

# Public Submission Cover Sheet

Please complete this sheet and submit with any attachments to the Sustainable Health Review Secretariat

## Your Personal Details

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Title	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input checked="" type="checkbox"/>
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## Publication of Submissions

***Please note all Public Submissions will be published unless otherwise selected below***

- I do not want my submission published  
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## Submission Guidance

You are encouraged to address the following question:

In the context of the Sustainable Health Review Terms of Reference listed below, what is needed to develop a more sustainable, patient centred health system in WA?

Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition;

- The mix of services provided across the system, including gaps in service provision, sub-acute, step-down, community and other out-of-hospital services across WA to deliver care in the most appropriate setting and to maximise health outcomes and value to the public;
- Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance;
- Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care;
- Ways to drive improvements in safety and quality for patients, value and financial sustainability, including cost drivers, allocative and technical efficiencies;
- The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring;
- Any further opportunities concerning patient centred service delivery and the sustainability of the WA health system.

### Submissions Response Field

*Please type your response into the field below. Alternatively you may provide your submissions as a separate attachment (Suggested Maximum 5 pages).*

## AUSTRALIAN COLLEGE OF NURSING RESPONSE

### WA Sustainable Health Review

A sustainable health system should be affordable, acceptable and adaptable<sup>1</sup>, however, the delivery of health and aged care services in Australia is unsustainable, with demand for services rapidly exceeding funding and workforce capacity. Growing pressure from an increasing and ageing population, increased consumer expectations and use of technology, is exhausting our health care system. Combined with global health care trends, there will be even greater competition for scarce resources into the future; the need for reform is real and immediate.<sup>2</sup>

Uniquely positioned, and contributing over half our health and aged care workforce, the nursing profession provides invaluable insights into how health care spending may be most effectively utilised. Our nursing workforce is highly educated, flexible, fiscally accountable and responsive to patient and community needs. Rated as the most highly regarded and trusted of all professions, nurses utilise public confidence to guide consumer experience, enhance primary health care capacity and reach, and have the greatest impact on the success or failure of health and aged care reform.<sup>3</sup>

The *National Strategic Framework for Chronic Conditions* states; ‘The focus of Australia’s health system has been on treating illness rather than preventing it.’ It acknowledges that prevention is key to improving the health of all Australians, reducing health related expenditure and ensuring a sustainable health system.<sup>4</sup>

Existing investment in healthcare can be leveraged. It is widely accepted that fragmentation of the health and aged care system can lead to duplication and waste, and gaps in the delivery of services.<sup>5</sup> Nurse practitioner models of care have shown to reduce fragmentation due to the trans-boundary nature of the role enabling them to provide high quality care in areas of identified need such as chronic disease, mental health, drug and alcohol and aged care.<sup>6</sup> The *National Strategic Framework for Chronic Conditions* calls for a suitably trained, resourced and distributed workforce, supported to work to its full scope of practice and is responsive to change.<sup>7</sup>

South Australia’s *Transforming Health* model outlines opportunities for nurses and midwives to further enhance their knowledge, skills and expertise to build their capacity and capabilities and work to their full scope of practice. It is anticipated that nurses will undertake roles which include procedural elements such as endoscopy and cystoscopy. Evidence suggests that nurse endoscopists, under proper supervision, can perform at the same level of procedural competency as doctors.

We recommend that nurse practitioner models of care be supported and expanded, and the WA Health Minister advocate at the COAG level for expanded access to MBS/PBS item numbers to further enable nurse practitioners to work to their full scope to the benefit of the population and the health system.

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Western Australia comes with a significant burden in the provision of sustainable healthcare; the burden of distance, and embracing digital health is one way of improving health outcomes. Described by the CEO of The Australian Commission on Safety and Quality in Health Care as the single biggest game changer in patient safety, digital health can not only improve patient safety and quality, it can also provide value and financial stability through allocative and technical efficiencies. Nurses are seen as key drivers of implementing new initiatives and technology.

For example:

The Townsville Hospital in Queensland established a telehealth chemotherapy service in a smaller rural hospital where a generalist rural nurse can be overseen by a specialist nurse via a video link from the tertiary hospital. Patients can therefore receive the same intensity of treatment and safety profiles as if they were being treated locally. This model of care has improved access to care and patient satisfaction, reduced patient and hospital expenses as well as generally improved patient welfare.<sup>8</sup>

Evidence of other nurse led models of care show the considerable potential for health care system benefit. For example: Micah Projects in Brisbane was established to provide services to the homeless and vulnerable housed population and has reduced inpatient hospital admissions by 37% and ED presentations by 24%, saving approximately \$6.45 million per year, an annual net social benefit of \$12.6 million and an improvement of at least 82 quality adjusted life-years per annum.<sup>9</sup>

The international experience is similarly successful; In the USA, Education Plus Health is a nurse-driven staffing model providing school nursing and primary care in underserved areas. The scheme has succeeded in reducing absenteeism and course failures, improving discipline and has reduced inappropriate emergency department use. Given that long-term health and quality of life has been shown to be strongly linked to an individual's level of education<sup>10</sup>, the benefits of such nurse led interventions clearly go beyond just the short term.

No discussion around a sustainable health system can ignore the interdependence and interconnectedness of human health with the health of the natural environment. This is a relationship formally acknowledged by the World Health Organization (WHO) and identified as interrelated with the conditions and resources needed for health. The *Ottawa Charter for Health Promotion* states that: 'The fundamental conditions and resources for health are peace, shelter, food, income, a stable ecosystem, sustainable resources, social justice and equity.'<sup>11</sup> The Centers for Disease Control and Prevention (CDC) has identified promoting policy and environmental strategies that enhance healthy behaviour as a major public health challenge for the 21st century.

In 2012, 12.6 million deaths were attributed to the environment, representing 23% of all deaths. Using WHO data from 2002, it is estimated that 24% of the global burden of disease and 23% of all deaths were due to modifiable environmental factors (for example, pollution, occupational

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risks, land use practices and sanitation).<sup>12</sup>

Clearly, investment in sustaining the natural environment is an investment in sustaining human health and the Australian College of Nursing (ACN) recommends that WA advocate at the COAG level for the Federal Government to fully adopt and implement the June 2017 Climate and Health Alliance's *Framework for a National Strategy on Climate, Health and Well-Being for Australia*.

Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care can be provided with a *Health in All Policies* (HiAP) approach. Already proven successful in other jurisdictions, this is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity. It improves accountability of policymakers for health impacts at all levels of policy-making. It includes an emphasis on the consequences of public policies on health systems, determinants of health and well-being.<sup>13</sup>

WHO's Helsinki Statement on HiAP outlines a Framework for Country Action – 'Policies made in all sectors can have a profound effect on population health and health equity' and '...requires political will to engage the whole of government in health.'<sup>14</sup>

Health and health equity are values in their own right, and are also important prerequisites for achieving many other societal goals. Many of the determinants of health and health inequities in populations have social, environmental, and economic origins that extend beyond the direct influence of the health sector and health policies. Thus, public policies in all sectors and at different levels of governance can have a significant impact on population health and health equity.<sup>15</sup>

HiAP also sits within the *National Strategic Framework for Chronic Conditions* which acknowledges the need for a multisectorial response in the prevention and management of chronic conditions.

It is clearly beneficial to create an environment that promotes health and therefore ACN believes a HiAP approach to policy making is key to create a sustainable health system.

The *National Strategic Framework for Chronic Conditions* has identified the Health Workforce as a specific enabler to assist in achieving the Vision of the Framework. The last National Health Workforce Strategic Framework was released in April 2004. Since then Health Workforce Australia has forecast significant future shortfalls in nurses even after allowing for productivity gains. We recommend that WA advocate at the COAG level for the Federal Government to develop a new National Health Workforce Strategic Framework.

Key enablers of new efficiencies and change can be provided with nurse leadership. The unique leadership role nurses provide has been acknowledged and nurses have been identified as key enablers in implementing new health practices. As such, nurses need to be included in the decision making process and the *Francis Inquiry* in 2013 showed that not doing so, or not

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seeking nursing advice has proven disastrous in the past.<sup>16</sup>

Nurse leaders can bring deep experience and understanding of the health care sector to their roles.<sup>17</sup> They have a broad knowledge of the political, societal and economic forces shaping health care, as well as the needs of consumers. They are able to identify and challenge the many barriers people face in accessing health care. They have a strong grasp of the enablers, constraints and challenges of effective service development in the Australian health care environment. Their professional background gives them a strong understanding of the roles and relationships of the different health care groups providing care in Australia. As a result, nurse leaders are well placed to advocate not only for the strategic development of both the nursing and broader health workforce but also for the models of care that will be needed to deliver health care. Nurse leaders bring to the table an understanding of the research and education systems which are essential to modern health care systems. They also bring an understanding of the relationship between education, research and practice. Nurse leaders, operating at the health systems level, can be strong proponents of patient-centred health care delivery, informed by the values and perspectives of the nursing profession. They are able to draw on clinical, operational and health systems perspectives to contribute to national debates about the strategic direction of the health care system.<sup>18</sup>

Failure to effectively utilise nurse leaders across the health care system will limit the system's capacity to meet the demands for health care into the future. Nurse leadership will be essential to securing an appropriately sized and skilled nurse workforce, designing innovative models of care delivery, securing strong financial performance and ensuring that patient safety is embedded throughout the health system. Nurse leaders are a valuable resource with the potential to make significant contributions to the transformation of the health system. There is now an opportunity to draw on nurse leaders to build a health care system which is effective, efficient and responsive to the needs of all Australians.<sup>19</sup>

A sustainable health system is socially, morally and economically imperative. It is clear that investment in nursing provides cost effective enhancement to any health system and is key to future sustainability. Nurses, as the largest proportion of the health workforce are consequently key actors in the development and maintenance of such a system and should be engaged with and utilised to their full extent.

<sup>1</sup> Finberg, H. A Successful and Sustainable Health System — How to Get There from Here. NEJM 2012.

<sup>2</sup> Australian College of Nursing. 2015. Nurses are essential in Health and Aged Care Reform

<sup>3</sup> Australian College of Nursing. 2015. Nurses are essential in Health and Aged Care Reform

<sup>4</sup> Australian Health Ministers' Advisory Council, 2017, National Strategic Framework for Chronic Conditions. Australian Government. Canberra.

<sup>5</sup> Australian Government, Department of Health Corporate Plan 2016-2017.

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- <sup>6</sup> Centre for International Economics 2013, Final Report: Responsive patient centred care. Cited in Australian College of Nursing. 2015. Nurses are essential in Health and Aged Care Reform
- <sup>7</sup> Australian Health Ministers' Advisory Council, 2017, National Strategic Framework for Chronic Conditions. Australian Government. Canberra.
- <sup>8</sup> Males, T. remote Chemotherapy Supervision via telehealth. 2014.
- <sup>9</sup> Connelly, L. An economic evaluation of the homeless to home healthcare after-hours service. 2013.
- <sup>10</sup> OECD, Education Indicators in Focus. 2013.
- <sup>11</sup> World Health Organization, 1986. The Ottawa Charter for Health Promotion.
- <sup>12</sup> Australian Institute of Health and Welfare 2011. Health and the environment: a compilation of evidence. Cat. no. PHE 136. Canberra: AIHW.
- <sup>13</sup> The 8th Global Conference on Health Promotion, Health in all policies: Helsinki statement. Framework for country action, WHO 2014.
- <sup>14</sup> The 8th Global Conference on Health Promotion, Health in all policies: Helsinki statement. Framework for country action, WHO 2014.
- <sup>15</sup> The 8th Global Conference on Health Promotion, Health in all policies: Helsinki statement. Framework for country action, WHO 2014.
- <sup>16</sup> Australian College of Nursing (ACN). 2016, Nurses are Essential in Health and Aged Care Reform, ACN, Canberra.
- <sup>17</sup> Shariff N 2014, 'Factors that act as facilitations and barriers to nurse leaders' participation in health policy development', BMC Nursing, vol. 13, article 20
- <sup>18</sup> Australian College of Nursing (ACN). 2015, Nurse Leadership, ACN, Canberra. ACN 2015
- <sup>19</sup> Australian College of Nursing (ACN). 2015, Nurse Leadership, ACN, Canberra. ACN 2015