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## #143 - Barriers and facilitators to the implementation of general practice nurse-delivered models of care for chronic disease management

### Presenting Author(s)\*

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### Objectives/aims

Increasing prevalence of chronic diseases and an ageing population have culminated in a significant increase in demand on general practice. With difficulties attracting general practitioners to meet this growing demand, the establishment of general practice nurse-delivered models of care may contribute to improved access and continuity of care for patients. This systematic review has been conducted to ascertain the barriers and facilitators to the implementation of nurse-delivered models of care for chronic disease management within the general practice setting.

### Methods

This review has been conducted in accordance with the JBI approach to mixed methods convergent integrated systematic reviews. Qualitative, quantitative, and mixed method studies published from inception to 2022 were identified through eight electronic database searches (MEDLINE, CINAHL, Embase, Scopus, Cochrane Library, Emcare, ProQuest Dissertations, and Theses Global) and Google Advanced Search. Studies reporting on nurse-delivered models of care for the management of chronic diseases (cardiovascular diseases, chronic respiratory diseases, diabetes, cancer, chronic insomnia, and obstructive sleep apnea) in adults were included if they contained data that reported on barriers and facilitators to implementation. Data relevant to the review were extracted using a standardised data extraction form and then synthesised using Framework Synthesis. Data were mapped to the four



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constructs of the conceptual framework of barriers and facilitators to the implementation of complex interventions into the primary care setting by Lau et al<sup>a</sup> (external context, organisation, professional and intervention).

### Main findings

Seventy studies published from 1995 to 2022 were included in the review. 39 (56%) articles included qualitative data. Critical appraisal of articles was conducted, and all articles were deemed suitable for inclusion in the review.

Evidence of benefits to patients, alignment with existing work practices, and a link to specialist services were identified as facilitators to implementation of nurse-delivered models of care. General practice staff value models of care that offer opportunities to improve patient care and those that can be implemented into usual practice routines. A relationship with specialist staff can facilitate education, practice staff confidence and patient engagement with the model of care.

A lack of a defined scope of practice for general practice nurses was identified as a barrier to successful implementation of nurse-delivered models of care, by limiting a collaborative approach to care and delegation of chronic disease management to nurses by general practitioners, reducing nurse confidence in the delivery of new interventions, and causing concern for nurses about working outside of their scope of practice.

Limited time and inadequate funding models were also commonly identified as barriers to the success of nurse-delivered models of care. Competing demands of general practice and insufficient funding for nurse-delivered care limit the capacity of general practices to establish and deliver models of care.

This review offers an understanding of the factors influencing the implementation of general practice nurse-delivered interventions. It is intended that these findings will be used as evidence to inform the design of new models of care for the management of chronic diseases by general practice nurses.

- a. Lau R, Stevenson F, Ong BN, Dziedzic K, Treweek S, Eldridge S, et al. Achieving change in primary care—causes of the evidence to practice gap: systematic reviews of reviews. *Implement Sci* 2016;11(1):40.