Australian Practice Nurses Association

Submission to the National Preventative Health Taskforce
30 December 2008

The Australian Practice Nurses Association (APNA) presents this submission to the National Preventative Health Taskforce (NPHT) with suggestions and recommendations relating to issues raised in the Discussion Paper – Australia: the healthiest country by 2020.

APNA represents general practice nurses (GPNs) who are the fastest growing specialty of nursing in Australia numbering around 7,824 (est.) in 2007, presenting an increase of 59% from 2005.[1] Almost 60% of practices have a GPN and their roles include prevention (immunisation, pap smears, sexual health screening, life style risk factor monitoring and counselling and more), chronic disease management (monitoring, care planning, care coordination and self management support), triage, minor injury management, health assessments, quality improvement and other diverse activities. Over 10 million Medicare item numbers involving practice nurses have been claimed in the last 4 years. A comprehensive analysis of the general practice nursing specialty is provided in the 2007 Parliamentary Report.[2] Nurses are ideally placed to be a key provider in achieving better preventative care, chronic disease management, and a range of other health services that Australians have difficulty accessing.

Nursing as a profession is defined as
"*Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles"*

Furthermore the unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful

death) that he would perform unaided if he had the necessary strength, will or knowledge.

As a result, nursing is particularly suited as a profession to supporting individuals or groups implement preventative health behaviours in a context which takes into account their individual circumstances.

Research has shown that nurses are particularly effective at implementing health promotion and secondary prevention in the general practice setting[3]

Evidence for nurse role in prevention in general practice

- It is well-established that a focus on primary care for prevention reaps benefits: Primary care promotes a holistic approach to patient treatment, and the World Health Organisation (WHO) had previously asserted that preventative care techniques 'help individuals and families to cope with illness and chronic disability'[4], improving their quality of life.
- General Practice Nurses (GPN) are well-versed in preventative care, and have already been engaged in screening, health promotion and lifestyle risk factor counselling activities.
- GPNs are key providers of childhood and adult immunisation services in many countries including Australia. In most states there are legislative arrangements in place to support an autonomous role for nurses in immunisation that includes the administration of adrenaline.
- Research evidence is still scarce about the specific contribution of nurses to lifestyle risk factor counselling. However, an evaluation of a research project of GPNs providing smoking cessation counselling conducted in the Southern Highlands of New South Wales revealed very encouraging results.[5]
    - It was found that nurses spend more time counselling patients, increasing their chances of quitting.
    - Practice nurses were also 'uniquely positioned' and ideal for the role, as compared to General Practitioners (GP).
    - GPNs possess the opportunity for lifestyle risk factor identification in almost every aspect of their daily activities, allowing the potential for identifying at-risk clients.
- Nurses establish more contact time with patients.
    - Research indicates that the quality of consultations is relational to the amount of time spent between physician and patient.[6]
    - Nurses spend more time with patients than doctors.
    - Extended contact time facilitates nurses' ability to compile detailed, accurate patient medical histories, to undertake comprehensive

assessment of the patients, and to assess the patient's family's medical risks. [7]

- The patient-nurse interactions act to enhance the therapeutic relationship, which create more opportunities to promote lifestyle changes.

- Nurses are essential members of the multi-disciplinary team in primary health care as their extensive communication skills enable them to contribute to preventative care by providing a broad scope of knowledge and skills.
- Studies have shown that general practice nurses (GPN) are as effective[8] as General Practitioners (GP) in performing primary care functions whilst receiving better results in patient satisfaction surveys.
    - Nurse-led care may involve higher levels of patient satisfaction and quality of life than doctor-led care[9]
    - Nurses are better managers of interpersonal relationships[10], through clearer communication, conducting effective counselling and possessing better interviewing skills
    - GPNs can provide long-term care management and promote choice and positive health.[11]
- Nurses' roles can be extended to better support frontline care.
    - It must be noted that evidence from other countries has not demonstrated any cost savings in supplementing doctors with nurses. However, practice nurses were found to be as proficient as GPs, and hence, such a practice has demonstrated no adverse outcomes.[12]
    - Supplementing doctors with practice nurses, if carefully managed, promotes the use of effective chronic disease control and preventative health functions
- GPNs can coordinate care and function as the pivotal contact person for care providers and patients, ensuring quality care and reducing service overlaps or lapses.

Challenges:

- The current funding mechanism in Australia fails to adequately reward the expertise of GPNs and makes little provision for extended consultation times. This prevents the potential of the GPN to be fully realised.
- Current funding of nurses in general practice significantly limits their contribution to general practice as an accessible, affordable health service. The existing funding system for GPNs comprises
    - A mix of support of GP item numbers, for example Health Assessments, GP Management Plans,

  - Practice Incentive Programme (PIP) subsidy for employment of a GPN (up to $40,000 a year for a practice with 5 Equivalent Full-Time (EFT) GPs),
  - GPN specific item numbers for immunisation ($10.80), wound management ($10.80), pap smears ($10.80), pap smears plus preventive health ($21.70), antenatal care ($38.65) and chronic disease management ($10.80).
  - Rebates for CDM items are limited to 5 payments per calendar year, insufficient to recover costs.
- The rebates for the GPN specific item numbers do not account for the
  - Qualifications of the nurse, encouraging practices to employ the least qualified nurse.
  - Time spent with patients, encouraging nurses to consult as quickly as possible, making it counterproductive for roles such as lifestyle risk factor counselling
- Rebates between GPN and GP items differ greatly, worsening the GP workforce shortage by encouraging the employment of GPs in procedures GPNs are well-qualified to do.
- There is no funding for
  - Preventative activities such as lifestyle risk factor counselling,
- The shorter consultation times and lack of incentives are also barriers to the ideal performance of GPNs conducting lifestyle risk identifications.
- Career pathways are inadequately developed and there is a lack of comprehensive education in preventative care

APNA's recommendations:

- GPNs be recognised as appropriate and effective providers of prevention in the general practice setting
- Funding mechanisms should be developed to support an enhanced role for nurses in general practice to undertake effective preventative activities which reward and recognise expertise and allow adequate consultation time.
- Education and training for prevention needs to be integrated into the role of all health professionals. For the GPN, they should be recognised and supported through a coordinated approach to education and training in prevention, for example, through a formal qualification pathway.

4. Annex

Background of the Organisation

The Australian Practice Nurses Association (APNA) was established in 2001 as a national organisation representing and advocating for the unique needs of practice nurses in Australia. In the 7 years since APNA's incorporation our membership base has grown to currently include over 1400 practice nurses, while the professional relationships we have fostered as an organisation help to ensure the voice of nurses are heard across the general practice setting. APNA have been recognised by the Department of Health and Ageing (DoHA) as the peak national body for nurses working in general practice and is endorsed by government, medical and other professional groups.

APNA is unique in its access, its knowledge, its experiences and its capabilities as an organisation to delivering support and educational opportunities to practice nurses.

APNA is unique in its capacity as an organisation to directly target practice nurses and communicate information to and from other health professionals and organisations. APNA offers a range of vital services and benefits to its members, and in turn receives a great deal of important feedback from practice nurses regarding their working conditions, salary and professional development opportunities.

APNA has had extensive experience in providing further education to practice nurses across Australia. In 2005, we were selected to administrate The Australian Government Practice Nurse Scholarship Scheme. In the three years since, APNA has awarded over 1,691 continuing education and post graduate scholarships to practice nurses totalling over 1.8 million dollars worth of educational assistance.

Organisational purpose/objectives

Vision: To assist practice nurses to be recognised as professional members of collaborative teams with a key role in management of patient health underpinned by evidence-based practice.

Mission: APNA commits to supporting members to be *recognised, professional* and *empowered*.

Values: We value professional equity and integrity and seek transparency both from within and from our members so that we can achieve the professional development of which practice nursing is worthy.

Core Role and Responsibilities: To support, advocate, develop and educate practice nurses in their role in general practice, and to promote their profile within the wider medical community to reflect their growing importance.

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5. Notes

[1] Australian General Practice Network (2007). *National Practice Nurse Workforce Survey Report 2007*, Manuka, p. 8.

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[8] Horrocks, Sue et al (2002). "Systematic review of whether nurse practitioners working in primary care can provide equivalent care to doctors. (Primary Care)." British Medical Journal 324.7341 (April 6, 2002): 819(5).

[9] Laurent, M et al (2008). 'Substitution of Doctors by Nurses in Primary Care', *The Cochrane Library 2008*, Issue 2, UK: John Wiley and Sons.

[10] Chambers, Naomi (1998). 'Nurse Practitioners for the UK' in *Nurse Practitioners in Primary Care*, UK: Radcliffe Medical Press Ltd., p. 17.

[11] 'Key Roles and Responsibilities of Nurses in General Practice' (2006), National Health Service, UK, viewed 16 May 2008 <http://www.wipp.nhs.uk/tools_gpn/key_roles_responsibilities_gpns.php>.

[12] Laurent, M et al (2008), 'Substitution of Doctors by Nurses in Primary Care', *The Cochrane Library 2008*, Issue 2, UK: John Wiley and Sons.