Primary care is currently facing extreme pressures, with higher workloads and an increasing demand for patient appointments (Siddiqui et al, 2017). Could employing advanced clinical practitioners (ACPs) help deliver and expand services? This article presents findings of a literature review evaluating the impact of ACPs working in primary care.

Advanced practice

The role of primary care is to support cost-effective, high-quality healthcare service provision (Majeed, 2017), but patients have difficulties accessing services (Baird et al, 2016). This may be due to an increase in long-term medical conditions and an ageing population (Baileff, 2015).

Gray (2016) described how advanced nursing roles are emerging in response to these challenges. In its NHS Long-Term Plan, NHS England (2019) explains that it aims to increase the number of ACPs and develop multidisciplinary teams to give GPs more time to focus on complex cases (Charles et al, 2019). NHS Wales (2014) recommends applying prudent healthcare and using resources more efficiently. Health Education England (2015) supports increasing the skill mix and training of primary care healthcare teams and realising the potential of ACPs.

The ACP role was also found to be associated with high patient satisfaction. Care was of comparable quality, whether given by GPs or ACPs.

This article has been double-blind peer reviewed

Keywords Advanced clinical practitioner/Primary care/GPs

Key points

- More advanced clinical practitioners (ACPs) in primary care may help GPs focus on complex cases
- A literature review explored the contribution of ACPs in primary care services
- The review found that GPs seem to become increasingly positive about the role of ACPs
- The ACP role was found to be associated with high patient satisfaction
- Care was of comparable quality, whether given by GPs or ACPs

In this article...

- Challenges faced by GPs to meet increasing demand in primary care
- GPs’ opinions of the role of advanced clinical practitioner
- Impact of advanced clinical practitioners on patient satisfaction and outcomes

Role of advanced practitioners in primary care: a literature review

Author Sarah Greenwood is practice nurse, Argyle Medical Group, Pembroke Dock.

Abstract Pressures on primary care services are making it more difficult for patients to access GP consultations. This literature review explored the role of advanced clinical practitioners in primary care to determine whether they could support over-stretched general practice teams. It found that these practitioners have been shown to improve patient satisfaction, alleviate pressure on GPs and provide high-quality care when they work as part of the team. It concluded that advanced clinical practitioners have an important role to play in supporting and enhancing primary care service provision.

advanced level should have standardised skills and knowledge for safe practice (Department of Health, 2010).

**Lessons from the literature**

I conducted a literature review to:

- Evaluate the contribution of ACPs working in primary care;
- Identify whether they add value to the primary care team.

Box 1 outlines the search strategy and inclusion criteria. The key themes that emerged were the GP perspective, patient satisfaction and outcomes of care.

**GP perspective**

Carr et al’s (2002) comparative quantitative study investigated GPs’ perception of ACPs. Two groups were compared: 51 GPs who employed an ACP and 174 who did not. Participants were asked what tasks they believed ACPs could undertake: 64% of those who employed an ACP believed ACPs could triage patients compared with 52% of those who did not. There were no statistically significant differences between the two groups regarding views on the ACP role in or in the management of long-term condition or minor illness.

Another comparative quantitative study (Donelan et al, 2013) used a survey to examine attitudes of ACPs (n=505) and GPs (n=505) about the expanding role of ACPs in primary care. GPs’ attitudes towards ACPs were mainly negative:

- 88.9% of GPs agreed with the statement that ACPs defer some of their work to GPs (61.3% of ACPs disagreed);
- 66.1% of GPs agreed with the statement that GPs give higher-quality consultations and examinations than ACPs (75.3% of ACPs disagreed).

The authors concluded that many GPs in primary care would be unlikely to accept a further expansion of the ACP role.

A mixed-method study by Altersved et al (2011) investigated the wider primary care team’s perspective of the role. Among 122 colleagues of ACPs invited to participate, 81 responded (response rate: 66.4%). 14 were GPs, 30 were registered nurses and 37 were other staff (practice assistants, secretaries and biomedical analysts). Of the few GPs who responded, 14% did not value the ACP role, and 75% did not agree that ACPs should have the right to make medical decisions than they did already. GPs believed ACPs could manage uncomplicated cases, leaving them more time to treat patients with complex health issues. Nurses saw ACPs as a further resource, but worried they could reduce their own role in decision making.

**Box 1. Search strategy**

The literature search spanned articles published between 2000 and 2018. The following databases were searched: Cumulative Index to Nursing and Allied Health Literature (CINAHL), Cochrane Central Register of Controlled Trials, Medline, ProQuest Central, Applied Social Sciences Index and Abstracts (ASSIA), and the British Nursing Index.

The search was conducted with a combination of keywords: advance*, nurse, practi*, primary, community, general practi*, benefit*, advantage*, effect*, perceptions, attitudes, and opinions. These keywords were truncated and the Boolean operators ‘AND’ and ‘OR’ were used to ensure a thorough search. This resulted in 502 possible articles.

The search was refined by keeping only peer-reviewed articles and selecting relevant major headings (advanced nursing practice, nurse practitioners, nursing outcomes, and primary health care). Article abstracts were reviewed and articles without ethical approval were excluded. The articles most relevant to primary care were selected.

The selection process narrowed down the list of articles to 15. These 15 articles were analysed using the checklists provided by the Critical Appraisals Skills Programme (Bit.ly/CASPChecklists).

A qualitative study (Kraus and DuBois, 2017) explored attitudes about ACPs practicing independently in primary care. Fifteen ACPs and 15 GPs participated in semi-structured, in-depth interviews. Both roles were complimentary of each other and acknowledged the need for mutual support to maintain patient safety. GPs strongly believed ACPs were useful for primary care. ACPs could not encounter any barriers to their role progression.

Another qualitative study explored the physical assessment skills of ACPs working in the community (Raleigh and Allan, 2017). Three focus groups were held with ACPs, nurses, GPs, educators and managers (n=22). The findings suggested ACPs could help GPs manage long-term conditions. GPs reported that patients had better outcomes when teams work collaboratively.

It is interesting to note that more-recent studies show more-positive GP attitudes. GPs with negative views of ACPs might change their minds when it becomes clear that ACPs are not intended to replace them. Ricciardi (2018) suggests that collaborative working between team members may enhance patient care and outcomes.

**Patient satisfaction**

A mixed-methods study looked at how ACPs and GPs talked to patients about medicines and how this affected patient satisfaction (Seale et al, 2006). 15 matched pairs of audiotaped consultations led by ACPs or GPs were compared and six were analysed in more depth. ACPs gave longer and more-holistic consultations than GPs, with more in-depth explanation of prescribed medication, including administration and side-effects. ACPs issued 16 prescriptions compared with nine for GPs; they discussed medication 24 times compared with GPs’ 13 times. The study concluded that patient satisfaction was higher with ACPs due to the longer consultations.

Bergman et al (2019) reported on patient satisfaction with ACPs. A non-randomised convenience sample of 340 patients who had consulted one of four ACPs with one year of experience were invited to participate; 223 responded (response rate: 66%). Participants believed ACPs were competent and provided a high level of care, with 88% stating they would consult an ACP again.

Quantitative studies measuring patient satisfaction with ACPs in primary care had positive results. Agosta (2009) found that, among 297 patients, those who had seen an ACP were more often satisfied with their care: 69.4% of those who had seen an ACP (n=206) expressed satisfaction, compared with 30% (n=89) of those who had seen a GP and 0.7% (n=2) of those who had seen a physician assistant. Gagan and Maybee (2011) used a questionnaire with a four-point Likert scale from 1 = very satisfied to 4 = very dissatisfied to elicit the views of a convenience sample of 200 patients. Only 179 questionnaires were usable due to missing data but most participants were satisfied with ACPs.

In a qualitative study by Eriksson et al (2018), 10 patients were interviewed about their experience of ACPs in primary care. The study found that they appreciated ACPs’ ability to listen, better accessibility and holistic care. It concluded that its
findings supported the development of ACPs in other areas of healthcare.

Time spent with patients and how this improved satisfaction was examined in a qualitative study by Williams and Jones (2006). In-depth interviews were carried out with 10 patients consulting one ACP. All believed their problems had been fully explored. If ACPs are able to spend more time with patients, this may reduce the need for follow-up appointments; it may also enable patients to manage their health needs, thereby increasing their satisfaction (Barrat, 2018).

**“Advanced clinical practitioners could support and enhance services in primary care”**

### Outcomes of care

Outcomes of care have been shown to be comparable between ACPs and GPs treating patients with long-term conditions. A randomised controlled trial (RCT) compared outcomes for patients with hypertension, diabetes and asthma, randomly assigned to seven ACPs (n=806) or 17 GPs (n=510) across five primary care settings (Mundinger et al, 2000). Outcomes of care were measured six months after consultation. There were no statistically significant differences between the two groups in peak flow measurement or HbA1c results; however, diastolic blood pressure was statistically significantly lower in patients seen by ACPs.

Similar results emerged from Virani’s (2016) year-long study that compared the quality of ACP and GP care delivered in primary care to patients with diabetes and cardiovascular disease (CVD). It looked at large cohorts of patients with CVD (n=1,187,035) and diabetes (n=1,022,588). Of the patients with CVD, 934,950 saw a GP and 252,085 saw an ACP. In the diabetes group, 811,872 patients were treated by a GP and 216,716 by an ACP. There were no statistically significant clinical differences in glycaemic control, lipid control or blood pressure between the two groups.

Another RCT evaluated outcomes of care delivered by ACPs and GPs (Dierick-van Dael et al, 2009). Of 1,501 patients from five practice sites, 817 (54.4%) were allocated to ACPs and 684 (45.6%) to GPs. On average, the ACPs’ consultations lasted 12.22min – significantly longer than GPs’ consultations (9.20min) – which increased patient satisfaction. Two weeks after consultation there were no statistically significant differences in outcomes between the two groups. Patients in both groups equally appreciated the quality of care, stating that their symptoms and concerns had diminished, which led the authors to conclude that ACPs and GPs provide comparable care.

To examine whether quality of care is affected by incorporating an ACP into the team, Van der Biezen et al (2016) carried out a quasi-experimental study comparing two out-of-hours primary care teams. Team 1 had an ACP and four GPs, team 2 had five GPs. All patients (n=12,092) seen by the teams over a 15-month study period were included. In team 1, the ACP saw 16.3% of patients and the four GPs each saw 20.3%. In team 2, the GPs each saw 19.8% of patients. The quality of care was not affected by the introduction of the ACP. The allocation of patients to either GP or ACP was not randomised because of the ACP’s scope of practice, so there could be some bias; however, overall, it appeared viable to substitute one GP with one ACP in a team of GPs.

### Conclusion

ACP s have been shown to improve patient satisfaction, alleviate pressure on GPs and provide high-quality care when they work as part of the team and within their scope of practice. Considering the current pressures on GPs, ACPs could support and enhance services in primary care, particularly if they can spend time with patients.

References


