Nurse-led clinics

An introduction and update

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Definition of a nurse-led clinic

• In a nurse-led clinic the nurse has his or her own patient case load. The service often involves an increase in the autonomy of the nursing role. The nurse-led clinic requires the patient to fit far more into a rigid time slot, often through an appointment system.

• There is the ability to admit and discharge patients from the clinic, or to refer on to other more appropriate healthcare colleagues, based on the nurses’ own assessment.
Why develop a nurse led service or clinic?

- Increased patient access to appropriate health care personnel
- An educative role
- Psychological support
- Monitoring the patient's condition
- Empowerment of the patient
- To more appropriately utilise staff skills
Government support

• The Labour government has clearly been a supporter of nurse-led services, for various reasons.

• Making a Difference (1999) talked of nurse-led services ‘to provide health information, self-help and minor treatments’.
Government support

• In March 2000 Tony Blair asked the NHS to ‘strip out unnecessary demarcations, introduce more flexible training and working practices and ensure that doctors do not use their time dealing with patients who could be treated safely by other health care staff.’

• (House of Commons speech on NHS modernisation 22/3/2000).
Government support

• Alan Millburn (secretary of state for health) introduced roles for nurses at the RCN congress in 2000, which became the Chief Nursing Officer’s 10 key roles.

• These included managing patient case loads, running clinics and prescribing medications and treatments.

• Milburn said he wanted to ‘liberate nurses.. Equality between professions, that is what I want to see. Not nurses versus doctors, but nurses and doctors working together. Each contributing their unique skills to a single care system.’ (RCN Congress 5/4/2000).
Government support

• The first National Service Framework (for coronary heart disease) in 2000 called for heart failure clinics which ‘could be successfully led by nurse practitioners or doctors’. (DoH 2000).

• Such support led medical staff to complain that certain nurse-led primary medical services (PMS) sites were funded to a greater degree than more traditional services (Ryan 2000. Nursing Times 96(39): 42-43).
Evidence

• This is variable, but it depends what you’re measuring. Generally the services provided by nurses do match those that may have been taken from other health care colleagues.

• What are the qualities unique to nursing that can be brought to the clinics?
• Horrocks et al 2002 BMJ 324: 819-823
• Kinnersley et al 2000 BMJ 320: 1043-1048
• Mundinger et al 2000 Journal of the American Medical Association 283(1): 59-68

• NB: BMJ = British Medical Journal
Sharples et al 2002 – little difference between nurse and doctor-led services for managing respiratory disease, but nurses were more costly initially, eg. More patients were admitted to hospital by nurses, but the overall cost reduced over two years.

(Thorax 57(8): 661-666).

• ‘There is little evidence to date to support the widespread implementation of nurse-led management interventions for COPD, but the data are too sparse to exclude any clinically relevant benefit or harm arising from such interventions’. (nine randomized controlled trials, but most had some potential methodological flaws).
Ordering Investigations

• Requesting tests on specimens such as blood and urine is not regulated by law.

• Requests for radiological examinations are regulated by the ionising radiation (medical exposure) regulations.
‘Nurses may be referrers under the regulations provided they have the competence (by training and experience) to provide the medical data required to enable the practitioner (ie. the radiographer) to decide whether there is a net benefit to the patient from the exposure.’ DOH 2003
Making and Receiving referrals

• This is based upon your own competence and that perceived by other team members.

• Support is needed from manager, Trust and within the job description.

• Discuss and explore who is prepared to take your referrals.
Consider today..

• The range of service provided in the clinics
• How competence is developed, maintained and demonstrated
• Professional development
• Audit and evaluation (demonstrating worth)
• Division of labour and multi-disciplinary working.. Overcoming boundaries.