

Unit Seven

Integration of general practice nurses in the community health care workforce from a patient's perspective

Key messages

Once you have read this Unit, you should have an understanding of:

- *how nurses working in GP surgeries (general practice nurses – GPNs) interact with nurses from other community settings and other health care professionals*
- *the benefits to nurses of working in close-knit teams.*

Understanding nursing care outside hospitals

There are many different terms in use to describe health care outside of hospitals, which can be confusing when you simply want to know how and where to see a doctor or nurse, and to get advice or treatment.

Some key terms that will be useful in reading this section are:

- *primary care – this is used to mean care provided by GP surgeries only, but is now often used to mean all care provided outside of hospitals*
- *community – this refers to all the places where people who are not in hospital live or might receive care. It includes their homes, clinics, general practices, health centres, day centres, nursing or residential homes, or informal places such as 'drop in' centres*
- *community nurses – this is a general term for nurses such as district nurses and community children's nurses, and other health care professionals such as health visitors and midwives, who provide care to people in the community. They are employed by a local NHS organisation – most community nurses are employed by a primary care trust (PCT) – see below*
- *practice nurses – also called GPNs, these are nurses who are usually directly employed by GPs, and work alongside them in the surgery or health centre*
- *community matrons – this is a relatively new term for very experienced community nurses who have taken on a specific role caring for people at home with complex conditions – ie people who are at high risk of having to go into hospital. The community matron will keep in close contact with these people and their families, providing nursing care and arranging for other services to be arranged so that the patient can remain at home for as long as possible*
- *PCTs – these are the NHS organisations responsible for making sure that local people have all the health services they need, both from hospitals and in the community. PCTs employ community nurses to provide nursing care in the community, and arrange for hospital care to be provided by hospital trusts*
- *nursing teams – this is the term used when GPNs employed by GPs, and community nurses employed by PCTs, work closely together to provide the care and treatments needed by local people. An 'integrated team' may mean that the nurses are all employed by the PCT rather than some by the GP. More often, GPNs are still employed by the GP, but they share the surgery premises and equipment with community nurses, and work together to provide the necessary nursing services. In some cases, they may work closely as a team, even though they are based at different premises, by meeting regularly to plan care and sharing patient records. Sometimes, integration works at the level of basic cooperation and awareness of each other's roles and work. The closer the team works together, the more benefits there are for the team, and for people receiving care. There may also be some opportunities through practice based commissioning clusters which would be worth exploring.*

Benefits of working together

Although you always have access to the care provided both by your GPN and your local community nurses, there are advantages to both groups of nurses working closely together.

- The team can share, in professional confidence, information about your medical condition, the treatment you have received, your preferences and choices about care, any allergies you may have, and other key facts. They do this by using the confidential medical records held by your general practice, and the nursing records used by the community nurses. As all the team are health care professionals, they are used to dealing with confidential patient information safely and appropriately. Shared information makes care safer, and more effective as everyone involved in your care has the full picture
- If practice teams work closely together you may need to make fewer visits to the surgery, or receive fewer visits at home, because one team member will take on aspects of your care that would otherwise involve several different people. This saves time and reduces inconvenience for you, as well as freeing up time for the nurses to see other patients
- You have access to a wider range of skills in a practice team. If, for example, one of the nurses has a qualification in a particular kind of care, such as an alternative therapy, or expertise in a particular condition relevant to you, such as diabetes, then the team will be able to involve that person in your care. If community and practice nurses were working separately, you would not necessarily know about this additional expertise, and the involvement of another nurse would have to be specially arranged rather than happening automatically
- Your needs should be more easily matched to the right person to help you. If you have a long-term condition such as heart failure, which might only need a regular check-up, but can sometimes make you quite ill, then practice nurses, district nurses and community matrons working together in a team can ensure that you receive the right level of care for the severity of your condition at any particular time
- The wider the team, the more contacts they will have with other services (including health, social and education services) and other agencies (such as those giving help with counselling, debt relief and employment). Combining GPNs and community nurses means that each has access to the knowledge, equipment, information and resources of the other, and can make more help available to you when you need it

Specialist nurses

It is important to realise that the nursing team linked to your practice cannot always provide everything you need. The team usually brings together the 'generalist' nurses, who deal with a wide range of conditions, and some 'specialists', who have more specific areas of expertise. However, sometimes your condition might benefit from advice and care planning from someone with even more specialist expertise in your particular condition. GPNs will have a wide range of contacts; so bringing in a specialist diabetes nurse, or cancer nurse, is not because they cannot cope, but because they recognise that you could benefit from expert care.

What should you expect from nurses in general practice?

- *You should be able to find out who is in the nursing team, through the practice leaflet, or by asking at the surgery*
- *You should find that each member of the team you see knows about your condition and your treatment to date, because they share your records, confidentially, between them*
- *When your care is passed from one team member to another, you should know why and be involved in the decision to share your care. The handover should be smooth and efficient, without long, unexplained gaps when you don't know who to contact*
- *You should know how to contact the team member looking after you, and who or where to call if you need help outside of the hours that the nurse is usually available*
- *Each team member should be able to explain their role, and that of the other team members*
- *You should be able to read any notes that the team writes about you, and in some cases, keep the care records with you.*

Being part of the team

How much you are encouraged to participate in your care will depend on many things, including your wish to do so, and how well or ill you are at any time. However, you should be able to discuss your care, choice of treatment options and place of care with any member of the integrated nursing team. A recent government policy called 'the Expert Patient Programme' has encouraged health professionals to involve patients as partners in their own care, particularly when they have long-term conditions that they mostly manage themselves.

Sharing care records, including using patient-held records that are kept by the person receiving care, rather than the health professional, is part of this move to share responsibility. It has been commonplace for a long time for pregnant women and people having district nursing care at home to keep their own records. Child health records are kept by parents, and parents are encouraged to write in the record about their child's progress. This kind of sharing, which recognises the expertise that people build up about their own condition, the choices they might want to make and their responsibility for their health is spreading to many more health care situations.

Carers

There are six million carers in this country, many of whom find that their health, well-being and income are affected as their caring responsibilities increase. To help relieve the pressure on carers, the government has introduced new ways of offering them support. They have created an information service for carers to provide them with information on what support is available for them and the person they look after. Every area of the country has short-term, home-based respite support for carers in crisis or emergency situations. There is also funding to provide training for carers. The government is extending the Prime Minister's 1999 Strategy for Carers which promotes carers' rights and grants. (Our health, our care, our say).