

# **EFN Report on: Good Nursing Practices for Primary Care**



**A Comparative Overview of  
11 European Countries**

**April 2018**



## Table of Contents

<b>Executive Summary</b> .....	<b>3</b>
<b>Summary Report</b> .....	<b>5</b>
<b>1. Background</b> .....	<b>5</b>
<b>2. Data sources</b> .....	<b>6</b>
<b>3. Results</b> .....	<b>6</b>
3.1 Response rate .....	6
3.2 Best Nursing Practices in Primary Care.....	7
<i>Community and Family Nursing</i> .....	7
<i>Nurse-led primary care</i> .....	9
<i>Health Education and Promotion</i> .....	9
<i>Health visiting and School nursing</i> .....	10
<i>Nurse prescribing</i> .....	11
<i>Input in National programmes</i> .....	12
<b>4. Conclusion</b> .....	<b>13</b>
<b>EFN Members</b> .....	<b>15</b>

## Executive Summary

Shifting care delivery away from hospitals and into primary care settings is integral to delivering better and greater patient-centred care. Consequently, primary care features high on the agenda of the European Institutions as well as at the level of individual countries and healthcare authorities. Seen by nurses and others as the bedrock of strong healthcare systems, good primary care is needed to ensure continuity of care for patients, reduce duplication of services and waste of resources.

Clear benefits to solid, multidisciplinary primary care can be seen in improving access to healthcare, reducing avoidable hospital admissions and improving quality of care for those patients with chronic and complex needs. Nurses who work in primary care are in many countries the key professionals involved in the management and coordination of complex care for individual patients as well as their families. Their experience and skills are essential to the success of primary care.

At the April 2018 EFN General Assembly held in Brussels the EFN Members were invited to share good practices from their countries relating to primary care. Submitted practices were subject to a standard process of thematic categorisation and narrative synthesis, and are presented in the present report under six key areas of activity: community and family nursing, nurse-led primary care, health education and promotion, health visiting and school nursing, nurse prescribing, and input in national programmes.

The input of the EFN Members' to the Tour de Table demonstrates the breadth and depth of activity nurses across Europe are engaging with to contribute and support the primary care agenda. Driven by the knowledge that a strong primary care system has widespread health and wellbeing benefits for all those involved, primary care nurses' members of EFN are invested and committed to furthering quality and safe care in this setting by taking on a number of new and important roles.

## EFN – European Federation of Nurses Associations

---

Based on the EFN Members' real-world experience of primary care in different countries in Europe, the EFN recommends to the European institutions, Governments and relevant health stakeholders to:

1. Invest in the expansion of community and family nursing to ensure efficient access to quality healthcare services across Europe is maintained;
2. Support the development of greater nurse-led initiatives in primary care to relieve the mounting pressure on general practice and ensure quality outcomes for patients;
3. Provide funds for capacity building for primary care nurses, and for development of further nursing initiatives that respond to changing demographics and increased patient needs;
4. Continue to support the development and expansion of nurse prescribing, building on and furthering the success of this initiative from those countries that have already taken this step;
5. Support the exchange of best practice around the usefulness of nursing roles such as health visiting and school nursing, ensuring the benefits from such development benefits EU citizens across regions and countries.

The benefits from investing in primary care are obvious to all those engaged in the healthcare system, both professionals and patients. Nurses have a central and leading role to play in these developments, although their role is not always acknowledged. It is time for policy rhetoric to translate into concrete support and investment in primary care services across Europe to ensure quality, accessible, efficient and safe care reaches those who need it most.

## Summary Report

### 1. Background

Shifting care delivery away from hospitals and into primary care settings is integral to delivering better and greater patient-centred care. Consequently, primary care features high on the agenda of the European Institutions as well as at the level of individual countries and healthcare authorities. Seen by nurses and others as the bedrock of strong healthcare systems, good primary care is needed to ensure continuity of care for patients and reducing duplication of services. Clear benefits to solid, multidisciplinary primary care can be seen in improving access to healthcare, reducing avoidable hospital admissions and improving quality of care for those patients with chronic and complex needs.<sup>1</sup> Nurses who work in primary care are in many countries the key professionals involved in the management and coordination of complex care for individual patients. Their experience and skills are essential to the success of primary care.

The European Federation of Nurses Associations (EFN) was formed in 1971 and is the independent voice of the nursing profession in Europe. The EFN consists of National Nurses Associations from 35 Countries, working for the benefit of 6 million nurses throughout the European Union (EU) and Europe. The mission of EFN is to strengthen the status and practice of the profession of nursing for the benefit of the health of the citizens and the interests of nurses. Primary care nurses, members of EFN, are actively working on key project areas across Europe including: development of community and family nursing, nurse-led primary care, health education and promotion, health visiting and school nursing and nurse prescribing. Throughout these project areas, the global philosophy is noted to be the development of complementary services and roles; and promoting a collaborative and cooperative spirit between health professionals towards delivering a better patient experience.

---

<sup>1</sup> [https://ec.europa.eu/health/sites/health/files/state/docs/2017\\_companion\\_en.pdf](https://ec.europa.eu/health/sites/health/files/state/docs/2017_companion_en.pdf)

## 2. Data sources

Facilitating the exchange of knowledge, experiences and developments among the EFN membership is a very much valued function of the EFN bi-annual General Assembly meetings. A key policy support mechanism to achieve this is the EFN *Tour de Table*. At each General Assembly of the EFN the Tour de Table provides the opportunity for the EFN Members to share information and best practices on a specific topic of political concern; as well as key issues and developments of national importance. EFN Members value the opportunity to share their experiences with their colleagues from across Europe, learn from each other's ongoing developments at national level, and how they can provide support to each other.

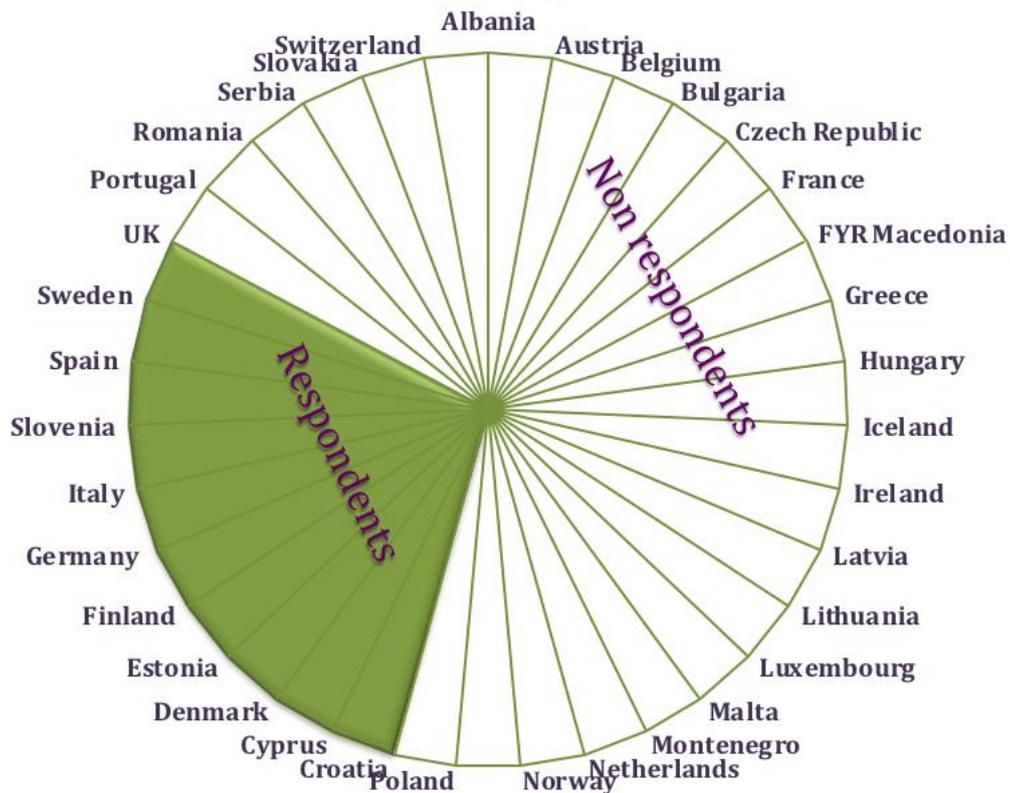
At the April 2018 EFN General Assembly held in Brussels the EFN Members were invited to share good practices from their countries relating to primary care. Submitted practices were subject to a standard process of thematic categorisation and narrative synthesis, and are presented in the present report under six key areas of activity.

## 3. Results

### 3.1 Response rate

The survey achieved a response rate of 31%, with 11 out of 35 EFN Members responding to the call within the timeframe. Responses from the following countries are represented in this report: Croatia, Cyprus, Denmark, Estonia, Finland, Germany, Italy, Slovenia, Spain, Sweden and the United Kingdom.

## Member Responses



### 3.2 Best Nursing Practices in Primary Care

The EFN Members input to the Tour de Table are presented below, synthesised and grouped under the following areas: community and family nursing, nurse-led primary care, health education and promotion, health visiting and school nursing, nurse prescribing, and input in national programmes.

#### *Community and Family Nursing*

One of the key ways through which nurses contribute to the Primary Care agenda in Europe is through taking on key functions as Community and Family Nurses. Plentiful examples of such initiatives come from Denmark, Estonia, Slovenia and the United Kingdom.

In Denmark, community nurses are growing in importance due to rapid demographic changes and increasing complex needs of people in the community. The Danish Nurses Organisation is part of a working group regarding “the delegation rights” for nurses in the community, with a specific focus on prescribing rights. The purpose is to ensure that nurses' competencies are used optimally to the benefit of patients.

Moreover, in Estonia, Family Nurses have been operating in primary care for a number of years. These nurses put a lot of effort and focus into prevention; for example, prevention of cardiovascular diseases is pursued by inviting people in the risk group (40-60 year olds) to regular check-ups. This gives nurses the opportunity to give patients health promotion information before the condition reveals itself. Regular check-ups also help nurses identify diseases at an early stage. The number of home nurse visits is also on the rise and currently there is a nationwide system of health centres being developed in Estonia, which will bring the home- and family nurses together. This will simplify the work of the teams in primary care centres and will raise the quality of nursing care. Last year, these nurses solved the problems of 1,5 million patients in Estonia.

Similarly, nurses are strongly involved in primary care in Slovenia. The model of strong community health service is developed in all regions, with strong Community Nurses as leaders in a preventive and curative role. A project by the Ministry of Health (2011-2017) about additional nurses in family practice concluded successfully and its recommendations should be implemented in all community health centres by the end of 2018. This will mean an additional 700 workplaces for family and community nurses in Slovenia.

Finally, in the UK, the Queen’s Nursing Institute promotes community nursing specifically to nurses, employers, educators and policy makers. They have highlighted the complexity and high quality of nursing provided by district nurses working in the community. However, there has recently been a drop of 6,000 community nurses in the NHS since 2010, equalling to 15% reduction. The role of the funder of community and specialist training in England, Health Education England, is changing fundamentally at the moment, with funding being reduced for nurse training across the board, including for community roles.

## ***Nurse-led primary care***

In response to a growing appreciation of the high-level knowledge, skills and training of nurses working in primary care there is a movement towards greater nurse-led services in primary care settings across Europe – e.g. Estonia, Italy and the UK.

In Italy, the theme of Primary Care and the role of nurses in this are a very hot topic. Some Regions (eg Lombardia, Toscana, Emilia-Romagna, Piemonte) have specific laws and the development of Primary Care is declared as an important aim by politicians. There are specific projects of nurse-led primary healthcare, mostly for people with chronic conditions. General Practitioners remain important in Italy but are under pressure due to insufficient services especially for elderly and chronically ill people. Similarly, in Finland, Finnish primary care health centre nurses have always been relatively independent as they keep their own nurses' clinics and appointments. According to 2017 statistics, Finnish nurses' outpatient nursing visits were 4.9 million which are comparable to GPs' 5.1 million.

Furthermore, in the UK, there are examples of nurse-led rather than GP-led general practices. For example, in Ealing in London, the Cuckoo Lane Practice serves more than 5,500 patients. It is one of the few practices in the UK to be nurse-led, rather than run by GPs. Not only is the practice run by nurses, most of the appointments are carried out by nurses too. These nurses have received extra training so they can do most of the work normally done by GPs, such as prescribing medication. The practice also employs two GPs, mainly for patients with especially complex medical needs. It has been awarded an outstanding rating by the Care Quality Commission, the only one out of 79 practices in that borough.

## ***Health Education and Promotion***

Health education and health promotion are key activities of nurses in primary care, relating to such conditions as diabetes, coronary heart disease and dementia. Examples of nurses' role in health education and promotion come from different countries including Croatia and Spain.

In Croatia, for example, the Society for Primary Care and Society of Public Health Nurses actively organise symposia and courses on health promotion in local communities. The Croatia

Nurses Association also organises public health events twice a year (usually for the International Nurses Day and/or other important dates during the year) to emphasize the importance of nurses in local communities. The emphasis is on prevention and health promotion, tackling issues such as smoking cessation, alcohol misuse, dietary advice, diabetes care, blood pressure control, and promotion of healthy lifestyles.

In Spain, a recent project saw the development of the International Program for the improvement of nurse training: digital platform e-cuidados (“e-care”). This digital platform provides nurses with a lot of information that allows an adequate management of nursing knowledge, facilitating clinical practice, with safety guarantees for patients and professionals. In addition, the platform offers standardized nurse care practice guides and protocols which ensure a high-quality healthcare practice based on scientific evidence and with a real vision for its application in clinical practice. It is important to emphasize that the training includes key modules such as planning and implementation of e-care, U-learning training models, administrative and teaching management models, human resource planning, training and human resources coordination, planning of facilities and material resources, characteristics and endowments of the facilities, ICT applied to management and planning, to clinical practice and to health training.

### ***Health visiting and School nursing***

The nursing roles of health visiting and school nursing have been around in different countries for a number of years, but following a period of diminished investment and decline these roles are again growing in popularity. Key recent examples here come from Denmark and Germany.

In Denmark, health-visitors offer home visits in the first years for new families, while school nurses undertake regular health screenings and examinations for school pupils. These nurses also develop and offer courses for adults and counselling for employees in day-care settings and schools. Health visitors and school nurses look to have great impact when it comes to prevention, promotion of healthy lifestyle, smoking cessation, alcohol misuse, wellbeing and mental health. In Denmark, their important role is acknowledged and for the next three years they will educate 120 such nurses per year.

Similarly, in Germany, a new model of providing care through more school health nurses is rapidly spreading. In two of the states this new service has already been successfully tested. The conference of Ministers of Education of the German states is supportive to a nationwide implementation in coming years.

### *Nurse prescribing*

The use of nurse prescribers is increasing across different countries in Europe, although the speed of development varies. An example of a rapid development of particular relevance to Primary Care comes from Finland.

In Finland, nurses secured in 2010 a limited right to prescribe drugs to the patients they treat at nurses' appointments at primary care health centres. The first nurses with the right to prescribe graduated in the summer of 2012. The requirements include an employment relationship with the health centre, necessary further training (45 ECTS, not masters' degree, but the education is on EQF level 7), and an authorisation from the physician-in-charge. The limited prescribing right applies only to medication for specific medical conditions.

The National Supervisory Authority for Welfare and Health (Valvira) records the special competence of nurses due to the limited prescribing right in the national register for health care professionals. By the end of Spring 2018 Finland should have about 400 nurses that have the right to prescribe. The Ministry of Social Affairs and Health has in 2015 given out a very good evaluation report on the first experiences in Finland. According to this report, nurses, physicians, and representatives of the management unit saw more benefits than complaints in nurse prescribing in practice. They evaluated the benefits quite in the same way: more effective use of nurses' work input, faster patient access, improved GPs' ability to concentrate on more demanding patients, better co-operation between GPs and nurses, and reduced number of care contacts. Nurses and management representatives also considered the effects on patient satisfaction and nurses' job satisfaction as important.

### *Input in National programmes*

Finally, another significant way in which nurses across Europe contribute to and support the Primary Care policy agenda is through active participation and often leadership of relevant national programmes. For example, members of the Croatia Nurses Association are active participants in national programmes led by the Ministry of Health on AIDS prevention, breastfeeding support, diabetes care and palliative care. Moreover, they participate in various local and national projects focused on emphasizing the role of nurse in primary care, such as through a project of the Society of Public Health Nurses focused on vulnerable members of society.

Similarly, in Cyprus, nurses work towards shaping health policies, prevention and health promotion by participating in national committees established by the Ministry of Health. These include the Advisory Committee for Private Hospitals, Committee on supervision and protection of rights of mental health patients, National committee for the protection, promotion and support of breast feeding, National committee for smoking control, Committee for the surveillance of the strategy for children rights in health, and the National committee for the Fetal Alcoholism Syndrome and Fetal alcohol spectrum disorders.

In Denmark, following an increased focus on prevention due to the demographic changes, the Danish Nurses Organisation is working to establish national action plans for preventive action. Nurses are also part of several specific working groups on national level e.g. Smoke-free future, where the goal is by 2030 to have the first non-smoking generations and less than 5% smokers among adults; and the National alcohol action plan.

Furthermore, in Sweden, the Swedish society of Nursing have participated since 2011 in a project to support the implementation of the National guidelines from the Swedish Health and Welfare board regarding prevention and treatment of unhealthy habits. The guidelines involve unhealthy tobacco, alcohol, eating habits and physical activity. The goal for the project is that all primary care nurses shall know and follow the methods recommended. Also, in recent years the society accomplished the following projects: Nursing Health promotion- a nursing mission; Nursing Health promotion in terms of eating and alcohol consumption habits;

Nursing Health promotion and physical activity; Nursing Health promotion and cancer; Nursing Health promotion in terms of persons with mental illness; Nursing Health promotion in terms of persons with long term illness; and Nursing Health promotion and tobacco consumption.

### **4. Conclusion**

The input of the EFN Members' to the Tour de Table demonstrates the breadth and depth of activity nurses across Europe are engaging with to contribute and support the Primary Care agenda. Driven by the knowledge that a strong primary care system has widespread health and wellbeing benefits for all those involved, primary care nurses members of EFN are invested and committed to furthering quality and safe care in this setting by taking on a number of new and important roles.

Based on the EFN Members' input to the Tour de Table, the EFN recommends to the European institutions, Governments and relevant health stakeholders to:

- 1.** Invest in the expansion of community and family nursing, to ensure efficient access to quality healthcare services across Europe is maintained;
- 2.** Support the development of greater nurse-led initiatives in primary care, to relieve the mounting pressure on general practice and ensure quality outcomes of patients;
- 3.** Provide funds for capacity building for primary care nurses, and for development of further nursing initiatives that respond to changing demographics and increased patient needs;
- 4.** Continue to support the development and expansion of nurse prescribing, building on the success of this initiative from those countries that have already taken this step;

5. Support the exchange of best practice around the usefulness of nursing roles such as health visiting and school nursing, ensuring the benefits from such development benefits EU citizens across regions and countries.

The benefits from investing in primary care are obvious to all those engaged in the healthcare system, both professionals and patients. Nurses have a central and leading role to play in these developments, although their role is not always acknowledged. It is time for policy rhetoric to translate into concrete support and investment in primary care services across Europe to ensure quality, accessible, efficient and safe care reaches those who need it most.

## EFN Members



### ALBANIA

**Mr Sabri Skënderi** - President

Albanian Order of Nurses

[www.urdhriinfermierit.org](http://www.urdhriinfermierit.org)



### AUSTRIA

**Ms Ursula Fröhner** - President

Austrian Nurses Association (OEGKV)

[www.oegkv.at](http://www.oegkv.at)



### BELGIUM

**Mr Thierry Lothaire** - Delegate (FNIB) | **Ms Deniz Avcioglu** - Delegate (UGIB)

Fédération Nationale des Infirmières de Belgique | General Nursing Union of Belgium

[www.fnib.be](http://www.fnib.be) | [www.ugib.be](http://www.ugib.be)



### BULGARIA

**Ms Milka Vasileva** - President and Official Delegate

Bulgarian Association of Health Professionals in Nursing (BAHPN)

[www.nursing-bg.com](http://www.nursing-bg.com)



### CROATIA

**Ms Tanja Lupieri** - President and Official Delegate

Croatian Nurses Association (HUMS)

[www.hums.hr](http://www.hums.hr)



### CYPRUS

**Mr Ioannis Leontiou** - President and Official Delegate

Cyprus Nurses and Midwives Association (CYNMA)

[www.cyna.org](http://www.cyna.org)



### CZECH REPUBLIC

**Ms Veronika Di Cara** - Official Delegate

Czech Nurses Association (CNNA)

[www.cнна.cz](http://www.cнна.cz)



## DENMARK

**Ms Anni Pilgaard** - Official Delegate

Danish Nurses' Organisation (DNO)

[www.dsr.dk](http://www.dsr.dk)



## ESTONIA

**Ms Gerli Liivet** – Official Delegate

Estonian Nurses Union (ENU)

[www.ena.ee](http://www.ena.ee)



## FINLAND

**Ms Nina Hahtela** - President and Official Delegate

Finnish Nurses Association

[www.sairaanhoitajat.fi](http://www.sairaanhoitajat.fi)



## FORMER YUGOSLAV REPUBLIC OF MACEDONIA

**Ms Velka Gavrovska Lukic** - President and Official Delegate

Macedonian Association of Nurses and Midwives

[www.zmstam.org.mk](http://www.zmstam.org.mk)



## FRANCE

**Ms Brigitte Lecointre** - President and Official Delegate

Association Nationale Française des Infirmiers & Infirmières Diplômés ou Etudiants (ANFIIDE)

[www.anfiide.com](http://www.anfiide.com)



## GERMANY

**Mr Franz Wagner** - Official Delegate

German Nurses Association (DBFK)

[www.dbfk.de](http://www.dbfk.de)



## GREECE

**Dr Eleni Kyritsi-Koukoulari** - President

Hellenic Nurses Association (ESNE)

[www.esne.gr](http://www.esne.gr)

# EFN – European Federation of Nurses Associations

---



## HUNGARY

**Mr Miklós Bugarszky** - President and Official Delegate

Hungarian Nursing Association

[www.apolasiegyesulet.hu](http://www.apolasiegyesulet.hu)



## ICELAND

**Mr Guðbjörg Pálsdóttir** - President and Official Delegate

Icelandic Nurses Association

[www.hjukrun.is](http://www.hjukrun.is)



## IRELAND

**Ms Elizabeth Adams** – EFN President and Official Delegate

Irish Nurses and Midwives Organisation (INMO)

[www.inmo.ie](http://www.inmo.ie)



## ITALY

**Ms Stefania Di Mauro** – Official Delegate

Consociazione Nazionale delle Associazioni Infermiere - Infermieri (CNAI)

[www.cnai.info](http://www.cnai.info)



## LATVIA

**Ms Dita Raiska** - President and Official Delegate

Latvian Nurses Association

[www.masas.lv](http://www.masas.lv)



## LITHUANIA

**Ms Danute Margeliene** - President and Official Delegate

The Lithuanian Nurses' Organisation

[www.lssso.lt](http://www.lssso.lt)



## LUXEMBOURG

**Ms Nicole Weis-Liefgen** - Vice-President and Official Delegate

Association Nationale des Infirmier(e)s Luxembourgeois(es) (ANIL)

[www.anil.lu](http://www.anil.lu)



## MALTA

**Ms Maria Cutajar** - President and Official Delegate

Malta Union of Midwives and Nurses (MUMN)

[www.mumn.org](http://www.mumn.org)



## MONTENEGRO

**Ms Nada Rondovic** – President and Official Delegate

Nurses and Midwives Association of Montenegro



## NETHERLANDS

**Ms Monique Kempff** – President and Official Delegate

Nieuwe Unie'91 (NU'91)

[www.nu91.nl](http://www.nu91.nl)



## NORWAY

**Ms Karen Bjørø** - Official Delegate

Norwegian Nurses Organisation (NNO)

[www.sykepleierforbundet.no](http://www.sykepleierforbundet.no)



## POLAND

**Ms Grażyna Wójcik** – President and Official Delegate

Polish Nurses Association (PNA)

[www.ptp.na1.pl](http://www.ptp.na1.pl)



## PORTUGAL

**Ms Ana Rita Cavaco** – President and Official Delegate

Ordem dos Enfermeiros (OE)

[www.ordemenfermeiros.pt](http://www.ordemenfermeiros.pt)



## ROMANIA

**Ms Ecaterina Gulie** - President and Official Delegate

Romanian Nursing Association



## SERBIA

**Ms Radmila Nešić** - President and Official Delegate

Association Health Workers of Serbia

[www.szr.org.rs](http://www.szr.org.rs)



## SLOVAKIA

**Ms Iveta Lazorová** - President and Official Delegate

Slovak Chamber of Nurses and Midwives

[www.sksapa.sk](http://www.sksapa.sk)



## SLOVENIA

**Ms Monika Azman** – President and Official Delegate

Nurses and Midwives Association of Slovenia

[www.zbornica-zveza.si](http://www.zbornica-zveza.si)



## SPAIN

**Mr Florentino Perez** – President and Official Delegate

Spanish General Council of Nursing

[www.cge.enfermundi.com](http://www.cge.enfermundi.com)



## SWEDEN

**Ms Sineva Ribeiro** – President and Official Delegate

The Swedish Association of Health Professionals

[www.vardforbundet.se](http://www.vardforbundet.se)



## SWITZERLAND

**Ms Helena Zaugg** – President and Official Delegate

Association Suisse des Infirmières et Infirmiers (SBK-ASI)

[www.sbk-asi.ch](http://www.sbk-asi.ch)



## UNITED KINGDOM

**Ms Janet Davies** – Official Delegate

Royal College of Nursing (RCN)

[www.rcn.org.uk](http://www.rcn.org.uk)

\*\*\*\*\*

*The [European Federation of Nurses Associations \(EFN\)](#) was established in 1971 and is the independent voice of the profession. The EFN consists of National Nurses Associations from 34 EU Member States, working for the benefit of 6 million nurses throughout the European Union and Europe. The mission of EFN is to strengthen the status and practice of the profession of nursing for the benefit of the health of the citizens and the interests of nurses in the EU & Europe.*



For further information or copies of this report please contact:

***The European Federation of Nurses Associations (EFN)***

***Registration Number 476.356.013***

**Clos du Parnasse 11A, 1050 Brussels, Belgium**

**Tel: +32 2 512 74 19 Fax: +32 2 512 35 50**

**Email: [efn@efn.be](mailto:efn@efn.be) Website: [www.efnweb.eu](http://www.efnweb.eu)**