Skill Mix in Primary Care
- the UK experience-

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Challenges

- Rising demand for care
- Rising cost of care
- Variable quality
- GP workforce shortages
Response

Larger multi-disciplinary teams

• Increasingly large teams of 6+ GPs
• Increased number of nurses working in extended roles
• Increased number of administrative staff
Team Structure

Average 24 members of staff

- 45% GP
- 22% Nurse
- 11% Admin
- 22% Other

2006/7 UK General Practice Workload Survey, Information Centre
Response

Facilitated by payment system

• Financial rewards for achieving quality standards in chronic disease management and health promotion.
• Practices with nurses better able to meet quality standards.
• Larger practices better able to afford nurses.
Expectations

Nurses working in extended roles can -

- Reduce demand for doctors
- Reduce cost of care
- Maintain or increase the quality of care
Does it Work?
Two Models of Working

1. Substitution
   - GP
   - Or
   - Nurse

2. Supplementation
   - GP
   & Nurse

Nurse Roles

Substitution

• Nurse skills duplicate doctor skills
• Nurse works as substitute doctor
• Aim is to address medical workforce shortage
Substitution
First contact care (5 studies)

No. Outcomes

<table>
<thead>
<tr>
<th>No. Outcomes</th>
<th>Quality</th>
<th>Health</th>
<th>Cost</th>
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</thead>
<tbody>
<tr>
<td>Doctor</td>
<td></td>
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<tr>
<td>Nurse</td>
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<tr>
<td>Same</td>
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</table>
Substitution
First contact & ongoing care (7 studies)
Substitution
Chronic Disease Management (4 studies)
Substitution

Patient outcomes

• No difference in physical health, but satisfaction higher for nurses

Process of care

• No difference in quality of care, but nurses give more advice

Resource utilisation

• Productivity lower for nurses, but overall costs the same or lower
Nurse Roles

Supplementation

• Nurse skills complement doctor skills
• Interdependent teamwork
• Aim is to improve quality
Supplementation
Health Promotion (15 studies)
Supplementation
Chronic Disease Management (17 studies)
Supplementation

Patient outcomes
- Improved health outcomes
- Improved satisfaction

Process of care
- Improved quality of care

Resource utilisation
- Higher cost for higher quality
Overall Conclusions

Nurses working in extended roles can-

<table>
<thead>
<tr>
<th>Conclusion</th>
<th>Answer</th>
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<tbody>
<tr>
<td>Reduce demand for doctors?</td>
<td>Yes</td>
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<tr>
<td>Reduce cost of care?</td>
<td>No</td>
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<tr>
<td>- Supplementation: higher cost for higher quality</td>
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<td>- Substitution: cost neutral</td>
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<tr>
<td>Maintain or increase the quality of care?</td>
<td>Yes</td>
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System-level Impact

But has unintended effects on -

• Continuity of care
• Coordination of care
Policy Implications

Extending nurse roles in general practice is a plausible strategy for increasing workforce capacity and enhancing quality of care.

But beware

Reduced personal continuity of care
Difficulties with care coordination
Thank you