Submission by the Australian Nursing and Midwifery Federation

National Health Reform Agreement: Mid-Term Review

29 May 2023

Australian Nursing & Midwifery Federation

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Introduction

1. 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 320,000 nurses, midwives and care workers across the country.

2. 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 all settings, fulfil their professional goals and achieve a healthy work/life balance.

3. Our strong and growing membership and integrated role as both a trade union and professional 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.

4. 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.

5. The ANMF thanks the Health Ministers of the Commonwealth and all States and Territories for the opportunity to provide feedback toward the mid-term review of the National Health Reform Agreement Addendum 2020 – 2025 (the Addendum). The ANMF's response reflects on the Addendum from the perspective of its members, who are nurses, midwives and care workers (however titled). With this in mind, the response addresses the following

    - Redesigning funding for healthcare
    - More effective models of care
    - Investing in digital health with system-wide applications that work safely across contexts

Overview

6. The Addendum makes amendments to the NHRA 2011 with long-term reforms that have the potential to support person-centred, preventative care and are, in principle, supported by the ANMF. However, the ANMF believes the reforms have not translated into real-world practice.

7. The situation in health has significantly deteriorated since the Addendum was introduced. The COVID-19 pandemic has exacerbated this decline, shining a spotlight on existing issues in health, including workforce shortages (particularly nurses and midwives) and the increasing numbers of people with chronic conditions and multimorbidity related in part to an aging population. Additionally, there are spiralling out-of-pocket costs for those seeking primary healthcare services, reducing accessibility.

8. Many people in Australia do not have adequate access to a general practitioner (GP). This situation is especially problematic in rural and remote locations and for vulnerable people who cannot afford healthcare or have ongoing challenges in relation to engaging with a healthcare sector that does not appropriately meet their needs (e.g., First Nations Australians, people experiencing homelessness or insecure housing, culturally and linguistically diverse people and gender and sexually diverse people). Due to increased costs and reduced availability of GPs, people are more likely to delay access to primary health care and/or present to emergency departments for issues that could be treated in a primary health service. Primary health care ideally offers preventative care, early intervention, and chronic health condition management. A delay in accessing primary health care results in people being sicker at first presentation to the GP or the emergency department (ED), which may result in the need for paramedic services and/or avoidable hospital admissions. Avoidable hospitalisations have major implications for hospital emergency departments, and for the nurses, midwives, and care workers employed in those areas. Further, hospitalisation places people at additional risk of morbidity, iatrogenic infection, injury, and trauma, increasing suffering for families and/or unpaid carers. Hospitals overwhelmed by presentations and admissions result in nurses, midwives and care workers who are over worked and under resourced leading to exhaustion and burnout.

9. Added to the issues listed above resulting from hospitals that are overwhelmed is the impact on the carbon footprint. For example, avoidable presentations to the ED result in production of material waste, such as single-use plastics and the waste of human resources, such as clinician time. This is costly, unsustainable and avoidable.

10. The distribution of funding in healthcare is not always equitable and does not always reflect current health priorities and issues, such as the growing numbers of complex and chronic illnesses which, in many instances, can be safely, effectively, and affordably managed through primary healthcare. The reduced access to primary healthcare by members of the public presents a major barrier to keeping people out of hospitals. It sets up a negative feedback loop of hospital utilisation that is difficult to break. Using hospital services instead of primary care due to low accessibility and availability is also a cost- and risk-shifting exercise that is expensive to all.

11. The Addendum supports person-centred care and engagement with the healthcare system through increased health literacy. This goal is worthy but must involve simplifying existing systems and platforms and supporting users. Funding must ensure the employment of a skilled workforce in sufficient numbers to allow the flexibility and time needed to help people navigate the system and ensure the right care and advice are accessed at the right time. Expecting people to find their way through a complex system must not be mistaken for person-centred care or empowerment or used as a method of shifting responsibility to the individual. Clinicians and support staff, especially nurses and midwives, will always be central to the provision of care in the health system and in assisting people navigate its complexity. Innovations such as nurse navigators assist people in navigating the health and aged care systems, including during care transitions. The ANMF supports the continuation of existing nurse navigators and recommends introducing nurse navigators to all areas of Australia.

12. The COVID-19 pandemic demonstrated how funding can be prioritised and quickly channelled to where it is most needed providing the flexibility to allow innovation. Nurses were supported to work across and with all health sectors to assess people and case-manage care. ANMF members saw improvements in transitions and continuity of care, including how

health sectors worked together to ensure appropriate and timely delivery. Funds were directed based on need at local levels. Advances in and application of technology allowed the management of health conditions virtually. These approaches were facilitated with direct links between sectors, including community nursing, midwifery, paramedic services, patient transport, acute and critical care, and GPs.

13. A significant aim in any community is avoiding unnecessary hospitalisation by ensuring appropriate services are available in the right place, at the right time to meet the community's range of healthcare needs. The approaches described above illustrate how health and healthcare exist across a continuum of settings and not in isolation.

14. Redesigning funding for healthcare

15. There are several challenges to funding healthcare. While the NHRA focuses on hospital funding, examining this as a standalone healthcare system is impossible. The ANMF does not suggest reducing hospital funding but emphasises the need to consider healthcare holistically, especially in light of the long-term reforms proposed in the Addendum, which seek to move healthcare's focus to prevention and wellbeing. State and federal funding must be integrated to ensure efficacy. The split in funding for primary, secondary, and aged care sectors results in siloed care that is uncoordinated and lacking in continuity.[1] The health system must be viewed and funded as an integrated system acknowledging evolving needs of people and the places where health care is and can be provided.

16. *Enhanced health data*: To meet the remaining long-term goals in the Addendum, health system funding is required for disease prevention, wellness and early intervention, which is associated with primary healthcare. One of the Addendum's long-term goals proposes the need for enhanced health data and integrating it to support better health outcomes. Data collection, system development, implementation, monitoring, sharing and evaluation of systems need coordination, funding and appropriate staffing to allow local health areas to plan, fund and deliver services where they are most needed and meet the goals of the Addendum.

17. *Funding reorientation*: The NHRA focuses on hospital funding and, in most instances, activity-based funding, which favours proceduralists over non-proceduralists and short-term projects over structural reform and is inefficient and expensive.[2] While activity-based funding is effective and appropriate in some contexts, other models, including blended models, have been found to be more suitable in many scenarios. By re-focussing funding models on facilitating and incentivising better healthcare experiences and outcomes, including illness prevention, reablement, and improved health and wellbeing, healthcare can become more person-centred and cost-effective. Alternative funding models that should be trialled or expanded and evaluated include; block funding for the national expansion of services such as the nurse-led walk-in centres operating in the ACT, outcomes-based funding and performance incentive funding. For example, most maternity hospital staffing models currently are based on the number of inpatient mothers, where only the mother's care is funded. This model is reductive and can lead to unsafe workloads for midwives. Newborns who remain with their mother post-birth should be counted and funded as additional inpatients. Funding allocation for maternity services must be consistent with actual service provision.

18. The Federal Government should work with States and Territories to enhance data collection, sharing, and reporting to produce economies of scale and facilitate the implementation and roll-out of more value-focused healthcare. Moving towards the widespread adoption of alternative funding models that incentivise better health and wellbeing will also help address the demand for healthcare, improve healthcare system performance and capacity, and offer healthcare in the right place at the right time by the right health practitioner, thereby increasing access. Here is where a larger, well-supported, and properly funded workforce of nurses and midwives working to their full scope of practice could be deployed to best contribute to the health and wellbeing of the Australian community.

19. **The ANMF recommends the following measures:**

    - Implement a permanent 50/50 public hospital funding agreement between the Commonwealth and State/Territory Governments.

- Remove the 6.5% per annum cap on efficient growth of activity-based services in 2024/2025.
- Establish a healthcare 'innovation fund' to trial and evaluate new funding models to complement activity-based funding models and help transition from old to new, evidence-based models.
- Establish a 'wellbeing framework' for healthcare funding and decision-making, including independent oversight and governance, transparent accountability measures, and regular reporting requirements.
- Discontinue fee-for-service arrangements in general practice.
- Establish and fund a Health Performance Commission as an independent specialist health data analytics and performance reporting body.
- Redesign the Commonwealth Independent Hospital and Aged Care Pricing Authority (IHACPA) funding model to incentivise health and reablement.
- Amend Commonwealth Health Insurance legislation and National Health Agreements to ensure all babies are counted in funding methodology for funding purposes.
- Ensure high accountability and transparency around how funding is disbursed and spent.

20. More effective models of care

21. *Support for nurse and midwifery-led models of care*: Nurses and midwives must be better supported by the Federal Government to contribute to the health and wellbeing of all community members by introducing nurse/midwife led incentive models of care that align with the outcomes of the National Nursing Workforce Strategy. Nurses and midwives make up the majority of the healthcare workforce, with the capacity, expertise, and education to work to vastly improve health equity and access for people living in all areas of Australia.

22. While the 2023-24 Federal Budget reassuringly included several items to enhance primary health via the Strengthening Medicare commitments, greater and more sustained Federal Government support is needed to overcome barriers faced by nurses and midwives and allow

them to work to their *full* scope of practice including referral pathways, ordering diagnostics, prescribing and access to the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS). The scope of practice review promised in the 2023-24 Federal Budget must be utilised as the opportunity to effect and embed real reform in this space. Nurse practitioners and endorsed midwives offer an evidence-based solution to addressing many prevalent healthcare access and inequity issues. With stronger policy, government and health system support, including that promised in the Federal Budget, nurse practitioners and endorsed midwives will be pivotal in addressing contemporary and future health challenges throughout Australia. As well as these commitments, further work must be done to ensure that nurse practitioners and endorsed midwives can work autonomously and sustainably in all settings, including private practice. The current medical practitioner-centric approach has, in part, resulted in the current overburdening of hospitals: this status quo must be questioned and addressed through more effective and accessible models of care.

23. Midwives and endorsed midwives must be better supported through effective policy, legislation, and funding to contribute to better outcomes for mothers and babies and the wider community, particularly in regional and remote areas. Midwife-led models of care are evidence-based and effective, and there are a growing number of examples of the benefits these bring to infant and maternal health and wellbeing outcomes. Further investment and reform must occur to ensure these benefits are scaled up.

24. Interventions and models of care that focus on preventing illness and enhancing health and wellbeing are required. Extending and enhancing access to and delivering primary health care through appropriate multidisciplinary teams (determined by factors such as patient complexity, community needs, and geographic location) will be imperative to achieving success. The local Community Health Centres led by nurses offer multidisciplinary, preventative, early intervention and wellness care to all people living in local communities across the lifespan and would benefit from funding for revitalisation. Similarly, the Walk-in Centres in the ACT are nurse-led, offering community members the choice for safe, affordable, accessible healthcare and should be expanded. Under such models, nurses and midwives must be supported to work to their full scope of practice. Such nurse and midwife-

led models help to reduce the burden on hospital and paramedic services by providing early access to primary healthcare and preventing unnecessary hospital presentations. They should be scaled up nationally and sustainably funded.

25. Mental health and disability care through the National Disability Insurance Scheme (NDIS) are key areas needing immediate improvements. Reforms in this area will necessitate a genuine commitment by the Federal Government to work with State and Territory Governments to ensure services are fit for purpose and sustainable. People with mental health conditions and disabilities should not end up in hospital unless it is necessary and they have an acute illness or extreme exacerbation of symptoms. In many instances, managing and monitoring conditions can occur outside the hospital setting, but the availability of mental health practitioners means this may not occur. As stated above, community services can help to alleviate the strain placed on hospitals and meet the long-term goals of the Addendum but require a move away from activity-based funding toward block funding models that employ nurses to work to their scope of practice and with people in the community. Likewise, if suitably supported, nurses and midwives are well-placed to take a central role in mental health care, working within and beyond hospitals, ensuring better mental health and wellbeing outcomes for people living in Australia.

26. *Nurse and midwife scope of practice*: Nurses and midwives are regulated health practitioners working to a practice scope. They are highly educated and work to the professions' standards, codes and guidelines. Unfortunately, many hospital services do not support nurses and midwives to work to their scope of practice, placing limitations on how they practice. This limits their career opportunities and job satisfaction and disadvantages those seeking healthcare. Nurses and midwives need to be supported by governments and through legislation to work to their scope of practice ensuring that variation between health services, sectors and jurisdictions no longer occurs.

27. Any healthcare budget must include funding to support workforce development, innovation and evaluation. There are several examples where innovation has improved outcomes for people accessing the healthcare system. Where implemented, nurse-and-midwife ratios

have demonstrated decreased morbidity and mortality because nurses and midwives have adequate time to deliver care.[3] [4] The ANMF also supports funding for nursing and midwifery student models of employment. The registered undergraduate student of nursing/midwifery (RUSON/RUSOM) model used in Victoria is one such example and does not include the student of nursing in the workforce ratios. The model allows

- Students to undertake relevant employment,
- Nurses and midwives to work more effectively, and
- The provision of safe and continuous care for people in hospitals.

28. The ANMF recommends that the Federal Government adopt the following measures:

- Provide sustainable funding to trial, scale up and evaluate innovative and multidisciplinary integrated models of care, including nurse-/midwife-led approaches. Examples include Midwifery Group Practice, Mental Health Nurse Incentive Programs, community-based extended hours mental health services, Walk-in Centres, multidisciplinary primary healthcare hubs and revitalising nurse-led community centres, nurse navigator models to case manage and assist people in navigating complex health systems (for example My Aged Care and the NDIS), and specialist services (such as palliative care) with nurses that work across primary, acute and aged care settings.
- Implement the Nurse Practitioner Workforce Plan
- Provide permanent funding for the 19(2) Exemptions of the Health Insurance Act 1973 to allow services provided by primary health care providers in rural and remote areas to be claimed against the MBS and extend access in regional and metropolitan areas.
- Provide sustainable funding to develop a national policy on home birth, promote midwife-led models of care, and remove barriers (e.g., collaborative arrangement requirements and difficulties regarding access to indemnity insurance) to facilitate improved conditions and scope for privately practising midwives.

- Implement the Safe Workloads in Midwifery (SWiM) Standards.
- The ANMF would support the Australian Commission on Safety and Quality in Health Care working to improve how nurses and midwives scope of practice is understood and applied in healthcare settings, including hospitals. A national standard applied across jurisdictions could help alleviate inconsistencies and issues faced by nurses and midwives working across hospitals, health services and jurisdictions (border towns, for example) or when they move to a new workplace. A national standard would support nurses to work to their scope of practice regardless of their place of work.

29. Digital Health

30. Digital health and technology are inarguably central to ensuring optimal equity in healthcare access and outcomes. The Addendum acknowledges this priority through the long-term reform identifying the need for enhanced health data.

31. Commitment from the Federal Government and genuine collaboration and integration with the State and Territory governments will be key to supporting and sustaining the future of Australia's healthcare system. Integrated digital health and technology will not only enhance experiences, safety, and outcomes for those accessing the healthcare system but is influential in addressing workforce challenges such as increased workloads and lack of integration and communication across disparate services and sectors. Clinicians and those using digital services must be assured of the data security of any platform.

32. A whole-system approach to digital health and data collection must be adopted to ensure continuity of care and safe transitions across sectors. Systems must be accessible and intuitive for end users, including those providing and receiving care. Systems must be designed to communicate between facilities, health services and organisations to avoid replication.

33. The ANMF recommends the following measures:

- Address digital inclusion for all community members, particularly those living in rural and remote locations, culturally and linguistically diverse people, and First Nations people.

- Expand funding for digital telehealth and remote monitoring, especially in rural, remote and nurse-/midwife-led clinics and the provision of virtual preventative healthcare and monitoring for people with chronic conditions.
- Explore ways to improve health literacy and digital health engagement, especially for the most vulnerable populations, ensuring digital services are accessible and appropriate for diverse populations and ensuring person-centred care is not used as an excuse to abandon assistance to the public.
- Introduce faster, more reliable internet access to promote healthy lives and wellbeing for everyone of all ages, with integrated systems across facilities, health services and sectors.

Conclusion

34. The ANMF supports, in principle, the long-term health reforms put forward in the NHRA Addendum 2020 – 2025 but recognises that translation into practice is lacking. While this may be partly due to the COVID-19 pandemic, many issues existed before the pandemic, including workforce shortages, spiralling healthcare costs, overcrowded hospitals and inadequate funding and planning for primary healthcare.

35. The ANMF recommends,

    - **Redesigning funding for healthcare**. Health and healthcare delivery exists across a continuum and should be examined using this perspective to ensure the aims of the Addendum are achieved. Moving funding priorities away from activity-based funding to block funding and outcome-/value-based models and ensuring primary healthcare is funded appropriately, with a focus on prevention, early intervention and wellness will help prevent avoidable hospital presentations that overwhelm the system and workforce. It must be recognised and factored into fiscal planning that many services, once delivered in the hospital setting, can now be offered to people through community-based clinics, virtual care clinics, and the person's home. This acknowledgement is important, especially given the increasing number of chronic conditions, multimorbidity and the aging population.

- **More effective models of care**. New nurse or midwifery-led, multidisciplinary models of care should be funded. Block-funded nurse and midwife services present the opportunity to offer accessible, affordable and safe care. Nurses and midwives, including nurse practitioners and eligible midwives, must be supported to work to their full scope of practice and offer primary healthcare and other services without the need to be tethered to medical practitioners. This move will give people a choice of health practitioner, reduce avoidable hospital presentations and unnecessary burden on those working in the hospital system.

- **Investing in digital health with system-wide applications that work safely across contexts**. Digital systems must be designed to collect, analyse and present national and local data to assist in planning and funding allocation. Data must be available to those involved in workforce planning to help identify areas of need. Systems must be evaluated at the end-user level and security assured. Data and analyses must be available to those involved in workforce planning and organisation.

References

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