

Additional File 2: Characteristics, interventions (including nurses' qualifications) and outcomes of primary studies

No.	Primary Study (Executing country)	Study population (n ^s)	Intervention <i>Supervision Y/N/?</i> <i>Guidelines (Protocol, structured intervention): Y/N/?</i>	Control	Nurses' Training	Follow-Up (months)	Primary outcome(s) (or endpoint used in power calculation or null hypothesis) +/-/~/-/?
1	Andryukhin 2010 [1] (Russia)	Patients with CHF 50 yrs+ (n=100)	Structured nurse-led patient education programme and care plan consisting of 3 parts (education by nurse, exercise training by physiotherapist, proactive weekly consultations with nurse for 5 months) <i>Supervision: ?</i> <i>Guideline: Y</i>	Usual care in accordance with national guidelines	Specially trained nurses	18	Combined number of deaths and hospitalisations: ~
2	Campbell 1998 [2-8] (UK)	Patients with coronary heart disease (CHD) (n=1,173)	Nurse-led care (assessment of symptoms and behavioural risk factors, review of drug treatment, identification of side effects, assessment of blood pressure and lipids, referral to GP) <i>Supervision: ?</i> <i>Guideline: Y</i>	Usual GP-led care	District Nurse, Practice Nurse, Health Visitors	12	improvement in the proportion of patients receiving "appropriate" secondary prevention: +
3	Campbell 2014 [9-13] (UK)	Patients seeking same-day consultations in primary care (n=20,990)	Nurse carries out computer-supported triage using decision-support software (provides self-care advice, makes a face-to-face or telephone appointment with a doctor or nurse later that day or soon afterwards, or makes a routine appointment at a convenient time) <i>Supervision: ?</i> <i>Guideline: Y</i>	GP triage Usual Care	Nurses participated in a triage training workshop conducted by an expert trainer; 4-week run-in period	1	Total number of primary care contacts (28 days): - (Within-practice contacts: - GP face-to-face contacts: + Costs: ~)
4	Chambers 1978 [14] (Canada) ^s	Patients in primary care (n=868)	first contact and ongoing care <i>Supervision: ?</i> <i>Guideline: ?</i>	GP-led primary care	Experienced Practice Nurse with specialised training (9-	12	No power calculation performed. Health status: Physical function: + Emotional function: ~

					month education programme for family practice nurses to learn skills such as decision-making, clinical assessments, social history taking, physical examinations, distinguishing between abnormal and normal patient symptoms)		Social function: ~
5	Chan 2009 [15] (UK)	Patients with dyspepsia after direct access gastroscopy (n=175)	Standardised and structured follow-up <i>Supervision: ?</i> <i>Guideline: Y</i>	Usual GP-led care	gastrointestinal nurse practitioner	6	Gladys dyspepsia scale: +
6	Denver 2003 [16] (UK)	Patients with type 2 diabetes & hypertension (n=120)	Hypertension management (non-pharmacological advice, discussing side effects, treatment changes, referral to physicians for new prescriptions) <i>Supervision: ?</i> <i>Guideline: Y</i>	Conventional primary care	Hypertension nurse	6	Systolic BP: +
7	Dierick-Van Daele 2009 [17] (NL)	Patients with common complaints (n=1,501)	Nurse-led care as first point of contact <i>Supervision: ?</i> <i>Guideline: ?</i>	GP-led care as first point of contact	Nurse Practitioner	0.5	No primary endpoint defined, no power calculation. Health status: ~ Medical resource consumption:~ Compliance with guidelines:~

							Frequency and duration of consultations:-
8	Du Moulin 2007 [18] (NL) [§]	Women with urinary incontinence (n=51)	Assessment and provision of advice to patients on therapy, lifestyle, and medication <i>Supervision: ?</i> <i>Guideline: Y</i>	Usual GP-led care	Registered Nurses with training (Continence Nurse)	12	Incontinence frequency and volume: ~
9a	Fairall 2012a [19] (South Africa)	Patients with HIV without ART (n=11,082)	Nurse-led antiretroviral therapy <i>Supervision: ?</i> <i>Guideline: Y</i>	Physician-led antiretroviral therapy	Primary care nurses with specialist training (STRETCH programme)	16-18	1-year-mortality:~
9b	Fairall 2012b [19] (South Africa)	Patients with HIV and ART for > 6 months (n=12,894)				18	Viral suppression: ~
10	Flynn 1974 [20] (USA)	Primary care patients (n=60)	Nurse-led care (ordering medical investigations, giving advice on exercises or diet, prescriptions) <i>Supervision: ?</i> <i>Guideline: Y</i>	Physician-led care	Registered nurse /Nurse Clinicians with training in several patient care settings	6-12	No primary endpoint reported, no power calculation reported. Health status: ? Quantity of health services delivered to the patients: - Efficiency: -
11	Hemani 1999 [21] (USA)	New primary care patients (n=450)	Nurse-led care <i>Supervision: Y</i> <i>Guideline: ?</i>	Physician-led care	Nurse Practitioners	12	No primary endpoint reported, no power calculation reported. Health care resource utilisation: -
12	Hesselink 2004 [22] (NL)	Patients with asthma or COPD (n=276)	Education programme by general practice assistant (1-4 semi-structured consultations of 30 min: information on diseases, medications, inhalation techniques, smoking cessation, advice when to consult a doctor) <i>Supervision: ?</i> <i>Guideline: Y</i>	Usual GP-led care	General practice assistants (secondary school plus 2 yrs GP assistant training), trained specifically in asthma and COPD	24	HRQoL: disease-specific Quality of Life in Respiratory Illness Questionnaire: ~ Degree of dyspnea: ~

13	Hiss 2007 [23] (USA) [§]	Patients with type 2 diabetes (n=197)	Individualised intervention: individual counselling, problem identification, care planning, and management recommendations by a nurse care manager <i>Supervision: ?</i> <i>Guideline: ?</i>	Comprehensive evaluation of his or her diabetes with results reported to patients and their physicians (basic intervention)	Registered Nurses with training (Diabetes Nurse)	6	mean systolic blood pressure: + A1C: ~ Cholesterol: ~
14	Houwelling 2011 [24] (NL)	Patients with type 2 diabetes (n=230)	Diabetes management (treatment of blood sugar, blood pressure, lipid profile, order laboratory tests, prescribe medications – but no insulin, adjust dosages – also insulin) <i>Supervision: N</i> <i>Guideline: Y</i>	Usual GP-led care	Practice Nurse/Registered Nurses with 1 week of diabetes training	14	Mean decrease in HbA1c level: ~
15	Iglesias 2013 [25] (Spain)	Patients requesting a same-day appointment (n=1,461)	Nurse-led care using a decision-making support tool <i>Supervision: Y</i> <i>Guideline: Y</i>	Usual GP-led care	Trained Nurses	0.5	Symptoms: ~ Patient satisfaction: ~
16	Jarman 2002 [26] (UK)	Patients with Parkinson's disease (n=1,859)	Community-based care provided by nurse (counselling and education of patients and carers, drug information, monitoring treatment, reporting to GPs, instigating respite and day hospital care; visiting patients in hospital if admitted, liaising with hospital staff when the patient is discharged, assessing entitlement to social security benefits, liaison with local multidisciplinary primary care teams for ongoing assessment and therapy) <i>Supervision: Y (nurse manager)</i> <i>Guideline: ?</i>	Usual GP-led care	Nurse specialists in Parkinson's disease (course on Parkinson's disease)	24	Clinical outcomes: Survival/mortality: ~ stand-up test: ~ dot in square test: ~ bone fracture: ~ Patient wellbeing/Health outcomes: Parkinsons Disease Questionnaire-39: ~ Euroqol: ~ global health question: + Net healthcare costs: (difference in mean increase): ~
17	Kernick 2000 [27] (UK)	Patients with eczema or psoriasis (n=109)	Nurse-led care <i>Supervision: N</i> <i>Guideline: Y</i>	Usual GP-led care	Practice nurse trained in dermatology (structured	4	Dermatology Life Quality Index (DLQI): ~

					training programme – 87 hours - in practical dermatology care: outpatient attendance/ direct tuition/ reading, treatment, education, psychological support)		
18	Kernick 2002 [28] (UK)	Adult patients with asthma (n=101)	Assessment, education and management provided by practice nurses in line with UK guidelines <i>Supervision: Y (for prescriptions)</i> <i>Guideline: Y</i>	Usual GP-led care	Practice Nurse with structured training in asthma care	4	Asthma Quality of Life score: ~ (significant positive results for subdomains)
19	Kinnersley 2000 [29] (UK)	Patients seeking “same day” consultations (n=1,465)	First contact with nurse specialist; prescriptions by doctor <i>Supervision: Y (for prescriptions)</i> <i>Guideline: ?</i>	GP-led care	Nurse Practitioner (completed diploma at Royal College of Nursing or University of Wales)	0.5	Patient satisfaction (after consultation) - adults: ? Patient satisfaction (after consultation) - children: + Resolution of symptoms (2 weeks): ~ Resolution of concerns (2 weeks): ~
20	Kueth 2011 [30] (NL)	Children (6-16 yrs) with stable asthma (n=107)	Nurse-led care <i>Supervision: Y (consultation with paediatrician if necessary)</i> <i>Guidelines: Y</i>	Paediatrician or GP-led care	Registered Nurses with training (Asthma Nurse)	24	PD20*: ~
21	Larsson 2014 [31, 32] (Sweden)	Patients with chronic inflammatory arthritis undergoing biological therapy (n=107)	Monitoring biological therapy in nurse-led rheumatology clinic based on person-centred care 6-month assessment with nurse (examining disease activity, laboratory tests, discussing drug treatment), 12 months assessment with rheumatologist	Rheumatologist-led care (every 6 months for 30 minutes) according guidelines	Experienced Registered Nurses (9-20 yrs. experience) with specialist training by	12	Change in Disease Activity Score 28: ~

			<i>Supervision: Y (consultation with rheumatologist for advice and prescriptions))</i> <i>Guidelines: Y</i>		rheumatologist		
22	Lattimer 1998 [33-36] (UK)	Patients seeking out-of-hours advice (n=10,134)	Nurse telephone consultation service (systematic assessment and recommendation of an appropriate course of action) <i>Supervision: N</i> <i>Guidelines: Y (decision support software)</i>	Physician telephone consultation	Experienced and specially trained nurses (6 weeks training course)	7 days	Death after 7 days: ~
23	Lewis 1967 [37] (USA) [§]	Patients with chronic illnesses (n=66)	Nurse-led care (ongoing primary care for patients with stable chronic disease) <i>Supervision: ?</i> <i>Guidelines: Y</i>	Doctor-led care	Not clear	12	No power calculation performed. Resolution of symptoms: - Consultation length: - Days in hospital: ? Provider preference: + Direct costs: +
24	Moher 2001 [38] (UK)	Patients with CHD aged 55-75 years (n=1,906)	Secondary prevention of coronary heart disease, assistance setting up a disease register and systematic recall of patients to a nurse led clinic (nurse recall group) <i>Supervision: ?</i> <i>Guidelines: Y</i>	Assistance setting up a disease register and systematic recall of patients to general practitioner (GP recall group)	Practice Nurse	18	adequate assessment (defined) of 3 risk factors (blood pressure, cholesterol, and smoking status): ~
25	Munding 2000 [39-41] (USA)	Patients in primary care with focus on diabetes, asthma, hypertension (n=1,981)	Nurse-led care (ambulatory primary care including 24-hour call service, independent decisions for referrals to specialists and hospitalisation) <i>Supervision: N</i> <i>Guidelines: ?</i>	Physician-led care	Nurse Practitioner	12	Short Form 36 Health Survey (SF-36): ~
26	Ndosi 2014 [42] (UK)	People with rheumatoid arthritis (n=181)	Nurse-led care (30 min-time slot for history taking, physical examination, pain control, prescribing medication, dosage changes, steroid injections, patient education, psychosocial support, ordering blood tests or X-rays)	Rheumatologist-led care (15 min time-slot with the same services)	Clinical Nurse specialist (CNS) / Rheumatology nurse practitioner	12	Disease Activity Score 28: +

			<i>Supervision: ? Guidelines: Y</i>		(median 10 yrs experience); postgraduate qualification in rheumatology nursing and/or prescribing		
27	Sanne 2010 [43] (South Africa)	HIV-positive patients (n=812)	Nurse-monitored antiretroviral therapy <i>Supervision: ? Guidelines: ?</i>	Doctor-monitored antiretroviral therapy (little or no experience in antiretroviral therapy) with specialised training	Primary health care nurses (1 additional year of clinical training in primary health care) with specialist training	30 (median follow up: 120 weeks)	Composite endpoint: ~
28	Shum 2000 [44] (UK)	Patients with minor illnesses requesting same-day appointment Exclusions: significant chest pain or dyspnea, significant abdominal pain, haematemesis, seizures, syncope, problems in pregnancy, age <1 year, psychiatric symptoms (n=1,815)	Nurse-led primary care (history taking, physical examination, offering advice and treatment, prescriptions (which required doctor's signature) <i>Supervision: Y (for prescriptions) Guidelines: ?</i>	Usual GP-led care	Nurses (average 8.4 yrs experience) with specialist training (academically accredited degree level course on managing minor illnesses, 3 months part time); no nurse practitioners	0.5	Patient satisfaction: +
29	Spitzer 1973 [45] (Canada) [§]	Primary care patients (n=4,325)	first contact and ongoing care for all presenting patients <i>Supervision: ? Guidelines: ?</i>	GP-led care	Nurse Practitioners	12	No power calculation performed. Mortality: + Average cost per patient per year: -/ ?

30	Venning 2000 [46] (UK)	Patients requesting an appointment the same day (n=1,316)	Nurse Practitioner as first point of contact <i>Supervision: Y (prescriptions)</i> <i>Guidelines: ?</i>	GP as first point of contact	Experienced Nurse Practitioners with patients as first point of contact for at least 2 years (education level: 1 or 2 year nurse practitioner training, programme at diploma, BSc, or MSc level)	0.5	No power calculation, no sample size, no primary endpoints defined/reported. length of consultation: - examinations: ~ return visits: - prescriptions: ~ referrals: ~ patient satisfaction (adults + children): + health status: ~ costs: ~
31	Voogdt-Pruis 2010 [47-49] (NL)	Patients at high risk of cardiovascular disease (n=1,626)	Nurse-delivered cardiovascular risk management according to the Dutch guideline (assessment of other risk factors, and a 3-monthly monitoring schedule was set up for patients, but adjusted individually according to the risk profile, (co)morbidity, and patient preferences, referral to other professionals, such as dieticians) <i>Supervision: Y</i> <i>Guidelines: Y</i>	Physician-delivered cardiovascular risk management according to the Dutch guideline	(Advanced) Practice Nurses with training in CVD, motivational interviewing, and shared decision making	12	Systolic blood pressure: ~ total cholesterol: + smoking: ~ body mass index (BMI): ~
32	Winter 1981 [50] (USA) ^s	Patients with venereal diseases, acute non-traumatic minor illnesses, family planning, (n=50)	Physical examination and diagnosis as well as psychosocial assessment, health and disease management based on clinical guidelines and protocols by nurse practitioner <i>Supervision: ?</i> <i>Guidelines: Y</i>	n.r.	Professional nurse with training in physical diagnosis, psychosocial assessment, and health-illness management in primary care.	0.5	Primary outcome is unclear. Patient satisfaction: +

Legend:

No number, NL The Netherlands, UK United Kingdom, USA United States of America, GP General Practitioner,

[§] data extraction not from primary study, but from included review(s) and abstracts if available

^{\$} number of patients randomized

*The PD20 is the dose of methacholine that causes a 20% fall in FEV1 (FEV1: maximum air the subject can forcibly expel during the first second following maximal inhalation).

Column Intervention - supervision and guidelines: Y Yes, N No, ? unclear; n.r. not reported

Column Primary outcome(s):

+ statistically significant better in the nurse-led group, ~ no difference between groups, - statistically significant worse in the nurse-led group, ? Unclear

+Improvement in primary endpoint is statistically significant in the nurse-led group (in at least one, if several primary endpoints were defined)

~ no difference between nurse-led and physician-led care (in at least one, if several primary endpoints were defined)

- Deterioration is statistically significant in the nurse-led group (in at least one, if several primary endpoints were defined)

No colour: if no primary endpoint was defined

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