

<b>Search title:</b>	<b>Skill Mix in General Practice for Same-Day/Minor Illness Appointments</b>
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## Findings

There has been a significant shift to same-day care in general practice since the pandemic began (Armitage, 2022). From the relevant research it appears there is a huge amount of variation between practices and PCNs in how same-day/minor illness services are managed and which practitioners are employed, and specifically which patients and conditions they see.

GP practices often develop their own individualised approaches to the management of same-day/minor illness appointments, so there is wide variation in how patients are triaged and which clinicians see patients for these services (Spooner et al, 2022). Triage was variably

carried out by reception staff, nurses, GPs, and ACPs, or sometimes reception staff followed by a clinician using telephone, digital decision-support systems for staff or online patient triage.

Physician Associates (PAs), Advanced Clinical Practitioners (ACPs), Advanced Nurse Practitioners (ANPs), paramedics and pharmacists all commonly provided same-day/minor illness care. However, practices often develop bespoke skill matrices for clinical staff. Skills vary not only between the different professional roles, but between individual clinicians, making matching each patient to the right clinician very challenging (Spooner et al, 2022). Partly due to a lack of standardisation in these roles in the past, and different levels of experience, there is variation in the skills and scope of practice of each role holder (Baird et al, 2022; Booker and Voss, 2019; Torrens, 2019). This seems to both be a cause and effect of the variation in approach between practices, and this variation can make it very challenging for PCN staff in ARRS roles to adapt to the different approaches between the practices they work at (Hooks and Walker, 2020; Spooner et al, 2022)

There still seems to be some confusion and lack of awareness among patients, and in some cases other clinicians, about what some roles could and couldn't do (Alshehri et al, 2023). There was sometimes antagonism between professional groups about professional boundaries (Nelson et al, 2019).

The skills most prized for these roles are anything that enabled clinicians to manage patients independently e.g. prescribing, requesting tests and imaging (McDermott et al, 2022). These priorities sometimes led to the physician associate role being viewed with the most scepticism, as they are not yet able to prescribe, with some practices having concerns about how much they would be able to contribute (Nelson et al, 2019; McDermott et al, 2022).

Many practitioners in these roles found it challenging to manage uncertainty in their roles, especially as working in same-day/minor illness care can still involve treating complex patients with comorbidities and dealing with polypharmacy, and decision-making about prescribing in an often pressured environment (Seston et al, 2021; Stenner et al, 2021; Hooks and Walker, 2020). Adequate supervision, mentorship, networking, ongoing training and professional development were all identified as crucial to embedding these roles successfully, but these were not always available consistently, as much of this work is often the responsibility of already stretched GPs (Baird et al, 2022; Hooks and Walker, 2020; McDermott et al, 2022; Nelson et al, 2019; Evans et al, 2020; Torrens et al, 2019; Stenner et al, 2021; Schofield et al, 2020; Alshehri et al, 2023; Gibson et al, 2023). In some cases there was a dissonance between the motivations of practitioners in taking up these roles, as they sought professional development, and the practices in employing them, as they were prioritising increasing appointment availability (Gibson et al, 2023).

## Studies and Reports

### Overviews

**General practice managers' motivations for skill mix change in primary care: Results from a cross-sectional survey in England**

**Item Type:** Journal Article

Authors: Gibson, Jon;McBride, Anne;Checkland, Katherine;Goff, Mhorag;Hann, Mark;Hodgson, Damian;McDermott, Imelda;Sutton, Matt and Spooner, Sharon

Publication Date: 2023

Journal: Journal of Health Services Research & Policy 28(1), pp. 5-13

**Abstract:** Objectives: The objectives are to determine the factors that motivated GP practice managers in England to employ non-medical roles, and to identify an ideal hypothetical GP practice workforce. Methods: Cross-sectional survey of GP practice managers in England (n = 1205). The survey focused on six non-medical roles: advanced nurse practitioner, specialist nurse, health care assistant, physician associate, paramedic and pharmacist. Results: The three most commonly selected motivating factors were: (i) to achieve a better match between what patients need and what the practitioner team can deliver; (ii) to increase overall appointment availability and (iii) to release GP time. Employment of pharmacists and physician associates was most commonly supported by additional funding. Practice managers preferred accessing new non-medical roles through a primary care network or similar, while there was a clear preference for direct employment of additional GPs, advanced nurse practitioners or practice nurses. The ideal practice workforce would comprise over 70% of GPs and nurses, containing, on average, fewer GPs than the current GP practice workforce. Conclusion: This study confirms that more diverse teams of practitioners are playing an increasing role in providing primary care in England. Managers prefer not to employ all new roles directly within the practice. A more detailed investigation of future workforce requirements is necessary to ensure that health policy supports the funding (whether practice or population based), recruitment, training, deployment and workloads associated with the mix of roles needed in an effective primary care workforce.

Access or request full text: <https://libkey.io/10.1177/13558196221117647>

URL:

<https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=161364320&custid=ns128641>

### **Key points:**

This study is based on a survey of practice managers.

“The most commonly selected motivating factor for employing advanced nurse practitioners and physician associates was ‘to increase overall appointment availability’; for employing pharmacists and paramedics it was ‘desire to release GP time’ and for employing specialist nurses and health care assistants it was ‘desire to achieve a better match between what patients need and what the practitioner team can deliver’. Supply factors such as ‘to cope with recruitment issues – our choices are limited by the availability of suitable practitioners’ and ‘unable to recruit a GP’ were most commonly selected by practices employing advanced nurse practitioners, paramedics and physician associates. Other commonly selected motivating factors across the staff groups were desire to ‘improve cost-effectiveness’, ‘move forward with national policy

for skill mix (i.e. different types of practitioners) and 'to provide additional or improved services to patients such as increased access beyond what is currently available'."

(Gibson et al, 2023)

**Scale, scope and impact of skill mix change in primary care in England: a mixed-methods study.**

**Item Type:** Journal Article

Authors: McDermott, Imelda; Spooner, Sharon; Goff, Mhorag; Gibson, Jon; Dalgarno, Elizabeth; Francetic, Igor; Hann, Mark; Hodgson, Damian; McBride, Anne; Checkland, Katherine and Sutton, Matt

Publication Date: 2022

Journal: Health and Social Care Delivery Research 10(9)

Abstract: **BACKGROUND:** General practices have had difficulty recruiting and retaining enough general practitioners to keep up with increasing demand for primary health care in recent years. Proposals to increase workforce capacity include a policy-driven strategy to employ additional numbers and a wider range of health professionals. **OBJECTIVES:** Our objective was to conduct a comprehensive study of the scale, scope and impact of changing patterns of practitioner employment in general practice in England. This included an analysis of employment trends, motivations behind employment decisions, staff and patient experiences, and how skill mix changes are associated with outcome measures and costs. **DESIGN:** NHS Digital workforce data (2015–19) were used to analyse employment changes and to look at their association with outcomes data, such as the General Practitioner Patient Survey, General Practitioner Worklife Survey, prescribing data, Hospital Episode Statistics, Quality and Outcomes Framework and NHS payments to practices. A practice manager survey (August–December 2019) explored factors motivating general practices' employment decisions. An in-depth case study of five general practices in England (August–December 2019) examined how a broader range of practitioners is experienced by practice staff and patients. **RESULTS:** We found a 2.84% increase in reported full-time equivalent per 1000 patients across all practitioners during the study period. The full-time equivalent of general practitioner partners decreased, while the full-time equivalent of salaried general practitioners, advanced nurse practitioners, clinical pharmacists, physiotherapists, physician associates and paramedics increased. General practitioners and practice managers reported different motivating factors regarding skill mix employment. General practitioners saw skill mix employment as a strategy to cope with a general practitioner shortage, whereas managers prioritised potential cost-efficiencies. Case studies demonstrated the importance of matching patients' problems with practitioners' competencies and ensuring flexibility for practitioners to obtain advice when perfect matching was not achieved. Senior clinicians provided additional support and had supervisory and other responsibilities, and analysis of the General Practitioner Worklife Survey data suggested that general practitioners' job satisfaction may not increase with skill mix changes. Patients lacked information about

newer practitioners, but felt reassured by the accessibility of expert advice. However, General Practitioner Patient Survey data indicated that higher patient satisfaction was associated with a higher general practitioner full-time equivalent. Quality and Outcomes Framework achievement was higher when more practitioners were employed (i.e. full-time equivalent per 1000 patients). Higher clinical pharmacist full-time equivalents per 1000 patients were associated with higher quality and lower cost prescribing. Associations between skill mix and hospital activity were mixed. Our analysis of payments to practices and prescribing costs suggested that NHS expenditure may not decrease with increasing skill mix employment. LIMITATIONS: These findings may reflect turbulence during a period of rapid skill mix change in general practice. The current policy of employing staff through primary care networks is likely to accelerate workforce change and generate additional challenges. CONCLUSIONS: Skill mix implementation is challenging because of the inherent complexity of general practice caseloads; it is associated with a mix of positive and negative outcome measures. FUTURE WORK: Findings from this study will inform future funding applications for projects that seek to examine the nature and impact of evolving multiprofessional teams in primary care. FUNDING: This project was funded by the National Institute for Health and Care Research (NIHR) Health and Social Care Delivery Research programme and will be published in full in Health and Social Care Delivery Research; Vol. 10, No. 9. See the NIHR Journals Library website for further project information.; This study found skill mix implementation was challenging due to the inherent complexity of general practice caseloads and was associated with a mix of positive and negative outcome measures.

URL: <https://www.journalslibrary.nihr.ac.uk/hsdr/YWTU6690#/abstract>

### **Is the shift to urgent appointments in general practice what patients really want?**

**Item Type:** Journal Article

**Authors:** Armitage, Richard

**Publication Date:** 2022

**Journal:** British Journal of General Practice 72(716), pp. 122

**Abstract:** Data from NHS Digital reveal that, before the COVID-19 pandemic (data available from June 2019-March 2020), 68.3% of total monthly general practice appointments in England took place on the same-day or 1 day after their booking on average. The COVID-19 pandemic has placed unprecedented demands on general practice in a variety of forms: first, to provide a variety of clinical services specifically designed to combat the pandemic; second, to adapt to remote ways of working facilitated by digital technologies; and, third, to maintain "everyday" general practice under immense patient demands, a fatiguing

workforce, and increasing staff shortages.

Access or request full text: <https://libkey.io/10.3399/bjgp22X718673>

URL:

<https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=155483281&custid=ns128641>

### **Integrating additional roles into primary care networks**

**Item Type:** Report

Authors: Baird, B., Lamming, L., Bhatt, R., Beech, J. and Dale, V.

Publication Date: 2022

Publication Details: London: The King's Fund

URL: <https://www.kingsfund.org.uk/sites/default/files/2022-02/Integrating%20additional%20roles%20in%20general%20practice%20report%28web%29.pdf>

### **Access to GP care**

**Item Type:** Web Page

Publisher: Care Quality Commission

Publication Year: 2022

URL: [https://www.cqc.org.uk/publications/major-reports/soc202021\\_02h\\_gp-access](https://www.cqc.org.uk/publications/major-reports/soc202021_02h_gp-access)

### **Skill-mix change in general practice: a qualitative comparison of three 'new' non-medical roles in English primary care**

**Item Type:** Journal Article

Authors: Nelson, Pauline A.;Bradley, Fay;Martindale, Anne-Marie;McBride, Anne and Hodgson, Damian

Publication Date: 2019

Journal: British Journal of General Practice 69(684), pp. e489-e498

**Abstract:** Background General practice is currently facing a significant workforce challenge. Changing the general practice skill mix by introducing new non-medical roles is recommended as one solution; the literature highlights that organisational and/or operational difficulties are associated with skill-mix changes.

**Aim** To compare how three non-medical roles were being established in general practice, understand common implementation barriers, and identify measurable impacts or unintended consequences.

**Design and setting** In-depth qualitative comparison of three role initiatives in general practices in one area of Greater Manchester, England; that is, advanced practitioner and physician associate training schemes, and a locally commissioned practice pharmacist service.

**Method** Semi-structured interviews and focus groups with a purposive sample of stakeholders involved in the implementation of each role initiative were conducted. Template analysis enabled the production of pre-determined and researcher-generated codes, categories, and themes.

**Results** The final sample contained 38 stakeholders comprising training/service leads, role holders, and host practice staff. Three key themes captured participants' perspectives: purpose and place of new roles in general practice, involving unclear role definition and tension at professional boundaries; transition of new roles into general practice, involving risk management, closing training–practice gaps and managing expectations; and future of new roles in general practice, involving demonstrating impact and questions about sustainability.

**Conclusion** This in-depth, in-context comparative study highlights that introducing new roles to general practice is not a simple process. Recognition of factors affecting the assimilation of roles may help to better align them with the goals of general practice and harness the commitment of individual practices to enable role sustainability.

URL: <https://bjgp.org/content/69/684/e489>

## **Skill-mix change and the general practice workforce challenge**

**Item Type:** Journal Article

**Authors:** Nelson, Pauline;Martindale, Anne-Marie;McBride, Anne;Checkland, Kath and Hodgson, Damian

**Publication Date:** 2018

Journal: British Journal of General Practice 68(667), pp. 66-67

Access or request full text: <https://libkey.io/10.3399/bjgp18X694469>

URL: <http://bjgp.org/content/68/667/66.abstract>

**Key points:**

This is a rapid scoping review of studies on skill mix change in general practice. It does not specifically cover same-day/minor illness care but may provide useful context.

## Triage

### What are the benefits of nurse-led triage in primary care?

**Item Type:** Journal Article

**Authors:** Elliott, Megan; Jones, Sian; Johnson, Chris and Wallace, Carolyn

**Publication Date:** 2020

**Journal:** Primary Health Care 30(3), pp. 28-34

**Abstract:** Why you should read this article: • To update your knowledge and ensure your practice is based on the latest available evidence • To familiarise yourself with the evidence regarding the use of nurse-led triage in primary care • To understand the main benefits of introducing nurse-led triage into primary care Background: In the UK, fewer medical professionals are training as GPs, while more GPs are working part-time and planning to retire early. This is increasing pressure on primary care services, and the GP and practice nurse workforce. Aim: To examine whether nurse-led triage assists with managing demand for GP appointments in primary care. Method: Data on patients' clinical outcomes were used to evaluate two nurse-led triage services that were implemented in GP surgeries in the South Powys GP cluster in Wales to reduce demand on GPs' time. One of the services was a two-year pilot of a standard nurse-led triage service, which managed all same-day appointment requests made by patients either in person or via the telephone. The other service was a six-month pilot of a Total Nurse Triage service, which managed appointment requests for both same-day and routine appointments made by telephone. A web-based clinical template was developed to capture data from individual practices on consultation rates, times and outcomes. A patient satisfaction survey was also distributed to patients who had used the Total Nurse Triage service. Results: In the standard nurse-led triage service, a total of 13,113 GP appointments were saved over the study period by, for example, providing advice to patients, providing a prescription or 'sick note' or providing an appointment with a nurse in the practice. In the Total Nurse Triage service, 2,270 GP appointments were saved



over the study period by directing patients to other services, such as dental, physiotherapy or community pharmacy services. Conclusion: The study demonstrated the usefulness of nurse-led triage services, particularly the Total Nurse Triage service, and supports the implementation of a standard nurse-led triage or a Total Nurse Triage service in other GP clusters in Wales and the rest of the UK.

**Access or request full text:** <https://libkey.io/10.7748/phc.2020.e1607>

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=148673609&custid=ns128641>

### **Telephone triage systems in UK general practice: analysis of consultation duration during the index day in a pragmatic randomised controlled trial**

**Item Type:** Journal Article

**Authors:** Holt, Tim A.;Fletcher, Emily;Warren, Fiona;Richards, Suzanne;Salisbury, Chris;Calitri, Raff;Green, Colin;Taylor, Rod;Richards, David A.;Varley, Anna and Campbell, John

**Publication Date:** 2016

**Journal:** British Journal of General Practice 66(644), pp. e214-e218

**Abstract:** Background: Telephone triage is an increasingly common means of handling requests for same-day appointments in general practice. Aim: To determine whether telephone triage (GP-led or nurse-led) reduces clinician-patient contact time on the day of the request (the index day), compared with usual care. Design and Setting: A total of 42 practices in England recruited to the ESTEEM trial. Method: Duration of initial contact (following the appointment request) was measured for all ESTEEM trial patients consenting to case notes review, and that of a sample of subsequent face-to-face consultations, to produce composite estimates of overall clinician time during the index day. Results: Data were available from 16,711 initial clinician-patient contacts, plus 1290 GP, and 176 nurse face-to-face consultations. The mean (standard deviation) duration of initial contacts in each arm was: GP triage 4.0 (2.8) minutes; nurse triage 6.6 (3.8) minutes; and usual care 9.5 (5.0) minutes. Estimated overall contact duration (including subsequent contacts on the same day) was 10.3 minutes for GP triage, 14.8 minutes for nurse triage, and 9.6 minutes for usual care. In nurse triage, more than half the duration of clinician contact (7.7 minutes) was with a GP. This was less than the 9.0 minutes of GP time used in GP triage. Conclusion: Telephone triage is not associated with a reduction in overall clinician contact time during the index day. Nurse-led triage is associated with a reduction in GP contact time but with an overall increase in clinician contact time. Individual practices may wish to interpret the findings in the context of the available skill mix of clinicians.

**Access or request full text:** <https://libkey.io/10.3399/bjgp16X684001>

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=113159951&custid=ns128641>

**The effect of nurses' preparedness and nurse practitioner status on triage call management in primary care: A secondary analysis of cross-sectional data from the ESTEEM trial**

**Item Type:** Journal Article

**Authors:** Varley, Anna;Warren, Fiona C.;Richards, Suzanne H.;Calitri, Raff;Chaplin, Katherine;Fletcher, Emily;Holt, Tim A.;Lattimer, Valerie;Murdoch, Jamie;Richards, David A. and Campbell, John

**Publication Date:** 2016

**Journal:** International Journal of Nursing Studies 58, pp. 12-20

**Abstract:** Background Nurse-led telephone triage is increasingly used to manage demand for general practitioner consultations in UK general practice. Previous studies are equivocal about the relationship between clinical experience and the call outcomes of nurse triage. Most research is limited to investigating nurse telephone triage in out-of-hours settings. Objective To investigate whether the professional characteristics of primary care nurses undertaking computer decision supported software telephone triage are related to call disposition. Design Questionnaire survey of nurses delivering the nurse intervention arm of the ESTEEM trial, to capture role type (practice nurse or nurse practitioner), prescriber status, number of years' nursing experience, graduate status, previous experience of triage, and perceived preparedness for triage. Our main outcome was the proportion of triaged patients recommended for follow-up within the practice (call disposition), including all contact types (face-to-face, telephone or home visit), by a general practitioner or nurse. Settings 15 general practices and 7012 patients receiving the nurse triage intervention in four regions of the UK. Participants 45 nurse practitioners and practice nurse trained in the use of clinical decision support software. Methods We investigated the associations between nursing characteristics and triage call disposition for patient 'same-day' appointment requests in general practice using multivariable logistic regression modelling. Results Valid responses from 35 nurses (78%) from 14 practices: 31/35 (89%) had  $\geq 10$  years' experience with 24/35 (69%) having  $\geq 20$  years. Most patient contacts (3842/4605; 86%) were recommended for follow-up within the practice. Nurse practitioners were less likely to recommend patients for follow-up odds ratio 0.19, 95% confidence interval 0.07; 0.49 than practice nurses. Nurses who reported that their previous experience had prepared them less well for triage were more likely to recommend patients for follow-up (OR 3.17, 95% CI 1.18–5.55). Conclusion Nurse characteristics were associated with disposition of triage calls to within practice follow-up. Nurse practitioners or those who reported feeling 'more prepared' for the role were more likely to manage the call definitively. Practices considering nurse triage should ensure that nurses transitioning into new roles feel adequately prepared. While standardised training is necessary, it may not be sufficient to ensure successful

implementation.

**Access or request full text:** <https://libkey.io/10.1016/j.ijnurstu.2016.02.001>

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=114573200&custid=ns128641>

**The clinical effectiveness and cost-effectiveness of telephone triage for managing same-day consultation requests in general practice: a cluster randomised controlled trial comparing general practitioner-led and nurse-led management systems with usual care (the ESTEEM trial)**

**Item Type:** Journal Article

**Authors:** Campbell, John L.;Fletcher, Emily;Britten, Nicky;Green, Colin;Holt, Tim;Lattimer, Valerie;Richards, David A.;Richards, Suzanne H.;Salisbury, Chris;Taylor, Rod S.;Calitri, Raff;Bowyer, Vicky;Chaplin, Katherine;Kandiyali, Rebecca;Murdoch, Jamie;Price, Linnie;Roscoe, Julia;Varley, Anna and Warren, Fiona C.

**Publication Date:** 2015

**Journal:** Health Technology Assessment 19(42), pp. 1-212

**Abstract:** BACKGROUND: Telephone triage is proposed as a method of managing increasing demand for primary care. Previous studies have involved small samples in limited settings, and focused on nurse roles. Evidence is limited regarding the impact on primary care workload, costs, and patient safety and experience when triage is used to manage patients requesting same-day consultations in general practice. OBJECTIVES: In comparison with usual care (UC), to assess the impact of GP-led telephone triage (GPT) and nurse-led computer-supported telephone triage (NT) on primary care workload and cost, patient experience of care, and patient safety and health status for patients requesting same-day consultations in general practice. DESIGN: Pragmatic cluster randomised controlled trial, incorporating economic evaluation and qualitative process evaluation. SETTING: General practices (n = 42) in four regions of England, UK (Devon, Bristol/Somerset, Warwickshire/Coventry, Norfolk/Suffolk). PARTICIPANTS: Patients requesting same-day consultations. INTERVENTIONS: Practices were randomised to GPT, NT or UC. Data collection was not blinded; however, analysis was conducted by a statistician blinded to practice allocation. MAIN OUTCOME MEASURES: Primary - primary care contacts general practice, out-of-hours primary care, accident and emergency (A&E) and walk-in centre attendances] in the 28 days following the index consultation request. Secondary - resource use and costs, patient safety (deaths and emergency hospital admissions within 7 days of index request, and A&E attendance within 28 days), health status and experience of care. RESULTS: Of 20,990 eligible randomised patients (UC n = 7283; GPT n = 6695; NT n = 7012), primary outcome data were analysed for 16,211 patients (UC n = 5572; GPT n = 5171; NT n = 5468). Compared with UC, GPT and NT increased primary outcome contacts (over 28-day follow-up) by 33% rate ratio (RR) 1.33, 95% confidence interval (CI) 1.30 to 1.36] and 48% (RR 1.48, 95% CI 1.44 to 1.52), respectively. Compared with GPT, NT was

associated with a marginal increase in primary outcome contacts by 4% (RR 1.04, 95% CI 1.01 to 1.08). Triage was associated with a redistribution of primary care contacts. Although GPT, compared with UC, increased the rate of overall GP contacts (face to face and telephone) over the 28 days by 38% (RR 1.38, 95% CI 1.28 to 1.50), GP face-to-face contacts were reduced by 39% (RR 0.61, 95% CI 0.54 to 0.69). NT reduced the rate of overall GP contacts by 16% (RR 0.84, 95% CI 0.78 to 0.91) and GP face-to-face contacts by 20% (RR 0.80, 95% CI 0.71 to 0.90), whereas nurse contacts increased. The increased rate of primary care contacts in triage arms is largely attributable to increased telephone contacts. Estimated overall patient-clinician contact time on the index day increased in triage (GPT = 10.3 minutes; NT = 14.8 minutes; UC = 9.6 minutes), although patterns of clinician use varied between arms. Taking account of both the pattern and duration of primary outcome contacts, overall costs over the 28-day follow-up were similar in all three arms (approximately £75 per patient). Triage appeared safe, and no differences in patient health status were observed. NT was somewhat less acceptable to patients than GPT or UC. The process evaluation identified the complexity associated with introducing triage but found no consistency across practices about what works and what does not work when implementing it. **CONCLUSIONS:** Introducing GPT or NT was associated with a redistribution of primary care workload for patients requesting same-day consultations, and at similar cost to UC. Although triage seemed to be safe, investigation of the circumstances of a larger number of deaths or admissions after triage might be warranted, and monitoring of these events is necessary as triage is implemented. **TRIAL REGISTRATION:** Current Controlled Trials ISRCTN20687662. **FUNDING:** This project was funded by the NIHR Health Technology Assessment programme and will be published in full in Health Technology Assessment; Vol. 19, No. 13. See the NIHR Journals Library website for further project information.

**Access or request full text:** <https://libkey.io/10.3310/hta19130>

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=109702327&custid=ns128641>

### **Implementing telephone triage in general practice: a process evaluation of a cluster randomised controlled trial**

**Item Type:** Journal Article

**Authors:** Murdoch, Jamie;Varley, Anna;Fletcher, Emily;Britten, Nicky;Price, Linnie;Calitri, Raff;Green, Colin;Lattimer, Valerie;Richards, Suzanne H.;Richards, David A.;Salisbury, Chris;Taylor, Rod S. and Campbell, John L.

**Publication Date:** 2015

**Journal:** BMC Family Practice 16(1), pp. 1-9

**Abstract:** Background: Telephone triage represents one strategy to manage demand for face-to-face GP appointments in primary care. However, limited evidence exists of the challenges GP practices face in implementing telephone triage. We conducted a qualitative process evaluation alongside a UK-based cluster randomised trial (ESTEEM) which

compared the impact of GP-led and nurse-led telephone triage with usual care on primary care workload, cost, patient experience, and safety for patients requesting a same-day GP consultation. The aim of the process study was to provide insights into the observed effects of the ESTEEM trial from the perspectives of staff and patients, and to specify the circumstances under which triage is likely to be successfully implemented. Here we report perspectives of staff. Methods: The intervention comprised implementation of either GP-led or nurse-led telephone triage for a period of 2-3 months. A qualitative evaluation was conducted using staff interviews recruited from eight general practices (4 GP triage, 4 Nurse triage) in the UK, implementing triage as part of the ESTEEM trial. Qualitative interviews were undertaken with 44 staff members in GP triage and nurse triage practices (16 GPs, 8 nurses, 7 practice managers, 13 administrative staff). Results: Staff reported diverse experiences and perceptions regarding the implementation of telephone triage, its effects on workload, and on the benefits of triage. Such diversity were explained by the different ways triage was organised, the staffing models used to support triage, how the introduction of triage was communicated across practice staff, and by how staff roles were reconfigured as a result of implementing triage. Conclusion: The findings from the process evaluation offer insight into the range of ways GP practices participating in ESTEEM implemented telephone triage, and the circumstances under which telephone triage can be successfully implemented beyond the context of a clinical trial. Staff experiences and perceptions of telephone triage are shaped by the way practices communicate with staff, prepare for and sustain the changes required to implement triage effectively, as well as by existing practice culture, and staff and patient behaviour arising in response to the changes made.

**Access or request full text:** <https://libkey.io/10.1186/s12875-015-0263-4>

**URL:** <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=103802862&custid=ns128641>

**Telephone triage for management of same-day consultation requests in general practice (the ESTEEM trial): a cluster-randomised controlled trial and cost-consequence analysis.**

**Item Type:** Journal Article

**Authors:** Campbell, John L.;Fletcher, Emily;Britten, Nicky;Green, Colin;Holt, Tim A.;Lattimer, Valerie;Richards, David A.;Richards, Suzanne H.;Salisbury, Chris;Calitri, Raff;Bowyer, Vicky;Chaplin, Katherine;Kandiyali, Rebecca;Murdoch, Jamie;Roscoe, Julia;Varley, Anna;Warren, Fiona C. and Taylor, Rod S.

**Publication Date:** Nov 22 ,2014

**Journal:** Lancet 384(9957), pp. 1859-1868

**Abstract:** BACKGROUND: Telephone triage is increasingly used to manage workload in primary care; however, supporting evidence for this approach is scarce. We aimed to assess the effectiveness and cost consequences of general practitioner-(GP)-led and nurse-led



telephone triage compared with usual care for patients seeking same-day consultations in primary care. **METHODS:** We did a pragmatic, cluster-randomised controlled trial and economic evaluation between March 1, 2011, and March 31, 2013, at 42 practices in four centres in the UK. Practices were randomly assigned (1:1:1), via a computer-generated randomisation sequence minimised for geographical location, practice deprivation, and practice list size, to either GP-led triage, nurse-led computer-supported triage, or usual care. We included patients who telephoned the practice seeking a same-day face-to-face consultation with a GP. Allocations were concealed from practices until after they had agreed to participate and a stochastic element was included within the minimisation algorithm to maintain concealment. Patients, clinicians, and researchers were not masked to allocation, but practice assignment was concealed from the trial statistician. The primary outcome was primary care workload (patient contacts, including those attending accident and emergency departments) in the 28 days after the first same-day request. Analyses were by intention to treat and per protocol. This trial was registered with the ISRCTN register, number ISRCTN20687662. **FINDINGS:** We randomly assigned 42 practices to GP triage (n=13), nurse triage (n=15), or usual care (n=14), and 20,990 patients (n=6695 vs 7012 vs 7283) were randomly assigned, of whom 16,211 (77%) patients provided primary outcome data (n=5171 vs 5468 vs 5572). GP triage was associated with a 33% increase in the mean number of contacts per person over 28 days compared with usual care (2.65 [SD 1.74] vs 1.91 [1.43]; rate ratio [RR] 1.33, 95% CI 1.30-1.36), and nurse triage with a 48% increase (2.81 [SD 1.68]; RR 1.48, 95% CI 1.44-1.52). Eight patients died within 7 days of the index request: five in the GP-triage group, two in the nurse-triage group, and one in the usual-care group; however, these deaths were not associated with the trial group or procedures. Although triage interventions were associated with increased contacts, estimated costs over 28 days were similar between all three groups (roughly 75 per patient). **INTERPRETATION:** Introduction of telephone triage delivered by a GP or nurse was associated with an increase in the number of primary care contacts in the 28 days after a patient's request for a same-day GP consultation, with similar costs to those of usual care. Telephone triage might be useful in aiding the delivery of primary care. The whole-system implications should be assessed when introduction of such a system is considered. **FUNDING:** Health Technology Assessment Programme UK National Institute for Health Research. Copyright © 2014 Campbell et al. Open Access article distributed under the terms of CC BY-NC-ND. Published by Elsevier Ltd. All rights reserved.

**URL:** [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)61058-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61058-8/fulltext)

## ACPs

**A realist evaluation case study of the implementation of advanced nurse practitioner roles in primary care in Scotland.**

**Item Type:** Journal Article

**Authors:** Strachan, Heather; Hoskins, Gaylor; Wells, Mary and Maxwell, Margaret

Publication Date: September ,2022

Journal: Journal of Advanced Nursing 78(9), pp. 2916-2932

**Abstract:** **AIM:** To evaluate Advanced Nurse Practitioner (ANP) role implementation in primary care across Scotland in contributing to primary care transformation, and establish what works, for whom, why and in what context. **DESIGN:** A realist evaluation using multiple case studies. **METHODS:** Two phases, conducted March 2017 to May 2018: (1) multiple case studies of ANP implementation in 15 health boards across Scotland, deductive thematic analysis of interviews, documentary analysis; (2) in-depth case studies of five health boards, framework analysis of interviews and focus groups. **RESULTS:** Sixty-eight informants were interviewed, and 72 documents were reviewed across both phases. ANP roles involved substitution for elements of the GP role for minor illness and injuries, across all ages. In rural areas ANPs undertook multiple nursing roles, were more autonomous and managed greater complexity. Mechanisms that facilitated implementation included: the national ANP definition; GP, primary care team and public engagement; funding for ANP education; and experienced GP supervisors. Contexts that affected mechanisms were national and local leadership; remote, rural and island communities; and workload challenges. Small-scale evaluations indicated that ANPs: make appropriate decisions; improve patient access and experience. **CONCLUSIONS:** At the time of the evaluation, the implementation of ANP roles in primary care in Scotland was in early stages. Capacity to train ANPs in a service already under pressure was challenging. Shifting elements of GPs workload to ANPs freed up GPs but did little to transform primary care. Local evaluations provided some evidence that ANPs were delivering high-quality primary care services and enhanced primary care services to nursing homes or home visits. **IMPACT:** ANP roles can be implemented with greater success and have more potential to transform primary care when the mechanisms include leadership at all levels, ANP roles that value advanced nursing knowledge, and appropriate education programmes delivered in the context of multidisciplinary collaboration. Copyright © 2022 The Authors. Journal of Advanced Nursing published by John Wiley & Sons Ltd.

URL: <https://onlinelibrary.wiley.com/doi/10.1111/jan.15252>

## **Advanced Clinical Practitioners in Primary Care in the UK: A Qualitative Study of Workforce Transformation**

**Item Type:** Journal Article

Authors: Evans, Catrin;Pearce, Ruth;Greaves, Sarah and Blake, Holly

Publication Date: 2020

Journal: International Journal of Environmental Research and Public Health 17(12)

**Abstract:** Escalating costs and changing population demographics are putting pressure on primary care systems to meet ever more complex healthcare needs. Non-medical ~advanced clinical practitionerâ€™™ (ACP) roles are increasingly being introduced to support service

transformation. This paper reports the findings of a qualitative evaluation of nursing ACP roles across General Practices in one region of the UK. Data collection involved telephone interviews with 26 participants from 3 different stakeholder groups based in 9 practice sites: ACPs (n = 9), general practitioners (n = 8) and practice managers (n = 9). The data was analysed thematically. The study found a high degree of acceptance of the ACP role and affirmation of the important contribution of ACPs to patient care. However, significant variations in ACP education, skills and experience led to a bespoke approach to their deployment, impeding system-wide innovation and creating challenges for recruitment and ongoing professional development. In addition, a context of high workforce pressures and high service demand were causing stress and there was a need for greater mentorship and workplace support. System wide changes to ACP education and support are required to enable ACPs to realise their full potential in primary care in the UK.

Access or request full text: <https://libkey.io/10.3390/ijerph17124500>

URL: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7344450/>

## **An exploration of the role of advanced clinical practitioners in the East of England**

**Item Type:** Journal Article

Authors: Hooks, Claire and Walker, Susan

Publication Date: 2020

Journal: British Journal of Nursing 29(15), pp. 864-869

Abstract: Medical staff shortages in the UK have provided impetus for the introduction of advanced clinical practitioners (ACPs). This case study explored the views of 22 ACPs, managers and doctors in primary and acute settings in a region of England, to understand how the role is used, and barriers and facilitators to its success. ACP roles improved the quality of service provision, provided clinical career development and enhanced job satisfaction for staff and required autonomous clinical decision-making, with a high degree of self-awareness and individual accountability. Barriers included disparate pay-scales and funding, difficulty accessing continuing education and research, and lack of agreed role definition and title, due to a lack of standardised regulation and governance, and organisational barriers, including limited access to referral systems. Facilitators were supportive colleagues and opportunities for peer networking. Regulation of ACP roles is urgently needed, along with evaluation of the cost-effectiveness and patient experience of such roles.

Access or request full text: <https://libkey.io/10.12968/bjon.2020.29.15.864>

URL: <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=14>



**Barriers and facilitators to the implementation of the advanced nurse practitioner role in primary care settings: A scoping review**

**Item Type:** Journal Article

Authors: Torrens, Claire;Campbell, Pauline;Hoskins, Gaylor;Strachan, Heather;Wells, Mary;Cunningham, Maggie;Bottone, Hannah;Polson, Rob and Maxwell, Margaret

Publication Date: 2020

Journal: International Journal of Nursing Studies 104, pp. 103443

**Abstract:** Background Workload and workforce issues in primary care are key drivers for the growing international trend to expand nursing roles. Advanced nurse practitioners are increasingly being appointed to take on activities and roles traditionally carried out by doctors. Successful implementation of any new role within multidisciplinary teams is complex and time-consuming, therefore it is important to understand the factors that may hinder or support implementation of the advanced nurse practitioner role in primary care settings. Objectives To identify, appraise and synthesise the barriers and facilitators that impact implementation of advanced practitioner roles in primary care settings. Methods A scoping review conducted using the Arksey and O'Malley (2005) framework and reported in accordance with PRISMA-ScR. Eight databases (Cochrane Library, Health Business Elite, Kings Fund Library, HMIC, Medline, CINAHL, SCOPUS and Web of Science) were searched to identify studies published in English between 2002 and 2017. Study selection and methodological assessment were conducted by two independent reviewers. A pre-piloted extraction form was used to extract the following data: study characteristics, context, participants and information describing the advanced nurse practitioner role. Deductive coding for barriers and facilitators was undertaken using a modified Yorkshire Contributory Framework. We used inductive coding for barriers or facilitators that could not be classified using pre-defined codes. Disagreements were addressed through discussion. Descriptive data was tabulated within evidence tables, and key findings for barriers and facilitators were brought together within a narrative synthesis based on the volume of evidence. Findings Systematic searching identified 5976 potential records, 2852 abstracts were screened, and 122 full texts were retrieved. Fifty-four studies (reported across 76 publications) met the selection criteria. Half of the studies (n = 27) were conducted in North America (n = 27), and 25/54 employed a qualitative design. The advanced nurse practitioner role was diverse, working across the lifespan and with different patient groups. However, there was little agreement about the level of autonomy, or what constituted everyday activities. Team factors were the most frequently reported barrier and facilitator. Individual factors, lines of responsibility and 'other' factors (i.e., funding), were also frequently reported barriers. Facilitators included individual factors, supervision and leadership and 'other' factors (i.e., funding, planning for role integration). Conclusion Building collaborative relationships with other healthcare professionals and negotiating

the role are critical to the success of the implementation of the advanced nurse practitioner role. Team consensus about the role and how it integrates into the wider team is also essential.

Access or request full text: <https://libkey.io/10.1016/j.ijnurstu.2019.103443>

URL: <https://www.sciencedirect.com/science/article/pii/S0020748919302500>

### **Key points:**

This is a scoping review and includes 7 UK studies. It does not cover same-day/minor illness care but may be useful background on the factors that promote or prevent the implementation of the ACP role in primary care.

## Paramedics

### **Understanding the roles and work of paramedics in primary care: a national cross-sectional survey**

**Item Type:** Journal Article

**Authors:** Eaton, Georgette; Stephanie Tierney; ;Wong, Geoff; Jason Oke; Williams, Veronika; and Mahtani, Kamal R.

**Publication Date:** 2022

**Journal:** BMJ Open 12(12), pp. e067476

**Abstract:** Objectives This research aimed to fill a current knowledge gap, namely the current scope of clinical role of paramedics in primary care, in relation to specific constructs such a level of education and clinical experience. Setting The survey was distributed to paramedics in primary care across the UK through the College of Paramedics. Participants A total of 341 surveys were returned (male=215). 90% of responses were from paramedics in England, 1.7% from paramedics in Northern Ireland, 4.6% from paramedics in Scotland and 2.9% from paramedics in Wales. This represents approximately 33% of the primary care paramedic workforce in England and Wales. Estimates for percentages in Northern Ireland and Scotland are unavailable due to the lack of workforce datasets capturing paramedics in primary care. Results Considerable variation was found in job titles, level of education and provision of clinical supervision of paramedics in primary care. Differing levels of practice were noted, despite guidance documents that attempt to standardise the role. Statistical analysis of quantitative data highlighted that relationships exist between paramedic clinical exposure in primary care, level of education, and ability of independently prescribe medicines and the extent to which clinical presentations are seen and examinations performed. However, free-text responses indicated that challenges in relation to access to further education and clinical

supervision to support clinical development resulted in frustration for paramedics who work in this setting. Conclusions As well as offering an insight into the demographics of the primary care paramedic work force, there is indication of the clinical scope of role undertaken in this setting. Based on our findings, we recommend changes to education and support, governance and legislation to ensure paramedics employed in primary care can work to achieve the full extent of their professional capability. Data are available on reasonable request.

**Access or request full text:** <https://libkey.io/10.1136/bmjopen-2022-067476>

**URL:** <http://bmjopen.bmj.com/content/12/12/e067476.abstract>

**Key points:**

This is a survey of UK paramedics working in primary care. It does not look at same-day/minor illness care specifically but may provide useful context of the experiences of paramedics.

**Paramedic independent prescribing: a qualitative study of early adopters in the UK**

**Item Type:** Journal Article

**Authors:** Stenner, Karen; van Even, Suzanne and Collen, Andy

**Publication Date:** 2021

**Journal:** British Paramedic Journal 6(1), pp. 30-37

**Abstract:** Background: Paramedics working in advanced practice roles in the UK can now train to prescribe medicine. This is anticipated to benefit patient access to medicines and quality of care where there is a national shortage of doctors, particularly in primary care. Aim: To explore the experience of paramedics who are early adopters of independent prescribing in a range of healthcare settings in the UK. Design and setting: A qualitative study involving interviews between May and August 2019, with paramedics in the UK who had completed a prescribing programme. Methods: Individual interviews with a purposive sample of paramedics recruited via social media and regional paramedic networks. Interviews covered experiences, benefits and challenges of the prescribing role. A framework analysis approach was used to identify key themes. Results: Participants were 18 advanced paramedics working in primary care, emergency departments, urgent care centres and rapid response units. All participants reported being adequately prepared to prescribe. Key benefits of prescribing included improving service capacity, efficiency and safety, and facilitating advanced clinical roles. Challenges included technological problems, inability to prescribe controlled drugs and managing expectations about the prescribing role. Concerns were raised about support and role expectations, particularly in general practice. Conclusion: Paramedic prescribing is most successful in settings with a high volume of same-day presentations and urgent and emergency care. It facilitated advanced roles within multidisciplinary teams. Concerns indicate that greater consideration for support infrastructure and workforce planning is required within primary care to ensure paramedics

meet the entry criteria for a prescribing role.

Access or request full text: <https://libkey.io/10.29045/14784726.2021.6.6.1.30>

URL:

<https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=150612017&custid=ns128641>

## **Contribution of paramedics in primary and urgent care: a systematic review**

**Item Type:** Journal Article

**Authors:** Eaton, Georgette;Wong, Geoff;Williams, Veronika;Roberts, Nia and Mahtani, Kamal R.

**Publication Date:** 2020

**Journal:** British Journal of General Practice 70(695), pp. e421-e426

**Abstract:** Background: Within the UK, there are now opportunities for paramedics to work across a variety of healthcare settings away from their traditional ambulance service employer, with many opting to move into primary care. Aim: To provide an overview of the types of clinical roles paramedics are undertaking in primary and urgent care settings within the UK. Design and Setting: A systematic review. Method: Searches were conducted of MEDLINE, CINAHL, Embase, the National Institute for Health and Care Excellence, the Journal of Paramedic Practice, and the Cochrane Database from January 2004 to March 2019 for papers detailing the role, scope of practice, clinician and patient satisfaction, and costs of paramedics in primary and urgent care settings. Free-text keywords and subject headings focused on two key concepts: paramedic and general practice/primary care. Results: In total, 6765 references were screened by title and/or abstract. After full-text review, 24 studies were included. Key findings focused on the description of the clinical role, the clinical work environment, the contribution of paramedics to the primary care workforce, the clinical activities they undertook, patient satisfaction, and education and training for paramedics moving from the ambulance service into primary care. Conclusion: Current published research identifies that the role of the paramedic working in primary and urgent care is being advocated and implemented across the UK; however, there is insufficient detail regarding the clinical contribution of paramedics in these clinical settings. More research needs to be done to determine how, why, and in what context paramedics are now working in primary and urgent care, and what their overall contribution is to the primary care workforce.

Access or request full text: <https://libkey.io/10.3399/bjgp20X709877>

URL:

<https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=143362545&custid=ns128641>

**Exploring how paramedics are deployed in general practice and the perceived benefits and drawbacks: a mixed-methods scoping study**

**Item Type:** Journal Article

Authors: Schofield, Behnaz;Voss, Sarah;Proctor, Alyesha;Benger, Jonathan;Coates, David;Kirby, Kim;Purdy, Sarah and Booker, Matthew

Publication Date: 2020

Journal: BJGP Open 4(2), pp. 1-11

Abstract: Background: General practice in the UK faces continuing challenges to balance a workforce shortage against rising demand. The NHS England GP Forward View proposes development of the multidisciplinary, integrated primary care workforce to support frontline service delivery, including the employment of paramedics. However, very little is known about the safety, clinical effectiveness, or cost-effectiveness of paramedics working in general practice. Research is needed to understand the potential benefits and drawbacks of this model of workforce organisation. Aim: To understand how paramedics are deployed in general practice, and to investigate the theories and drivers that underpin this service development. Design & setting: A mixed-methods study using a literature review, national survey, and qualitative interviews. Method: A three-phase study was undertaken that consisted of: a literature review and survey; meetings with key informants (KIs); and direct enquiry with relevant staff stakeholders (SHs). Results: There is very little evidence on the safety and cost-effectiveness of paramedics working in general practice and significant variation in the ways that paramedics are deployed, particularly in terms of the patients seen and conditions treated. Nonetheless, there is a largely positive view of this development and a perceived reduction in GP workload. However, some concerns centre on the time needed from GPs to train and supervise paramedic staff. Conclusion: The contribution of paramedics in general practice has not been fully evaluated. There is a need for research that takes account of the substantial variation between service models to fully understand the benefits and consequences for patients, the workforce, and the NHS.

Access or request full text: <https://libkey.io/10.3399/bjgpopen20X101037>

URL:

<https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=14>

[4468387&custid=ns128641](#)

### **Models of paramedic involvement in general practice**

**Item Type:** Journal Article

Authors: Booker, Matthew and Voss, Sarah

Publication Date: 2019

Journal: British Journal of General Practice 69(687), pp. 477-478

URL: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6774706/>

#### **Key points:**

This paper appears to be a quick review of the literature on paramedics working in primary care.

## Pharmacists

### **Integration of pharmacist independent prescribers into general practice: a mixed methods study of pharmacists' and patients' views**

**Item Type:** Journal Article

Authors: Alshehri, Abdullah A.;Hindi, Ali M. K.;Cheema, Ejaz;Sayeed Haque, M.;Jalal, Zahraa and Yahyouche, Asma

Publication Date: 2023

Journal: Journal of Pharmaceutical Policy and Practice 16(1), pp. 1-10

**Abstract:** Background: Since 2015, the National Health Service (NHS) has funded pharmacists to work in general practice (GP practice) to ease workload pressures. This requires pharmacists to work in new roles and be integrated effectively in GPs. Independent prescribing is a key part of the GP pharmacist role, but little is known about pharmacists' integration into GP practice as well as patients' perceptions and experiences of the care provided by GP pharmacists. This study aims to explore the perceptions of pharmacist independent prescribers (PIPs) about their integration into GP practice and gain insight into patients' perceptions about the care provided to them by

pharmacists. Methods: A mixed-methods study comprising semi-structured interviews with PIPs (n = 13) followed by questionnaire-based assessment of patients' (n = 77) evaluation of pharmacists' care was conducted between December 2019 and March 2020. Quantitative data were analysed using descriptive statistics. Interviews and open comments of the survey were thematically analysed. Results Pharmacist independent prescribers reported undertaking a range of patient-facing and non-clinical roles. Lack of understanding about PIPs' clinical role and working beyond their clinical area of competence were some of the barriers to their integration into GP practice. Most patients were satisfied with the consultations they received from pharmacists and reported confidence in the pharmacist's recommendations about their health conditions. However, a few patients (14%) felt they would still need to consult a general practitioner after their appointment and 11% were not sure if a further consultation was needed. Conclusions: Pharmacist independent prescribers provide a range of clinical services for the management of long-term conditions which appear to be recognised by patients. However, there is a need to address the barriers to PIPs' integration into GP practice to optimise their skill-mix and patient-centred care.

URL: <https://joppp.biomedcentral.com/articles/10.1186/s40545-023-00520-9>

### **“A little bit more looking... listening and feeling” A qualitative interview study exploring advanced clinical practice in primary care and community pharmacy**

**Item Type:** Journal Article

**Authors:** Seston, Elizabeth Mary; Schafheutle, Ellen Ingrid and Willis, Sarah Caroline

**Publication Date:** 2021

**Journal:** International Journal of Clinical Pharmacy , pp. 1-8

**Abstract:** Background Growing demands on healthcare globally, combined with workforce shortages, have led to greater skill mix in healthcare settings. Pharmacists are increasingly moving into complex areas of practice, a move supported by policy and education/training changes. Aim To understand the nature of extended roles for pharmacists practising at an advanced level in primary care and community pharmacy settings, to explore how clinical and physical examination was incorporated into practice and to understand the impact of providing such examination on practice and on patient relationships. Method Telephone interviews (N = 15) were conducted with a purposive sample of pharmacists using clinical and physical examination in their practice in Great Britain. The sample included primary care pharmacists (N = 5), community pharmacists (N = 4), pharmacists working across settings (N = 5) and one working in another primary care setting. Participants were recruited through professional networks, social media and snowballing. Results Primary care pharmacists and



community pharmacists were utilising clinical and physical examination skills in their practice. Some community pharmacists were operating locally-commissioned services for low acuity conditions. Incorporating such examinations into practice enabled pharmacists to look at the patient holistically and enhanced pharmacist/patient relationships. Barriers to practise included lack of timely sharing of patient data and perceived reluctance on the part of some pharmacists for advanced practice. Conclusion With growing opportunities to provide patient-focussed care, it remains to be seen whether pharmacists, both in Great Britain and elsewhere, are able to overcome some of the organisational, structural and cultural barriers to advanced practice that currently exist in community pharmacy.

URL: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9007787/>

### **A qualitative study of stakeholder views and experiences of minor ailment services in the United Kingdom**

**Item Type:** Journal Article

**Authors:** Aly, Mariyam;García-Cárdenas, Victoria;Williams, Kylie A. and Benrimoj, Shalom I.

**Publication Date:** 2019

**Journal:** Research in Social & Administrative Pharmacy 15(5), pp. 496-504

**Abstract:** Background: An international strategy designed to promote access to primary care is the utilisation of community pharmacy to deliver structured minor ailment services (MASs). An understanding of key implementation features of MASs will support effective service delivery and implementation, promote MAS viability, sustainability and overall improvement. Aim: The aim of this study is to explore the views and experiences of a range of stakeholders concerning the implementation of MASs in the United Kingdom. Methods: A qualitative approach was used to obtain data. Participants were recruited using purposeful and snowball sampling. Stakeholders from five different regions were included. Using the digital recordings of the interviews, thematic content analysis was undertaken. Results: Thirty-three participants agreed to be interviewed. Twenty-nine semi-structured interviews were conducted. Thematic content analysis yielded three major themes, including (1) benefits of MASs, (2) structural challenges associated with MAS design and (3) other implementation factors associated with MAS delivery. Stakeholders recognised the positive impact of the service to improve patient access and care, promote efficiencies, and promote the professional role of the pharmacist. Nevertheless barriers do exist to service delivery and implementation. Stakeholders identified the need to potentially increase the population groups served by MASs, increase the conditions treated and widen their formulary lists. Similarly, marketing strategies needed to be improved to enhance consumer awareness. Stakeholders presented mixed views about whether pharmacists needed to complete clinical training and the need to increase pharmacist's remuneration. In addition the level of healthcare collaboration needed to improve. Conclusion: Several concepts emerged from the investigation to facilitate service delivery. Barriers to service implementation had a variable impact on implementation. Service delivery should function to meet all stakeholder needs



and can be achieved through stakeholder collaboration. However, improved marketing to promote consumer awareness together with better collaborative processes can potentially improve MAS implementation.

Access or request full text: <https://libkey.io/10.1016/j.sapharm.2018.06.014>

URL:

<https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=cin20&AN=136582786&custid=ns128641>

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## Physician Associates

### **Physician associates and GPs in primary care: a comparison.**

**Item Type:** Journal Article

**Authors:** Drennan, Vari M.; Halter, Mary; Joly, Louise; Gage, Heather; Grant, Robert L.; Gabe, Jonathan; Brearley, Sally; Carneiro, Wilfred and de Lusignan, Simon

**Publication Date:** May ,2015

**Journal:** British Journal of General Practice 65(634), pp. 344

**Abstract:** BACKGROUND: Physician associates [PAs] (also known as physician assistants) are new to the NHS and there is little evidence concerning their contribution in general practice. AIM: This study aimed to compare outcomes and costs of same-day requested consultations by PAs with those of GPs. DESIGN AND SETTING: An observational study of 2086 patient records presenting at same-day appointments in 12 general practices in England. METHOD: PA consultations were compared with those of GPs. Primary outcome was re-consultation within 14 days for the same or linked problem. Secondary outcomes were processes of care. RESULTS: There were no significant differences in the rates of re-consultation (rate ratio 1.24, 95% confidence interval [CI] = 0.86 to 1.79, P = 0.25). There were no differences in rates of diagnostic tests ordered (1.08, 95% CI = 0.89 to 1.30, P = 0.44), referrals (0.95, 95% CI = 0.63 to 1.43, P = 0.80), prescriptions issued (1.16, 95% CI = 0.87 to 1.53, P = 0.31), or patient satisfaction (1.00, 95% CI = 0.42 to 2.36, P = 0.99). Records of initial consultations of 79.2% (n = 145) of PAs and 48.3% (n = 99) of GPs were judged appropriate by independent GPs (P Copyright © British Journal of General Practice 2015.

URL: <https://bjgp.org/content/65/634/e344>

## Search Summary and History

Medline via Ovid	1., exp General Practice/ 2., exp Primary Health Care/ 3., general practice.tw. 4., (primary care or primary care network or PCN).tw. 5., same-day.tw. 6., same-day.tw. 7., urgent care.tw. 8., minor illness.tw. 9., skill mix.tw. 10., (staffing or workforce or role*).tw. 11., exp Workforce/ 12., role/ or professional role/ 13., paramedics/ 14., exp Physician Assistants/ 15., Advanced Practice Nursing/ or Nurse Practitioners/ 16., paramedic*.tw. 17., physician associate*.tw. 18., advanced practitioner.tw. 19., advanced clinical practitioner*.tw. 20., ACP.tw. 21., 1 or 2 or 3 or 4 22., 6 or 7 or 8 23., 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 24., exp United Kingdom/ 25., (uk or united kingdom or england or britain).tw. 26., 24 or 25 27., 21 and 22 and 23 and 26
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<p>CINAHL via EBSCO</p>	<p>#, Query, Limiters/Expanders, Last Run Via, Results  S21, S16 AND S17 AND S18 AND S19, Limiters - Published Date:  20130101-20231231  Expanders - Apply equivalent subjects  Search modes - Boolean/Phrase, Interface - EBSCOhost  Research Databases  Search Screen - Advanced Search  Database - CINAHL, Display  S20, S16 AND S17 AND S18 AND S19, Expanders - Apply  equivalent subjects  Search modes - Boolean/Phrase, Interface - EBSCOhost  Research Databases  Search Screen - Advanced Search  Database - CINAHL, Display  S19, S13 OR S14, Expanders - Apply equivalent subjects  Search modes - Boolean/Phrase, Interface - EBSCOhost  Research Databases  Search Screen - Advanced Search  Database - CINAHL, Display</p>

	<p>S18, S5 OR S6 OR S7, Expanders - Apply equivalent subjects  Search modes - Boolean/Phrase, Interface - EBSCOhost  Research Databases  Search Screen - Advanced Search  Database - CINAHL, Display</p> <p>S17, S1 OR S4 OR S9 OR S10 OR S11 OR S12, Expanders -  Apply equivalent subjects  Search modes - Boolean/Phrase, Interface - EBSCOhost  Research Databases  Search Screen - Advanced Search  Database - CINAHL, Display</p> <p>S16, S2 OR S3 OR S8 OR S15, Expanders - Apply equivalent  subjects  Search modes - Boolean/Phrase, Interface - EBSCOhost  Research Databases  Search Screen - Advanced Search  Database - CINAHL, Display</p> <p>S15, TI ( "same-day" or "same-day" or "urgent care" or "minor  illness" ) OR AB ( "same-day" or "same-day" or "urgent care" or  "minor illness" ), Limiters - Published Date: 20130101-20231231  Expanders - Apply equivalent subjects  Search modes - Boolean/Phrase, Interface - EBSCOhost  Research Databases  Search Screen - Advanced Search  Database - CINAHL, Display</p> <p>S14, TI ( "united kingdom" or uk or england or britain ) OR AB ( "  united kingdom" or uk or england or britain ), Expanders - Apply  equivalent subjects  Search modes - Boolean/Phrase, Interface - EBSCOhost  Research Databases  Search Screen - Advanced Search  Database - CINAHL, Display</p> <p>S13, (MH "United Kingdom"), Expanders - Apply equivalent  subjects  Search modes - Boolean/Phrase, Interface - EBSCOhost  Research Databases  Search Screen - Advanced Search  Database - CINAHL, Display</p> <p>S12, TX paramedic* or "physician associate*" or "advanced  practitioner*" or "advanced clinical practitioner*" or ACP*,  Expanders - Apply equivalent subjects</p>
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	<p>Search modes - Boolean/Phrase, Interface - EBSCOhost  Research Databases  Search Screen - Advanced Search  Database - CINAHL, Display</p> <p>S11, (MH "Physician Assistants"), Expanders - Apply equivalent subjects  Search modes - Boolean/Phrase, Interface - EBSCOhost  Research Databases  Search Screen - Advanced Search  Database - CINAHL, Display</p> <p>S10, (MH "Nurse Practitioners"), Expanders - Apply equivalent subjects  Search modes - Boolean/Phrase, Interface - EBSCOhost  Research Databases  Search Screen - Advanced Search  Database - CINAHL, Display</p> <p>S9, (MH "Emergency Medical Technicians"), Expanders - Apply equivalent subjects  Search modes - Boolean/Phrase, Interface - EBSCOhost  Research Databases  Search Screen - Advanced Search  Database - CINAHL, Display</p> <p>S8, TI ( access* or demand ) OR AB ( access* or demand ),  Expanders - Apply equivalent subjects  Search modes - Boolean/Phrase, Interface - EBSCOhost  Research Databases  Search Screen - Advanced Search  Database - CINAHL, Display</p> <p>S7, (MH "Family Practice"), Expanders - Apply equivalent subjects  Search modes - Boolean/Phrase, Interface - EBSCOhost  Research Databases  Search Screen - Advanced Search  Database - CINAHL, Display</p> <p>S6, (MH "Primary Health Care") OR (MH "Physicians, Family"),  Expanders - Apply equivalent subjects  Search modes - Boolean/Phrase, Interface - EBSCOhost  Research Databases  Search Screen - Advanced Search  Database - CINAHL, Display</p> <p>S5, TI ("primary care" or "primary health care" or "primary healthcare" or "general practice") OR AB ("primary care" or</p>
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	<p>"primary health care" or "primary healthcare" or "general practice"),  Expanders - Apply equivalent subjects  Search modes - Boolean/Phrase, Interface - EBSCOhost  Research Databases  Search Screen - Advanced Search  Database - CINAHL, Display</p> <p>S4, (MH "Workforce"), Limiters - Published Date: 20180101-20231231  Expanders - Apply equivalent subjects  Search modes - Boolean/Phrase, Interface - EBSCOhost  Research Databases  Search Screen - Advanced Search  Database - CINAHL, Display</p> <p>S3, (MH "Health Services Accessibility+"), Limiters - Published Date: 20180101-20231231  Expanders - Apply equivalent subjects  Search modes - Boolean/Phrase, Interface - EBSCOhost  Research Databases  Search Screen - Advanced Search  Database - CINAHL, Display</p> <p>S2, (MH "Health Services Needs and Demand+"), Limiters - Published Date: 20180101-20231231  Expanders - Apply equivalent subjects  Search modes - Boolean/Phrase, Interface - EBSCOhost  Research Databases  Search Screen - Advanced Search  Database - CINAHL, Display</p> <p>S1, TX ( staffing or "skill mix" or role* or workforce*), Expanders - Apply equivalent subjects  Search modes - Boolean/Phrase, Interface - EBSCOhost  Research Databases  Search Screen - Advanced Search  Database - CINAHL, Display</p>
Google Scholar	<p>"skill mix" AND ("primary care" OR "general practice") AND ("minor illness" OR "same-day" OR "minor ailments" OR urgent) AND (UK OR "united kingdom" OR england OR britain)</p> <p>Limit to 2019-2023</p>

	<p>("minor illness" OR "same-day" OR "minor ailments" OR urgent) AND "skill mix" AND ("primary care" OR "general practice") AND (UK OR "united kingdom" OR england OR britain)</p> <p>Limit to 2019-2023</p>
Google	<p>("minor illness" OR "same-day" OR "minor ailments" OR urgent) AND "skill mix" AND ("primary care" OR "general practice") AND (UK OR "united kingdom" OR england OR britain)</p> <p>Limit to 2019-2023</p> <p>("primary care network" OR PCN) AND (triage OR duty OR "same-day" OR "urgent appointment")</p> <p>Limit to 2019-2023</p> <p>"best practice" "same-day" appointments</p> <p>Limit to 2019-2023</p>

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