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Nursing as grease in the primary care innovation machinery

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Primary care is one of the drivers of change in health care systems, especially in the countries of central and eastern Europe (CCEE) but also in western Europe.[1] Part of this change is the development of new professional roles. Especially in Western Europe the most eye-catching of new professional roles in primary health care is that of nursingLinked to primary care centres or general practices, nursing is rapidly becoming first-contact care with in some countries the authority to prescribe drugs. Practice nurses develop their own role in the care for chronically ill people and modern disease management programmes give increased autonomy to specialized nurses. These changes in the nursing profession are an innovation in itself, but they are also linked to and reinforced by other innovations in primary care.

Primary care faces a number of challenges. Health care needs are increasing and changing. People live longer, stay longer at home, but also have multiple health problems. At the same time, increasing levels of education and access to information and market oriented policy changes lead to more demanding patients. These challenges have to be met by a limited work force. Therefore, innovation is needed.

Innovation takes three forms: organizational, process and workforce innovation. Organizational innovation is necessary because of a general trend of increasing scale of organizational units. This in turn leads to a differentiation between professional work and management.[2] In the CCEE privatisation has led to a new organisation of primary care, while in other countries, e.g. Germany, network integration and the need of co-ordination in disease management programmes challenges the organisation of ambulatory care.[3] Organizational innovation in primary care in Western European countries shapes the conditions for new roles for nursing in primary care. However, in the CCEE privatisation also leads to small, monodisciplinary units, based in general practice. As a consequence there are large differences in the role of nurses in primary care in European countries. Influenced by financial incentives, such as pay-for-performance in the UK and the funding of practice nurses and additional services in the Netherlands, GP group practices develop into multidisciplinary primary care teams. However, e.g. in Germany network formation and disease management initiatives largely develop within the medical axis with only minor roles for nursing.[3]

Process innovation, new ways of organizing care processes, is the answer to changing health care needs, changing roles of patients and changing relations between primary and secondary care. Patient centred care organisation, case and disease management and integration of prevention in the care process are examples of process innovation. The way process innovation takes shape, is influenced by the structure of health care systems and in particular the position of primary care. As a broad generalization, it seems that gate keeping

system primary care systems have more opportunities to organize specialized functions within primary care although this challenges horizontal integration.

The third type of innovation is workforce innovation. Here the professional role of nursing comes in. The existing occupational structure of the professions is changing rapidly as a result of task delegation within primary care and transfer from secondary to primary care. New roles develop for existing professions and new professions develop. Nursing plays a crucial role in these processes: think of practice nurses, liaison nurses and nurse practitioners.[4] On the physician side, physician assistants develop as a new profession, first in the hospital setting but probably diffusing to ambulatory care.

Research on task delegation from GPs to nurses has shown that nurses provide the same quality of care. They have an effective role in screening and vaccinations, and in managing chronic disease. At the same time there is no reason to be optimistic about this development as solution to problems of workload and cost containment. Task delegation leads to duplication or increase of services rather than substitution and not to cost savings, because lower salaries are offset by longer consultations.[5]

In the long run these innovations and especially the workforce innovations might lead to blurring boundaries between nursing and medicine. The higher end of the nursing educational continuum, with nurse practitioners and specialised nurses, meets the lower end of the medical educational continuum, with physician assistants. At this point the two educational continua overlap and this may lead to shared education.[6] The prescribing monopoly of the medical profession is or will be abolished in some countries.[7] Partly this reflects a gradually grown situation and partly it will necessitate retraining of nurses and new educational programmes.

In conclusion, the system of the professions is changing and primary care and especially nursing plays an important role in this process. This will give tensions over established roles. The professional identity of doctors is challenged. Although patients in general seem to be happy with the extended role of nurses, they are probably still adjusting their expectations.[8] And also nurses themselves may be uncertain about their new role.

REFERENCES

1. Saltman RB, Rico A, Boerma W (eds). *Primary care in the driver's seat? Organisational reform in European primary care*. Open University Press: Maidenhead. 2006.
2. Groenewegen PP, Hansen J, Ter Bekke S. *Professies en de toekomst: veranderende verhoudingen in de gezondheidszorg*. Utrecht: VVAA/Springer, 2007.
3. Kuhlmann E. *Modernising health care: reinventing professions, the state and the public*, Bristol:Policy Press, 2006.
4. Sibbald B, Laurant MG, Reeves D. Advanced nurse roles in UK primary care. Medical Journal of Australia 2006; 185: 10-12.
5. Laurant M, Reeves D, Hermens R, Braspenning J, Grol R, Sibbald B. Substitution of doctors by nurses in primary care (Review). *The Cochrane Library* 2007, Issue 4.
6. VOBC-AVV. Verpleegkundige zorg in goede banen: samenhang en samenspel in de beroepsuitoefening. Utrecht, 2006.
7. Van Ruth L, Mistiaen P, Francke AL. Effects of nurse prescribing of medication: a systematic review. *Internet Journal of Health Care Administration* 2008; 5: 2.
8. Redsell SA, Jackson C, Stroke T, Hastings A, Baker R. Patient expectations of 'first-contact care' consultations with nurses and general practitioners. Quality in Primary Care 2007; 15: 5-10.