Survey.
Abstract: Nurse practitioners with master's degrees were surveyed to assess the type and volume of occupational health services provided by primary care as compared with occupational health practitioners and the knowledge base in occupational health in these two groups. Thirty-six percent of 224 non-occupational health nurse practitioners reported caseloads with 10% or more occupationally related chief complaints; 21% reported treating work-related injury or illness at least once per week. By contrast, a large percentage of non-occupational health practitioners failed the knowledge- based exam. Large- scale prevention of occupational illness and injury warrants that primary care providers receive training in occupational health.

Ref ID: 276/344
Keywords: Primary Care Teams; Interprofessional Education; Survey.
Abstract: This short article presents the results from a multi-disciplinary primary care clerkship. The goal of this programme is to have students to participate in an intensive and broad based clinical experience in a primary care setting. The strengths of this approach to multi-disciplinary education are purported. (Editor).
Skill Mix in Primary Care

Ref ID: 277/353
**Keywords:** Dentists; Role; Primary Care Teams; Interprofessional Working Practices; Commentary.
**Abstract:** This paper considers some of the specific factors which have changed the role of the dentist in a historical context. The impact of post-war developments on postgraduate education, the Nuffield Inquiry of 1980 and the Dental Strategy Review Group are examined. The broader scope of the dentist and dental auxiliaries in general dental practice in the light of changes in disease patterns is described. The benefits to patient care of involving the general dental practitioner and the dental team in primary care services are emphasised. There is a need to educate and train all health care professionals together to promote multi-disciplinary teamwork in clinical practice. Change is inevitable but is to be welcomed more than feared.

Ref ID: 278/186
**Keywords:** Nurse Practitioners; Interprofessional Education; Education; Survey.
**Abstract:** Directors of 112 ambulatory care nurse practitioner (NP) programs were surveyed to determine the amount and characteristics of the clinical education of their students. The response rate was 53%. Among all programs, students experienced an average of 597 clinical hours. This number was somewhat higher among family and women's health nurse practitioner programs. The range was large-192 to 1600 hours- however, eliminating both extremes left a majority of programs within a much narrower range; the central 62% of programs were between 400 and 700 hours. Certificate programs reported more hours than did masters programs. Almost all hours were in ambulatory settings, which included a wide mixture of public and private settings. A majority of students experience part of their clinical training along with medical residents and medical students, and often with NP students from other programs and with physician assistant students. Most NP program directors find these other disciplines' programs co-operative, and the NP directors favour stronger relationships.

Ref ID: 279/178
**Keywords:** Primary Care Teams; Interprofessional Working Practices; Interprofessional Development, Commentary.
**Abstract:** Teamwork in primary care may be the way forward to achieving high quality care for patients, but the experience of many practitioners is that this is more rhetoric than reality. Most team development activity is focused on the "formal" factors which are "visible" and include policies, objectives, communication, and job descriptions. However effective teamworking also depends on "informal" factors which are "submerged" and include informal relationships, power networks, values and norms. Although team building and teamwork skills are important ways of engaging isolated individuals and strengthening corporateness, teamwork takes places most effectively in small functional groups that provide patient care. Encouragement to develop a rather nebulous primary care team should be replaced by an emphasis on cohesive multi-disciplinary working to achieve clearly established aims and objectives. (Editor).
Ref ID: 280/508
Keywords: Nurses; Doctors; Job Satisfaction; Primary Data.
Abstract: In this paper a causal model about the antecedents and consequences of role conflict and ambiguity in nurses and physicians working in Primary Health Care Teams is tested. As role stress antecedents the model includes job autonomy, feedback from colleagues, goal standardisation, tenure, and workload. Effects of role conflict ambiguity are hypothesised on job tension, job satisfaction and propensity to leave the team. The hypothesised causal model was fitted using LISREL VII to data obtained from 190 nurses and 206 physicians. The goodness-of-fit of the hypothesised model was satisfactory for both samples, indicating that the model reproduced adequately the relationships observed in each sample. However, differences were detected related to the significance level of some parameter estimates.

Ref ID: 281/187
Keywords: Nurse Practitioners; Nurses; Interprofessional Structure; Role; Commentary.
Abstract: During the past 20 years, models of autonomous nursing practice, referred to as nursing centres or nurse-managed centres (NMC), have been reported with increasing frequency in the literature. This review of the NMC literature focused on five factors influencing the scope of practice in these settings. Scope of practice was influenced by the purpose of the NMC, whether for faculty practice, community service, or as a setting for specialty nursing practice. A majority of NMCs appear to include nurses in advanced practice, although registered nurses do fulfil a variety of roles. Although the relationship an NMC maintains with the medical community is ideally characterised by collaboration and mutual acceptance, issues of competition arise. NMCs typically target underserved populations or candidates for specialty nursing care such as geriatric or cardiac rehabilitation patients. Finally, the scope of practice defined by an NMC is affected by the Centre's need to generate income. A survival strategy for NMCs would appear to require (1) provision of high-quality nursing services; (2) public and community support; (3) healthy, collaborative relationships with other health care providers; and (4) documentation of patient outcomes through NMC-based nursing research.

Ref ID: 282/420
Keywords: Health Care Assistants; Role; Commentary.
Abstract: One of the results of the introduction of Project 2000 has been the creation of a new type of support worker, the health care assistant (HCA). HCAs are increasingly being prepared for their role under the framework of the competence-based National Vocational Qualification scheme, leading some observers to fear that this grade of staff could threaten the position of nurses in health-care teams.

Ref ID: 283/179
Keywords: General Practitioner Fundholding; Nurses; General Practitioners; Primary Care Teams; Interprofessional Working Practices; Commentary.
Abstract: The government has announced that GP fundholding is to be extended to include a 'community fundholding' option. In the new scheme, all GPs will be eligible to become community fundholders and buy community nursing services from NHS community trusts. This paper outlines what the National Health Service Executive guidelines will mean for community
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nurses working in GP practices and describes four models, currently up and running, of new primary health-care team nursing practice management and teamwork.

Ref ID: 284/425
Keywords: Practice Nurses; Role; Education; Workload; Immunisations; Health Promotion; Elderly Screening; Survey; Diabetes Care; Asthma Care.
Abstract: AIM. This study set out to identify the present and future training needs of practice nurses in South West Thames Regional Health Authority and to examine these needs within the nurses' current and changing workloads and social, educational and occupational profiles. METHOD. A questionnaire was sent to 899 practice staff identified by family health services authority records whose salaries were in part reimbursed and in whose job title the word nurse appeared. The questionnaire enquired about personal and practice demography, tasks and activities currently undertaken, perceived role development and training requirements, and preferred organisation of training. RESULTS. A total of 620 completed questionnaires were returned (69%). Nurses' work involved treatments, immunisations, investigations, administration, first contact with patients, support to the general practitioner and health promotion. The areas of role development selected most commonly by nurses were counselling skills (60%) and health promotion (54%); in terms of training the most popular areas were communication skills (62%) and the theory and practice of health promotion (48%). Fewer than one third of the nurses who were engaged in health checks for elderly people or the provision of diabetes care, asthma care or advice about the human immunodeficiency virus (HIV) and the acquired immune deficiency syndrome (AIDS) held an appropriate qualification. CONCLUSION. Practice nurses in the region were engaged in a wide range of activities for which many have had little formal training; the majority wished to develop their role and undertake further training. If practice nurses are to play a key part in the development of primary care services they must be adequately prepared for their clinical and health promotion role.

Ref ID: 285/348
Keywords: Nurse Practitioners; Role; Multidisciplinary Teams; Interprofessional Working Practices; Commentary.
Abstract: One of the goals of joint or collaborative practice is to improve health care services. With quality assurance and quality improvement being integral parts of modern-day health care, nurse practitioners need a mechanism to define the standards by which they practice. Collaborative practice agreements document the nurse practitioner's scope of practice and educate physicians, administrators, managers, and legal counsel. The outline presented in this article guides primary care practitioners through the document construction and approval process.

Ref ID: 286/536
Keywords: Optometrists; Practice Nurses; General Practitioners; Glaucoma; Ophthalmology Services; Service Impact; Costs; Interprofessional Working Practices; Interprofessional Education; Survey; Interface between Primary Care and Specialist Hospital Services.
Abstract: Background. Previous studies have shown that for every known case of glaucoma there is another case of occult disease. Most cases of glaucoma are detected by optometrists. Aim. This study set out to determine the prevalence of occult glaucoma in a practice population and assess the likely resource implications of introducing a glaucoma screening
programme into a general practice setting. Method. The 1153 patients registered with one practice in Leicester who were aged 55-69 years on 1 January 1992 and who were not known to have glaucoma prior to screening were invited to a screening clinic. Prior to screening there were 11 known cases of glaucoma in this age group. Screening was carried out by a practice nurse. Patients who failed the screening tests were referred according to the study protocol to the ophthalmology department of the Leicester Royal Infirmary and examined by one ophthalmologist. The number of cases of occult glaucoma and other eye disease detected, the cost per case screened and case defected, and the number of referrals generated were evaluated. Results. Nine hundred and fifty people (82%) accepted the invitation and attended for glaucoma screening. Of those screened 115 (12%) were referred for ophthalmic assessment. Glaucoma was confirmed in 14 of the referred patients (12%) while a further 15 (13%) were found to have ocular hypertension. All but one of those people diagnosed as having glaucoma recalled having been examined by their optician within the last five years; for 50% the period was less than two years. Nineteen of the patients referred (17%) had other ocular pathology detected by the ophthalmologist and no abnormality was detected in 65 patients referred (57%). The estimated cost to the practice (excluding hospital outpatient costs) per case screened using the study protocol was pound 6 and the cost per case detected was pound 408. Conclusion. Glaucoma screening may be successfully undertaken in a general practice setting by non-ophthalmically trained staff who have received tuition in the use of the equipment. It is well received by the population served but the capital cost of equipment is likely to be too high for most practices to afford. The reaffirmation of at least one occult case of glaucoma for every known case is particularly alarming in the absence of a national screening programme and the asymptomatic course of this treatable, blinding disease. Closer co-operation between general practitioners and optometrists will be the practical way ahead for most practices.

Ref ID: 287/234

Keywords: General Practitioners; Nurses; Elderly Health Care; Interprofessional Working Practices; Commentary.
Abstract: This article describes a geriatric collaborative practice model in which primary care physicians (family practice and internal medicine) and nurse case managers are key members of a multi-disciplinary team providing care to elderly rural patients in east central Illinois. Client characteristics, nursing case management roles, and the strengths and benefits associated with this geriatric collaborative model are presented.

Ref ID: 288/345

Keywords: General Practitioner; Palliative Care; Role; Commentary.
Abstract: The family doctor has always had a significant role in caring for terminally ill patients. Giving support to patients in their last few weeks or hours of life can be an emotionally demanding, clinically frustrating, time-consuming task. The advent of home palliative care services has given patients, families and doctors access to a home hospice team that can provide invaluable support.

Ref ID: 289/338
Strathdee G. The GP, the community and shared psychiatric care. Practitioner 1994;238:751-754.

Keywords: Primary Care Team; Mental Health Services; Interprofessional Working Practices; Commentary; Interface between Primary Care and Specialist Community Services; Nurses; Job Satisfaction; Ancillary Staff; Interprofessional Attitudes; Survey.
Abstract: With the closure of long term psychiatric hospital beds, more mentally ill people are being cared for in the community, and this has had implications for the primary care team.
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This article examines one shared care approach for the mentally ill patient in the community. It begins by examining mental health conditions in primary care before moving on to examine elements of shared care, areas of possible joint working. The author puts forward a six stage plan for improved health care for mentally ill patients and goes on to outline the wide range of need of the mentally ill patient and suggests appropriate assessment agencies, clearly illustrating a collaborative approach in teamworking and patient care. Finally it is argued that shared care is effective with joint working and the author examines the issues around this area. (Editor).

Ref ID: 290/432

Keywords: Nurse Practitioners; Role; Education; Commentary.

Abstract: This paper presents preliminary findings from research being carried out into how community nurses in three first-wave community trusts are responding to changes stemming from recent legislation. A Measure of Job Satisfaction was devised for the study for administration to the entire nursing workforce in the participating trusts and semi-structured interviews were carried out with managers at all levels in each of the trusts. This paper concentrates on the textual data arising from the study dealing with how nurses understood the values of managers and how managers viewed nurses' values. Nurses tended to express their beliefs about managers as a series of us-them oppositions while the comments of managers can be seen within a rational/irrational dualism. Some possible theoretical frameworks in which these texts can be further explored are briefly discussed, including Foucault's power/knowledge concept and the literature of 'colonisation'.

Ref ID: 291/434

Keywords: Primary Care Teams; Interprofessional Development; Interprofessional Working Practices; Commentary.

Abstract: Currently there is considerable uncertainty regarding the future for community nurses in the United Kingdom (UK). Within the present social and political context the development of the nurse practitioner is examined as one possible means of redefining the role of some community nurses. The historical development of the nurse practitioner in the United States of America (USA) and the UK reveals that such a role has, previously, been a response to changing health trends and to deficits in the provision of care to communities. The evolution of an independent nurse practitioner role is suggested as a way forward for different groups of community nurses and should enable them to meet the health demands of people in a variety of settings. The 'needs' of patients and clients and a multi-disciplinary approach are emphasised as being important to the redefinition of community nursing roles. The preparation of community nurses as nurse practitioners would have obvious implications for community education; this matter is briefly discussed. The future of nursing as a whole is set to change; it is imperative that all nurses delivering patient care in this arena should examine the changing needs of society in the context of political reform, and consider how their roles may be developed and redefined.

Ref ID: 292/180

Keywords: Primary Care Teams; Interprofessional Working Practices; Interprofessional Development.

Abstract: Primary care is oriented to the local community and local circumstances should dictate who will be suitable partners in the primary care team. Teamwork can enhance the efficiency and effectiveness of care by allowing for task delegation to the person best able to meet a particular health care need. Continuity of care is ensured, not through individual
relationships, but through care objectives agreed by the whole team. Group medical practice
enhances the opportunities for peer review and should therefore increase. Health Centres which
impose a multi-professional organisation on GPs will be less successful than enabling GPs to
develop their own multi-professional teams and relationships. The advantages of team working
in the areas of terminal care, prevention, and in developing countries are outlined. Good
teamworking demands that time be invested in team building and this should play a greater part
in professional education. Another challenge is the need to incorporate patient voices in the
organisation and delivery of care which may otherwise become too centred on professionals' view.
Since teamwork requires time for meetings and co-ordination of care, the size of the patient population size served may decline as team size increases. (Editor).

Ref ID:293/341
Keywords: Primary Care Teams; Community Care Teams; Interprofessional Working Practices; Case Study; Interface between Primary Care and Social Services.
Abstract: Support for the idea of teamwork as an Abstract ideal is not matched by practice. The Integrated Care in Shropshire project formed a partnership between Shropshire Social Services Department, Shropshire District Health Authority and Shropshire Family Health Services Authority together with the Helen Hamlyn Foundation. The first strand of the project was the development of procedures for assessment; it had a relatively clear goal and a firm deadline. The second strand was the development of better-integrated primary health care teams, but insufficient time and resources limited what could be achieved. Collaboration between the agencies has been extended for a further period and local units will be invited to put forward their own schemes. The ICIS project illustrates the need for 'pilot projects' to be conceived and managed by their sponsor agencies as sites for organisational learning if they are to be effective.

Ref ID:294/190
Keywords: General Practitioners; Interprofessional Working Practices; Case Study; Service Impact.
Abstract: Reform of health care system in Canada has led to significant cost reductions to be realised and more emphasis on patient participation in community care, health promotion and disease prevention. Family practitioners and nurse practitioners can react to these pressures in marrying their knowledge and competence's for health care. This practical collaborative model is founded on respect and relying on practical guides. This work relationship has been experienced by the authors in a primary health care context. This is seen as the origin of efficient and effective primary health care. It is essential to compare the profitability of this model against the classical practice of payments, in accordance with the following viewpoints: client satisfaction, changing lifestyle, rate of prescribing and parallel use of other services such as external clinics and emergency services (Translation-Editor).

Ref ID:295/181
Keywords: Practice Nurses; District Nurses; Health Visitors; Midwives; Interprofessional Working Practices; Interprofessional Attitudes; Communication; Survey.
Abstract: This paper reports on findings from a study of teamwork in primary care in one family health services authority in England. It is based on interviews using a semi-structured questionnaire with practice nurses, district nurses, health visitors and midwives in 20 practices. Six topics emerged as important in relation to the views of nurses, midwives and health visitors and their experiences of teamwork: team identity; leadership; access to general practitioners; philosophies of care; understanding of team members' roles and responsibilities; and,
disagreement regarding roles and responsibilities. Differences in the various views and experiences of teamwork were identified. Midwives and health visitors emerged as the least integrated members of the primary health care team. Recent changes to the Organisation of primary health care services, as well as professional changes, are seen as accounting for the different experiences of the nursing groups. The potential for teamwork in the future is discussed.

**Ref ID: 296/352**

**Keywords:** Doctors; Role; Education; Commentary.

**Abstract:** It is clear that no matter what type of national health care reform is adopted, there will be a shift in the care that physicians are asked to provide: from high-tech to patient-centred, from cost-indifferent to cost-conscious, from treatment-focused to prevention-focused. It is critical that physicians be adequately trained to meet these new challenges. The medical education community needs to search for innovative, creative approaches to help our students develop the knowledge, skills, and attitudes needed to practice medicine in the next century. Doctoring is UCLA's approach to such curriculum reform.

**Ref ID: 297/342**

**Keywords:** General Practice Teams; Counsellors; General Practitioners; Interprofessional Working Practices; Cost; Survey; Service Impact; Health Outcomes.

**Abstract:** OBJECTIVE-To assess recruitment to and workload associated with methadone maintenance clinics in general practice; to investigate the characteristics of patients and outcomes associated with treatment. DESIGN-Study of case abstract. SETTING-Methadone maintenance clinics run jointly by general practitioners and drug counsellors in two practices in Glasgow. PARTICIPANTS-46 injecting drug users receiving methadone maintenance during an 18 month period, 31 of whom were recruited to clinic based methadone maintenance treatment and 15 of whom were already receiving methadone maintenance treatment from the general practitioners. Mean (SD) age of patients entering treatment was 29.6 (5.5) years; 29 were male. They had been injecting opiates for a mean 9.9 (5.1) years, and most had a concurrent history of benzodiazepine misuse. Average reported daily intake of heroin was approximately 0.75 g. Participants in treatment had high levels of pre-existing morbidity, and most stated that they committed crime daily. RESULTS-2232 patient weeks of treatment were studied. Mean duration of treatment during the study period was 50.7 (21.1) weeks and retention in treatment at 26 weeks was 83%. No evidence of illicit opiate use was obtained at an average of 78% of patients' consultations where methadone had been prescribed in the previous week; for opiate injection the corresponding figure was 86%. CONCLUSIONS-Providing methadone maintenance in general practice is feasible. Although costs are considerable, the reduction in drug use, especially of intravenous opiates, is encouraging. Attending clinics also allows this population, in which morbidity is considerable, to receive other health care.

**Ref ID: 298/347**

**Keywords:** General Practitioners; General Practitioner Fundholding; Commissioning; Primary Care Teams; Interprofessional Attitudes; Morale; Patient Views; Health Promotion; Service Impact; Before and After Study.

**Abstract:** A contract for the provision of community nursing and associated services was drawn up between the Plymouth Community Unit and general practitioners associated with a
fundholding practice at a health centre in Devon in October 1991. This project, which aimed at applying purchaser/provider principles, contained some novel features and was subject to evaluation and review after 6 months. An evaluation which had four main aspects was carried out, consisting of interviews and questionnaire assessment of staff attitudes, patients' views of the effectiveness of aspects of the practice health-promotion activity, an analysis of staff activity data before and during the pilot phase and an examination of the documentation concerned with critical issues which had arisen. Questionnaire data indicated that staff motivation and enthusiasm for the project was high and that patients' views on the practice facilities were generally positive. The role of the Macmillan nursing service at this practice was greatly enhanced during the pilot project with a fourfold increase in the number of visits carried out. Over 120 h were spent by health visiting and district nursing staff on issues surrounding the pilot project including attending additional meetings. The results are discussed in relation to service benefits to patients, the effect on the cohesion of the primary health-care team and issues of fundholding and are considered in the context of models put forward for the future development of community-based nursing care.

Ref ID:299/183
Keywords: Doctors; Nurses; Interprofessional Education; Case Study.
Abstract: This paper discusses the barriers to effective multi-disciplinary education for health professionals which were uncovered within the course of a 4 year experimental programme undertaken in Boston. In brief, these barriers relate to the traditional dominance of medicine over nursing as evidenced in: professional socialisation before as well as during education; differences in the personal background and attributes of medical and nursing students; differences in the organisation of medical and nursing education; and differences in the place of nursing and medicine within higher education establishments. Despite these barriers, the scheme has proved successful in improving mutual understanding by medical and nursing staff of each other's special skills and perspectives. (Editor).

1995

Ref ID:300/419
Keywords: Nurses; Cardiovascular Screening; Health Promotion; Heath Outcomes; Service Impact; Controlled Trial.
Abstract: OBJECTIVE-To determine the effectiveness of health checks, performed by nurses in primary care, in reducing risk factors for cardiovascular disease and cancer. DESIGN-Randomised controlled trial. SETTING-Five urban general practices in Bedfordshire. SUBJECTS-2205 men and women who were randomly allocated a first health check in 1989-90 and a re-examination in 1992-3 (the intervention group); 1916 men and women who were randomly allocated an initial health check in 1992-3 (the control group). All subjects were aged 35-64 at recruitment in 1989. MAIN OUTCOME MEASURES- Serum total cholesterol concentration, blood pressure, body mass index, and smoking prevalence (with biochemical validation of cessation); self reported dietary, exercise, and alcohol habits. RESULTS-Mean serum total cholesterol was 3.1% lower in the intervention group than controls (difference 0.19 mmol/l (95% confidence interval 0.12 to 0.26)); in women it was 4.5% lower (P < 0.0001) and in men 1.6% (P < 0.05), a significant difference between the sexes (P < 0.01). Self reported saturated fat intake was also significantly lower in the intervention group. Systolic and diastolic blood pressures and body mass index were respectively 1.9%, 1.9%, and 1.4% lower in the
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There was a 3.9% (2.4 to 5.3) difference in the percentage of subjects with a cholesterol concentration $\geq 8$ mmol/l, but no significant differences in the number with diastolic blood pressure $\geq 100$ mm Hg or body mass index $\geq 30$ kg/m². There was no significant difference between the two groups in prevalence of smoking or excessive alcohol use. Annual rechecks were no more effective than a single recheck at three years, but health checks led to a significant increase in visits to the nurse according to patients' degree of cardiovascular risk. CONCLUSIONS: The benefits of health checks were sustained over three years. The main effects were to promote dietary change and reduce cholesterol concentrations; small differences in blood pressure may have been attributable to accommodation to measurement. The benefits of systematic health promotion in primary care are real, but must be weighed against the costs in relation to other priorities 57-88-5 (Cholesterol).

Ref ID:301/ 30
Keywords: PAMs; Role; Commentary.
Abstract: Make room for allied professionals-now. The use of non-physicians to deliver unsupervised patient care isn't new; but many in the field expect allied health professionals to experience a renaissance under managed care. So the question is not whether but in what form that renaissance is beginning to take place. In the process, experts are looking more carefully at who does what-and why.

Ref ID:302/ 15
Keywords: Practice Nurses; General Practitioners; Interprofessional Education; Commentary.
Abstract: Continuing training and education, although fundamental to the development of practice nursing, is subject to considerable debate. This paper, by drawing on material from a national qualitative study funded by the Department of Health and Welsh Office, explores the role of continuing training and education from the perspectives of practice nurses, general practitioners, representatives from Family Health Service Authorities (FHSA's), commissioners of community nursing services and managers of community nursing provider units. The paper demonstrates how practice nurses make use of a variety of education and training opportunities and do not seem particularly disadvantaged in their training pathways. Problems, however, have begun to emerge. The informal arrangements covering training and education have been felt by many practice nurses, to leave them in a potentially needs might not be so easily accommodated. More generally, the paper concludes that debates about training and education cannot take place without referring to the type of work it is appropriate for a practice nurse to perform. The role expected of general medical services and the general development of primary health care provision, therefore, will influence practice nurses' training and educational needs.

Ref ID:303/ 28
Keywords: Doctors; Nurse Practitioners; Prescribing; Interprofessional Working Practices; Education; Commentary.
Abstract: Health care policy changes in the USA advocate the development of primary health care. As only a minority of physicians work in primary care, service expansion might best be achieved through the addition of nurse practitioners to primary health care teams. A number of states already permit nurse practitioners to prescribe and are taking active steps to extend their role. For their part, nurse practitioners are striving for the right to practice independently without the requirement for physician collaboration or supervision. However, physicians are
not ready to give up certain practices to unlicensed care assistants. If nursing were to address the educational standards required for nurse practitioners, the medical community might develop more confidence in their role. (Editor).

**Ref ID: 304/382**

**Keywords**: Doctors; Job Satisfaction; Interprofessional Structure; Service Impact; Commentary.

**Abstract**: The advent of managed care in the United States brings with it more and larger organisations involved in providing primary care. Studies of organisations in general suggest that large managed care organisations will have difficulty providing high-quality primary care largely because of their complexity and the fragmentation of their workforce. Existing data confirm that these organisations have shortcomings in both patient and physician satisfaction. There are few data to indicate whether such organisations can mitigate these problems by saving costs through economies of scale. To offset their inherent weaknesses, large primary care organisations need to ensure patients' accessibility to their physicians, the continuity of the physician-patient relationship, a care environment conductive to a high-quality physician-patient interaction, and the clinical autonomy of physicians. Much additional research needs to be done to further understand these issues.

**Ref ID: 305/226**

**Keywords**: Nurse; Practitioner; Role; Case Study.

**Abstract**: This article examines the work of a nurse practitioner in a pilot rural satellite clinic in the USA. The nurse practitioner is the full time primary care giver for this rural clinic and his role, with comparisons of other models, is examined in depth. The nurse practitioner-physician collaborative approach is illustrated. It is argued that this approach, of a nurse practitioner as a full time primary care giver, could be a solution to the physician shortage in the USA. (Editor).

**Ref ID: 306/550**

**Keywords**: Nurse Practitioner; Role; Education; Commentary.

**Abstract**: Nursing leadership is essential to manage change; enhance linkages with other health professionals, the public, and the political system; and conduct research regarding clinical practice and system effectiveness and efficiency. The change that is needed and under way in the United States is tri-dimensional (health care reform, workforce reform, and curriculum reform). All three actions must occur in order to create an affordable, accessible and user-friendly system. During this change, the challenges that are most salient for nurse practitioner faculty are to: differentiate roles among physicians, nurse practitioners, and other nurses; decrease costs while maintaining quality of care; create a supportive environment for advanced practice nurses, with consideration given to barriers to practice, and collaborative and independent practice; and maintain integrity in the education of both acute care and primary care nurse practitioners. It is imperative that the nursing profession maintain unity throughout these changes and promote initiatives that will ensure accessibility, quality, and affordability of health care, as well as enhance the relevance of education and practice.

**Ref ID: 307/385**

**Keywords**: Health Care Assistants; Role; Interprofessional Attitudes; General Practitioners; Nurses; Case Study.
Abstract: This article argues that health care assistants in general practice are not a cheaper and less skilled alternative to nursing care, but a valuable edition to the health care team. The paper draws upon 'the Liverpool Project' which is a pilot scheme to find out if support workers had a role to play in the delivery of primary health care and whether NVGs could be used to expand existing roles and introduce skill mix into general practice. Basic preparation for this expanded role is described. The evaluation of the study, and the views of GP's and nurses are presented, as are nurses concerns. (Editor).
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Ref ID: 308/ 513

Keywords: Nurse Practitioners; Doctors; Midwives; Health Outcomes; Maternity Services; Literature Review.

Abstract: This meta-analysis was an evaluation of patient outcomes of nurse practitioners (NPs) and nurse midwives (NMs), compared with those of physicians, in primary care. The sample included 38 NP and 15 NM studies. Thirty-three outcomes were analysed. In studies that employed randomisation to provider, greater patient compliance with treatment recommendations was shown with NPs than with physicians. In studies that controlled for patient risk in ways other than randomisation, patient satisfaction and resolution of pathological conditions were greater for NP patients. NPs were equivalent to MDs on most other variables in controlled studies. In studies that controlled for patient risk, NMs used less technology and analgesia than did physicians in intrapartum care of obstetric patients. NMs achieved neonatal outcomes equivalent to those of physicians. Limitations in data from primary studies precluded answering the questions of why and under what conditions these outcomes apply and whether these services are cost-effective.

Ref ID: 309/ 393

Keywords: Practice Nurses; Role; Job Satisfaction; Education; Survey.

Abstract: The author used a questionnaire survey to elicit the views of practice nurses in Lothian on their role. While the sample was small, the results reveal interesting data on the nurses' perceptions of what is most important about work, relationships with patients and GPs, and training needs.

Ref ID: 310/ 34

Keywords: General Practitioners; Nurses; Health Promotion; Interprofessional Working Practices; Commentary.

Abstract: This paper examines the approach taken to health promotion and disease prevention in primary care in the UK, using coronary heart disease prevention (CHD) as an illustration. The paper considers the approach taken by the UK's government, the level of involvement of general practitioners (GP) and community nurses in CHD prevention, the factors that influence variation in involvement and the evidence for effectiveness.

Ref ID: 311/ 514

Keywords: General Practitioner; Nurses; Health Promotion; Interprofessional Working Practices; Commentary.

Abstract: The 1990 GP contract and the Health of the Nation strategy have placed health promotion firmly at the heart of the primary care agenda. This paper reviews the changing role of the GP and primary care nurses in identifying and targeting priority groups and implementing effective preventive programmes.
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Ref ID:312/438

Keywords: Doctors; Nurses; Interprofessional Working Practices; Education; Survey; Interprofessional Attitudes.

Abstract: The boundaries between the work of doctors and that of nurses are changing, with nurses taking over important parts of junior hospital doctors' clinical work. In 1993 an exploratory study was carried out to identify the professional, educational, and management issues that such developments raise. Interviews were carried out with a range of stakeholders in three innovatory posts in which nurses were doing much of the clinical work of house officers. A complex picture of perceived benefits and problems for patients, junior doctors, and nurses emerged. These seemed to be associated with (a) the extent to which the contribution of professional nursing was valued in the new role and (b) the amount of clinical discretion which the postholder was allowed, this depending on the type of preparatory education provided and the management of the post. The study points to the need for strategic issues--such as the development of appropriate education and the professional recognition of these new clinical roles--to be addressed at a national and regional level.

Ref ID:313/512

Keywords: Counsellors; Roles; Job Satisfaction; Workload; Education; Survey.

Abstract: Our objective was to discover the working conditions of counsellors in general practice in England, their perceptions of their work, and the adequacy of their training for their work in primary care settings. Results showed no correlations between size of practice, employment of a counsellor, or the number of hours the counsellor worked, nor between the level of training and pay. Elements considered to be missing from counsellors' training included training in brief therapy, the medical model of illness, medication, NHS structure and team collaboration. While getting great satisfaction from their work in primary care most counsellors felt unprepared; many were affected by the high level of patient need and by the lack of peer and team support. There is a need for more specialist training and shared training between General Practitioners and counsellors, and for a fee structure based on a standardised postgraduate training for counsellors wishing to work in primary care.

Ref ID:314/25

Keywords: Doctor; Nurse; Interprofessional Attitudes; Interprofessional Working Practices; Service Impact; Primary Care Teams; Commentary.

Abstract: Doctor - nurse substitution can be presented as doctor versus nurse in the battleground of primary care. This article sets out to define confusing terms such as primary care and nursing. It then moves on to examine issues of training, care provision, expertise, power, cost and provider choice. It concludes with a call for non-hierarchical primary care teams in primary care. (Editor).

Ref ID:315/229

Keywords: General Practitioners; Pharmacists; Prescribing; Interprofessional Development; Interprofessional Working Practices; Commentary.

Abstract: This article calls for greater interaction between pharmacists and general practitioners. It is argued that the opportunity now exists so that we can have professional collaboration between pharmacists and General Practitioners. Community dispensing, it is argued, should become a central function of the primary care team, with linked consultations.
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between patient, doctor, pharmacist and other team members. With this approach, genuine integration in terms of budgets and team sharing is called for. The benefits of this "one stop" approach are highlighted, with the focus upon the financial benefits and cost savings. The article concludes by examining the implications of retail pharmacy of this approach. (Editor).

Ref ID:316/531

Keywords: Ophthalmology Services; Service Impact; Patient Views; Interface Primary Care and Specialist Hospital Services; Interprofessional Working Practices; Service Impact; Patient Satisfaction; Cost; Quality of Care, Controlled Trial.

Abstract: Background. With the advent of general practitioner fund-holding, there has been growth in outreach clinics covering many specialities. The benefits and costs of this model of service provision are unclear. Aim. A pilot study aimed to evaluate an outreach model of ophthalmic care in terms of its impact on general practitioners, their use of secondary ophthalmology services, patients' views, and costs. Method. A prospective study, from April 1992 to March 1993, of the introduction of an ophthalmic outreach service in 17 general practices in London was undertaken. An ophthalmic outreach team, comprising an ophthalmic medical practitioner and an ophthalmic nurse, held clinics in the practices once a month. Referral rates to Edgware General Hospital ophthalmology outpatient department over one year from the study practices were compared with those from 17 control practices. General practitioners' assessments of the scheme and its impact on their knowledge and practice of ophthalmology were sought through a postal survey of all partners and interviews with one partner in each practice. Patient surveys were conducted using self-administered structured questionnaires. A costings exercise compared the outreach model with the conventional hospital ophthalmology outpatient clinic. Results. Of 1309 patients seen by the outreach team in the study practices, 480 (37%) were referred to the ophthalmology outpatient department. The annual referral rate to this department from control practices was 9.5 per 10 000 registered patients compared with 3.8 per 10 000 registered patients from study practices. A total of 1187 patients were referred to the outpatient department from control practices. An increase in knowledge of ophthalmology was reported by 18 of 47 general practitioners (38%). Nineteen (40%) of 47 general practitioners took advantage of the opportunity for in-service training with the outreach team, they were more likely to change their routine practice for ophthalmic care or referral criteria for patients with cataracts or diabetes than those who did not attend for in-service training. The outreach scheme was popular with patients, for whom ease of access and familiarity of surroundings were major advantages. The cost per patient seen in the outreach clinics (pound 48.09) was about three times the cost per patient seen in the outpatient department (pound 15.71). Conclusion. The model of ophthalmic outreach care in this pilot study was popular with patients and general practitioners and appeared to act as an effective filter of demand for care in the hospital setting. However, the educational impact of the scheme was limited. Although the unit costs (per patient) of the outreach scheme compared unfavourably with those of conventional outpatient treatment, potential health gains from this more accessible model of care require further exploration.

Ref ID:317/36

Keywords: Nurses; Role; Commentary.

Abstract: The role of activism in primary care practice, inquiry, and theory development is illustrated through the description of a feminist co-operative inquiry group's deconstruction of menarche education. The development of the emancipatory inquiry method of activist nursing inquiry and its relationship with feminist process is described. The value of feminist process in
activist primary care inquiry and practice is examined. A theory of primary caring is inductively gleaned from the research and compared to other caring theories. Connection, commitment, consistency, change, and community are identified as being components of primary caring. A community perspective on primary care is advocated.

Ref ID:318/535

Keywords: Multidisciplinary Teams; Health Promotion; Cancer Screening; Interprofessional Working Practices; Interprofessional Structure; Controlled Trial.

Abstract: Background: To compare three approaches for improving compliance with breast cancer screening in older women. Methods: Randomised controlled trial using three parallel group practices at a public hospital. Subjects included women aged 65 years and older (n=803) who were seen by residents (n=66) attending the ambulatory clinic from October 1, 1989, through March 31, 1990. All provider groups received intensive education in breast cancer screening. The control group received no further intervention. Staff in the second group offered education to patients at their visit. In addition, flowsheets were used in the "Prevention Team" group and staff had their tasks redefined to facilitate compliance. Results: Medical records were reviewed to determine documented offering/receipt of clinical breast examination and mammography. A subgroup of women without previous clinical breast examination (n=540) and without previous mammography (n=471) were analysed to determine the effect of the intervention. During the intervention period, women without a previous clinical breast examination were offered an examination significantly more often in the Prevention Team group than in the control group, adjusting for age, race, and co-morbidity and for physicians' gender and training level. The patients in the Prevention Team group were offered clinical breast examination (31.5%) more frequently than those in the patient education or control groups, but this was not significant after adjusting for the above covariates. Likewise, mammography was offered more frequently to patients in the Prevention Team and in the patient education group than to patients in the control group, after adjusting for the factors above using logistic regression. Conclusions: The results provide support for patient education and organisational changes that involve non-physician personnel to enhance breast cancer screening among older women, particularly those without previous screening.

Ref ID:319/37

Keywords: Practice Nurses; Workload; Role; Health Promotion; Before and After Study.

Abstract: A study of practice nurse workload in 1989 by the East Anglian reporting system revealed that nurses were undertaking a wide range of activities, with 12% of nursing time being spent on administration. The 1990 contract for general practitioners emphasised the role of general practice in health promotion. AIM. The 1989 study was repeated by the East Anglian reporting system in 1992 to investigate changes in practice nurse workload. METHOD. Nurses in 22 practices recorded all the procedures they performed and their duration, over a two week period. RESULTS. The number of practice nurses in each practice had increased from 0.7 full time equivalents in 1989 to 1.2 in 1992. The proportion of time spent on administration had increased to 19%. The number of different procedures performed by practice nurses had risen from 36 in 1989 to 54 in 1992, with most new activity in well person and new patient clinics. CONCLUSION. Changes have taken place in the volume and range of work undertaken by practice nurses. There is potential for practice nurses to use the results both for negotiation and for education.

Ref ID:320/31

**Keywords**: Nurse; Practitioners; Physicians Assistants; Interprofessional Working Practices; Commentary.

**Abstract**: In recent years there has been tremendous growth in the medically related professions of Louisiana. Two such groups are physician assistants and nurse practitioners. The following article presents an overview of the development of these two fields and their geographic distribution in the state relative to Health Professional Shortage Areas.

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Ref ID:321/532


**Keywords**: Primary Care Teams; Health Promotion; Interprofessional Working Practices; Interprofessional Workload Distribution; Diabetes Care; Interprofessional Education; Survey.

**Abstract**: The high priority of health promotion within primary health care in the UK is evidenced through the acceptance, by the primary health care team (PHCT), of a contractual responsibility for health promotion, including the provision of dietary advice. This study sought to investigate the level of advice given on dietary matters, the methods used to give this advice and the nutritional knowledge and attitudes towards nutrition of Sheffield PHCTs; general practitioners (GPs) and practice nurses (PNs) were compared. All active practices (n = 100) on Sheffield Health Authority's GP practice lists were invited to participate. A total of 58 interviews in 46 practices were completed, representing a response rate of 46%. Information was collected using an interviewer-administered questionnaire. Data analysis was carried out using MINITAB (Minitab Inc., Pennsylvania, USA); differences between groups were tested using the chi(2) test. It was found that PNs gave dietary advice more frequently than GPs (P<0.05). GPs were more likely (P<0.05) to give verbal advice only, whereas PNs tended to take a dietary history and to give both written and verbal advice. GPs were less likely than PNs to give comprehensive advice for type II (maturity onset) diabetes, hypercholesterolaemia and obesity. There were appreciable gaps in the nutritional knowledge of both groups. The majority of GPs and PNs believed nutrition to be important in disease prevention and expressed a desire for nutritional teaching as part of their medical training. The primary health care team is in a prime position to give dietary advice, however, it is evident that there is a need for improved nutrition education and training in dietary counselling.

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Ref ID:322/40


**Keywords**: Nurse Practitioners; Service Impact; Cost; Role; Case Study.

**Abstract**: This article comments on government policy which has advocated a switch away from secondary and towards primary care. This has resulted in a greater role for the nurse practitioner in primary care. This paper focuses upon one of the key area for debate, whether practice nurses are a cheaper substitute for general practitioners. This article examines a case study of a practice nurse working in the South East Thames Regional Health Authority area (the SETRA study); and a study of three NPs working in the Wigan FHSA area. Examples of innovative roles for the nurse practitioner in primary care are also presented. The paper concludes by illustrating the new role of the nurse practitioner in the future. (Editor).

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Ref ID:323/407


**Keywords**: Practice Nurse; Role; Education; Workload; Asthma Care; Service Impact; Quality of Care; Survey.

**Abstract**: BACKGROUND. There are calls for the role of the practice nurse to be developed and extended. Before areas for further training and education can be identified, baseline data...
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are needed on practice nurses' current activity and workload. AIM. A study was undertaken to analyse the activity of practice nurses in two large inner city general practices and to assess the skills mix of the nursing staff required to meet the needs of the practices. METHOD. The study practices had a combined list of 26,000 patients, 80% of patients attracting a deprivation allowance. Each practice employed three practice nurses. A nurse activity index with 45 codes was constructed to describe patient-nurse consultations. Activity codes were categorised into traditional treatment tasks, extended role tasks or diagnosis and management tasks. For eight months, practice nurses in practices Y and Z recorded activity index codes for each patient consultation. Practice Y also recorded the source of referral and the age and sex of the patient. RESULTS. There were 13,898 practice nurse consultations during the study period, equivalent to an annual nurse consultation rate of 0.8 per patient. Compared with the practice population as a whole, the patients attending the practice nurses in practice Y were older (mean age 43 years versus 37 years, P < 0.001). Those attending the practice nurses in practice Y were also more likely to be female (61% of consultations were with female patients compared with 50% of the practice population as a whole, P < 0.001). In practice Y, patients referred themselves to the practice nurse in 42% of consultations, 32% were follow-up consultations and in 25% of cases the patient had been referred by a doctor. The most common reasons for nurse consultation were blood tests (15% of procedures in practice Y and 18% in practice Z) and dressings (13% in both practices). Most procedures in practices Y and Z were in the traditional treatment category (61%), 26% were in the extended role category and 9% in the diagnosis and management category (3% coded 'other', 1% uncoded). Between practices, the greatest difference in recorded procedures was for asthma check ups (7% of procedures in practice Y compared with 2% in practice Z). CONCLUSION. This study describes the workload of practice nurses in two inner city practices over eight months. Other practices could use the activity index to make comparisons over time and between practices. Up to 60% of nurses' work in the study practices could be done by a nurse without extended training and up to 30% could be done by a health care assistant, but with some loss of quality. It is suggested that half the nursing hours available to a practice should be offered by a nurse with extended training in order to undertake and develop extended role tasks and diagnosis and management tasks.

Ref ID:324/ 485

Keywords: Nurses; Asthma Care; Service Impact; Controlled Trial.

Abstract: Nurse-run asthma care in general practice in the United Kingdom has become extremely common, particularly since the introduction of the 1990 contract for general practitioners, but there have been few controlled trials of the clinical effectiveness of this approach to asthma care. A study attempted to compare the outcome of asthma care over three years in two similar practices when one practice provided proactive, nurse-run care and the second continued with a traditional (reactive) approach, and to examine the process of care when such changes were introduced. Despite the investment of considerable resources, statistically significant differences could not be shown between the two practices using a comprehensive variety of outcome measures. This could be interpreted as meaning that nurse-run asthma care may be ineffective, but the negative outcome is much more likely to reflect difficulties in the manner in which the intervention practice sought to develop its service and in the research process. There were extensive methodological problems leading to a potential type 2 error. A randomised controlled trial of nurse-run asthma care would now be difficult to conduct, and so it may be necessary to accept nurse-run asthma care without definitive proof of its clinical effectiveness.

Ref ID:325/ 487

Keywords: General Practitioners; Psychiatrists; Depression Care; Mental Health Services; Interprofessional Working Practices; Interface between Primary Care and Specialists Hospital Services; Service Impact; Health Outcomes; Patient Satisfaction; Controlled Trial.

Abstract: Objective. To compare the effectiveness of a multifaceted intervention in patients with depression in primary care with the effectiveness of "usual care" by the primary care physician. Design. A randomised controlled trial among primary care patients with major depression or minor depression. Patients. Over a 12-month period a total of 217 primary care patients who were recognised as depressed by their primary care physicians and were willing to take antidepressant medication were randomised, with 91 patients meeting criteria for major depression and 126 for minor depression. Interventions. Intervention patients received increased intensity and frequency of visits over the first 4 to 6 weeks of treatment (visits 1 and 3 with a primary care physician, visits 2 and 4 with a psychiatrist) and continued surveillance of adherence to medication regimens during the continuation and maintenance phases of treatment. Patient education in these visits was supplemented by videotaped and written materials. Main Outcome Measures. Primary outcome measures included short-term (30-day) and long-term (90-day) use of antidepressant medication at guideline dosage levels, satisfaction with overall care for depression and antidepressant medication, and reduction in depressive symptoms. Results. In patients with major depression, the intervention group had greater adherence than the usual care controls to adequate dosage of antidepressant medication for 90 days or more (75.5% vs. 50.0%; \( P < .01 \)), were more likely to rate the quality of the care they received for depression as good to excellent (93.0% vs. 75.0%; \( P < .03 \)), and were more likely to rate antidepressant medications as helping somewhat to helping a great deal (88.1% vs. 63.3%; \( P < .01 \)). Seventy-four percent of intervention patients with major depression showed 50% or more improvement on the Symptom Checklist-90 Depressive Symptom Scale compared with 43.8% of controls (\( P < .01 \)), and the intervention patients also demonstrated a significantly greater decrease in depression severity over time compared with controls (\( P < .004 \)). In patients with minor depression, the intervention group had significantly greater adherence than controls to adequate dosage of antidepressant medication for 90 days or more (79.7% vs. 40.3%; \( P < .001 \)) and more often rated antidepressant medication as helping somewhat to helping a great deal (81.8% vs. 61.4%; \( P < .02 \)). However, no significant differences were found between the intervention and control groups in the percentage of patients who were satisfied with the care they received for depression (94.4% vs. 89.3%), in the percentage who experienced a 50% or more decrease in depressive symptoms, or in the decrease of depressive symptoms over time.

Conclusion. A multifaceted intervention consisting of collaborative management by the primary care physician and a consulting psychiatrist, intensive patient education, and surveillance of continued refills of antidepressant medication improved adherence to antidepressant regimens in patients with major and with minor depression. It improved satisfaction with care and resulted in more favourable depressive outcomes in patients with major, but not minor, depression.

Ref ID: 326/412


Keywords: Primary Care Teams; Interprofessional Structure; Service Impact; Quality of Care; Before and After Study.

Abstract: Objective. To investigate the changes in the structure and service provision of general practice in areas with different socio-economic characteristics. Design. Interview survey; postal questionnaire. Setting. 260 group and 80 single-handed general practices in six family health services authorities in England. Main Outcome Measures. Changes in computerisation, premises, staffing, incomes, and service provision since the introduction of the 1990 contract, including comparison with data from a study in 1987. Results. In 1993, 94%...
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(245) of group practices were computerised compared with 38% in 1987, and 35% (90) of practices had used the cost rent scheme since 1987. Practice managers were employed in 88% (228) of group practices, and practice nurses in 96% (249) (61% and 60% respectively in 1987). Diabetes and asthma programmes were generally more common in the more affluent areas than elsewhere. A minority of practices (27% (9/33)) in the London inner city area achieved the higher target level for cervical smear testing, compared with 88% (230) overall. A similar trend was apparent for childhood immunisation. Perceived workload increased sharply between 1987 and 1993. Differences in the mean net incomes of general practitioners between areas were much lower than in 1987. Single-handed practices generally had more problems than group practices in improving service provision. CONCLUSIONS-Practices in all areas have shown a strong response to the new incentives. The evidence suggests, however, that generally the urban and inner city practices still lag behind practices in rural and suburban areas in terms of practice structure and service provision.

Ref ID:327/176

Keywords: General Practitioners; Multidisciplinary Teams; Paediatricians; Psychiatrists; Dentist; Nurse Practitioners; Physicians Assistants; Interprofessional Attitudes; Interprofessional Working Practices; Interprofessional Development; Survey.

Abstract: OBJECTIVE: To investigate the personal characteristics and professional experiences of medical providers working with medically under served urban populations. DESIGN: Focus groups of primary care providers. SETTING: Public and private clinics in Salt Lake City, Utah, in which the providers had ongoing relationships with medically under served patients. PARTICIPANTS: Twenty-four providers (11 men and 13 women), including 12 physicians (three family physicians, seven paediatricians, and two psychiatrists), one dentist, three physician assistants, and eight nurse practitioners participated in three focus groups. MAIN OUTCOME MEASURE: Interpretative analysis of verbatim quotations regarding personal beliefs, feelings, and practice experiences. RESULTS: Participants revealed a strong sense of service to humanity and pride in making a difference. They thrive on the challenge of creatively dealing with their patients' complex human needs with limited health care resources. Factors critical to survival in an urban under served setting include a hardy personality style, flexible but controllable work schedule, and multi-disciplinary practice team. The camaraderie and synergy of teams generate personal support and opportunities for continuing professional development. CONCLUSIONS: Increasing the numbers of health care professionals wanting to work with the medically under served may be facilitated through refining admissions criteria to schools for health care professionals to include values and personality characteristics, emphasising within curricula the important skills and practice styles necessary to work with under served patients, and ensuring that under served practice environments provide support through multi-disciplinary teams and structured work hours. These potentially effective approaches could increase success in recruiting and retaining health care professionals to work with medically under served patients.

Ref ID:328/232

Keywords: District Nurse; General Practitioner; Interprofessional Communication; Service Impact; Quality of Care; Interprofessional Working Practice; Commentary.

Abstract: This paper describes the use of a computer database to assist communication between district nurses and GPs. The database details nursing care and forms an essential two-way communication tool that not only improves patient care but also strengthens teamwork.
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**Ref ID:329/ 29**  
**Keywords:** Practice Nurses; Role; Health Promotion; Elderly Health Care; Education; Survey.  
**Abstract:** In the winter of 1992, a postal survey was conducted on all practice nurses in Gateshead, England. The aim of the research was to describe the work of practice nurses (nurses working with and employed by general practitioners), with particular reference to health promotion and communication, and to explore the practice nurses' perceptions of their roles. The research found little conformity about what practice nurses do, apart from practical tasks. This confirms the essentially practical nature of their work, with poor role definition with regard to screening, health promotion and prevention. Training was found to vary, indicating a need for improvement. Women's health and surveillance of the health of elderly people were used to illustrate these issues. A wide consensus was found about what tasks are appropriate to practice nurses, indicating either that the list of tasks used in the survey accurately describes their potential role or that they are prepared to perform most tasks. Practice nurses perceive themselves as the specialists in health promotion although it was not possible to gain an understanding of whether they had a conception of the wider issues involved, which illustrated a limitation of survey methods. The information obtained will be relevant in the debate about the future of practice nurses, as well as the future of primary health care services in general.

**Ref ID:330/ 41**  
**Keywords:** Practice Nurses; Minor Illness; Role; Workload; Education; Case Study.  
**Abstract:** **OBJECTIVE**-To study the feasibility of a practice nurse caring for patients with minor illnesses. **DESIGN**-Nurse given training in dealing with patients with minor illnesses. Patients requesting a same day appointment were offered a nurse consultation. **SETTING**-Group practice in Stockton on Tees. **MAIN OUTCOME MEASURES**-Number of consultations which required a doctor contact, treatment, and rate of reconsultation. **RESULTS**-Of 696 consultations in six months, 602 (86%) required no doctor contact. 549 (79%) patients did not reconsult about the episode of illness, and 343 (50%) patients were given advice on self care only. **CONCLUSION**-Trained nurses could diagnose and treat a large proportion of patients currently consulting general practitioners about minor illness provided that the nurse has immediate access to a doctor.

**Ref ID:331/ 416**  
**Keywords:** Nurses; Interprofessional Working Practices; Service Impact; Quality of Care; Cost; Literature Review.  
**Abstract:** A comprehensive search of the research literature was undertaken to explore the relationship between skill substitution and quality of care. It was possible to identify three central assumptions based upon the studies reviewed. The first suggests that a rich skill mix of mostly qualified nurses is often an ineffective and inefficient way of providing health care. The second assumption is based on research which appears to indicate that a skill mix of mostly unqualified staff is an ineffective approach to health care provision. Finally, there is a plethora of research findings which suggest that the most effective and efficient way to provide health care lies in the employment of high numbers of qualified staff. This paper examines the evidence for each of these positions and highlights the inherent limitations of the underlying studies.

**Ref ID:332/ 33**  
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Keywords: Doctors; Nurses; Health Promotion; PAMs; Interprofessional Working Practices; Interprofessional Education; Survey.

Abstract: Representative samples of Finnish health centres and of their physicians, nurses and physiotherapists were selected for a comprehensive survey on the professionals’ work characteristics, health education attitudes and counselling practices. The main objectives of the study were to study the degree of implementation of patient counselling, with special reference to the national goals in health policy and to analyse the determinants of counselling practices in terms of predisposing, enabling and reinforcing factors. Broadly defined patient counselling was frequent in the contacts with all 3 professional groups and no differences in counselling frequency were found between different sizes of health centres. However, the objective of implementing counselling in every patient contact, with the incorporation of guidance regarding healthy living habits in it, recommended in the national health policy goals, was only partially realised. There were distinct differences between the 3 professional groups in counselling attitudes, topics, methods and purposes. These differences reflect, to a great extent, the differences in the professional tasks and the basic training between the 3 groups and also differences in the characteristics of patient contacts. These findings indicate a need for further in-service training in the methods of patients counselling, as well as restructuring the health care delivery system to allow more time for counselling, better continuity between contacts and more co-work between the members of primary care teams.
Abstract: Health care reform has created many debates, one of which is between physicians and advanced practice nurses. This is the comparison of doctors and nurse practitioners in the areas of patient conflict, diagnosis and treatment where there is an overlap in practice. However the author highlights the shortage of primary care physicians and advanced practice nurses are now, in the USA, filling that gap. APNS are bringing new skills to primary care such as health promotion and disease prevention. As a result, the author illustrates, the USA, APNS have been given additional authority such as being able to prescribe drugs. Physicians are still reluctant to support the increased use of APNS. This paper highlights a collaborative model in which physicians and APNS share patient care, and cites the advantages of this model. (Editor).
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Ref ID:336/439
Keywords: Nurse Practitioner; Health Care Assistants; Interprofessional Working Practices; Commentary.
Abstract: This paper examines the debate that has been occurring in the nursing profession - multiskilling whereby unqualified and minimally trained personnel undertake previous nursing activities - and the cure or positive implications of this approach. The paper moves on to examine the role of the nurse practitioner, again discussing the advantages and disadvantages of this approach. These debates have created an "identify crisis" within the nursing profession, which is examined in detail. The relation between medicine and nursing is discussed. Finally, to conclude the author analyses the move from multi-disciplinary care to interdisciplinary care.

Ref ID:337/24
Keywords: Nurse Practitioner; Role; Nurses; Health Promotion; Interprofessional Working Practices; Commentary.
Abstract: This article describes the evolution of nursing roles in a primary health care programme in the USA. The author describes nurse practitioner - nurse substitution. Nurses are now taking on some of the roles and functions of Nurse Practitioners such as immunisations, patient education and triage. These are examined in detail along with some key nurse practitioner activities such as care co-ordination, education and treatment. The article concludes by examining the outcome of these new roles and the implications for NPs.

Ref ID:338/35
Keywords: Nurse Practitioners; Role; Commentary.
Abstract: Challenges and opportunities for Advanced Practice Nurses are explored during the paradigm shift in health care. Role development is presented from a historical perspective, and current role activities are discussed related to accountabilities for care management. Advanced Practice Nurses with practitioner skills of care management coupled with a nursing framework for practice can deliver cost-effective primary care in a variety of settings.

Ref ID:339/228
Keywords: Complementary Health Practitioners; Primary Care Teams; Interprofessional Communication; Interprofessional Working Practices; Interprofessional Attitudes; Case Study.
Abstract: BACKGROUND. A four-partner, non-fundholding, urban practice with 6000 patients has since September 1991 worked closely with nine complementary practitioners working part time on a private, fee-paying basis. AIM. This study set out to describe and evaluate a model of integrating complementary practitioners into the primary health care team. METHOD. A description of the model operating in the practice was compiled. Qualitative analysis was carried out of semi-structured interviews with all members of the primary health care team using the method of a co-operative enquiry. Retrospective quantitative data on patients attending complementary practitioners were also examined. RESULTS. The model allowed patients to refer themselves or be referred by a team member, encouraged communication between team members, and did not require any specific funding. After two years the model had been largely successful in preventing conflict over power, control and decision making; had maintained commitment to the idea of integrating complementary and
allopathic medicine; and was self-funding. However, despite varied mechanisms set up to share knowledge and ideology, the rate of change in this area was slower than expected and referral rates were varied. The dilemma of charging patients for complementary medicine in an environment where health care is free emerged as a major concern among the doctors and practice staff. CONCLUSION. The method of co-operative inquiry allowed the whole team to gain an understanding of other viewpoints and to use the research to tackle the problems raised. This model could be adopted and used by any enthusiastic general practice.

Ref ID:340/506

Keywords: Psychiatrists; General Practitioners; Interprofessional Attitudes; Interprofessional Working Practices; Interprofessional Structure; Service Impact; Interface between Primary Care and Specialist Hospital Services; Literature Review.

Abstract: Objective: Irish psychiatrists may begin to spend, as their British have counterparts have, at least some of their time delivering a psychiatric service from primary care settings. It was therefore decided to review the origins and development of attitudes towards and outcome of this practice in Britain. Method: A literature search and review of relevant papers was undertaken. Results: Collaboration between psychiatrists and general practitioners began to expand significantly in the 1970s and 1980s. Three main models are used, the shifted outpatient model, the selected consultation model and the liaison-attachment team model. The shifted out-patient model is liked by patients whose attendance rate is better at such clinics and in some areas this model has resulted in a fall in hospital admission rates. There is a paucity of papers examining outcome of the other models. Results of the one extensively studied team liaison approach reports higher treated prevalence rates and lower admission rates for those patients referred. There was no effect on detection of illness by GPs and the service was much more costly. Conclusions: While some benefits may result from use of the shifted out-patient approach, they are not compelling enough to enable a firm recommendation for its widespread implementation to be made. The results to date suggest the team-liaison approach does not produce benefits sufficient to outweigh the increased cost. The selected consultation model may hold greater potential but needs to be more extensively researched. Finally the structure of general practice in Ireland, with so few GPs working in multiple partner practices makes it highly unlikely that the widespread introduction of collaboration will be feasible.

Ref ID:341/227

Keywords: General Practitioners; Interface between Primary Care and Specialist Hospital Services; Role; Commentary.

Abstract: The authors review General Practitioners in Hospitals, a report prepared by the School of Medical Education, University of New South Wales (1993) for the Australian Health Ministers' Advisory Council Medical Workforce Group on Hospital Training and Career Development. The authors acknowledge that this report represents the most comprehensive look at GP involvement in hospitals across Australia, but suggest that its conclusion 'general practitioners play a substantial role in the provision of medical care in public hospitals around Australia' may be an overstatement. They discuss shortcomings associated with the study, including: definitional issues; variation in levels of involvement according to hospital type; potential biases introduced by using self-report of hospital administrators as the source of data; insufficient emphasis being placed on the views of GPs; and the validity of extrapolations.
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Ref ID: 342/ 443
Primary Care Support Force. Making the most of skills, people and teams in primary care. 1995 (Primary Care Support Force)

Keywords: Primary Care Teams; Interprofessional Developments; Interprofessional Structure; Commentary.

Abstract: Funded by the Department of Health. This booklet is compiled as an aid for all interested in achieving, in a practical way, better use of skills and people in primary care delivery. It aims not only to demonstrate how patient services and care can be improved but also the quality of working life and sense of worth of health care professionals. It gives examples of how and where the introduction of specialist skills and expertise has made a real difference. It is intended to help primary care teams consider new ways to manage their workload and use team skills to best effect, while purchasers can explore some of the ideas and examples in discussion with providers and look to encouraging and supporting similar developments locally. The five sections are on care groups (adolescents, ethnic minorities, children, the elderly and others); management of specific diseases (for example, asthma, diabetes and HIV/AIDS); specialist services (including accidents, discharge planning, rehabilitation and others); approaches to care provision; and approaches to management. Contact names, addresses and telephone numbers are given.

Ref ID: 343/ 370

Keywords: Doctors; Nurses; Service Impact; Quality of Care; Cost; Interprofessional Working Practices; Literature Review.

Abstract: The combination of different skills used to provide particular types of primary and hospital care varies considerably from general practice to general practice and from hospital to hospital. Furthermore, skill mixes are changing rapidly as decision makers attempt both to reduce labour costs and enhance the quality of patient care. The remarkable thing about this experimentation with different types of skill mix is that there is little evaluation of its effectiveness and cost-effectiveness. What is the evidence base about the cost-effectiveness of substituting doctors with nurses? The review of the literature presented here suggests that between 30 and 70 per cent of the tasks performed by doctors could be carried out by nurses. It has also been suggested that 30 per cent of doctors could be replaced by nurses, and it is shown that hundreds of millions of pounds might be saved if skill mix could be altered in this way. How valid is such a conclusion? The evidence base is very small, with most of the studies having significant defects in their design. Furthermore, most of the studies are North American and quite dated (having been undertaken in the 1970s and 1980s). Thus the generalisability of the results of these effectiveness and cost-effectiveness studies to the present day United Kingdom is very limited. Consequently an estimate of the potential savings arising from altering the skill mix must at present remain speculative. In the United States, managed care firms are changing skill mix radically, in particular by developing primary care. The scope for such changes in the NHS may be more limited and can only be identified by appropriate research i.e. prospective trials which compare the cost and effects of alternative skill mix combinations. Without such evaluation there is a risk that the quality of patient care will be reduced in the search for financial economies.

Ref ID: 344/ 231

Keywords: Counsellors; Primary Care Teams; Role; Service Impact; Costs; Health Outcomes; Prescribing; Counselling Services; Mental Health Services; Patient Satisfaction; Case Study.
Skill Mix in Primary Care

Abstract: BACKGROUND. Despite limited evidence of their effectiveness, counsellors are increasingly being employed as part of the primary health care team. Evaluation of counsellor services is therefore important. AIM. In 1990 the Cambridgeshire Family Health Services Authority initiated a pilot scheme to evaluate the role of counsellors in general practice and to help the authority determine its policy towards claims by general practitioners for reimbursement through the ancillary staff scheme. METHOD. Two group practices were identified and an external evaluator appointed. The evaluator and the general practitioners developed their aims and objectives for counselling in the general practice context, the number of counsellor hours per week and the type and process of referral. An experienced counsellor was appointed to work in both practices. Information was gathered over two years about doctors' reasons for referral, counsellor's initial assessment, patient outcome at the end of treatment, the patients' and practice teams' opinions about the counselling service, and patient outcome a year after counselling. RESULTS. A total of 293 patients were referred in the first two years of the scheme, of whom 75% were women. The main reasons for referral were that the general practitioners considered the patients to be suffering from anxiety/stress (33%), interpersonal difficulties (33%) and depression (20%). Almost all referrals (98%) were considered by the counsellor to be appropriate. The counsellor was able to provide an assessment for the 248 patients who attended and either take on the case for short-term counselling (69%) or suggest referral to a more appropriate service (25%) (6% withdrew). The expected maximum of six sessions of 45 minutes duration per referral was achieved in 87% of cases. The service was valued by patients and doctors. It coped effectively with a high proportion of patients with problems who did not reappear as demand elsewhere in the practice, and achieved a reduction in dose of psychotropic drugs among those seen. CONCLUSION. This study has shown the value of clarifying referral criteria and the intended role of the counsellor prior to the counsellor's introduction. This ensures effective use of a scarce resource and a high level of satisfaction among doctors and patients.

Ref ID:345/221

Keywords: Nurses; Education; Interface between Primary Care and Specialist Hospital Services; Commentary.

Abstract: The current emphasis on shorter hospital stays and increased care in the community has led to a greater focus on integration of patient care between primary and secondary health care settings. The module which is discussed in this paper aims to address the knowledge gaps of trained nurses, enabling them to understand current changes in health care in order to enhance their practice. Flexibility in pre-registration education allows for incorporation of this new knowledge as changes occur. A situational analysis approach was used to inform the curriculum, and wide consultation took place with service providers in both hospital and community. The resulting first module addresses care in the community, influences on patient/client's health experience, current social policy and local initiatives in response to legislation, and role of carers. Assessment takes the form of a client profile. To date evaluation of the module has been extremely positive and the curriculum planning team are developing a more practice focused second module which will address skills. It is hoped that knowledge gained from both modules will enhance practice and form an initial preparation for secondary care nurses wishing to move into the community.

Ref ID:346/430

Keywords: General Practitioners; Asthma Care; Primary Care Teams; Prescribing; Interprofessional Structure; Service Impact; Survey.
Skill Mix in Primary Care

Abstract: This study explored the possible influence of general practitioner and practice characteristics on the ratio of prophylactic to bronchodilator prescriptions which is a crude indicator of appropriate prescribing for asthma. Complete data sets were obtained for 150 to 163 practices in East London for April 1992 to March 1993. Stepwise multiple linear regression showed that 31% of the variability in the prescribing ratio measured as items was accounted for by average age of principals, presence of a trainer, and proportion of list aged over 65; 33% of the variability in the ratio when measured as net ingredient cost was accounted for by average age of principals, nursing hours available in the practice, and presence of a practice manager. The findings suggest that appropriate prescribing might be fostered through education targeted at older GPs and by increased staffing in some practices. (Editor).

Ref ID: 347/39

Keywords: Nurse Practitioners; Education; Alcohol and Drug Misuse; Before and After Study.

Abstract: The prevalence of substance use among patients presenting to primary health care settings mandates clinical competency in the area for nurse practitioners (NPs). An educational intervention with an evaluation component is described. The effect of incorporating substance use content into a Family Nurse Practitioner (FNP) curriculum was tested with a convenience sample of 16 FNP students and 8 practising NPs. Students' knowledge increased significantly; however, differences in students' and practising NPs' knowledge did not reach significance. Students' clinical competency increased significantly, as demonstrated by standardised patient evaluations, and was significantly better than the practising NPs in the skill domains of evaluation and record keeping. Educational intervention can improve NP identification of substance-abusing patients in primary health care settings.

Ref ID: 348/223

Keywords: Mental Health Services; Community Mental Health Care Teams; Psychiatry Services; Service Impact; Health Outcomes; Case Study.

Abstract: BACKGROUND. We evaluated integrated, multi-disciplinary, community-based care for a cohort of people with treated long-term mental illness over two years in a field trial set in a semi-rural setting. The aim was to organise local psychiatric services on an extramural basis with general practitioner teams as the key element. METHOD. Trained research workers used a structured interview to collect standardised base-line and three-monthly socio-demographic, clinical, social, family adjustment and burden, and treatment measures from patients, informants, and key-workers. Analysis included descriptive statistics and, for longitudinal data, analysis of best-fitted straight lines. RESULTS. We studied 34 patients (14 with schizophrenia, 11 with major affective disorders, and 9 with minor (non-major) affective disorders and anxiety disorders) who had a mean of 12 years continuous illness. At baseline, they were mainly characterised by research workers as mildly ill with fair social adaptive functioning, and by lay informants as having moderate target symptom severity and disturbance of social performance. Over two years, there were statistically significant, slight improvements in clinical global impressions ratings by research workers, and in informants' ratings of target symptoms and social performance. Most patients continued to receive prescriptions for psychotropic drugs throughout follow-up, and they had a mean of 47 therapeutic contacts, mainly from nurses. Two patients were admitted to psychiatric hospital. There were few differences between patients in different diagnostic groups. CONCLUSIONS. Integrated, multi-disciplinary, community-based psychiatric care for people with treated long-term mental illness is feasible in a semi-rural setting: patients receiving pharmacotherapy and regular psychosocial treatments remained relatively stable on clinical and social measures over two years. The
unique way in which the service was monitored, by making regular, systematic assessments of patients and carers, serves as an example for other services.
Ref ID: 349/38
**Keywords:** Primary Care Teams; Interprofessional Working Practices; Service Impact; Quality of Care; Cost; Health Outcomes; Literature Review.
**Abstract:** We reviewed rigorous evaluations of programs to enhance the quality and economy of primary care. We identified 36 evaluations published from 1980 through 1992. We abstracted data on objectives, setting(s), patients and processes, outcomes, and costs of care. We identified successful programs, as well as significant gaps in our knowledge of how to improve aspects of care. In specific, computer reminders and social influence-based methods fostered preventive and economic care. Nurse implementation of prevention protocols increased their performance. Multi-disciplinary teams improved access and economy. Regional Organisation of practices or telephone management improved access; regionalisation also reduced emergency care. Improvements were not found in continuity, comprehensiveness, humanistic process, physical environment, or health outcomes. Primary care practices can implement several programs to continuously improve prevention and access, and to reduce costs and use of unnecessary services. Research documenting how to accomplish other major goals, including health outcome changes, in different practice types is needed.

1996

Ref ID: 350/481
Arcangelo V, Fitzgerald M, Carroll D, Plumb JD. Collaborative care between nurse practitioners and primary-care physicians. Primary Care 1996;23:103
**Keywords:** Doctors; Nurse Practitioners; Interprofessional Working Practices; Service Impact; Commentary.
**Abstract:** Primary care practices are looking at methods of providing quality care for an increasing number of patients, and one method of achieving this goal is the development of a collaborative agreement with a physician(s) and nurse practitioner(s). There is a need for information about the role of the nurse practitioner and the advantages of collaboration. This article reviews the history of the nurse practitioner movement, practice standards, and the scope of practice for nurse practitioners. Models of collaborative practice and the advantages of these models are discussed. Considerations for entering into collaborative practice are addressed also.

Ref ID: 351/6
**Keywords:** Practice Nurses; General Practitioners; Interprofessional Working Practices; Interprofessional Attitudes; Survey.
**Abstract:** This paper, by drawing on material from a qualitative study funded by the Department of Health and Welsh Office, examines the supervision and management of the practice nurse in general practice. In doing so it explores the perspectives of practice nurses, the GPs who employ them, representatives from FHSA's, those responsible for commissioning community nursing services, and managers of community nursing provider units. Within this context the paper explores the nature of the supervisory relationship between GP and practice nurse, and the wider role of the FHSA, commissioners of community nursing services and managers of community nursing provider units.
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Ref ID: 352/19
**Keywords**: Primary care teams; Interprofessional working practices; Commentary

**Abstract**: Shared management practices provide a framework for co-ordinating care and the development of a service delivery model considered essential by government, consumers and the profession. Such a model would function in the best interests of patients and not interfere with GPs' clinical freedom.

Ref ID: 353/479
**Keywords**: Primary Care Teams; PAMs; Practice Nurses; Health Promotion; Interprofessional Education, Survey.

**Abstract**: Primary health care teams (PHCT), including the practice nurse (PN), now have a significant role in health promotion in the UK, which includes the dissemination of advice relating to food and health. However, reports suggest there is a lack of nutritional knowledge among PHCT members and/or problems in communicating dietary advice effectively. Dorset Health care Trust employs two full-time primary care dieticians (PCDs). Their remit is to provide training in the field of nutrition to members of the PHCT, primarily PNs, in order to facilitate their role in delivering effective and consistent healthy eating advice. This small research study was designed to evaluate the impact of nutrition training from a primary care dietician on the attitudes, practice and knowledge of practice nurses. There have been few studies or reports documenting this, which highlighted the need to evaluate the practice nurse training programmes in Dorset. Five practices of varying size were included in the study. Evaluation was undertaken by means of semi-structured interviews with one practice nurse from each practice conducted before and after training. In addition a questionnaire was used as a tool to assess perceived nutrition knowledge and confidence when giving dietary advice. True/false statements and a case history formed part of the questionnaire which was completed both pre- and post training. Three 1-h training sessions covering the topics of obesity, diabetes mellitus and coronary heart disease were planned. They were presented by the primary care dietician to each practice nurse together with other members of their PHCT over a 3-month period. The primary care dietician collected feedback on each training session in order to monitor teaching methods and presentation skills. The study suggests that dietician-led training sessions are well received by PNs and can have an impact on increasing or updating practice nurses' knowledge about diet, particularly where their initial knowledge was low.

Ref ID: 354/217
Capen K. When patient care is shared, who is the most responsible physician? Canadian Medical Association Journal 1996;154:885-886.
**Keywords**: Doctors; Jurisprudence; Case study

**Abstract**: Ottawa lawyer Karen Capen examines the case of five Ontario physicians who faced charges of professional misconduct after a patient they cared for died in 1988. The investigation, which focused on the concept of "most responsible physician," serves as a cautionary tale for all doctors who share the care of a patient with colleagues.

Ref ID: 355/520
**Keywords**: Counsellors; Counselling Services; General Practitioners; Education; Commentary.

**Abstract**: Mental health counsellors could provide one component of an integrated solution to the structural problems now inherent in the primary care of patients with mental health
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problems. Further training of general practitioners in interview and counselling skills is also essential.

Ref ID:356/8
Keywords: Primary care teams; Interprofessional development; Commentary
Abstract: Effective teamworking does not automatically follow the creation of primary health-care teams. This article identifies some of the barriers to effective teamworking in primary care. It considers the limitations of the Health Education Authority's team-building workshop programme and charts the progress of an alternative model, which initially focuses on the nursing team rather than the multi-disciplinary team. The success of the model in offering team members a goal in profiling and planning to meet community health needs is described. Also highlighted is the need for team-building throughout primary care disciplines which involves health-needs profiling and service planning.

Ref ID:357/480
Keywords: General Practitioners; Community Psychiatric Nurses; Counsellors; Psychiatrists; Psychologists; Community Mental Health Teams; General Practitioner Fundholding; Contracting; Mental Health Services; Interprofessional Working Practices; Survey.
Abstract: Background. Fundholding general practitioners are able to determine the type of contracts they place with providers of mental health care, and are able to employ some categories of mental health care professionals directly. The impact of this on the care of the mental health of patients in non-fundholding practices is not yet fully known. Aim. A survey was undertaken of 100 fundholding general practices and 100 similarly sized non-fundholding practices in order to investigate the changes in mental health provision made by general practitioners. Method. A sample of 100 fundholding general practices in England and Wales was randomly chosen from the list supplied by the Association of Fundholders and matched to a similarly randomly chosen sample of non-fundholding practices. Postal questionnaires were sent to the senior partner and to the practice manager in each practice. Results. The number of mental health care professionals who are either employed by or attached to general practices, or who visit the general practice on a regular basis appears to have increased substantially since 1991. This increase was particularly marked in fundholding practices. The results suggest that general practitioners with specific links to particular mental health care providers were more satisfied with the service provided by the mental health care team, and more likely to increase referrals to that service in the last 2 years, than general practitioners without such links. There was little evidence to suggest that increasing the number of mental health care professionals in primary care had brought about a major reduction in referrals to psychiatrists. Conclusion. General practitioners, particularly fundholders, are increasing their links with mental health professionals, and community psychiatric nurses, psychiatrists, psychologists and counsellors are spending more time either based in general practice or visiting regularly. While the shift of resources to primary care, particularly to fundholders, may increase the treatment options available to patients with less severe illnesses, this may have the effect of reducing the services available for the long-term and severely mentally ill.

Ref ID:358/530
Keywords: General Practitioner; Education; Role; Health Promotion; Practice Nurse; Interprofessional Working Practices; Commentary.
Abstract: The Dutch GP is in a unique (potential) position within the health care system with regard to clinical health promotion. An essential feature is the integration in the regular
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consultation. The concept of anticipatory care seems fit to understand this integration. Because of the GP’s (anticipatory) knowledge of the patient's medical history, lifestyle, risk factors, living conditions, health perceptions and family context, he has the opportunity to include during the consultation, aspects of health promotion and disease prevention. The production of evidence-based guidelines by the Dutch College of General Practitioners greatly enhances the integration of health promotion within the consultation. Strategies for the implementation are needed on three different levels: encouragement of the patient to ask questions, training of the GP and Organisation of the practice. An important aspect of the last strategy concerns systematic delegation of health promotion tasks, usually related to the guidelines, to the practice assistant or practice nurse. Recent legislation in the Netherlands underlines and advances the above mentioned trends.

Ref ID:359/3


Keywords: Obstetrician; General practitioners; Midwives; Maternity services; Interprofessional communication; Interprofessional working practices; Interface between primary care and specialist hospital services; Survey

Abstract: OBJECTIVE: The aim of this study was to determine the feasibility of co-operation within maternity and obstetric care between midwives, general practitioners (GPs) and obstetricians. DESIGN: descriptive correlational study. SETTING: The Netherlands. Policy is towards more co-operation between primary and secondary health care. However, in Dutch health care midwives, GPs and obstetricians may also have conflicts of interests. PARTICIPANTS: members of obstetric co-operation groups (91 midwives, 53 GPs, 31 obstetricians) completed a questionnaire. MEASUREMENTS AND FINDINGS: in the questionnaire information was collected on what members of obstetric co-operative groups expect from co-operation. Findings indicated that consensus existed about experienced advantages and disadvantages of co-operation, tasks that should be achieved, and how obstetric co-operative groups could be set up. Nevertheless, there was evidence of competition and there were also conflicting ideas about co-operation. KEY CONCLUSIONS AND IMPLICATIONS FOR PRACTICE: it is concluded that the findings have implications for the organisation of an obstetric co-operative group. If professionals want to start such a group it is preferable to start with topics that benefit all participants (win-win situation) and motivate them to participate actively. A second step may be an attempt to reach agreement about how to communicate with each other in the case of referrals and consultations. During this phase mutual trust and respect may grow, so that finally more difficult problems can be discussed (mixed-motives situation).

Ref ID:360/502


Keywords: Doctors; Nurses; Mental Health Services; Interprofessional Working Practices; Commentary.

Abstract: As progress has been made toward the development of feasible and effective models of collaboration and integrative care, a need has developed for a model to delineate the degree of collaboration achievable in different kinds of settings. The Levels of Systemic Collaboration model describes the degree of involvement and sophistication in collaborative health care between mental health and other health professionals, particularly medical physicians and nurses. The model shows the extent to which collaboration already occurs and indicates the capacity for increased collaboration in the health care setting as a whole, more than as a particular interaction between a physician and a therapist. The possibility for collaboration in certain cases will depend on the nature of the case, the collaborative skills of specific providers, and the collaborative capacity (level) of the health care setting and team. The model refers to the systemic and organisational issues that facilitate or impede collaboration.
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Ref ID:361/ 501
Keywords: Primary care teams; General practitioners; Mental health services; Dementia care; Role; Commentary
Abstract: General practitioners (GPs) and the primary care team are uniquely situated to play a central role both in the diagnosis and ongoing care of dementia. Anecdotal reports and empirical work suggest that GPs face several challenges in fulfilling this role. This paper describes the various roles GPs and the primary care team could play in diagnosis and ongoing management. It then discusses the legitimate anxieties and difficulties faced in fulfilling these roles. The paper concludes with suggestions for how GPs and the primary care team might be supported to maximise their role in dementia diagnosis and management.

Ref ID:362/ 519
Keywords: Primary Care Teams; Service Impact; Counsellors; Education; Role; Literature Review.
Abstract: Counselling in general practice has become very popular with patients and GPs over the past 20 years. Counselling as a profession has expanded greatly since the 1970s with a parallel increase in counselling training. Counselling in general practice courses have become available and the British Association of Counselling has set up a Counselling in Medical Settings division, which produced guidelines for counselling in general practice. We review the extent of mental illness in the community and the need for counselling, explore what counselling is and who the counsellors are, and critically examine the evidence for whether counselling works in a general practice setting.

Ref ID:363/ 219
Keywords: Primary care teams; General practitioners; Role; Commentary
Abstract: This editor comments on a recent Royal College of General Practice report on the nature of general practice. It examines the traditional nature of general practice before moving on to examine the multi-disciplinary team approach in Primary Care. The implications of the internal market, the role of the GP as financial gatekeeper and manager are examined in relation to the implications and conflicts for the GP. The report examines the strengths of general practice before examining the current problems within general practice. The authors argue of this report, that it fails to find the answers, make hard decisions and define the way forward, which is what is called for in a period which is of both turmoil and opportunist. (Editor).

Ref ID:364/ 17
Keywords: Nurse practitioners; Practice nurses; Rheumatology services; Role Education; Before and after study
Abstract: AIM: The aim of the project was to explore the possibility of conferring, on the practice nurse (PN), the skills and knowledge of the rheumatology nurse practitioner (RNP), hitherto, exclusively, a member of the hospital team. A trained and experienced RNP paid a series of regular visits to participating general practices in SE London. The subjects were 11 PNs and 30 patients with chronic rheumatic diseases. Interactive sessions involving the RNP, PN and patients were set up with a view to (1) instructing the PNs in the role of the RNP in the education and care of patients, and (2) educating patients about their disease and its treatment. Practice nurse and patient questionnaires were used to assess PN and patient...
knowledge before and after the instructional sessions. Only eight out of the 392 (2%) practices approached participated in the project and, even with these, difficulties were encountered, arising from the PNs' workload and pattern of work, and the reluctance of the general practitioners to enter a new project in the present climate of change in the NHS, unless clear and immediate financial advantages were in prospect. Statistically significant results were obtained in before/after comparisons of patient and nurse knowledge scores (P < 0.00001 and P = 0.001, respectively) following the RPN visits. The basic instructional format is sound and workable. A PN, if allocated protected time and appropriate patients, can acquire the knowledge and skills needed to manage patients with chronic rheumatic diseases in primary care. Both the instruments of measurement used can register changes over time, leading in a small number of patients (30) and PNs (11) to a statistically highly significant result.

Ref ID:365/18

Keywords: Doctors; Nurses; Elderly health care; Elderly screening; Health promotion; Interprofessional working practices; Commentary

Abstract: Geriatric assessment has become an established part of medical practice, a trend driven by the growing population of older patients, positive patient outcomes, and increase interest in controlling health care cost. Geriatric assessment is a diagnostic process that can be performed in a variety of clinical settings, including the primary care office. The interdisciplinary assessment team usually includes at least three members: a physician, a nurse, and a social worker. Patients who appear to derive the greatest benefit are over age 75, have mild to moderate disabilities, may be at risk of nursing home placement, and may have a poor social network. For optimal effectiveness, assessment must be coupled with a comprehensive therapeutic plan and long-term follow-up.

Ref ID:366/16

Keywords: Doctors; Nurses; Primary care teams; Interprofessional working practices; Commentary

Abstract: This paper is a keynote address given at the AGM of the Royal Society of Health in 1996. It provides an historical account of teamwork in primary care and focus upon doctor-nurse collaboration in the United Kingdom with examples of practice from the USA and Canada cited. It concludes by examining the challenges of and the future for nurses in primary care. (Editor).

Ref ID:367/442

Keywords: Primary care teams; Interprofessional workload distribution; Commentary

Abstract: The purpose of this Discussion Paper is to examine the constraints upon, and opportunities for, spreading the workload of general practitioners (GPs) more effectively among members of the Primary Health Care Team (PHCT). Current knowledge of GP activity is outdated and based on self-reporting by GPs and nurses using methods which may be unreliable. The policy background and the research background are briefly outlined before discussing methodologies for examining the activities of the PHCT and assessing whether tasks can be delegated. Attitudes to delegation and examination of outcomes are also addressed. The central concept of the proposed study design described here relates to delegation and the issues arising thereof, thus taking account of the identification of tasks suitable for delegation and the acceptability of delegation to other members of the PHCT and to patients. There are few studies which investigate the feasibility of tasks currently undertaken by one group of
professionals which could be carried out by another group. If the study proposed here is able to demonstrate that delegation of at least some tasks is both feasible and acceptable, changes in health care delivery in general practice would be inevitable.

Ref ID: 368/ 7

Keywords: Primary care teams; Diarrhoea care; Interprofessional working practices; Commentary

Abstract: For all age groups, fluid replacement with oral rehydration sachets is the mainstay of treatment. Antibiotic therapy will occasionally be needed where specific pathogens have been identified. Traveller's diarrhoea may be alleviated with antibiotic therapy. Attacks of viral gastro-enteritis in the under-twos are common. Consistent advice from health visitors, practice nurses, midwives and the GP helps prevent parents from receiving conflicting messages. In a baby, colic accompanied by diarrhoea and especially by blood in the stool, needs urgent referral to a doctor—it could be intussusception. Persistent diarrhoea should always be investigated.

Ref ID: 369/ 215

Keywords: General practitioners; Mental health services; Schizophrenia care; Role; Commentary

Abstract: Schizophrenia is a severe, chronic mental disorder that usually begins in early adulthood. Recurrent relapse leading to long-term psychological and social disability means that patients may require intensive community support. Despite a recent fall in the overall numbers of patients consulting their general practitioner with mental disorders, presentations by those suffering from severe mental disorders have risen. This review encompasses the role of general practitioner in the management of schizophrenia, considering in turn drug and psychological therapies, family interventions, innovations in care, the effects of community care developments, and the liaison between primary health care and mental health professionals. There is a need for further research in the area of family-practice-based interventions involving general practitioners and the practice team.

Ref ID: 370/ 11

Keywords: Doctors; Nurses; Social workers; Interprofessional education; Case study

Abstract: Health professions students have little or no opportunity to practice together during their formative stages of development. Therefore, can we realistically expect them to practice together as professionals? This is an important area for educators to address, given the current emphasis on interdisciplinary collaboration. The authors describe an interdisciplinary education program model for nursing, medicine, and social work students in a family practice centre.

Ref ID: 371/ 13

Keywords: Primary care teams; Cancer screening; Interprofessional working practices; Interface between primary care and specialist hospital services; Case study

Abstract: BACKGROUND: A 2-year study was undertaken to determine the best way of setting up faecal occult blood screening for colorectal cancer in a single general practice in north Birmingham, a district with no pre-existing hospital-based screening programme for colorectal cancer. This programme was set up in close collaboration with the Departments of Surgery and Biochemistry at the local Good Hope Hospital Trust. This facilitated joint meetings between the staff of these hospital departments and the practice manager, who was responsible
for Organisation of the study at the Hawthorns Surgery and also supervised the day-to-day running of the programme. Essentially, the study was organised and run by the practice manager and nurse. AIM: The study was undertaken to prepare the way for other general practices in north Birmingham to screen selected populations for colorectal cancer. METHOD: A Haemoccult test kit was posted to patients together with an explanatory letter. The design of the screening programme was similar to the design of the 'screened arm' of the Medical Research Council (MRC) colorectal screening trial in Nottingham. On completion of the programme, questionnaires were posted to 100 responders and 100 non-responders to assess the level of patient acceptability for the screening study. A total of 3509 patients (1599 men and 1910 women) were invited to take part in the screening. RESULTS: The response rate was 55.4%. Thirty-nine patients were referred from the screening study for further investigation. Colonoscopy identified nine adenomas in nine patients, and a further 12 patients were found to have colorectal carcinoma. CONCLUSIONS: The findings from the study suggest that this method could be used as a model for other general practices introducing colorectal screening using Haemoccult.

Ref ID:372/9
Keywords: Nurse practitioners; Prescribing; Role; Survey
Abstract: Qualified nurse practitioners working in the community prescribe from a wide formulary. Despite degree level education, their prescriptions still have to be signed by a GP. This study describes the prescribing patterns of 41 nurse practitioners over one month. The medications prescribed were categorised and their frequency of prescription noted. The author

Ref ID:373/482
Keywords: General Practitioner; Community Mental Health Care Teams; Interprofessional Attitudes; Interprofessional Communication; Interprofessional Working Practices; Interface between Primary Care and Specialist Hospital Services; Case Study.
Abstract: Background. Liaison meetings between psychiatrists and general practitioners are now well established. Much has been written about their purpose and structure but little about their content. Aim. A study aimed to describe the clinical focus of meetings between a community mental health team and general practitioners and the nature of the professionals' interactions. Method. Audio tapes of six consecutive monthly meetings between a community mental health team and general practitioners in two general practices were analysed. Results. Attendance rates among professionals were over 70%. Over 90% of discussion time was focused on patient-centred clinical matters. Almost two thirds of interactions were focused on patients receiving ongoing joint care; few interactions were devoted to new referrals or to patients who had not been assessed. Psychotic patients, although accounting for 15% of referrals, occupied 54% of patient-centred discussion time. Most interactions consisted of reciprocal information exchange between members of the community mental health team and general practitioners. Conclusion. The high attendance rates indicate that both general practitioners and community mental health team members considered these meetings as high priority. The steady move towards management of severely ill psychiatric patients in the community rather than in hospital requires close collaboration between primary and secondary care teams. The meetings described in this paper appear to be a simple, manageable and sustainable response to this need.
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Ref ID: 374/546
Keywords: Social Care Staff; Doctors; Elderly Health Care; Interprofessional Working Practices; Case Study.
Abstract: The backdrop for this article is the continuing drama of changing roles and relationships among health care professionals. This article reports the results of a study of the professional identities, roles, and relationships of case managers in nine demonstration sites around the United States. Funded by the John A. Hartford Foundation, the demonstration projects use diverse personnel to enhance the role of primary care physicians in practice with elderly people. Implications for health care social workers, educators, and community-based providers are presented.

Ref ID: 375/503
Keywords: Nurse Practitioner; Role; Education; Jurisprudence; Interprofessional Structure; Case Study
Abstract: The authors look at many aspects of a nurse-managed primary care centre within an academic institution, as administrators and practising clinicians. This article presents the history of the development of the centre, the profile of clients and services, the education and preparation for the role of nurse practitioner and scope of practice, reimbursement, legal issues such as collaborative practice and barriers to practice, and risk management. Problems faced by many nurse-managed centres are addressed, especially the need for flexibility, with personal accounts of how they have been dealt with at this centre. An evaluation of the centre and its practice model is offered.

Ref ID: 376/12
Keywords: Practice nurses; District nurses; Role; Workload; Before and after study; Contracting
Abstract: In 1990 and 1991, 67 practice nurses with a total of 12,725 consultations took part in a before and after study of health board attached and practice-employed nurse workload. The intervention of the New General Practitioner Contract (DoH 1989) and other primary care changes in April 1990 provided an opportunity to examine the process of care, and identify and changes in workload or differences in working patterns of attached and practice-employed nurses, as a result of these modifications. Practice-employed nurses initiated more of their own appointments following implementation of the New Contract and saw fewer GP referrals. Routing treatment room work had decreased for both groups of nurses in the second year. Both groups of nurses had also increased their level of therapeutic listening in the second year, but practice-employed nurses reported higher levels of therapeutic listening than their attached colleagues during both recording periods.

Ref ID: 377/483
Keywords: General Practitioners; Health Visitors; District Nurses; Service Impact; Patient Satisfaction; Survey.
Abstract: Primary health care services are the most frequently used in the health care system. Consumer feedback on these services is important. Research in this area relates mainly to doctor-patient relationships which fails to reflect the multi-disciplinary nature of primary health care. Aim. A pilot study aimed to examine the feasibility of using a patient satisfaction
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questionnaire designed for use with general practitioner consultations as an instrument for measuring patient satisfaction with community nurses. Method. The questionnaire measuring patient satisfaction with general practitioner consultations was adapted for measuring satisfaction with contacts with a nurse practitioner, district nurses, practice nurses and health visitors. A total of 1575 patients in three practices consulting general practitioners or community nurses were invited to complete a questionnaire. Data were subjected to principal components analysis and the dimensions identified were tested for internal reliability and replicability. To establish discriminant validity patients' mean satisfaction scores for consultations with general practitioners, the nurse practitioner, health visitors and nurses (district and practice nurses) were compared. Results. Questionnaires were returned relating to 400 general practitioner, 54 nurse practitioner, 191 district/practice nurse and 83 health visitor consultations (overall response rate 46%). Principal components analysis demonstrated a factor structure similar to that found in an earlier study of the consultation satisfaction questionnaire. Three dimensions of patient satisfaction were identified: professional care, depth of relationship and perceived time spent with the health professional. The dimensions were found to have acceptable levels of reliability. Factor structures obtained from data relating to general practitioner and community nurse consultations were found to correlate significantly. Comparison between health professionals showed that patients rated satisfaction with professional care significantly more highly for nurses than for general practitioners and health visitors. Patients' ratings of satisfaction with the depth of relationships with health visitors was significantly lower than their ratings of this relationship with the other groups of health professionals. There were no significant differences between health professional groups regarding patients' ratings of satisfaction with the perceived amount of time spent with health professionals. Conclusion. The pilot study showed that it is possible to use the consultation satisfaction questionnaire for both general practitioners and community nurses. Comparison between health professional groups should be undertaken with caution as data were available for only a small number of consultations with some of the groups of health professionals studied.

Ref ID: 378/504
Rajskysteed N. The nurse practitioner in the school setting. Nursing Clinics of North America 1996;31:507

Keywords: Nurse Practitioners; Primary Care Teams; Job Satisfaction; Role; Workload; Commentary.

Abstract: This article discusses primary care as it is provided in a school-based health centre by a nurse practitioner and a health care team. The description of the practice includes the population served, the range of services, obstacles to care, future goals, and job satisfaction of the nurse practitioner.

Ref ID: 379/374

Keywords: General Practitioners; Nurse Practitioners; Service Impact; Interprofessional Working Practices; Commentary.

Abstract: The development of a 'primary care led' NHS will inevitably increase the range and volume of work expected of general practice. It seems unrealistic to expect that GPs can absorb this extra work without sharing responsibility with other health professionals, notably nurse practitioners. The drive for cost containment has already encouraged widespread nurse-doctor substitution and some believe that GPs could be almost entirely replaced by nurse practitioners. While this option is probably unfeasible and certainly unacceptable, GPs can no longer afford simply to discuss territorial boundaries but must be open to redefining their roles. There are now many positive models of nurses working in partnership with GPs. However there is a dearth of research relating skill mix changes to the costs and quality of primary care. It is
essential that this issue is addressed urgently to define the most effective ways in which delegation can be achieved without undue risk to patients. (Editor).
Ref ID:380/14

Keywords: Practice nurses; Minor illness; Role; Case study

Abstract: This study reports on an intervention in which a practice nurse saw patients with acute minor illnesses presenting to one general practice. Three hundred and forty-three patients were seen, of whom 328 (96%) were managed by the nurse alone and 145 (42%) were given prescriptions. In a time of increasing pressure on all members of the primary health-care team, interventions such as this need careful consideration and require a review of the relative roles of nurses and general practitioners.

Ref ID:381/549

Keywords: Nurse Practitioner; Role; Commentary.

Abstract: This paper presents a job description for primary care nurse practitioners in private family practice settings in the USA. The author, who developed the job description for a HMO suggests that it might help others to develop and construct a job description. It is based on general performance standards which supports collaborative practice with autonomy and personal responsibility for the planning and delivery of health care. The job description is flexible as well as allowing for a broad range of advanced practice roles to be included, such as that of an educator, clinician or mentor. (Editor).

Ref ID:382/216

Keywords: General practitioners; Interprofessional working practices; Commentary

Abstract: During the recent scientific assembly of the Manitoba chapter of the College of Family Physicians (CFPC), a session was devoted to the ways health care reform has affected family medicine. Doctors listened to guest speakers from the CFPC, Manitoba Medical Association and provincial Ministry of Health, and there was a stimulating discussion about the critical issues facing FPs.

Ref ID:383/511

Keywords: Health Visitors; Primary Care; Role; Teams; Commentary.

Abstract: Involving the whole primary care team in health needs assessment may be difficult when there are major differences between team members' perceptions and skills. This paper offers a simple framework for health needs assessment, which can be used by all team members regardless of prior training. The author also discusses the health visitor's role within primary care-led purchasing.

Ref ID:384/218

Keywords: Obstetricians; General Practitioners; Midwives; Interface between primary care and specialist hospital services; Maternity services; Controlled trial; Service impact; Continuity of care; Health outcomes; Patient satisfaction; Quality of care

Abstract: OBJECTIVE-To compare routine antenatal care provided by general practitioners and midwives with obstetrician led shared care. DESIGN- Multicentre randomised controlled
trial. SETTING-51 general practices linked to nine Scottish maternity hospitals. SUBJECTS-1765 women at low risk of antenatal complications. INTERVENTION- Routine antenatal care by general practitioners and midwives according to a care plan and protocols for managing complications. MAIN OUTCOME MEASURES-Comparisons of health service use, indicators of quality of care, and women's satisfaction. RESULTS-Continuity of care was improved for the general practitioner and midwife group as the number of carers was less (median 5 carers v 7 for shared care group, P<0.0001) and the number of routine visits reduced (10.9 v 11.7, P<0.0001). Fewer women in the general practitioner and midwife group had antenatal admissions (27% (222/834) v 32% (266/840), P<0.05), non-attendances (7% (57) v 11% (89), P<0.01) and daycare (12% (102) v 7% (139), P<0.05) but more were referred (49% (406) v 36% (305), P<0.0001). Rates of antenatal diagnoses did not differ except that fewer women in the general practitioner and midwife group had hypertensive disorders (pregnancy induced hypertension, 5% (37) v 8% (70), P<0.01) and fewer had labour induced (18% (149) v 24% (201), P<0.01). Few failures to comply with the care protocol occurred, but more Rhesus negative women in the general practitioner and midwife group did not have an appropriate antibody check (2.5% (20) v 0.4% (3), P<0.0001). Both groups expressed high satisfaction with care (68% (453/663) v 65% (430/656), P=0.5) and acceptability of allocated style of care (93% (618) v 94% (624), P=0.6). Access to hospital support before labour was similar (45% (302) v 48% (312) visited labour rooms before giving birth, P=0.6). CONCLUSION-Routine specialist visits for women initially at low risk of pregnancy complications offer little or no clinical or consumer benefit.

1997

Ref ID:385/ 449
Keywords: Nurse Practitioners; Role; Education; Survey.
Abstract: Abstract that the role of the nurse practitioner is central to issues of skill mix in primary care. Gives the results of a national survey of the 100 health authorities in England and Wales undertaken to determine their awareness of how many general practices were developing nurse practitioner role, and any other areas in primary care where nurses are modifying or expanding their roles. Identifies a lack of definition of the role and professional development of the nurse practitioner. Concludes that the need for nurses to take on doctors' work needs to be established and that a clear training framework is required.

Ref ID:386/ 543
Keywords: General Practitioners; Social Workers; Interprofessional Attitudes; Mental Health Services, Survey.
Abstract: Abstract that are physicians and describes a study of physicians' attitudes toward integrated services. The physicians who expressed interest in a collaborative arrangement differed in practice characteristics, attitudes toward social workers, and endorsement of social work roles. Also, interested physicians treated significantly more patients had the lowest proportion of patients over age 65, and endorsed as useful a significantly larger number of social work activities. If social workers aspire to collaborative arrangements in rural primary care, they must provide excellent services now, continue to work toward a better understanding of their broad mental health competencies and be willing to provide services that conform to the expectations and limitations of primary care.

Ref ID:387/ 528
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**Keywords:** Doctors; Nurses; Elderly Health Care; Interprofessional Working Practices; Service Impact; Cost; Quality of Care; Patient Satisfaction; Controlled Trial.

**Abstract:** OBJECTIVE: To compare the impact of group outpatient visits to traditional "physician-patient dyad" care among older chronically ill HMO members on health services utilisation and cost, self-reported health status, and patient and physician satisfaction.

DESIGN: A 1-year randomised trial. SETTING: A group model HMO in the Denver Metropolitan area. PARTICIPANTS: Three hundred twenty-one members aged 65 and older, randomised to a group visit intervention (n = 160) or to usual care (n = 161).

INTERVENTION: Patients with high health services utilisation and one or more chronic conditions had monthly group visits with their primary care physician and nurse. Visits included health education, prevention measures, opportunities for socialisation, mutual support, and for one-to-one consultations with their physician, where necessary.

MEASUREMENTS: Health services utilisation and associated cost, health status, and patient and physician satisfaction.

RESULTS: Outcome measures obtained after a 1-year follow-up period showed that group participants had fewer emergency room visits (P = .009), visits to sub-specialists (P = .028), and repeat hospital admissions per patient (P = .051). Group participants made more visits (P = .021) and calls (P = .038) to nurses than control group patients and fewer calls to physicians (P = .019). In addition, a greater percentage of group participants received influenza and pneumonia vaccinations (P <.001). Group participants had greater overall satisfaction with care (P = .019), and participating physicians reported higher levels of satisfaction with the groups than with individual care. No differences were observed between groups on self-reported health and functional status. Cost of care per member per month was $14.79 less for the group participants.

CONCLUSIONS: Group visits for chronically ill patients reduce repeat hospital admissions and emergency care use, reduce cost of care, deliver certain preventive services more effectively, and increase patient and physician satisfaction.

Ref ID:388/474


**Keywords:** Doctors; Pharmacists; Interprofessional Working Practices; Health Promotion; Service Impact; Health Outcomes; Controlled Trial.

**Abstract:** OBJECTIVE: To assess the effect of a program that encourages teamwork between physicians and pharmacists on attempts to lower total cholesterol levels and to meet recommended goals proposed by the National Cholesterol Education Program (NCEP).

DESIGN: A single-blind, randomised, controlled trial lasting 6 months. SETTING: An ambulatory primary care centre. PATIENTS: A sample of 94 patients with total cholesterol levels of 240 mg/dL (6.2 mmol/L) or higher. INTERVENTION: Equal numbers of patients were randomly assigned to a control arm in which standard medical care was received and an intervention arm which implemented close interaction between physicians and pharmacists.

MEASUREMENTS AND MAIN RESULTS: Absolute change in total cholesterol levels from baseline values and the percentage of patients who achieved an NCEP goal after 6 months of intervention were determined. The rate of success in achieving NCEP goals in the intervention arm was double the rate in the control arm (43% vs. 21%, p < .05). Total cholesterol levels in the intervention arm declined 44 +/- 47 mg/dL (1.1 +/- 1.2 mmol/L) versus 13 +/- 51 mg/dL (0.3 +/- 1.3 mmol/L) in the control arm (p < .01). The effect of intervention on reducing total cholesterol levels was similar for men and women and did not appear to be altered by age. The effect of intervention was greatest in patients with coronary heart disease (p < .01) followed by those without disease but with two or more coronary heart disease risk factors (p < .05). An effect of intervention was absent in patients without coronary heart disease and with fewer than two risk factors.

CONCLUSIONS: Attempts to lower total
cholesterol levels and achieve NCEP goals are likely to be more successful when combined with programs that include teamwork between physicians and pharmacists. Some programs, however, may be more successful for high-risk patients, for whom it is often easier to provide more aggressive therapies. Although altering adverse lipid profiles in lower-risk patients may be difficult, achieving optimal cholesterol levels could have an important impact on preventing movement to higher risk strata.

Ref ID: 389/475
Keywords: Primary Care Teams; Prescribing; Interprofessional Working Practices; Commentary.
Abstract: The latest white papers on the NHS focus on stimulating innovation in the delivery of primary care and removing barriers to further development. Some of this innovation relates directly to prescribing in primary care, and in this article the authors speculate on what might happen if the prescribing initiatives referred to in the white papers were extended and disseminated more widely. Health care is required if primary health care teams are to develop clear shared objectives to facilitate the co-ordinated approach to the delivery of care, long urged by practitioners and policy makers.

Ref ID: 390/451
Keywords: General Practitioners; Pharmacists; Interprofessional Education; Survey.
Abstract: The aim of this study was to ascertain general practitioners’ (GPs’) and pharmacists’ knowledge of analgesics, to establish professional opinion on their use, and to assess the extent of pharmacist input into the prescribing of analgesics. Pharmacists displayed a better knowledge of analgesics than their colleagues in general practice, but had little input into the prescribing decisions made by GPs. Pharmacists’ knowledge is not being put to best use in contributing to the preparation of practice formularies, and links between these two health professional groups need to be developed further.

Ref ID: 391/387
Keywords: Doctors; Nurses; Interprofessional Education; Commentary
Abstract: High quality health care depends crucially on doctors and nurses working well together. The professions and, most importantly, patients stand to benefit from closer collaboration, particularly as nurses take on more work that has traditionally been undertaken by doctors. If nurses are to become equal partners with doctors, it is important that nursing is underpinned by solid foundation in science and recognised as scientific discipline that is distinct from but complementary to medicine. As a contribution to this goal, the BMJ publishing group will launch a new journal, Evidence-Based Nursing. The journal will systematically search out and abstract scientifically sound papers which are relevant to nursing practice. In addition education articles will be produced to help nurses develop their skills in evidence based practice. (Editor).

Ref ID: 392/473
Keywords: Pharmacists; Primary Care Teams; Prescribing; Interprofessional Working Practices; Interprofessional Workload Distribution; Case Study.
Abstract: The role of pharmacists on a primary care team in the VA Chicago Health Care System - Lakeside Division is described. In 1990 the Veterans Affairs Lakeside Medical Centre (now called the VA Chicago Health Care System - Lakeside Division) implemented the "Firm" system to improve the quality of patient care. This system split the original primary care clinics into three identical but smaller groups, or Firms. Each Firm provides three types of care: longitudinal care (ongoing care with a primary care physician), interim care (frequent care and close patient monitoring between primary physician visits), and unscheduled care (acute care for complaints that may require immediate attention). Each Firm has a care team composed of physicians, a pharmacist, nurses, and other health care personnel. The pharmacist assists with interim care and, in conjunction with Firm physicians, is involved in follow-up and monitoring of drug therapy and identification of new problems. Originally it was expected that pharmacists would care for 30-40% of interim care patients, but Firm pharmacists have assisted in providing care to over 50% of these patients (plus 4% of unscheduled care patients). The pharmacists have received high ratings from the internal medicine resident staff. Pharmacists on multidisciplinary care teams provided primary care to more than half of outpatient veterans in need of health care between regularly scheduled appointments.

Ref ID: 393/388

Keywords: Multidisciplinary Teams; Interprofessional Working Practices; Interprofessional Development; Interprofessional Education; Interprofessional Structure; Commentary

Abstract: Health care increasingly emphasises the team approach in which doctors, nurses and other health workers adapt and develop new skills. Before changes of this kind are widely accepted, there must be clarity about the training, status, authority, working relationships, career structure, and remuneration of those who undertake responsibilities well beyond their traditional roles.

Ref ID: 394/529

Keywords: Doctors; Nurse Practitioners; Elderly Health Care; Interprofessional Working Practices; Interprofessional Structure; Survey.

Abstract: OBJECTIVE: To describe a primary care practice model used by health maintenance organisations (HMOs) that serve Medicare beneficiaries to improve the provision of primary care to nursing home residents. PARTICIPANTS: Medicare beneficiaries who reside in nursing homes and who are enrolled in HMOs. CONCLUSION: Several HMOs are using physician-nurse practitioner teams to provide primary care to nursing home residents. The potential to improve the delivery of these services in nursing homes, particularly to long-stay residents, is apparent. However, obstacles arise in developing this practice model in HMOs, including difficulty recruiting both nurse practitioners and physicians and the lack of HMO-based research on the effects of such a model.

Ref ID: 395/477

Keywords: General Practitioners; Pharmacists; Prescribing; Interprofessional Communication; Before And After Study.

Abstract: A recent Audit Commission report into general practice prescribing identifies areas where general practitioner and pharmacist collaboration could be beneficial. Two such areas are formulary development and repeat prescribing review. Increased generic prescribing is
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encouraged in the report and in central priorities for Scottish Health Boards. This study was designed to develop and assess the effects on prescribing, of a practice formulary and a procedure for change to generic name prescribing. A practice formulary, standards for generic name prescribing and all approach to prescribing review were agreed, developed and implemented. Formulary compliance and the extent of prescribing generically and of changes to generic prescriptions were assessed by prospective prescription monitoring. Consultations resulting in a prescription reduced from 69% to 59% and 80% of acute prescribing events were met from 144 formulary, medicines. Rapid change to generic name prescriptions was achieved without patient complaints and the overall generic prescribing level increased from 57% to 68%. Eighty percent of all new prescriptions were generic.

Ref ID: 396/450
Jenkins-Clarke S, Carr-Hill R, Dixon PN, Pringle M. A Study of the Interface Between the General Practitioner and other Members of the Primary Health Care Team. 1997; Executive Summary (Centre for Health Economics, University of York)

Keywords: Primary Care Teams; Interprofessional Workload Distribution; Interprofessional Working Practices; Service Impact; Quality Of Care; Patient Satisfaction; Case Study

Abstract: This is a summary of a Department of Health funded project entitled, "The interface between General Practitioners and other members of the Primary Health Care Team". The broad aim of this study was to examine the opportunities and constraints for spreading the workload, efficiency and effectively among members of the Primary Health Care Team (PHCT). The study was carried out in ten practices in the north of England in 1995. Ten data collection instruments were employed including diaries, observation, focus groups, questionnaires and monitoring of medical records. Key findings were: procedures and advice giving were more likely to be delegated than consultations involving specific conditions or symptoms; 39% of consultations had a delegatable element; and between 77% and 82% of patients were very satisfied with their visit to a nurse compared to 65% and 70% for a GP, in terms of length of consultation, explanation and skills. To summarise, it was found that there is scope to transfer work away from GPs towards nurses and other health professionals. Effective team work, co-operation and collaboration helps to address the quality of patient care and satisfaction. (Editor).

Ref ID: 397/500

Keywords: Practice Nurses; Elderly Health Care; Health Promotion; Service Impact; Patient Satisfaction; Before and After Study.

Abstract: This study examines the changing role of practice nurses in the primary care of elderly people. The study took place in three district health authorities. Random samples of 1500 people aged 65 years and over were interviewed in 1990 and again in 1992 and questioned on their utilisation and opinions of primary care services. More older people in 1992 than in 1990 were aware that their practice employed a nurse and annual consultation rates increased from 27% in 1990 to 43% in 1992 and those who consulted did so more often in 1992 than 1990. Their principal reasons for consulting a practice nurse included blood pressure checks, blood tests, ‘flu injections and ear syringing. There was an increase in the number of patients aged over 75 years who reported having a health assessment 'health check' and an increase in the proportion of assessments carried out by the practice nurse. Respondents were very positive about their relationship with practice nurses; only one patient in each year was dissatisfied with practice nursing services and in 1992 there was an increase in the number of patients who reported being very satisfied. Conclusions: The role of practice nurses appears to be expanding and there is therefore an on-going need for evaluation and training to enable nurses better to fulfil their enhanced role in the primary care team.
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Ref ID: 398/476
**Keywords:** Psychiatrists; Mental Health Services; Clinical Psychologists; General Practitioners; Interprofessional Working Practices; Service Impact Patient Satisfaction; Service Impact Health Outcomes; Literature Review.

**Abstract:** Two models that integrate the psychiatrist into treatment of depression in primary care have been evaluated in randomised controlled trials. In the psychiatrist/primary care model, a psychiatrist alternated visits with a primary care physician to assist in the education and pharmacological treatment of the patient. In the psychiatrist/psychologist team model, the psychiatrist worked with a team of psychologists to improve adherence to and effectiveness of antidepressant treatment, with psychologists also providing brief behavioural treatment in the primary care clinic. Findings with the psychiatrist/primary fare model are reported. It was found that the collaborative model was associated with improved adherence to treatment, increased patient satisfaction with depression care, and improved depression outcome compared with usual care by primary care physicians alone. Similar results were found in the study of the psychiatrist/psychologist collaborative care model. The success of these models indicates the appropriateness of a novel role for the psychiatrist and psychologist, i.e., that of collaboration with primary care physicians in care of the depressed patient in the primary care setting.

Ref ID: 399/389
**Keywords:** Primary Care Teams; Role; Interface Between Primary Care And Social Services; Contracting; Interface Special Community Services; Commentary.

**Abstract:** The new white papers on primary care present opportunities for general practices to extend and develop their services to patients. These could enhance professional roles within practices and lead to new partnerships with secondary care, community health services, and social services. Two examples of new services are outlined: a practice led proposal to develop an integrated service for people with learning disability across a whole district, and a community health trust’s contribution to extended primary care in an inner city area. For patients, the potential advantages of the reforms include more comprehensive and more integrated care in the community. The possible pitfalls of changing contractual arrangements include threats to the gatekeeping function of the referral system and, more fundamentally, to the central role general practice currently has in primary care in the United Kingdom. (Editor).

Ref ID: 400/453
**Keywords:** Doctors; Nurses; Alcohol and Drug Misuse; Counsellors; Interprofessional Working Practices; Controlled Trial.

**Abstract:** Primary health care professionals are well placed to enquire about people’s drinking habits and to encourage heavy drinkers to cut down. They also have a key role in referring those with alcohol problems for specialist help. In recent years several projects have been set up to increase such activity amongst primary health care teams with varying levels of success. This paper describes the changes that took place in three practices over a 2-year period when an alcohol counsellor was attached to work with the teams. They are compared with a control practice in the same district. The results suggest that the presence of an alcohol counsellor is associated with considerable increases in the meaningful recording of alcohol consumption in the patients’ records, in the identification of heavy drinkers and those with related problems, and in the frequency of doctors and nurses advising patients to cut down.

Ref ID: 401/376
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Maynard A. Looking askance - Time to send on the subs - locking askance. Health Service Journal 1997; 107, 5537:20

**Keywords:** Doctors; Nurses; Workforce Planning; Commentary

**Abstract:** Workforce planning in the NHS is bedevilled by poor analysis and sectional interest. In particular, forecasters ignore the role of pay in depressing and increasing the labour force. The depression of nurse pay awards in the first half of the 1990s has encouraged their substitution of doctors. Research literature shows that suitably trained nurses can carry out 30-70 per cent of the work of GPs and wide range of hospital tasks. Medical workforce experts, concerned about an impending shortage of doctors, see the solution as training more doctors. A more appropriate solution may be to make up the deficit with nurses. The separation of nursing and doctor workforce forecasting, however, militates against sensible planning and inevitably creates avoidable volatility in the cycles of "surplus" and "shortage". (Editor).

Ref ID: 402/498


**Keywords:** Multidisciplinary Teams; Interprofessional Working Practices; Case Study; Indigent Care;

**Abstract:** For the last ten years the Montefiore Care for the Homeless Team has provided health care to a diverse homeless population of the Bronx, New York. Homeless persons are seen at soup kitchens, family shelters, and a women's assessment shelter. The team includes nurse practitioners, a supervising physician, a psychiatric clinical nurse specialist, a social worker, a health educator, and medical assistants. Yearly descriptions of patient demographics, continuity measures, diagnoses, interventions, and referral patterns are presented over a four-year period. These reveal that an increasing number and diversity of services have been provided by nurse practitioners who address social problems and preventive care in addition to providing direct clinical care for a range of acute and chronic health problems. Providing services at on-site premises has been a strategy to build relationships with shelter and soup kitchen staff, improve patient participation, and foster social support. Close affiliation with a community health centre provides a reliable referral resource and readily available physician consultation. A multi-disciplinary team approach addresses barriers to health care services for the homeless population and contributes to improved provider retention.

Ref ID: 403/499


**Keywords:** District Nurses; Role; Service Impact; Patient Views; Primary Care Teams; Interprofessional Attitudes; Survey.

**Abstract:** This paper describes a district nursing study that considered the experiences and responses of primary health care professionals and their patients to changes taking place within the community. As a qualitative study it employed interviews as the main method of data collection and was informed by both ethnography and interpretative phenomenology. Forty-three study participants were interviewed, eliciting opinion on whether care is more than just a hands-on activity, whether patient need is being met and to what extent service policy is in tune with care delivery. Describing the views of primary health care professionals and patients in order to illustrate the complexity of the district nursing service and professional roles, the paper finds little shared vision between staff and managers of each other’s responsibilities. It concludes that a more holistic approach to understanding professional roles is needed in order to satisfy the differing agendas of managers, staff and patients. It propounds the need for closer collaborative practice between health care professionals, for it finds that they value the ability to communicate as an essential element of their jobs. It reflects that, without such collaboration, it will be difficult for nurses to take a lead position on changes shaping community care.
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Ref ID: 404/544

Keywords: Social Workers; Role; Multidisciplinary Teams; Interface between Primary Care and Social Services; Case Study.

Abstract: Social work has historically played an important role in the community clinic movement, and the current re-emergence of this movement is re-creating and redefining a pertinent role for social work. In the current managed care era, community care clinics can offer services to those who may otherwise be overlooked. There are two major roles for the social work interdisciplinary team member: biopsychosocial screening and activating the community to meet its members' needs. The concept of interdisciplinary care can be positively used under managed care systems. The Vine Hill Clinic has accomplished both of these goals through the creative and appropriate use of social work expertise.

Ref ID: 405/375

Keywords: Nurses; General Practitioners; Epilepsy Care; Role; Service Impact: Quality of Care; Controlled Trial

Abstract: Objective: To test the feasibility and effect of nurse run epilepsy clinics in primary care. Design: A randomised controlled trial of nurse run clinics versus "usual care". Settings: Six general practices in the South Thames region. Subject: 251 patients aged over 15 years who were taking anti-epileptic drugs or had a diagnosis of epilepsy and an attack in the past two years who met specified inclusion criteria and had responded to a questionnaire. Main outcome measures: Questionnaire responses and recording of key variables extracted from the clinical records before and after the intervention. Results: 127 patients were randomised to a nurse run clinic, of whom 106 (83%) attended. The nurse wrote 28 letters to the general practitioners suggesting changes in epilepsy management. For this intervention group compared with the usual care group there was a highly significant improvement in the level of advice recorded as having been given on drug compliance, adverse drug effects, driving, alcohol intake, and self help groups. Conclusions: Nurse run clinics for patients with epilepsy were feasible and well attended. Such clinics can significantly improve the level of advice and drug management recorded.

Ref ID: 406/542

Keywords: Social Workers; District Nurses; General Practitioners; Interface between Primary Care and Social Services; Service Impact Patient Satisfaction; Interprofessional Working Practices; Interprofessional Structure; Case Study.

Abstract: This paper reports on a care management initiative at the interface of social work, general practice and district nursing. The aims were to describe the organisational factors, operational criteria and the views of key managers, professionals and users of the care management pilot based in general practice. A multi-method case study design was used. This comprised: retrospective analysis of general practitioner (GP) referrals to social services, reviews of case records of clients in the care management system, and in-depth interviews with stakeholders, professionals, users and carers. This paper focuses on the analysis of the referral information to social services and district nursing from general practice and the themes arising from the interview data such as communication, referral pathways and professional role boundaries. The views of users and carers are presented in terms of satisfaction with continuity,
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responsiveness and appropriateness of the assessment and delivery of care. Although this care management pilot was discontinued when the funding ceased, the evaluation showed that there were benefits in terms of improved understanding between general practitioners, social workers, and district nurses of working systems, procedures and the organisational constraints of joint working.

Ref ID:407/ 448
Keywords: Doctors; Nurses; Interprofessional Attitudes; Interprofessional Communication; Commentary.
Abstract: The authors of this second paper in the Nursing Times nursing policy series trace the history of national policies - from before the start of the NHS to the promulgation of the NHS (Primary Care) Act - that have had a noticeable impact on the way community nurses practice. Their analysis demonstrates the complex environment behind these developments. They note especially those professionals who were more vocal and had more power, namely doctors. Doctors had their wishes heard by the policy-makers even when a similar suggestion was being strongly advocated by another voice. An example given is that of the opposition 10 years ago from the medical lobby to many of the suggestions in the Cumberlege Report. The doctors wanted to be both in charge of nurses and to reduce the power of meddlesome community managers. Is the nursing voice any stronger today? Will the policy-makers hear nurses as well as others as the strategies are developed for implementing the new primary care-led NHS?

Ref ID:408/ 563
Keywords: Primary Care Teams; Community Care Teams; Community Mental Health Care Teams; Interprofessional Working Practices; Survey.
Abstract: The objective of this research was to explore the extent of teamworking in primary health care in the UK and compare primary health care teams with other multi-disciplinary teams on fundamental criteria of team functioning. A survey was conducted, using a validated questionnaire which measure four aspects of team climate: participation, shared objectives, task orientation and support for innovation. Sixty-eight primary health care teams participated in the questionnaire survey, with additional comparison data from 24 oil company teams; 27 NHS management teams; 20 community mental health teams; 40 social services teams. The total number of respondents across three samples was 1,555. Main outcomes measures were levels of team participation, support for innovation, task orientation and clarity of, and commitment to, team objectives. Primary health care teams scored significantly lower than other teams in the sample on all team functioning factors except task orientation. It is concluded that a restructuring of the organisation of primary health care is required if primary health care teams are to develop clear shared objectives to facilitate the co-ordinated approach to the delivery of care, long urged by practitioners and policy makers.
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Primary Data-Other

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