

LEG ULCERS AND DISTRICT NURSES

Enhanced services subgroup advice

It is the view of the Enhanced services subgroup that if a simple dressing can be completed in a routine nurse appointment, then it is probably acceptable for it to be provided under essential services. However, leg ulcer dressings take far longer, are more complex and are for the most part carried out by district nurses. We see this as forming part of secondary care wound management and are aware of many areas across the UK where GPs are being paid under a LES to provide this service and others where the PCTs have provided dedicated clinics using district nurses.

Minor injuries are only the GPs responsibility if contracted to provide them under an enhanced service (although, in the interests of good patient relationships, to operate a blanket refusal to provide any minor injury work may not be the best approach). Dressing changes/suture removal etc. are the responsibility of the person who dealt with the injury/inserted the sutures.

Some arguments that LMCs could use to back-up this view are as follows:

1. To disprove the view that 'Dressings can be done by nurses, practice nurses are nurses, therefore practice nurses do dressings', substitute 'angiograms' for 'dressings'. Practice nurses are health professionals a practice might employ to make it easier to fulfil obligations under the GMS contract. Therefore if it is not required of a GP personally to perform a task then it cannot be the responsibility of the practice nurse either. Take the example of a single handed GP with no employed practice nurse; if a patient turns up requesting advice on reducing his CHD risk, it is clearly the GP's job to help, so it is also an appropriate Practice Nurse task. However should a patient with a leg ulcer appear, it would not be the job of the GP to dress it personally (no matter how long it had been there); he/she would just be expected to refer to a nurse who has the appropriate skills and there is no requirement on the GP to provide this nurse him/herself. GPs in large practices with employed practice nurses work under the same GMS contract as the single-hander and therefore there can be no obligation on them to provide practice nurses to do this task either.
2. The suggestion that 'DNs deal with housebound patients and PNs with the ambulant' is a fallacy as there is no NHS Regulation or direction that backs this up. To refute this view, first accept that DN's and PN's have different skills and training and then look at the situation from the patient's point of view. The patient has a right to access the most appropriate type of professional to deal with his/her problem and this right is independent of his/her ability to get to a GP surgery (hence the continuing requirement to provide a home visit if the patient is unable to attend surgery by virtue of their medical condition and requires care covered by the GMS contract). As there is no requirement on GPs to employ practice nurses and as ambulant patients have a right to community nursing care if required, then PCTs clearly have a responsibility to provide such services and most will chose to do so through the DN's. Whilst a practice without a nurse does have to offer essential services, the GMS contract is the same for GPs who employ nurses as for those who do not.