

## Nurse practitioner led services in primary health care—two case studies

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This study provides a detailed account of the complexity and possible uniqueness of the NP role within a primary health care setting. The claim for uniqueness is based on the participants' rich accounts of why and how these roles were established and what impacts they have had on small rural communities. The successful implementation of the Nurse Practitioner (NP) roles into these communities shows what can be achieved when key stakeholders work together. The NPs themselves were fundamental to the success of the roles. They were highly experienced, mature, dedicated, driven, and passionate and respected senior clinicians with advanced knowledge and experience.

Leadership is an integral part of standards of practice for NPs. Both case studies provided valuable evidence of how leadership worked in practice within these two NP roles.

This research has provided evidence of the value of the NP role in the primary health care setting from a stakeholder perspective, but with some community and client input as well as client data. It has also provided evidence of stakeholder perceptions of the NP role that appear to have changed since the NP role was first implemented in Australia. The medical profession seems far less obstructive to working with the NPs, see the NPs as colleagues and peers, and have a very high level of respect for them.

There is also evidence of the Australian population now having an understanding of these roles, and their impact on small rural communities and individuals is understood. Stakeholders were supportive of the NP services.

The two NPs reviewed in this study showed that it is possible to have NPs working outside acute metropolitan hospitals and in a primary health care setting. What was common across both NP led services is that they were both providing an integrated service for complex patients. The service and care provided was patient-centred, according to the patients' needs, and holistic, meeting a wide range of needs. Both of the services ensure continuity of care, and both rely on good communication and the establishment and maintenance of good working relationships between clinicians, as well as established trust and rapport. Both of the NPs were able to achieve coordinated care management across providers and settings. The direct engagement of patients and ongoing support in the primary health care settings were seen as important. Both NP services engaged not only the patients but their families and carers.

The NP in Case Study 2 provided an excellent example of how an NP can function at a superior level. She not only gave expert advice to clients, their families and a range of clinicians, including medical, nursing and allied health, but also provided advice to policy developers at state and national levels. In this way NPs can establish inter-sectoral communication and service delivery, develop community participation and consultation, promote and maintain partnerships, and use policy and advocacy to change how health care is provided.

In terms of the wider applicability of this study to other rural settings senior managers need to be aware of the potential for NPs to contribute within their health services, identify communities most in need, champion the idea of a NP and develop local systems that enable services to work together including the private sector and government and non-government organisations.

In establishing a service, due consideration needs to be given to active policy development which specifies the target areas and client groups of the service, the referral processes and protocols, the model of formal clinical supervision, clinical governance procedures, direct line management structures and strategies to ensure that the NP is supported and does not become burnt out.

The NP in the primary health care setting can provide a collaborative and innovative model of care to small rural communities and a community-based approach to how health care is provided to improve the provision of services in small rural communities

## Presenter

**Frances Barraclough** is a registered nurse with a distinctive and diverse background in nursing, education and management across rural areas. She is particularly interested in innovative health care models to meet the needs of rural communities. She has recently completed her Master of Philosophy, which examined the role of nurse practitioners in primary health care settings. Frances is currently employed by University of Sydney and works at the University Centre for Rural Health, North Coast.