



20 December 2013

Ms Kerry Flanagan
Acting Secretary
Commonwealth Department of Health

Dear Ms Flanagan,

Review of Medicare Locals – APNA submission

Thank you for the opportunity for the Australian Primary Health Care Nurses Association (APNA) to provide input to the Australian Government's review of Medicare Locals.

APNA is the peak professional body for nurses working in primary health care including general practice. With more than 3700 members, APNA provides primary health care nurses with a voice, access to quality continuing professional development, educational resources, and support and networking opportunities.

We are providing this submission to ensure that the needs of primary health care nurses are considered in the review of the Medicare Local sector, and have selected the most relevant aspects of the terms of reference to address. Our feedback is based on input we have received from our members regarding their experiences with Medicare Locals, and on APNA's experience at the national level.

We are providing both a national perspective, reflecting the relationship between APNA and the AML Alliance/the network; and a local perspective, reflecting the relationship between individual primary health care nurses and their Medicare Locals.

Our responses are focused primarily on issues relating to the delivery of care by primary health care nurses as part of the multidisciplinary team. We recognise that the ML sector has a broader remit but we have confined our responses to matters which are core business for APNA.

Thank you for the opportunity to comment, and we hope this submission is helpful.

Yours sincerely

A handwritten signature in black ink that reads 'Kathy Bell'.

Kathy Bell
Chief Executive Officer, APNA

APNA SUBMISSION TO THE REVIEW OF MEDICARE LOCALS

Overarching comments:

APNA supports the concept of local primary health care organisations and supports the further development and strengthening of the model in Australia. We note that other countries such as New Zealand are already demonstrating the important role such organisations can play in ensuring front line care is delivered effectively, efficiently, and equitably, and in achieving integration across the health care system.

APNA recognises that the Medicare Local (ML) sector in Australia is in a very early stage of development. We recognise that several MLs are still effectively completing the transition from earlier models, and have necessarily been largely focused on internal governance and management issues in these initial stages.

We also recognise that there is significant variability across the sector, with some MLs far more developed and highly functioning than others. The more established MLs have achieved some important successes, including in transitioning to a population health focus and providing excellent support to the multidisciplinary primary health care team.

It will be important, as the sector as a whole develops, for the successes of the well established and highly functioning MLs to be disseminated across the sector as a whole. The Australian Medicare Local Alliance (AML Alliance) as the national body for the sector, will have a critical role in achieving quality, efficiency and effectiveness across the sector.

It will also be important as the sector progresses, that there is strong collaboration at national, state/territory and local level, between the ML sector and other organisations which are central to the delivery of primary health care, including health professional bodies, state/territory governments, non-government organisations, and private providers.

Finally, it is critical that the ML sector takes a patient-centred multidisciplinary primary health care perspective. While medical practitioners are key to primary health care, it is well established that a multidisciplinary team approach achieves the best results. It is also imperative that as our ageing and more chronically ill population produces ever increasing demands on the health system, all members of the health care team are supported to work to their full scope of practice to meet this demand, and keep people well and out of hospital and residential aged care. This is in the interests of the community and of the system as a whole. High functioning primary health care organisations can play an important role in supporting the development of workforce and organisational capacity to achieve this.

Tor 1: The role of Medicare Locals and their performance against stated objectives

In particular: Objective 2 (i): proactively engage with practitioners across the spectrum of primary health care provision

Nurses are a substantial component of the primary health care workforce, and make an increasingly important contribution to primary health care in Australia. Primary health care nurses play a major role in improving health outcomes through their role in delivering quality chronic disease management, immunisation services, and other preventative care, as well as curative care and improvements in primary health care systems.

The majority of general practices in Australia employ at least one practice nurse, and the number of general practice nurses is increasing substantially every year. In addition, nurses make an important contribution across a number of other primary health care settings, such as community health services, schools, workplace health and safety services, and so on.

It is important that the Medicare Local sector supports the whole general practice and primary health care workforce, including medical practitioners, nurses, allied health professionals, and others. This will help to ensure the best outcomes for the community.

In relation to ML engagement with and support for the nursing workforce, the AML Alliance has led the implementation of the Federally funded Nursing in General Practice (NiGP) program. The project activities over the past funding period have included NiGP Demonstration Projects implemented by 12 Medicare Locals (MLs); nurse leadership workshops delivered nationally and at state level; the offer to all MLs of education workshop for general practice nurses; and other activities.

While the program has experienced some challenges, including uneven engagement with the program across Medicare Locals, it has also produced some very promising results. Key achievements include the development of leadership among nurses in general practice, the enhancement of nursing roles, and the development of new approaches to strengthening the workforce through the NiGP Demonstration Grants projects.

From late 2013, the AML Alliance is partnering with APNA in the delivery of the NiGP program, and we are confident that this partnership will enable greater reach and engagement by front line nurses with the program, and ensure that the achievements are nationally consistent and sustainable.

APNA is beginning to work with the ML sector to utilise workforce, population health and service needs data collected by the sector to assist with planning our service delivery, eg education and professional development offerings. This will assist APNA to tailor education for our members to ensure it is relevant to population health and prioritised services of MLs, in particular general practice education for practice nurses.

At the same time, we are also providing MLs with data we collect, for example from the Continuing Professional Development survey APNA conducts annually with our membership, and from evaluation of our online education and events, to assist MLs with understanding and meeting the needs of their local primary health care nursing workforce. In 2014 and beyond we hope to be delivering more services in partnership with MLs, particularly local education workshops, and local information and support networks for nurses.

At local level, primary health care nurses are looking to Medicare Locals for education and networking, as well as practice support more generally. Based on member input and other anecdotal evidence, we believe that engagement of Medicare Locals with primary health care nurses is highly variable across Medicare Locals, ranging from limited to excellent. Some APNA member comments about their experiences with their ML include:

- I have found Medicare Locals to be an invaluable resource to the work that we do - providing a local medical service to the community. They are proactive in making contact with us and linking us into the services they provide. Their breadth of educational services they offer to myself as Practice Manager and owner has been greatly appreciated... General Practice and running a small business can be quite isolating but the Medicare Local provides a wonderful link to other colleagues and a great sounding board on different perspectives and ways of doing things.
- A source of timely information, administration of regional projects that I couldn't do independently.
- I can ring them at any time, use for accreditation, vaccines, regular free updates/education sessions that are local, short durations and expert presenters.
- Over the last 6 months our relationship with Medicare locals is building. As we get to know each other we are able to communicate our needs and work together. They appear to be providing a lot of education and general support particularly with resources around nurse led clinics, leadership and developing the role of the practice nurse.
- I have found my Medicare Local fantastic. The training sessions they offer, the practice nurse special interest group, and being able to contact them whenever I need for advice is great. The staff are knowledgeable friendly and always willing to help you.
- I have found my Medicare local to be invaluable. They have provided inservice education where needed...and advice about anything at all, whether this be through service finder, which I have used often, or in relation to preparing for accreditation, helping with the PenTool to determine where we can improve our practice outcomes and finally the education sessions they provide have all been specific to practice nursing/general practice and have been excellent. I could not fault them and in fact would be lost without them!

- I am finding as a Rural Nurse there is not enough free 'hands on' workshops in our area. There are webinars and E learning, but it is great to network with other nurses face to face. We do still have great support from Medicare Local.
- I have found Medicare Locals good up to a point, but have concerns that the funding at the grassroots level (ie where the patients are) is chronically short. As an example our ML Chronic Disease Care Coordinator covers 3 [regional towns] and has only 'room' for 30 clients at a time. This is woefully inadequate...
- I want our ML to do what they are meant to do - link service to patient... Hopefully by engaging our ML, services to our patients will be improved.
- In the past [I] was lucky enough to have had a fantastic division who offered support, information sessions etc on a regular basis to all staff, GPs, Practice Nurses and reception staff. Unfortunately since Medicare Locals have taken over this area, there has been very little support... The training sessions are certainly on the whole not aimed at Practice Nurses.
- We have lost many who have lots of knowledge and also intimate knowledge of how general practice works in the country.
- All of the education events we can now go to are based in the metropolitan area. We are 2 hours from (City), so to maintain our CPD points each year has become more difficult and very costly.
- I find a lot of nurses feel isolated in their role in general practice... Giving nurses the opportunity to be part of the practice and have the confidence to stand up and be part of the practice team is a big role that I think should be part of ML.

Clearly, while support from MLs to nurses and other members of the practice team is excellent in some areas, in other areas the transition from the GP Divisions/Networks to the Medicare Local model has led to disruptions and reduced service delivery, at least in the short term.

ToR 3: Recognising general practice as the cornerstone of primary care in the functions and governance structures of Medicare Locals

As noted above, while GPs are central to the delivery of primary health care, a team approach in general practice is critical to achieving effectiveness, efficiency, and equity. General practice and primary health care is not just about doctors. Building a well integrated, person-centred primary health care system will require full engagement of all relevant health professions – medical, nursing, allied health, pharmacy, and so on – as well as consumers.

A team approach needs to be taken within and beyond the general practice. Within well functioning general practices, the GP, general practice nurse, and other team members work together to achieve good population health outcomes such as high immunisation rates, high

screening rates, effective chronic disease management, and good care for the elderly. This approach helps to keep people well and out of hospital and aged care.

MLs also have an important role in building up local networks to extend this collaborative approach beyond the general practice, linking general practices in with other services such as mental health services, early childhood services, aged care services, and so on, which helps to ensure strong referral pathways and good continuity of care.

MLs offer a unique opportunity to develop an enhanced model of primary health care that extends beyond the services of a general practitioner to a multidisciplinary model to offer comprehensive, patient centred primary health care services.

Recognition and enhancement of the role of nurses in primary health care is essential to achieving improved population health outcomes and better access to primary health care services for communities. A broader role for nurses in primary care enables services to focus on the prevention of illness and health promotion, and offers an opportunity to improve the management of chronic disease as well as reduce demand on the hospital and residential aged care sectors.

ToR 8: Any other related matters

For MLs to continue to develop as effective and sustainable primary health organisations, APNA would support:

- Clear commitment to the principles of Primary Health Care as espoused by the World Health Organisation.
- An approach which is based on genuine consultation with, and is responsive to the needs of, key stakeholders including consumers, primary health care professionals, and relevant local organisations.
- Clarity of purposes, and clear and measurable KPIs which will support consistency of effort and achievement across the country, whilst allowing for tailored local approaches.
- A medium to long term strategic approach, rather than a short term approach based on funding cycles.
- Dissemination of good practice, and greater consistency and accountability across the sector, both in terms of activities and deliverables, and in terms of governance and membership.

As a key stakeholder in primary health care, APNA would welcome the opportunity to be further involved in planning the future development of primary health care organisations in Australia. In addition APNA can provide positive organisational support by promoting the function and purpose of MLs to members and providing a conduit to link the primary health care nursing workforce with the ML sector.