National Primary Health Care Strategic Framework
Response to consultation

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APNA and primary health care nursing

APNA is the peak professional body for nurses working in primary health care including general practice. With more than 3000 members, APNA provide primary health care nurses with a voice, access to quality continuing professional development, educational resources, support and networking opportunities. APNA continually strives to increase awareness of the role of the primary health care nurse, and to be a dynamic and vibrant organisation for its members.

APNA supports the approach to reform that sees the Commonwealth take lead responsibility for system management, policy and funding of primary health care.

The National Primary Health Care Strategic Framework (the Framework) needs to pays more attention to the crucial role of nurses in primary health care, from governance to service delivery level.

Primary health care nurses represent the best distributed and most numerous part of the health workforce. They have roles in community and domiciliary nursing, schools, workplaces (as occupational health and safety nurses), general practices, community controlled Aboriginal and Torres Strait Islander Health Services, prisons and other facilities for detention and in emerging outreach settings, for example.

Nationally, various levels of government need to maximise the capacity of primary health care nurses to improve access and reduce inequitable outcomes. Although the field continues to evolve, it is critical to see this workforce as capable, ready and under-utilised with respect to its potential.

The workforce in the primary health care sector must be sustainable and it is essential that the framework overtly address this.

This necessitates a focus in the Framework on training, a clearly articulated career path, governance training and opportunities to participate in governance, and further development of models of care supported by flexible funding that leverages the capacity and capability of primary health care nurses in the improving the health of the nation.

Workforce capacity

There is no mention of nursing workforce shortage despite acknowledgement of the doctor shortage and steps to correct that. This issue is really the elephant in the room in all discussions when they look at innovative models of care in the primary health care sector.

APNA takes the position that the use of new roles such as physician's assistants in allowing doctors to work at the "the top of their game" is less valuable than optimising the role of the nurse in primary health care. Additionally, a move to increased use of unregulated workers appears to be in contradiction to an overall national move to ensure that health workers are appropriately regulated.

Education and training

The framework could usefully address the limitations of the current model of nurse education in Australia.

Although substantially funded by the federal government, the focus on educational preparation and undergraduate clinical experience is on acute sector.

Particular skills and knowledge are learned more consistently in primary health care. Nurses can learn case-finding, data analysis, case management, continuity of care, the use of recall and reminder systems and a number of other domains of competence more thoroughly than in the acute sector. These competencies are critical to the trajectory of innovation expressed in the Framework.

Primary health care is the work sector for many of Australia's most experienced nurses. There is a disproportionate number of older nurses in the workforce; and there is a clear window of opportunity to engage many of Australia's most skilled nurses in the education of the coming 'generations' of nurses in primary health care before the experienced nurses begin to retire.

The data demonstrates that there is a growing shortage of clinical placements for nurses in undergraduate education and primary health care provides the arena in which to provide such placements.

As a structural issue, the Framework needs to address the alignment of education funding with the demand for nurses in primary care and support both, the placement of nurses and the resourcing of clinical educators in primary care. Arguably, the funding investment exists already and could be re-directed.

Historically, governments have jointly addressed similar issues in general practice with a series of programmatic evolutions. The federal government has also recently invested in the physical infrastructure of primary care. Both of these achievements provide a platform for creating a career structure for nurses who see primary health care as a career choice and thus would remain in the sector on an enduring basis.

Capturing the opportunities in emerging technology

Australian general practice has been the site of an information revolution, now being pursued through the mechanism of a personally controlled electronic health record.

Additionally, micro-processing and other innovations in technology in pharmaceuticals, imaging, testing and fields makes it increasing safe and efficient to undertake whole person care in the community; and to move activity from specialised settings to the primary care sector.

The Framework needs to overtly address the way in which the opportunities in emergent technology will be addressed.

Nurses are central to the meaningful use of the data in quality improvement at both individual and population levels – the identification and individuals and groups, the tracking of successful interventions at both individual and population level and the development of innovations in care.

They are central to the way in which health inequalities will be addressed.

Thus, the Framework needs to articulate the mechanisms that will be used to redirect existing resourcing to provide incentives that represent improvements in effectiveness and efficiency. The Framework needs to make transparent the mechanisms that will be used to provide sustainable funding to support improvements in the performance of State-managed and -funded services created by innovations in the primary care sector. This includes the adoption of activity that is within scope for primary care but uncommonly done there (e.g. intravenous antibiotics, blood transfusions, some procedures, day-stay).

Further innovations need to be made in the funding system, to complement the face-to-face episodic consultation-based focus in the funding system.

This funding, whether episode- or non-volume-based needs to include appropriate recognition of the real costs of practice – especially built fabric.

Medicare Locals

APNA supports the development of local infrastructure to support health professionals on a regional basis.

Medicare Locals, however, need to continue to evolve to be truly multi-disciplinary.

The Strategic Framework needs to make clear that it is the role of Medicare Locals to support explicit networks of primary health care nurses, in collaboration with national leadership in the nursing field from the APNA.

The research literature consistently indicates that professional attachment to the nursing identity is a key factor in workforce retention. It will be insufficient for support to be provided by Medicare Locals (at local or national level), alone.

Medicare Locals provide a vehicle that can assist to knit together the variety of work domains for primary care nurses – sites for detention, schools, community health centres, setting for older people and people with disability, community outreach (e.g. to people who are homeless); and thus provide a network in which nurses can move through across the sector.

There are structures for nurses working in some organisations (e.g. domiciliary nursing organisations and some larger clinics); but a national framework needs to address the way in which the 'infrastructure' of primary care is to be used to provide a career structure, otherwise the country will not attract nurses for whom primary care is a long-term career.