ISSN: 2643-6892
Iris Journal of Nursing & Care
DOI: 10.33552/IJNC.2025.05.000613
Iris Publishers

Review Article

Nurse-Led Clinics: A Brief Review of Structure, Evolution, and Impact on Modern Healthcare

Ioanna Tsatsou*

Cancer Nurse, Oncology, Haematology Department, Hellenic Airforce General Hospital, Athens, Greece

***Corresponding author:** Ioanna Tsatsou, Cancer Nurse, Oncology-Haematology Department, Hellenic Airforce General Hospital, Athens, Greece

Received Date: April 21, 2025

Published Date: April 25, 2025

Abstract

Nurse-led clinics are an important model of healthcare delivery, where nurses serve as the main caregiver for the patient. The nursing services offered are comprehensive and focused on the individual patient, with the nurse retaining accountability and responsibility for both patient care and professional conduct. Within the general practice environment, nurse clinic models promote a collaborative approach to care delivery, incorporating the general practitioner and other members of the practice team. The history of these clinics' dates back to the 1960s, and the 1990s saw a rapid growth, particularly in the United Kingdom. These clinics combine the ability of nurses to provide comprehensive health care and advice with the enhancement of medical care through collaboration with doctors and other health professionals. Nurses in these clinics may have specialist knowledge and experience in specific areas, such as managing chronic conditions or supporting patients to promote health. According to Donabedian's model, the structure of nurse-led clinics includes both fixed (such as organizational structure and material resources) and variable characteristics (such as staff and target populations). The staff of these clinics work in close collaboration with other health professionals and provide healthcare services in various areas, such as cardiology, chronic respiratory disease, cancer, diabetes, etc. The services provided include medication management, patient education, monitoring of their condition, and provision of psychosocial support. The results of these clinics are generally positive, with improved health outcomes for patients and better management of chronic conditions.

Keywords: Nurse-led Clinics; Nurse led care Patient Care; Nursing Roles; Clinical Outcomes

Definition

Nurse-led clinics are a formal and structured way of delivering healthcare that involves the nurse and the patient or family with healthcare needs that can be addressed by a nurse [1]. Hatchett (2013) provided a comprehensive definition of nurse-led clinics, describing them as facilities where nurses manage their own patient caseloads. This arrangement enhances the autonomy of nursing professionals, granting them the authority to admit and discharge patients, as well as to refer individuals to other healthcare providers when necessary. The extent of referral capabilities can vary significantly among clinics and may encompass referrals to allied health professionals, including dietitians, physiotherapists, and social workers. Within these environments, nurses are responsible for monitoring patients' conditions through thorough histories, clinical assessments, and diagnostic testing. Additionally, nurses play a crucial educational role, informing patients and their caregivers about their illnesses, emphasizing the significance of

symptoms, and distinguishing between those that necessitate further treatment or medication adjustments and those that may arise from alternative causes. Health education and promotion are integral aspects of this role. Furthermore, nurses offer psychological support and empower patients by actively listening to their concerns, fears, and perceived improvements in their health [2].

Historical Review

The term "nurse-led clinics" appeared in the nursing literature as early as the 1960s, and they developed much further in the 1980s and 1990s [3]. A common characteristic of these units was the provision of additional services by nurses aimed at enhancing patient care, with an exceptionally high standard of practice [4]. Historically, nurses have managed some form of clinic as part of their primary responsibilities; however, there has been a notable evolution across various nursing disciplines in this type of healthcare delivery. Additionally, the emergence of nurse-led clinics paralleled the expansion of nursing practice, which has now extended into areas traditionally dominated by the medical profession. These new roles encompassed detailed clinical examinations, assessments, and the ability to prescribe medications. The proliferation of nurse-led clinics saw a significant increase during the 1990s. An analysis of the Catalogue of International Nursing and Allied Healthcare Literature (CINAHL) database from 1982 to 2000, using the term "nurse-led clinics," identified 41 publications, with only one prior to 1995 [2]. At that time, many nurse-led clinics in the UK were situated in community general practices or within hospital outpatient departments, where nurses often specialized in specific areas such as pain management, peritoneal dialysis, intermittent claudication, and leg ulcer management, among others [5,6].

The United Kingdom, along with its National Health Service (NHS), is recognized as a leader in the establishment and growth of nurse-led clinics. The Labour government has consistently advocated for nurse-led health services and frameworks. This initiative is likely driven by several factors, including enhancing public access to healthcare, decreasing the workload of physicians, acknowledging the expertise of nursing professionals, and optimizing the use of healthcare resources. The government's nursing strategy, titled 'Making A Difference,' highlighted the importance of nurse-led services in delivering health information, self-help guidance, and micro-therapies. Furthermore, the Crown Committee permitted nurses to customize prescribed medications based on specific protocols, which fostered nurse-led practices and facilitated the development of nurse-led clinics [2,7]. In 2000, then-Prime Minister Tony Blair urged health professionals to modernize the NHS by "eliminating unnecessary barriers, implementing more adaptable training and working practices, and ensuring that doctors do not spend time on patients who could be safely treated by other healthcare personnel." During a Royal College of Nursing conference, Health Secretary Alan Milburn remarked that "the government will empower nurses…there will be parity among professions. It is not a matter of nurses versus doctors, but rather nurses and doctors collaborating, each bringing their distinct skills to a unified system of care." Consequently, the significance of nurse-led clinics was acknowledged in various government documents, such as the National Service Framework for Coronary Heart Disease, which mandated the establishment of CHD clinics that could be effectively managed by nurses [2,8].

Structure and Staffing

Donabedian's (1966) structure-process-outcomes model is well-known to healthcare leaders. It continues to be a leading conceptual framework for assessing the quality of healthcare in a variety of healthcare settings. Donabedian defined structure as "the adequacy of facilities and equipment, the qualifications of care providers and their organization, the administrative structure and functions of programs and institutions that provide care, the fiscal organization, and the like." The structure of an organization consists of relatively fixed characteristics of care providers, the tools and resources at their disposal, and the physical and organizational settings in which they work. The concept of structure includes the human, physical, and financial resources required to deliver health care. The term also includes the number, distribution, and qualifications of professional staff; the available equipment and technology; and the geographic location of the facility [9,10].

According to this model, the organizational attributes of nurse-led clinics encompass nursing care frameworks tailored for individuals, families, and communities. These frameworks provide comprehensive care that spans both acute and chronic health needs, focusing on population health. The administrative structure features both fixed and variable elements. Fixed elements consist of a distinctive organizational design and essential material resources. This design incorporates a healthcare practice model that is managed and executed by nurses, emphasizing holistic and culturally sensitive care, while being population-focused and broadly aimed at health promotion and wellness, including primary, acute, and chronic care services. Physical resources comprise facilities such as clinics, schools, and mobile units, along with equipment like computers, electronic health records, and diagnostic tools, including electronic blood pressure monitors. Variable characteristics involve the specific target population as well as human and financial resources. Staff members cater to individuals, families, and diverse communities, particularly focusing on varied and vulnerable populations. Typically, the personnel in nurse-led clinics include administrators, nurses, and nursing staff across various educational levels, primarily functioning independently while collaborating with other members of the interdisciplinary team [11]. Nurses may possess graduate education or specialized training pertinent to the specific focus of their facility [1].

Nurse-led clinics have become an increasingly important feature of contemporary healthcare systems, providing high-quality, accessible care while addressing workforce shortages and rising patient demand. Typically managed by advanced practice nurses—such as nurse practitioners, clinical nurse specialists, or nurse consultants—these clinics offer a wide range of services, including chronic disease management, health promotion, preventive care, and triage for acute conditions. Their emergence aligns with broader health system goals of improving efficiency, patient outcomes, and care accessibility.

Areas of Practice

Nurse-led clinics have developed within a healthcare environment that prioritizes integrated care and the coordination of services between hospital and primary care settings. The primary interventions include nursing therapy, which encompasses assessment and evaluation, health education and counselling, treatment and procedures, as well as case management with a comprehensive approach. Nurses in these clinics exhibit advanced practice competencies in specific areas of healthcare and typically operate independently or collaboratively with other members of the multidisciplinary healthcare team for at least 80% of their responsibilities. Their skill set includes adjusting medications and initiating therapies and diagnostic tests in accordance with established protocols [1].

Key interventions involve assessment and evaluation, along with health counselling aimed at managing symptoms and preventing disease complications. Health education plays a crucial role as well, guiding patients on maintaining a healthy lifestyle and adhering to prescribed medications and treatments. Additionally, support for caregivers is provided. While treatment initiation and case management are also components of nursing care in nurse-led clinics, they are performed less frequently [1].

The impact of nurse-led clinics on modern healthcare

Evidence shows that nurse-led clinics are both clinically effective and cost-efficient. For instance, studies have demonstrated that nurse-led management of chronic conditions such as diabetes, hypertension, and asthma results in comparable or improved patient outcomes relative to physician-led care, especially in areas related to patient education, disease monitoring, and adherence to treatment protocols [12,13]. Additionally, nurse led clinics have been associated with high patient satisfaction levels, largely due to the extended consultation time, holistic care approach, and improved patient-provider communication [14].

The integration of nurse led clinics within primary and specialized care settings has also contributed to reduced emergency department visits and hospital readmissions, particularly for patients with long-term conditions. In rural and underserved areas, nurse-led services have significantly improved access to healthcare, helping to bridge geographical and socioeconomic disparities [15].

Despite their benefits, the broader implementation of nurse-led clinics faces several challenges, including variations in scope of practice across regions, limited funding models, and the need for clearer regulatory frameworks that support nurse autonomy and leadership. Furthermore, interprofessional collaboration remains essential to ensure continuity and coordination of care. So, nurse-led clinics represent a progressive shift in healthcare delivery—one that emphasizes accessibility, efficiency, and holistic, patient-centred care. Their continued development will depend on supportive policies, investment in advanced nursing education, and an ongoing commitment to interdisciplinary teamwork and innovation in health service design.

Future Directions

As nurse-led clinics continue to evolve, several key areas warrant further development to fully realize their potential in modern healthcare systems. First, the expansion of advanced nursing education and training programs is essential to prepare nurses for expanded roles in diagnosis, prescribing, and care coordination. Investment in education will ensure a robust pipeline of highly skilled nurse practitioners and clinical nurse specialists capable of leading complex care models.

Second, the harmonization of regulatory frameworks across regions and countries is crucial. Differences in the regulations governing the scope of practice can hinder the effectiveness and accessibility of services led by nurses. Policymakers should prioritize legislative reforms that standardize practice authority and remove unnecessary barriers to nurse autonomy.

Third, further integration of digital health tools—such as telemedicine, electronic health records, and remote monitoring—can enhance the efficiency and scalability of nurse led clinics. These technologies not only facilitate care delivery in remote and underserved areas but also support data-driven decision-making and personalized care.

Additionally, ongoing research and evaluation will be vital. Large-scale, longitudinal studies are needed to assess the long-term impact of nurse led clinics on health outcomes, cost-effectiveness, and system sustainability. Such evidence will inform best practices and strengthen the case for broader implementation.

Finally, promoting interprofessional collaboration and team-based care will ensure that nurse-led clinics function synergistically within the wider health ecosystem. By fostering mutual respect and shared responsibility among healthcare providers, nurse led clinics can continue to deliver holistic, patient-centred care in increasingly complex healthcare environments.

Conclusions

Nursing-led health structures have become an integral and effective sector in the provision of healthcare. Their development has significantly contributed to improving the accessibility and quality of care, especially in areas where nurses have expertise and excellent skills in monitoring and managing patients. In addition, nurses in these clinics enhance prevention, health education and psychological support, while contributing to a better allocation of healthcare resources.

The results of nurse-led clinics are particularly positive, as they appear to reduce the need for emergency admissions, improve patients' quality of life and increase the effectiveness of treatments. With the continued evolution of nursing practice, these clinics have the potential to expand into more areas of healthcare, offering the opportunity for better and more comprehensive care, especially in populations with chronic diseases or increased needs.

Nurse leadership in clinics increases collaboration between different health professionals and enhances a holistic approach

to care. Therefore, the future of these clinics looks particularly promising, with the potential for even more personalized and effective healthcare services for a wide range of patients.

Acknowledgment

None.

Funding

None.

Conflict of Interest

No conflict of interest.

References

1. Wong FK, Chung LC (2006) Establishing a definition for a nurse-led clinic: structure, process, and outcome. Journal of advanced nursing 53(3): 358-369.
2. Hatchett R (2013) Chapter 1 The emergence of the modern nurse-led clinic In Nurse-led clinics. New York And London: Routledge.
3. Griffiths P, Evans A (1995) Evaluation of a Nursing-led In-patient Service. King's Fund.
4. McMahon R (1991) Therapeutic nursing: theory, issues and practice. Nursing as therapy pp. 1-25.
5. Hatchett R (2000) The emergence of the nurse-led clinic: A qualitative study with recommendations for practice development, unpublished MSc dissertation, London: City University.
6. Denning J (2000) A nurse-led clinic for peritoneal dialysis', Nursing Times 96(13): 44–45.
7. Department of Health (1999) Making a Difference: Strengthening the Nursing, Midwifery and Health Visiting Contribution to Health and Healthcare, London: DOH.
8. Department of Health (2000) The National Service Framework for Coronary Heart Disease, London: DOH
9. Donabedian A (1966) Evaluating the quality of medical care. The Milbank memorial fund quarterly 44(3): 166-206.
10. Donabedian A (2005) Evaluating the quality of medical care. The Milbank Quarterly 83(4): 691.
11. Holt J, Zabler B, Baisch MJ (2014) Evidence-based characteristics of nurse-managed health centres for quality and outcomes. Nursing Outlook 62(6): 428-439.
12. Martinez-Gonzalez NA, Rosemann T, Djalali S, Tandjung R (2014) The effectiveness of nurse-led care in the management of chronic diseases: A systematic review and meta-analysis. PLoS ONE 9(9): e107573.
13. Poghosyan L, Lucero R, Rauch L, Berkowitz B (2017) Nurse practitioner workforce: A substantial supply of primary care providers. Nursing Economics 35(5): 227–234.
14. Halcomb E, Ashley C (2019) Nurse-led primary health care: Policy, practice and research. Collegian 26(4): 369–373.
15. Van der Biezen M, Schoonhoven L, Wijers N, van der Burgt R, Wensing M, et al. (2017) Substitution of general practitioners by nurse practitioners in out-of-hours primary care: A quasi-experimental study. Journal of Advanced Nursing 73(3): 645–655.