



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

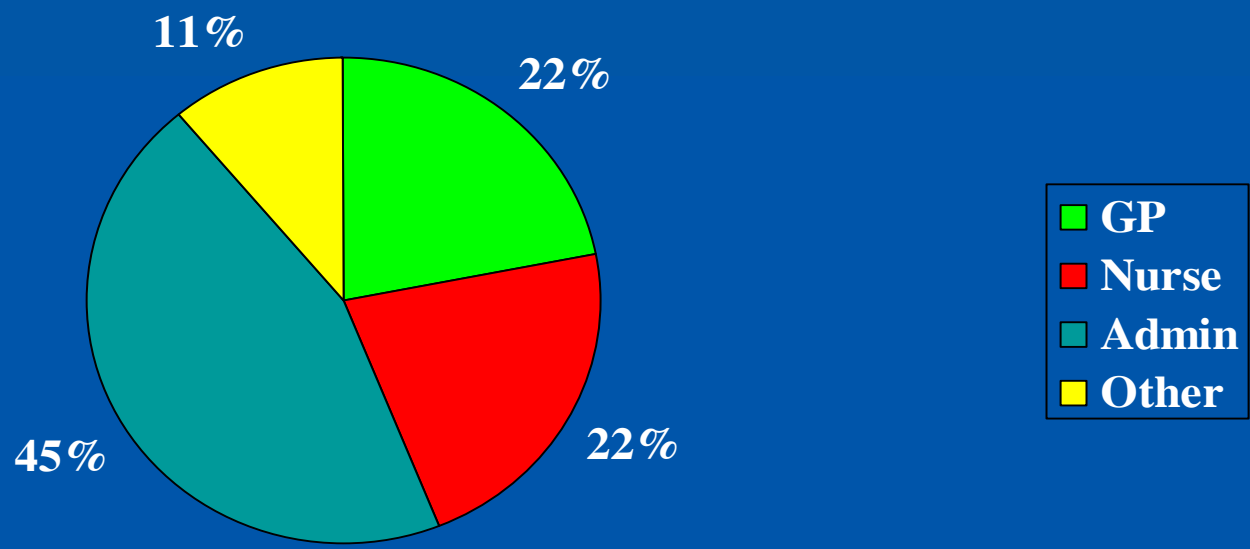
Larger multi-disciplinary teams

- 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



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 -

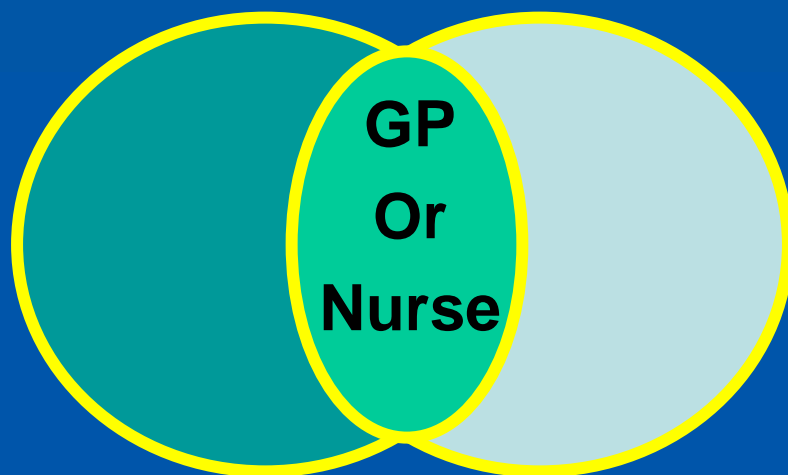
- Reduce demand for doctors
- Reduce cost of care
- Maintain or increase the quality of care



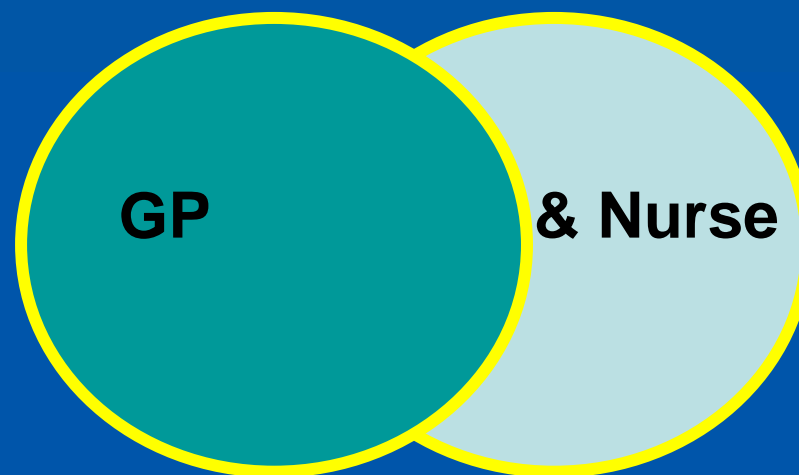
Does it Work?

Two Models of Working

1. Substitution



2. Supplementation



1. Miranda Laurent et al. Substitution of doctors by nurses in primary care. Cochrane Database, 2004. (16 studies)
2. Miranda Laurent et al. The effectiveness of nurse supplementation in primary care. unpublished. (32 studies)



Nurse Roles

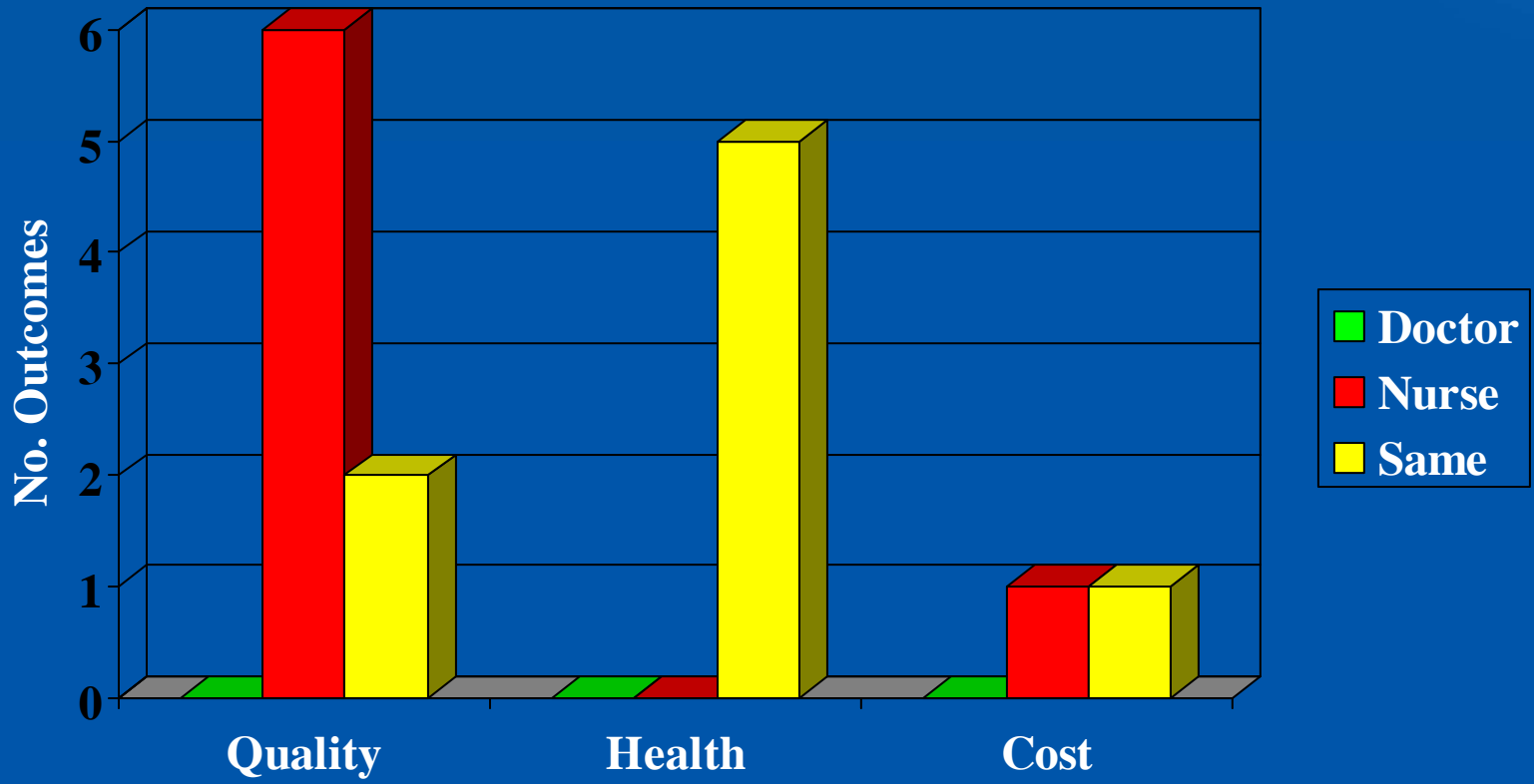
Substitution

- Nurse skills duplicate doctor skills
- Nurse works as substitute doctor
- Aim is to address medical workforce shortage



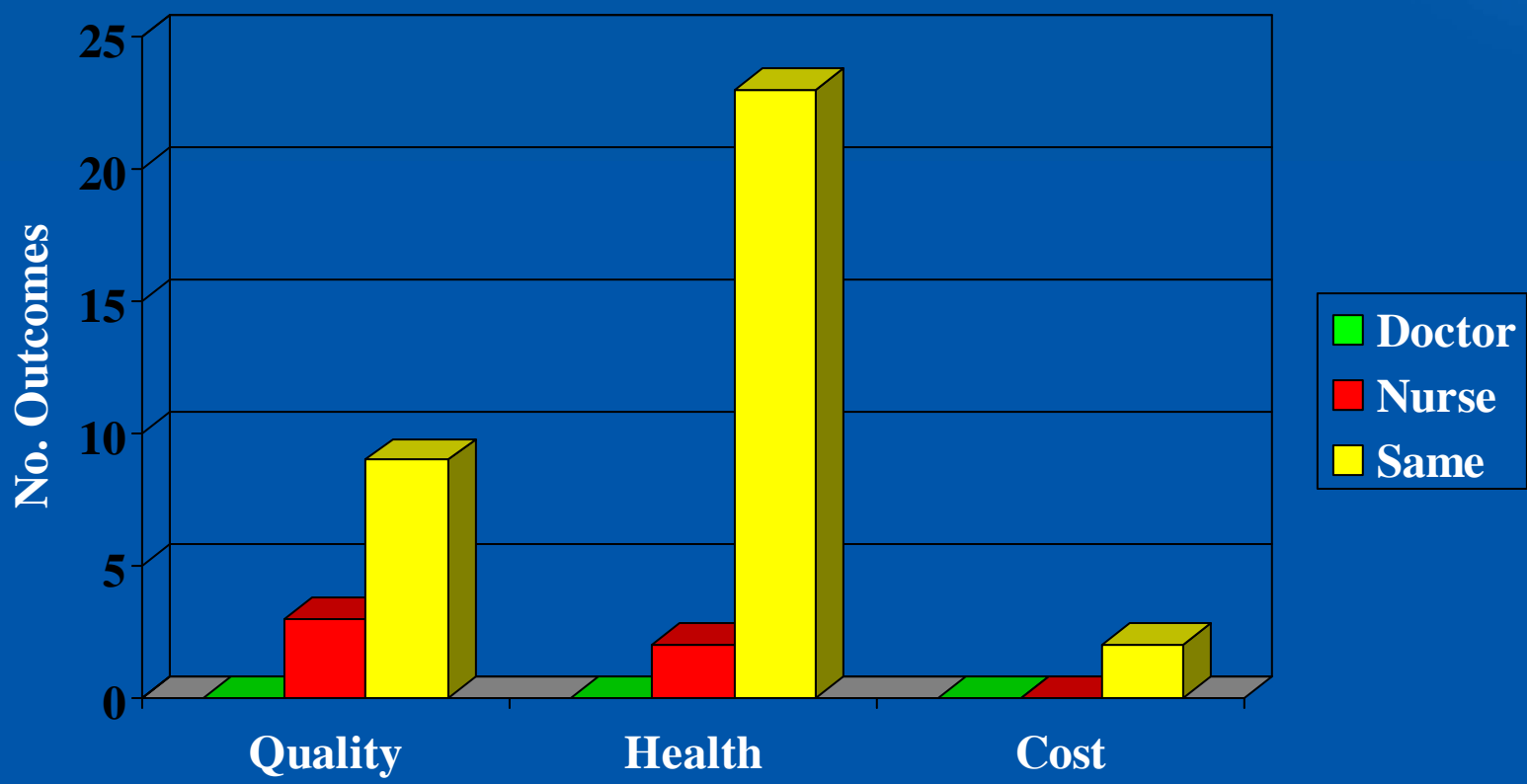
Substitution

First contact care (5 studies)



Substitution

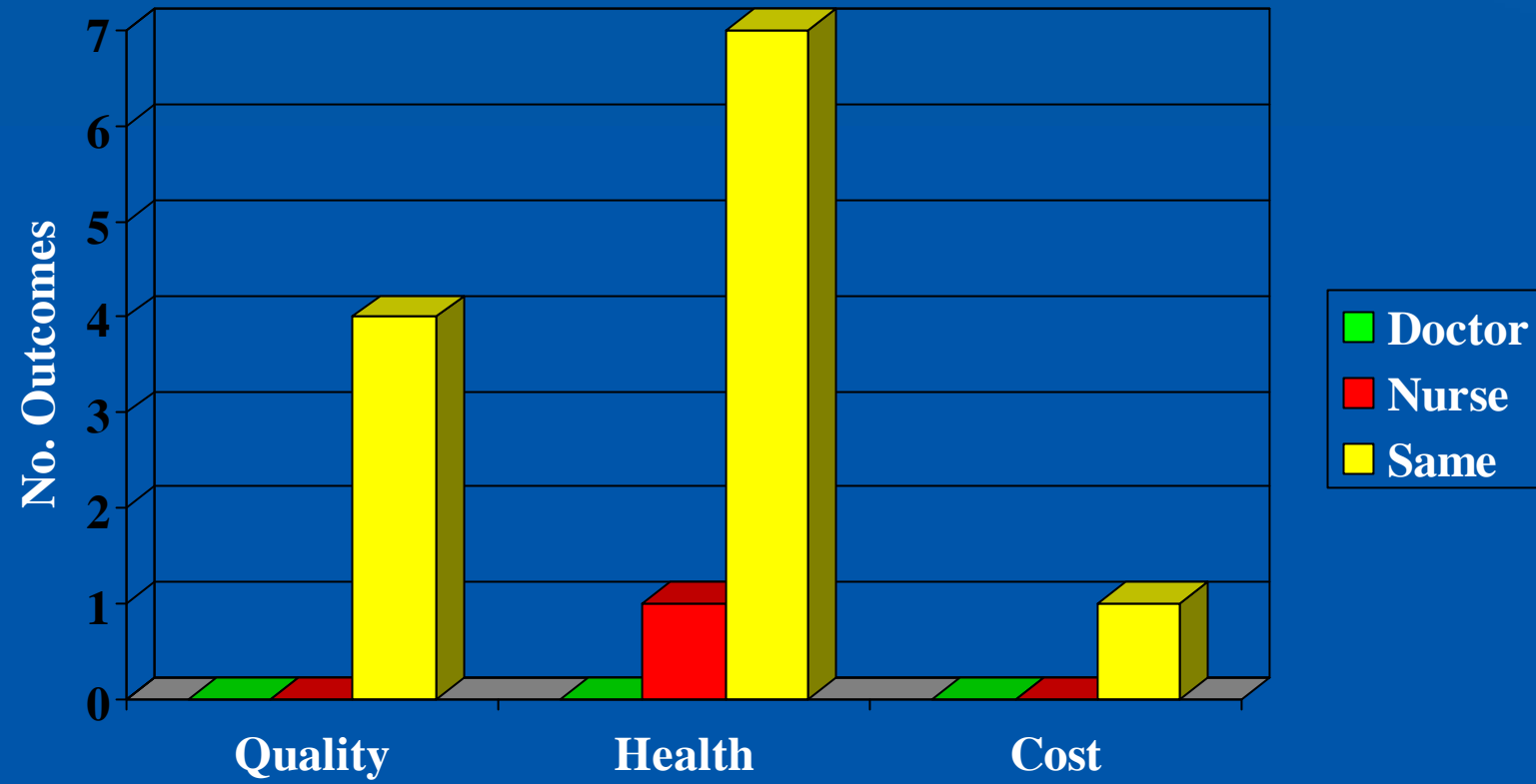
First contact & ongoing care (7 studies)





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



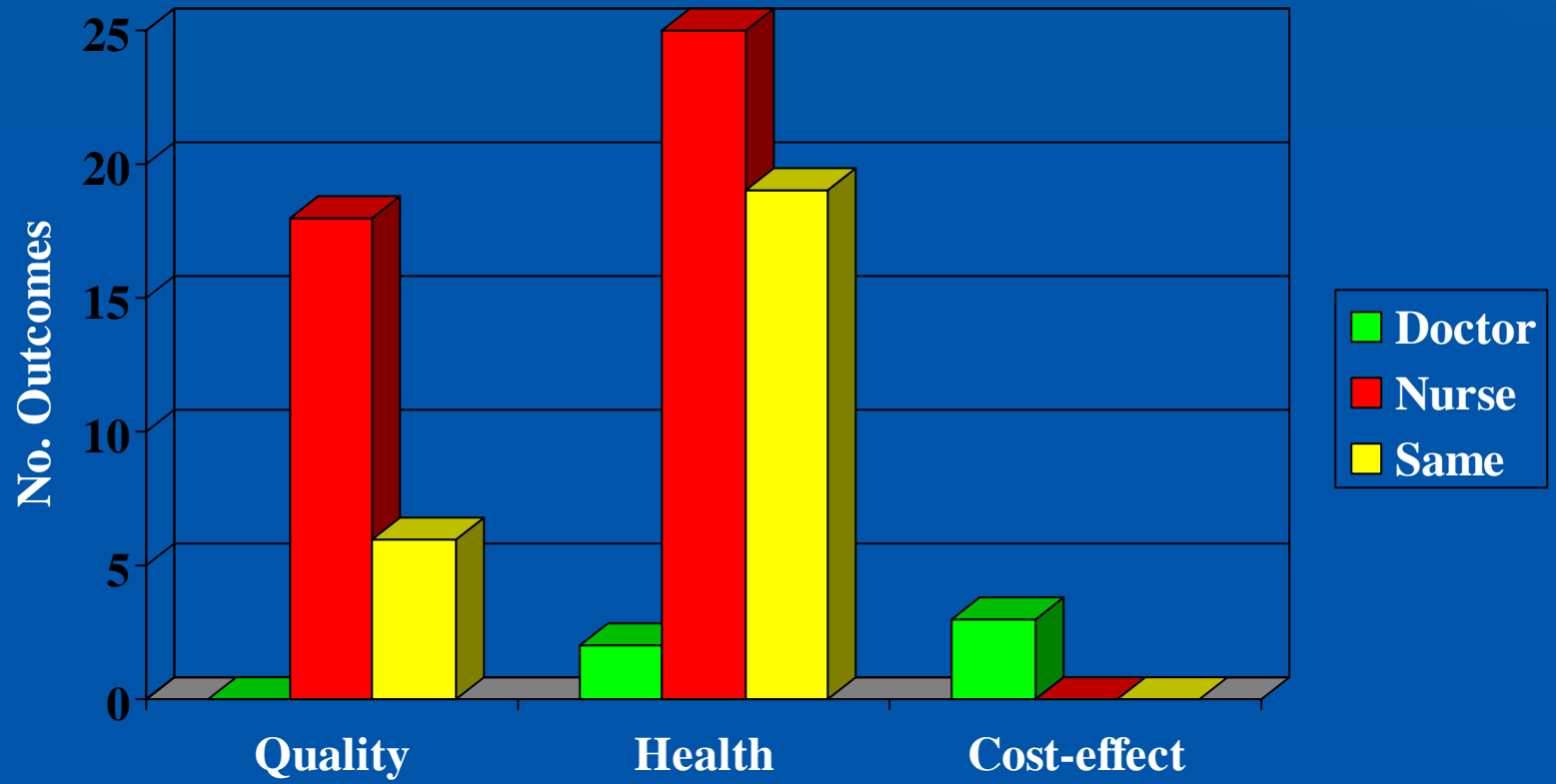
Nurse Roles

Supplementation

- Nurse skills complement doctor skills
- Interdependent teamwork
- Aim is to improve quality

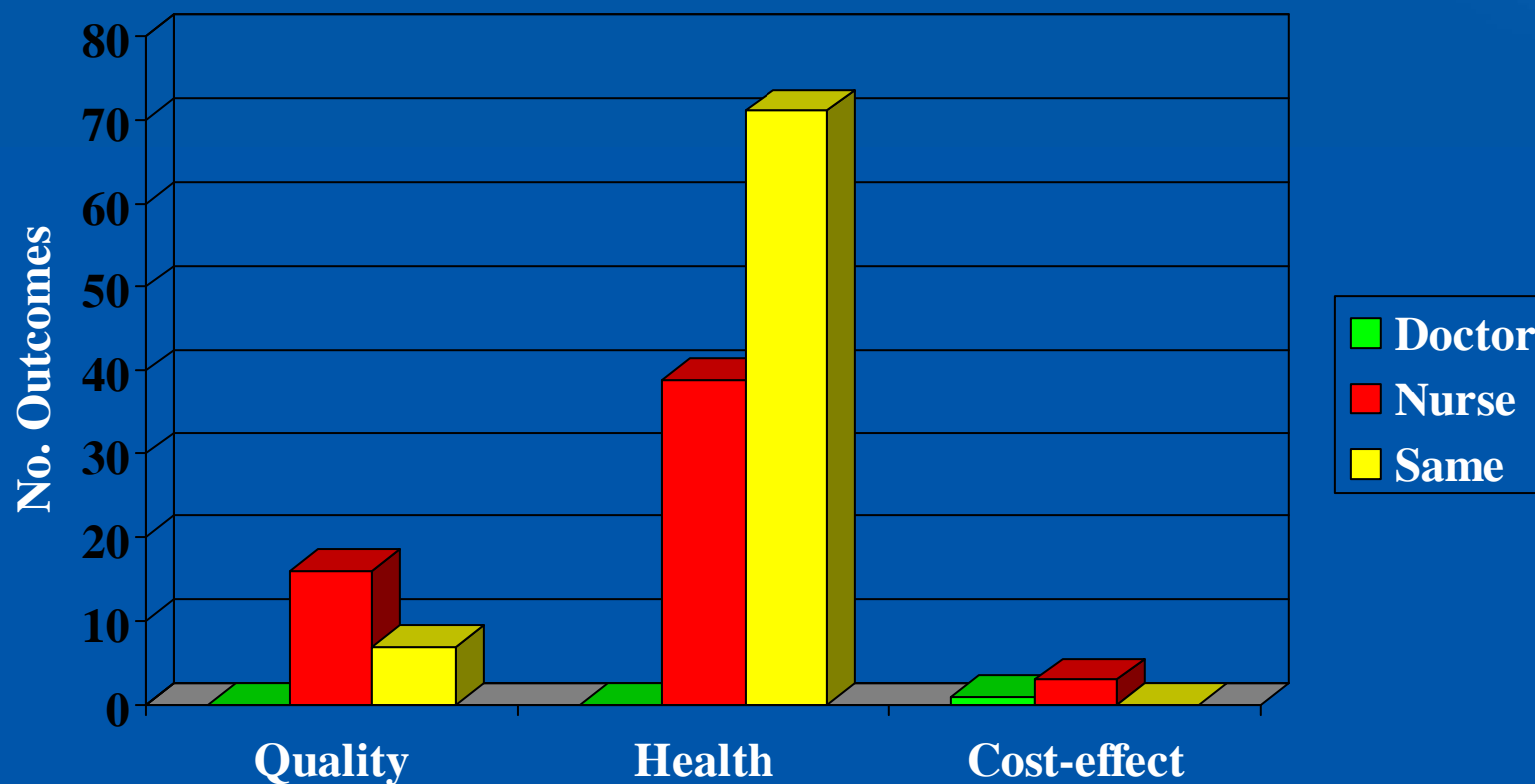


Supplementation Health Promotion (15 studies)



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-

• Reduce demand for doctors?	Yes
• Reduce cost of care? –Supplementation: higher cost for higher quality –Substitution: cost neutral	No
• Maintain or increase the quality of care?	Yes



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