Australian Nursing and Midwifery Federation

RESPONSE TO THE DRAFT RECOMMENDATIONS FROM THE PRIMARY HEALTH REFORM STEERING GROUP

27 JULY 2021

Australian Nursing & Midwifery Federation

Annie Butler
Federal Secretary

Lori-anne Sharp
Assistant Federal Secretary

Australian Nursing and Midwifery Federation
Level 1, 365 Queen Street, Melbourne VIC 3000
T: 03 9602 8500
F: 03 9602 8567
E: anmffederal@anmf.org.au
W: www.anmf.org.au

INTRODUCTION

The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 300,000 nurses, midwives and carers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

The ANMF welcomes the opportunity to provide feedback on the draft recommendations from the

Primary Health Reform Steering Group for the Australian Government's Primary Health Care 10 Year Plan. Our members practice across all primary health care settings, including general practice, community care, schools, maternal family and child health, sexual health, correctional services, homeless outreach, and alcohol and other drug services. The ANMF is well placed to provide meaningful insight into the successes and challenges within the sector, and the draft content, structure and recommendations in the draft plan.

To streamline the ANMF's response, the first section will provide some general feedback and discuss recurring themes that pertain to several of the recommendations. This will be followed by recommendation-specific feedback that has not been covered in the first section.

SECTION ONE

Recommendation 9 (p. 26) identifies "*to drive and enable significant behavioural and structural change to occur…it will require standing against underlying resistance structurally embedded in the health system through its fragmented, siloed and hierarchical nature*". The ANMF agrees with this statement however would argue that the draft plan does not provide this leadership. A medical centric viewpoint of primary health care prevails and lack of vision for expanding consumer access to health practitioners educated and skilled to provide primary health care beyond general practitioners has not been fully realised in the proposed reform. This is unsurprising given the lack of nursing representation on the Primary Health Care Steering Group.

An example of this lack of vision is the status quo on gate keeping that exists for consumers to access additional Medicare-funded services only via medical practitioner referral. Access to nurses, midwives and allied health practitioners is an essential component of effective, equitable primary health care. Actions must be identified to review referral processes to allow nurse practitioners (NPs), midwives, and nurses working in general and primary care practices to refer to allied health practitioners directly without a medical practitioner intermediary. Such a simple initiative would reduce delay for consumers to receive treatment, contribute to more cohesive, coordinated care and avoid duplication of service provision.

This is further demonstrated in recommendation 7 (comprehensive preventive care) with a focus on actions targeted at general practitioners to the exclusion of other providers. NPs, nurses working in general practice, and midwives are educated and skilled in assessing determinants of health (modifiable and non-modifiable) and risk of disease, as well as planning and evaluating preventive care, however they are absent from this recommendation.

The ANMF also notes that the summary of work done in this area over the past decade (pp. 1-2) does not include the recent Australian Government consultation on the draft National Preventive Health Strategy. As referenced throughout the draft plan, particularly in the introduction and recommendation 7, though preventive and primary health are separate entities, there is substantial overlap in the providers, approaches and desired outcomes between these sectors. It then follows that those strategies which successfully address issues in one sector will translate to improved access, equity, and continuity of care in the other. The ANMF response to this draft plan is therefore consistent with the submission we made to the Preventive Health Strategy consultation.[1]

1. Australian Nursing and Midwifery Federation. (2021). ANMF Submission to the Australian Government Consultation on the Draft National Preventive Health Strategy https://anmf.org.au/documents/submissions/ANMF_Submission_to_Draft_National_Preventive_Health_Strategy_19April2021.pdf

Reforms to primary health care policy must also extend beyond the health sector. Facilitating primary health care is not about making changes to the health sector alone. It is one thing for consumers to access primary health care that identifies they need to eat more healthily or walk more frequently but another for them to access healthy food free from marketing bias and misinformation or well maintained, well-lit paths for exercise. As with many areas of health, reform in non-health sectors will impact on the health of populations. Actions to address broader cross-sectorial determinants of health must also be identified in any reform to address the primary health of populations.

Funding

Equitable funding lies at the heart of primary health care and underpins an element of nearly all twenty of the recommendations to reform the sector.

Recommendation 3 identifies that funding must be innovative, flexible, responsive to community need, and look beyond the fee-for-service Medicare Benefits Schedule (MBS) model to offer greater flexibility and multidisciplinary care. Yet many other recommendations continue to focus on current models of funding where general practitioners remain the key providers of primary health care.

An example of this is in recommendation 2. Though this recommendation opens with '*Formalise and strengthen the relationship of individuals, families and carers with their chosen primary health care provider and practice*' (emphasis added), the recommendation references only general practitioners. Rather than centering medicine, this recommendation should also acknowledge the role NPs, nurses and midwives have in coordinating and providing primary health care.

Furthermore, the draft plan notes, unsurprisingly, that primary health care is often fragmented. While funding is not the sole issue, this is in part due to reliance on a Medicare model that prioritises directly measurable interventions for acute health issues that present discretely. This funding model also incentivizes waiting for and addressing illness, rather than promoting wellness to avoid chronic conditions. Better health care and longer life expectancies mean the quality of life of many people in Australia is more affected by chronic, complex, interconnected issues that require holistic approaches and funding models need to reflect this.

The ANMF supports the premise of recommendation 3 and welcomes the development of innovative funding models that focus on holistic, person-centred primary health care, not on the provider or single aspect of health/ill-health. However, this will require additional dedicated funds. The ANMF does not support the re-direction of much needed hospital-based funding, as identified in action 3.1.4, to meet this need.

Utilisation of nurses, midwives and nurse practitioners

Nurses and midwives provide primary health care through a range of community and home-based services across the life cycle. Principles of primary health care closely mirror those underpinning the fundamental holistic philosophy which guides nursing and midwifery practice. Whilst a standalone recommendation (recommendation 12) to incorporate the nursing and midwifery workforce into primary health care reform is welcomed, as highlighted above it should also be noted that the contribution of nurses and midwives to the primary health care system is not well integrated or acknowledged throughout many of the other recommendations. This is despite these professions remaining the backbone of the primary health care workforce.

Recommendation 12 must include an action that identifies the significant role nurses and midwives have in leading the structural changes to the primary health care system that are called for in recommendation 9. Nurses and midwives are often limited in practicing to their full scope due to inadequate funding and outdated hierarchical structures. They must be supported to do so in primary health care through reform to funding models, organisational structures and policies to authorise/support practice as well as strengthened pathways for career progression. Specifically, recommendations 1, 2, 6, 7, 9, 10 and 11 can be enhanced by actions that develop funding and care models and assign funding to pathways to support nurses, midwives and allied health practitioners to act as a consumer's chosen primary health care provider, work to their full scope of practice, and genuinely shift the emphasis from medical practitioners as the principal providers of primary health care to other disciplines.

Nurse Practitioners

The ANMF recommends that the draft plan more fully include and acknowledge the role of NPs in primary health care. NP roles were introduced in Australia more than 30 years ago with a range of objectives including improved access to health care services via a flexible, innovative, integrated care strategy, and increased continuity of nursing care at an advanced practice level.[2]

Disappointingly, the MBS Review Taskforce chose to disregard the fourteen recommendations made in the expert Nurse Practitioner Working Group Report. This report clearly articulated a number of strategies that would have aided increased utilisation of NPs across the health sector, including in primary health care. Utilisation of NPs offers clinical, economic and public health benefits including but not limited to increased access for people, increased choice of care provider, and improved continuity, coordination of care and case management as well as avoiding duplication and fragmentation of care. These benefits are not being realised and the proposed reform described in the draft plan will continue to utilise this workforce poorly.

2. Desborough, J. (2012). How nurse practitioners implement their roles. Australian Health Review, 36 (1): 22-26. https://doi.org/10.1071/AH11030

Greater inclusion of NPs in any primary health care reform upholds the very principles of primary health care offering an equitable and viable choice, and increased access for consumers alongside existing models.

The ANMF calls on the Steering Committee to incorporate NPs in every recommendation and identify them as leaders in an effective, comprehensive and cost-effective primary health care system.

Building workforce capacity

The ANMF agrees that career pathways in primary health care should be further developed and invested in for the future, as detailed in recommendations 10, 11, 12 and 14. Exposure to this area of practice could be improved and should be routinely included in undergraduate clinical placement options. We know from the success of primary health NPs in the United States that the main barrier to similar utilisation of highly skilled, experienced, qualified nurses in Australia is the lack of funded positions. The workforce is available, and can be established in far less time than other measures that involve retraining or transition, needing only the supported Masters-level qualification and a funded role on completion.

SECTION TWO – Recommendation-specific feedback

Recommendation 3 – Funding reform

The ANMF strongly recommends midwives be added to Action 3.2.2. In the recent MBS review of midwife item numbers, the Taskforce questioned "*whether the MBS is the best model of care for midwifery services and agreed with the Participating Midwives Reference Group that alternative models and pathways and funding mechanisms…should be explored and considered*" (p1)[3]. Midwives provide essential primary health care and evidence supports increased uptake of midwifery continuity of care for improved maternity outcomes. It is therefore critical that actions to grow community midwifery services and ensure equitable access for women and families to choose their care provider are included in any primary health care reform.

Recommendation 4 - Aboriginal and Torres Strait Islander health

Culturally safe care is an essential component to closing the health inequity gap, and Aboriginal Community Controlled Health Organisations (ACCHOs) are a demonstrably effective way of addressing many of the contributing factors to inequity of access. The ANMF requests the phrase "our Indigenous communities" on p. 3 be reworded, as many Aboriginal and Torres Strait Islander peoples find the use of the term 'our' by people and institutions outside their communities as inappropriately possessive and patronising. Using the term 'Aboriginal and Torres Strait Islander' rather than 'Indigenous' removes ambiguity around which Indigenous communities the draft plan is referring to.

3. Australia. Department of Health, Medicare Benefits Schedule Review Taskforce. (2020). Taskforce findings: Participating Midwives Reference Group Report. Canberra: Commonwealth of Australia. https://www.health.gov.au/sites/default/files/documents/2020/12/taskforce-findings-participating-midwives-reference-group-report.pdf

Recommendation 8 - Improved access for people with poor access or at risk of poorer health outcomes

Individualised care that prioritises populations at higher risk of physical and/or mental ill-health is essential to equity of health over the lifespan. The ANMF supports the actions listed in this recommendation, but notes that people who are homeless, who have had custodial contact with the corrections system (including minors in juvenile detention and refugees who were held in detention, on- or off-shore), or who have current or recent substance use that negatively affects their lives or relationships should be included alongside the groups with identified health inequity.

Recommendation 12 – Nursing and midwifery workforce

In addition to the comments in section one, the ANMF suggests the following changes to recommendation 12:

- The use of the term "top of scope" should be replaced by "full scope of practice" as nurses and midwives provide holistic, person-centred care as it's needed, not fragmented care that only uses the "top" of their scope of practice;
- The workforce strategy should also include the development of a national primary care midwifery strategy;
- To reflect the language of already existing successful primary health care models, this recommendation should include the words "nurse-led and midwife-led continuity of care models";
- The use of the term 'credentialed' should be removed. In the Australian context, nursing and midwifery practice is regulated through statutory regulation in the form of profession-specific registration. Nurses and midwives practicing in Australia do not need additional 'credentialing' hurdles beyond the relevant continuing professional development required for annual registration, and any post-graduate education specified for a particular role, as determined by the employer and state or territory health departments;
- The scope of practice of nurses and midwives as it relates to prescribing is also regulated by the Nursing and Midwifery Board of Australia (NMBA). This is not, and should not be, linked to a 'credentialing' process in primary health care, or any other setting;
- To address the inequitable funding that is available to people choosing midwifery services, action 12.5 should include a review of funding models for midwifery-led models of care;
- Rather than reviewed, collaborative arrangements for NPs must be removed. Scope of practice and 'credentialing' frameworks for NPs are not required as NPs are regulated and endorsed by the NMBA; and
- There is a lack of access to care for many underserved and disadvantaged communities due to the current barriers and restrictions for NPs, in particular, but also to nurse and midwife-led models of care. Funding and incentivisation of primary health care nursing and midwifery should include measures to create nurse-led and midwife-led clinics/health services as well as attract and retain NPs, nurses and midwives to practice in primary health.

Recommendation 13 - Broader primary health care workforce

The ANMF has concerns with the language of recommendation 13 and more particularly actions 13.2 and 13.3 with regards to '*unregulated*' and '*non-traditional*' workers and '*new professions*.' Primary health care requires practitioners who are qualified, educated and skilled to provide the care to achieve the optimal outcomes desired from this reform. Providing basic care adds invaluable assessment data to inform care planning and evaluation of that care and should remain the remit of primary health care practitioners. As regulated health practitioners, nurses and midwives are required to supervise and delegate all nursing and midwifery practice using existing frameworks. They are responsible and accountable for the provision of nursing and midwifery care.

Whilst the actions identify strengthening the training, support and boundaries of unregulated care workforces, caution must be taken to avoid expanding utilisation of these workforces as a cost saving measure thereby decreasing the requirement for skilled, regulated practitioners and increasing care fragmentation. The Primary Health Reform Steering Group should look no further than the crisis in the aged care sector and the safety and quality issues related to a workforce that is over reliant on a large unregulated care worker component to see that an inappropriate skill-mix is a significant risk.

Recommendation 19 - Primary health care in national and local emergency preparedness

Climate change means that Australia, as one of the globe's most vulnerable countries, faces a future of increasingly frequent and severe emergencies, from national disasters (such as the 2019/20 bushfire season) to localised incidents that affect already-traumatised communities (such as the fire, flood and cyclones affecting Queensland local Government areas in 2019). It is essential that health care responses to these disasters are coordinated, flexible, tailored, trauma-informed, and provide support for first- and secondary responders.

The ANMF recommends an additional action be added following 19.6 titled "Primary health care following an emergency". This action should include identification of targeted public health campaigns and upscaling of primary health care services to address the long-term impact on all aspects of health resulting from trauma relating to the experience of an emergency and the decrease in uptake of health surveillance and maintenance activities during an emergency and the immediate recovery period.

CONCLUSION

Thank you for this opportunity to provide feedback on the draft recommendations from the

Primary Health Reform Steering Group for the Australian Government's Primary Health Care 10 Year Plan.

The ANMF welcomes the structural changes proposed to break down barriers that prevent equitable, funded access to a broad range of primary health care services. Increased utilisation of NPs, nurses and midwives in primary health care and a move towards innovative and flexible funding models that aim to provide holistic person-centred care must be a focus of reform in this sector. The success of the reform is intrinsically tied to the genuine involvement of nurses and midwives in the drafting and practical implementation of the plan.

The ANMF look forward to further consultation and working in unity to build an effective primary health care system for all people living in Australia.