

## 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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<b>Title</b>	Mr <input checked="" type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>
<b>Organisation</b>	Australian Primary Health Care Nurses Association (APNA)
<b>First Name(s)</b>	David
<b>Surname</b>	Malone
<b>Contact Details</b>	██████████ ██████████

### Publication of Submissions

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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?**

Nurses are the largest health workforce in Australia, and are geographically spread across the country.<sup>1</sup>

The Australian Primary Health Care Nurses Association (APNA) estimates that there are over 34,100 primary health care nurses in Western Australia (WA).<sup>2</sup>

A large proportion of primary health care nurses in WA work in community health care services (2418).<sup>2</sup>

APNA's 2016 Workforce Survey reveals that 15% of primary health care nurse respondents had suggested to their employers that they could confidently do more complex clinical activities and remain within their scope of practice.<sup>3</sup> However, of these, 72% (116) indicated that their employer did not want to extend their role.

At a time of rising health care costs, increasing rates of complex health conditions and chronic disease it is crucial that primary health care nurses are better utilised to enhance patient outcomes and contribute to a more sustainable health system.

There is considerable evidence demonstrating that primary health care nurses working to their breadth of their scope facilitate better outcomes for patients, enhanced productivity and value for money for health services.<sup>4,5</sup> Furthermore, innovative models of care, such as nurse-led clinics, are associated

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with positive health outcomes, high levels of patient satisfaction and improved patient access to healthcare.<sup>6-11</sup>

APNA is currently funded by the Australian Government Department of Health, as part of the *Nursing in Primary Health Care* project, to implement and evaluate nurse-led models of care Australia-wide. APNA would be more than happy to engage in further dialogue regarding progress and key learnings from the project to date with WA State Government authorities.

### **Recommendations for a more sustainable, patient centred health system in WA:**

Facilitate better utilisation of the existing primary health care nursing workforce by:

- implementing nurse-led clinics in State Government funded services such as community health and education institutions.
- working with relevant organisations, such as APNA, to raise the profile of the primary health care nursing workforce and breadth of the primary health care nursing role, including opportunities for nurse-led clinics.
- advocating that Federal Government support primary health care nurses to work to their full scope of practice by developing and implementing a primary health care nursing financial model that is flexible, accessible, sustainable and uncomplicated.

Provide opportunities for undergraduate and graduate nurses to enter the primary health care nursing workforce by:

- offering primary health care nursing graduate programs within State Government funded services.
- offering primary health care nursing clinical placements within State Government funded services.
- ensuring that state government owned and operated registered training organisations adequately incorporate primary health care nursing content into the nursing curriculum.
- ensuring primary health care nursing positions are available in a variety of settings.

### **What is primary health care nursing?**

Primary health care nursing refers to nursing that takes place within a range of primary health care settings, each sharing the characteristic that they are part of the first level of contact with the health system. In Australia, registered nurses (RN), enrolled nurses (EN) and nurse practitioners (NP) practice in primary health care in a range of clinical and non-clinical roles, in urban, rural and remote settings

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such as:

- community settings—including community controlled health services, correctional facilities (including juvenile and adult), refugee health, the community health sector and roles within social service settings
- general practice
- domiciliary settings—in the home, including residential aged care, custodial/detention settings, boarding houses and outreach to homeless people
- educational settings—including preschool, primary and secondary school, vocational and tertiary education settings
- occupational settings—occupational health and safety and workplace nursing
- informal and unstructured settings—including ad hoc roles in daily life, such as sports settings and community groups.

### **How can primary health care nurses contribute to a more sustainable, patient centred health system?**

#### *Primary health care nurses working to full scope of practice*

Nurses working to their full scope of practice provide an opportunity to leverage existing investment in the primary, secondary and tertiary healthcare system to improve patient centred service delivery and provide more integrated and coordinated care.

Primary health care nurses working to the breadth of their scope facilitates better outcomes for patients, enhanced productivity and value for money for health services.<sup>4,5</sup>

Primary health care nurses can facilitate increased access to healthcare.<sup>12,13</sup> This may be via increased services, reduction in waiting times, more timely assessments and referrals. This is particularly important given the increasing burden of chronic disease and the challenges associated with workforce shortages in Australia's health system.

Optimal use of the nursing skill set as part of the interdisciplinary team enables other health professionals, such as general practitioners, to focus their time on higher level diagnostic activity, intervention and care decision making, promoting an integrated care model and improved patient experiences.

Chronic disease prevention and lifestyle management are key components of primary health care nursing; a greater focus on early intervention and more structured management can reduce the burden on the health system in the long term.

Encouraging and enabling primary health care nurses to work at full capacity within their scope of

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practice will provide benefits at all levels, from individual and team, to the healthcare system nationally and most importantly to the health and wellbeing of the Australian community.

### *Primary health care nurses leading aspects of care within their scope of practice*

Nurses are educated and registered professionals capable of leading certain aspects of patient care within their scope of practice and as part of an interdisciplinary team. Nurse-led clinics are one example of nurses leading care within their scope of practice.

Nurse-led clinics exist in a multitude of healthcare settings and across multiple jurisdictions, both nationally and internationally. Nurse-led clinics enable nurses to have greater responsibility over patient care and to work autonomously rather than under the direct supervision of medical staff. A unique feature of nurse-led clinics is that they tend to adopt a holistic framework to address patients' healthcare needs. Therefore a nursing role within a nurse-led clinic can be broad and may include health assessments, education, counselling, treatment management, self-management support and coordination of care.

A systematic review and meta-analysis specific to cardiovascular disease, found a favourable effect of nurse-led clinics on all-cause mortality, rate of major adverse cardiac events, and adherence to medications in patients with CVD (cardiovascular disease).<sup>6</sup> Nurse-led clinics have also been found to reduce hospital admissions and increase consumer concurrence with chronic and complex disease management regimes.<sup>7</sup>

Nurse-led clinics can increase access to healthcare.<sup>8,9</sup> A study by Meade et al.,<sup>9</sup> found that when a general practice increased its utilisation of its nurses to include organising and leading certain aspects of care it was able to reduce the GPs workload which resulted in the provision of additional services.

A study on the cost-effectiveness of nurse-led secondary prevention clinics in Scotland found that the model was cost-effective compared to most other health interventions. The intervention resulted in fewer deaths, and the gain in mean life years per patient was 0.110 and the gain in quality adjusted life years (QALYs) was 0.124.<sup>10</sup>

Nurse-led care has also been linked to reduced hospitalisations. Lattimer et al.,<sup>11</sup> found that a nurse telephone consultation intervention resulted in reduced hospital admissions in both adults and children. A cost analysis suggests that overall net savings could be achieved because the cost of the intervention was offset by reductions in costs associated with hospitals admissions.

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### Summary of key points

Primary health care nurses have a diverse scope of practice and are well positioned to address emerging healthcare challenges and reduce the pressure on Australia's healthcare system.

Primary health care nurses working to the breadth of their scope facilitate better outcomes for patients, enhanced productivity, and value for money for health services.

Nurses are educated and registered professionals capable of leading certain aspects of patient care within their scope of practice and as part of an interdisciplinary team.

Innovative models of care, such as nurse-led clinics, are associated with positive health outcomes, high levels of patient satisfaction and improved patient access to healthcare.

### References

1. Health Workforce Australia. Australia's Future Health Workforce – Nurses Overview Report [Internet]. 2014. Available from: <https://www.health.gov.au/>
2. Department of Health. National Health Workforce Dataset [Internet]. 2015 [cited 2017 Sep 11]. Available from: <http://data.hwa.gov.au/>
3. APNA. Primary health care nurses seek autonomy and progression in a fulfilling career. *Primary Times*. 2016;16(3):6–7.
4. Merrick E, Duffield C, Baldwin R, Fry M, Stasa H. Expanding the role of practice nurses in Australia. *Contemp Nurse*. 2012;41(1):133–40.
5. Murray-Parahi P, Edgar V, Descallar J, Comino E, Johnson M. ENSCOPE: Scoping the Practice of Enrolled Nurses in an Australian Community Health Setting. *Int Nurs Rev*. 2017;64(1):59–68.
6. Al-Mallah MH, Farah I, Al-Madani W, Bdeir B, Al Habib S, Bigelow ML, et al. The Impact of Nurse-Led Clinics on the Mortality and Morbidity of Patients with Cardiovascular Diseases. *J Cardiovasc Nurs*. 2016;31(1):89–95.
7. Eley DS, Patterson E, Young J, Fahey PP, Del Mar CB, Hegney DG, et al. Outcomes and opportunities: A nurse-led model of chronic disease management in Australian general practice. *Aust J Prim Health*. 2013;19:150–8.
8. Young J, Eley D, Patterson E, Turner C. A nurse-led model of chronic disease management in general practice: Patients' perspectives. *Repr from Aust Fam Physician*. 2016;45(12):912–6.
9. Meade C, Ward B, Cronin H. Implementation of a team model for RACF care by a general

### Submission Guidance

- practice. Aust Fam Physician. 2016;45(4):218–22.
10. Raftery JP, Yao GL, Murchie P, Campbell NC, Ritchie LD. Cost effectiveness of nurse led secondary prevention clinics for coronary heart disease in primary care: follow up of a randomised controlled trial. BMJ. 2005;330(7493):707.
  11. Lattimer V, Sassi F, George S, Moore M, Turnbull J, Mullee M, et al. Cost analysis of nurse telephone consultation in out of hours primary care: evidence from a randomised controlled trial. BMJ [Internet]. 2000;320(7241):1053–7. Available from: <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=27349&tool=pmcentrez&rendertype=abstract>
  12. Primary Health Care Research & Information Service. PHCRIS Getting Started Guides: Introduction to nursing in primary health care [Internet]. 2017. Available from: [http://www.phcris.org.au/guides/nursing\\_and\\_phc.php](http://www.phcris.org.au/guides/nursing_and_phc.php)
  13. The Royal Australian College of General Practitioners. Putting prevention into practice - guidelines for the implementation of prevention in the general practice setting (2nd edition) [Internet]. 2006. Available from: <http://www.racgp.org.au/your-practice/guidelines/greenbook/a-framework-for-prevention-in-general-practice/key-strategies-for-improved-prevention-performance/practice-nurses/>

### 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).*