APNA submission to the:

Australian Government Department of Health Primary Health Care Ten- Year- Plan Draft Recommendations

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July 2021

About APNA

The Australian Primary Health Care Nurses Association (APNA) is the peak professional body for nurses working in primary health care. APNA champions the role of primary health care nurses; to advance professional recognition, ensure workforce sustainability, nurture leadership in health, and optimise the role of nurses in patient-centred care.

APNA is bold, vibrant and future-focused. We reflect the views of our membership and the broader profession by bringing together nurses from across Australia to represent, advocate, promote and celebrate the achievements of nurses in primary health care.

www.apna.asn.au

Our Vision

A healthy Australia through best practice primary health care nursing.

Our Mission

To improve the health of Australians, through the delivery of quality evidence-based care by a bold, vibrant and well supported primary healthcare nursing workforce.

Contact us

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Introduction

The Australian Primary Health Care Nurses Association (APNA) welcomes the opportunity to contribute to the Australian *Government Primary Health Care 10 Year Plan (10 Year Plan)* draft recommendations.

We are providing this submission on behalf of our membership of Australian primary health care nurses.

Background

Primary health care nurses are the largest group of healthcare professionals working in primary health care. In Australia, at least 89,000 nurses work outside of the hospital setting in primary health care (Department of Health, 2019) including nurse practitioners (NPs), registered nurses (RNs), enrolled nurses (ENs) and registered midwives (RMs). These nurses are skilled, regulated and trusted health professionals working in partnership with the multidisciplinary team and their local communities to prevent illness and promote health across the lifespan. They work in a range of clinical and non-clinical roles, in urban, rural and remote settings including:

- general practice
- residential aged care
- correctional health (juvenile and adult)
- community-controlled health services
- defence services
- refugee health services
- alcohol and other drug rehabilitation services
- primary mental health services
- health promotion services
- antenatal clinics and maternal child health services
- domiciliary settings – in the home, boarding houses and outreach to homeless people
- custodial/detention settings
- educational settings – including preschool, primary and secondary school, vocational and tertiary education settings
- specialist practices including skin and cosmetic clinics
- occupational settings – occupational health and safety and workplace nursing
- informal and unstructured settings – including ad hoc roles in daily life, such as sports settings and community groups

The role for nurses within primary health care is clear. Nationally and internationally, nurses are now being seen as essential to achieving improved population health outcomes and better access to primary health care services for communities. A broader and more central role for nurses within a team-based, multi-disciplinary approach to care, enables health services to deliver essential holistic, person-centred management of chronic disease, and importantly it offers an opportunity to move

from a disease focused approach to care to focusing on the prevention of illness and health promotion (ANF 2009; Crisp and Iro 2018).

About the review

APNA understands the views and recommendations in this report from the Primary Health Reform Steering Group (Steering Group) have been released for the purpose of seeking the views of stakeholders. This report does not constitute the final position on these items, which is subject to stakeholder feedback and consideration by the Steering Group. Moreover, APNA understands that the recommendations in this report will inform the Australian Government's Primary Health Care 10 Year Plan (10 Year Plan) and do not constitute the Government's position on these items.

APNA Submission

APNA's overarching view of the draft recommendations from the Primary Health Reform Steering Group

APNA welcomes the opportunity to provide feedback on the *Australian Government's Primary Health Care 10 Year Plan (10 Year Plan)* draft submission.

APNA supports the development of a *Primary Health Care 10 Year Plan (10 Year Plan)* and believes the *10 Year Plan* is an important step towards advancing the primary health care system in Australia through identifying opportunities for system, service and workforce enhancements to improve Australian health outcomes.

APNA's response to the 10 Year Plan

General Comments

APNA strongly commends the Primary Health Care Reform Steering Group for their expert advice, resolve and commitment to the development of the *10 Year Plan* draft submission.

Overarchingly, APNA supports:

- The need to focus on population health, system integration and prevention;
- Capacity building and re-orientation of the primary health care system to promote wellbeing, prevent illness, undertake early detection and respond with early intervention to emerging illness;
- The development of a structured and nationally consistent framework to deliver optimal and equitable outcomes for all Australian communities- with specific consideration to vulnerable communities- building on concepts of regional funds pooling and planning;
- An amplified primary health care focus and capacity building to enable the health care system to deliver the best and most person-centric model of care for the growing number of Australians;
- The need to reconsider the funding methods utilised for the provision of primary health care; and
- Stronger contribution and inclusion of the wider primary health care workforce in the delivery and management of primary health care.

APNA supports the focus on a biopsychosocial model of care however the omission of feasible detail on how these recommendations will be implemented and what measures of success look like for each recommendation is unclear.

APNA believes consideration should be given to:

- A clear definition of what constitutes primary health care in Australia.
- Greater recognition of the impacts of social determinants of health and how they will be addressed.
- Greater focus on team-based models of care including health providers that can play a key role in improving health outcomes and increasing access to health services, especially for remote and marginalised communities e.g. Nurse Practitioners; advanced skill nurses.
- The use of data to determine flexible solutions for communities where workforce, resourcing and funding needs will struggle to be met.
- The need for integration with the wider health care system including primary, secondary and tertiary systems but also with consideration to social determinants of health. For example, there should be greater emphasis in the 10 Year Plan on the intersect with aged care in the community and nursing home care with transparency of care, referrals and use of combined health care plan.
- Similarly, greater emphasis on the intersect with disability care both in residential and home care is required. Most importantly there needs to be a better communication, transparency of activity, support packages and health needs that are co-supported by NDIA and primary health care. The Activities of both areas must be included in a combined comprehensive care plan.
- Stronger intersection with other health care strategies, such as the Women's Health Strategy 2020-30 and Preventative Health Strategy.
- Consideration should also be given the role of NGOs in health service provision.

Specific Comments on the recommendations

APNA has specific comments and proposed recommendations as follows:

Recommendation 9.2.9. Education and training: Systematically include reform thinking (i.e. person-centred, value-based, team, one system and generalism) in the education and training of early career health professionals, including undergraduate curricula and early career professional transition programs.

APNA recommends:

- The growing nursing workforce also needs to be skilled in providing preventative health care in primary health care settings. High quality primary health care nursing education, training, and student placement opportunities will be central to achieving this. There is currently little uniformity in the approach to primary health care nursing in the undergraduate nursing

curriculum. Nursing curriculum and placements should reflect the shifting focus of health care delivery from hospital to primary and community care sectors keeping people well and well managed in their own communities, reducing need for expensive tertiary care. This needs to be adopted equally across all primary health care professions across Australia.

- Increased student and postgraduate placements in primary health care systems will encourage future consideration of a career within the primary health care system. An online national placement system, capitalising on APNA's database and experience, can provide a greater number of clinical placement options for students to do this. It will provide students with practical experience of primary health care nursing and increase capacity in primary health care. This system can increase the number of placement opportunities for undergraduate and postgraduate students by 8,000 placements over 4 years nationally in metro, urban, rural and remote settings.
- Placement opportunities for nursing students will also need to extend to regional, rural and remote primary health care locations. Longitudinal placements in rural and remote settings allow students to experience a range of services and gain better understanding of the care logistics in these areas.

Recommendation 10.1.2. Specific workforce strategies: Leverage/implement and develop workforce plans and strategies targeted to specific parts of the primary care workforce, ensuring that the actions taken are embedded and support quality improvement, team-based primary health care and workforce sustainability.

Recommendation 10.2.2. Education and training: Align and continually update workforce and management education and training programs with population health needs, including cultural competency and the development of skills that support person-centred, holistic, safe and trauma informed care.

Recommendation 10.3.2. Transitioning pathways: Develop pathways for senior health workforce transitioning from tertiary to primary care, recognising the contribution that their established skills can make to primary care, for example the advanced skills of Rural Generalist medical, nursing and allied health practitioners.

APNA recommends:

- Further funding and support to extend APNA's Transition to Practice Program. This program delivers an accessible, structured 12-month transition support program with 10 months of intensive clinical and professional mentoring. The aim is to increase the confidence, competencies, skills and knowledge of nurses commencing work in primary health care settings, including general practice, community and aged care settings. This program can be further tailored to experienced nurses and ensure that they are confident in their transitions from tertiary and other settings to primary health care settings. APNA has achieved a 93% retention rate for both new to primary health care nurses (new graduates and experienced nurses) and peer mentors.
- Ongoing education and professional development opportunities for the primary health care workforce. APNA also recommends that this should include education for health professionals to regularly assess, recognise and adapt health care messaging to a consumer or carer's level of literacy alongside their health literacy. This will also encourage consumers in their efforts to manage their own care. This can be linked to Recommendation 6: Empowering individuals, families, carers and communities.

- Recommendation 10 and 13 should align and include a focus on the unregulated health care workforce. Specifically, the strategy should ensure that Medical Practice Assistants (MPAs) and Personal Care Workers (PCWs) are working within their scope of practice. APNA's recommendations for this workforce are detailed in a position paper here.

15.1. Interoperable infrastructure: Develop interoperable secure digital infrastructure across the health sector to support team-based care, and connect services to improve transitions of care for people. This includes across primary and tertiary care, including general practice, specialist, allied health and pharmacy.

15.4. Consumer digital readiness: Support digital readiness for people to embrace technology and digital modes of delivering care, as an adjunct to face to face services, including in relation to trust, social licence and capture of data. Provide additional resources and supports for people, where required, to support equitable access to data and digital modes of care for disadvantaged populations.

APNA recommends:

- Strong consideration of the Australian Healthcare and Hospitals Association (AHHA) 2020 report on *'The effective and sustainable adoption of virtual health care'*. Utilisation of digital technology for primary health care reform must ensure that a digital system would aim to ensure that all health professionals across primary, secondary and tertiary care are able to access patient information- which includes who the patient is seeing, when and for how long. A digital system should also include:
  - a defined electronic health record data model that links related data elements; consistent data element labels and definitions; use of standardised clinical terminologies and classifications; integration and accessibility of functionality within practice management software across the health care team; and accreditation of practices in terms of digital health capability and processes (AHHA Virtual Health Care 2020, p. 8).
  - Consider immediate, wider access and training in the use of the My Health for all health professionals. Link software systems to provide real time updates to the My Health Record system and facilitate timely, secure communication between health providers, including mandating uploads for patients who have active care plans.
  - Facilitate the incorporation of data summaries from home health monitoring systems into the patient heath record where appropriate.
- The adoption of the National Nursing and Midwifery Digitial Health Capability Framework by the Australian Digital Health Agency. This will provide:
  - A definition of the digital health knowledge, skills and attitudes required for professional practice.
  - Complement existing individual knowledge, skill, and attitudinal frameworks.
  - Provide a solid basis for tailored learning (ADHA 2020).

16.1. Research translation and innovation body: Create an Australian National Institute for Primary Health Care Research Translation and Innovation, responsible for tracking and sharing cutting edge, translatable innovation at national and international level, relevant to primary / community care. This should include mechanisms to involve stakeholders in identifying the problems to be addressed, and co-designing evidence-based innovation to address them.

APNA recommends:

- APNA's Workforce Survey of Australia's largest primary health care workforce be expanded to contribute comprehensive data to inform six national health strategies and priorities. APNA's COVID-19 'PulseCheck' Survey Series also produces timely, factual and on-the-ground data of what nurses are seeing, hearing and experiencing in their work during the pandemic. These datasets can inform current and future health workforce planning and contribute to and expand the scope of the National Primary Heath Care Data Asset. The 89,000 primary health care nurses working across Australia are the largest workforce in primary health care but the scope of work they do, and the influence of nursing care on patient health outcomes, is absent from current national datasets. There is little data collected and measured on the input of nurse care and patient management and the efficiencies gained that contribute to economic sustainability of health care service. This limits effective policy making and the ability to fully utilise nurses skills to the benefit of the health system and the community.
- Patient outcome measures should include the influence and satisfaction gained from nursing care.

Recommendation 2: Single primary health care destination

APNA supports the statements in Recommendation 2 and its aim to:

"Formalise and strengthen the relationship of individuals, families and carers with their chosen primary health care provider and practice" (PHC 10 Year Plan Draft Recommendations 2021, p. 12).

Historically, Australians predominantly access health care services within secondary and tertiary systems based on presentable illnesses, rather than having a preventative focus on health that sees them utilise primary health care services. With significant increases in chronic and complex health issues, an ageing population and rising patient expectations, it is imperative that Australians have the knowledge and understanding of what timely access to primary health care services and associated care networks, can provide them for early intervention to reduce the impact and manage their own health, as well as reduce the burden on secondary and tertiary systems.

APNA agrees that there will need to be a strong coordination and communication across health care sectors and primary health care settings to achieve this. APNA also agrees that the Voluntary Patient Register (VPR) is:

"A building block for reform, helping formalise a single health care reference point" (PHC 10 Year Plan Draft Recommendations 2021, p. 12).

APNA also supports the adoption of previous pilot programs and initiatives such as Health Care Home principles of care for general practices, ACCHOs, rural multipurpose health services and broadening practice funding beyond the MBS for the facilitation of the VPR program. The VPR provides an opportunity to ensure that most Australians have a single health care destination that responds to and is aware of their changing care needs with the added benefit of being able to refer on to or receive contributions from other practitioners depending on the expertise required.

However, whilst the statements within the recommendation and the commitment to VPR aims to encourage a single primary health care destination, the subsequent actions severely limit the ability of the wider primary health care system and team to provide holistic, multi- disciplinary, consumer-centric care. The following recommendations are highly tailored to general accredited practices and general practitioners being the sole provider of care through the VPR:

- 2.1.2. Nomination of GP: Nomination of a GP (including rural generalists) to support longitudinal continuity of care and to strengthen and build the relationship with the primary / integrated health care team.
- 2.1.3. GP MBS services: Preservation of chronic disease management and health assessment MBS items to the practice with which a person is registered.
- 2.1.4. GP MBS telehealth: Continuing GP MBS telehealth rebates for persons registered with a GP and practice (non-GP MBS telehealth rebates would not be impacted by VPR).

Whilst APNA supports the principal for VPR, the value proposition for the consumer and the practice is not clearly defined in the consultation document.

This continued emphasis on fee for service healthcare delivery model severely limits, not just consumer choice and the differing forms of care Australians would prefer and/ or require, but the ability of the full primary health care workforce, such as nurses, to be fully utilised. Primary health care nurses can facilitate increased access to healthcare. Not every patient needs to see a doctor every time they visit a practice/ service. Australia needs a flexible, well-funded model of care delivery that allows the right care by the right health professional at the right time. Many patients can and are already managed by the nurse as part of the healthcare team. This includes chronic disease management, lifestyle and self-care support visits, immunisation, dressings, care coordination catch-up. This can increase services, reduce waiting times, and allow more timely assessments and referrals. This is particularly important given the increasing burden of chronic disease and the challenges associated with workforce shortages in Australia's primary health care system.

APNA also agrees that for most Australian's, general practice will be the central point of access and coordination of their healthcare. However, APNA acknowledges that for some Australians this will not be the case. For some people, in particular disadvantaged groups that do not have access to regular GP or ACCHO care, their lead clinician and central point of care may be a nurse practitioner or other primary care providers. VPR needs to take into consideration patients changing locations or patients being dissatisfied with a service provided. APNA believes that the Steering Group will need to consider the processes for when patients change locations and how services will be benchmarked to inform patients of their health care professionals service delivery and outcomes.

Optimal use of the nursing skill set as part of the interdisciplinary team enables other health professionals, such as general practitioners, to focus their time on higher level diagnostic activity, intervention and care decision making, promoting an integrated care model and improved patient experiences. Primary health care nurses have the qualifications to assess whether a patient requires further specialised treatment and can liaise/escalate with general practitioners and wider primary health care professionals to ensure that adequate and required care is provided as needed. Better

utilisation of the nurse skills and care, frees GP time to attend to patients with acute presentations, contributing to both care and business efficiencies.

This can also apply to the provision of telehealth, as it has the power to bring a nurse into every Australian home. Telehealth needs to become the new normal so patients have a choice in how they access health care. APNA have seen during the COVID- 19 lockdowns that access to telehealth has made a crucial difference to those who have difficulty accessing services such as people with mobility issues who have difficulty leaving the house, those with high carer load, and those patients where distance prohibits regular timely access to care. Widespread use of adequately funded bundled payments for people with or at risk of chronic complex health issues could better support team-based care and enable nurses to use their full range of skills. This systematic approach to preventative health can contribute to alleviating the burden on hospitals, facilitate a more sustainable business model for general practice and ultimately reduce the financial burden on the health system.

However, it is important to note that APNA believes that Telehealth should not be used as a substitute for health care services. Telehealth is a method that health professionals can use to ensure that Australians are able to access the relevant health services and receive comprehensive, individualised and specialised care.

APNA recommends:

- Recommendation 2.1.2: allow the nomination of a practice/ central health service which can include a general practitioner or nurse practitioner as the lead clinician.
- Recommendation 2.1.3 and 2.1.4: use of bundled payments provided to the practice/ central health service to enable chronic disease management and preventative care. This funding should also enable services to provide telehealth to patients with the appropriate provider.
- A clear description of the VPR offerings within the report. Service offerings should include:
    - A focus on prevention activities to enhance patient and population health outcomes (i.e. RACGP red book – systematic reviewing of patient data for recalls, screening and preventative health activities/ referrals).
    - Flexibility in the way the health care team delivers care to meet the needs of the patient, including: face to face; in the home/ residential aged care facilities; virtual care enabled by telehealth and remote monitoring.
    - Data management activities: including updating patient health records; utilisation of practice level data to improve individual patient care, to understand the practice population better and to best meet their needs and to enable a continuous quality improvement approach.
    - A focus on integration with the broader health system: review and follow up on correspondence and discharge summaries from other service providers and settings.
    - Nurse-led clinics within general practices, ACCHOs and similar primary health care settings (i.e. chronic disease management clinics, immunisation clinics, antenatal clinics).
    - That the role of nurse practitioners or other primary care coordinators be recognised in the underpinning pillars of the 10 Year Plan.

Recommendation 3: Funding Reform

Reform to the funding models used in primary health care is strongly supported by APNA. Australia needs a more sustainable and predictable funding model for general practice and primary health care services – one that is flexible, longitudinally focused, and which better supports team-based, person-centred care. APNA agrees that delivering alternative funding sources for primary health care service providers will:

"Underpin and incentivise the best models of primary / integrated health care tailored to local circumstances, supporting access, affordability, equity and continuity of care for local people" (PHC 10 Year Plan Draft Recommendations 2021, p. 14).

Nurses are key members of the health care team; and can provide population health activities such as screening, risk identification, chronic disease management, care coordination, lifestyle and self-care support, immunisations, and wound assessment and care, contributing significantly to patient care (WHO, 2019). In a recent APNA survey of primary health care nurses, participants commonly reported the top five activities being undertaken on a daily basis included infection control, administration of medication/injections, cold chain management, wound management and triage (APNA Annual Report, 2020).

Despite this, nurses are still being undervalued. APNA's series of COVID 19 'PulseCheck' Survey data has illuminated that:

- Early on in the pandemic 6% of nurses had their jobs terminated and 29% had their paid hours reduced (APNA 'PulseCheck' Survey March-April, 2020).
- The proportion of nurses who feel they are regularly or often practicing to the full extent of their knowledge and abilities was almost 29% lower in June 2021 compared to the previous survey in April 2021 (APNA 'PulseCheck' Survey June, 2021).

Current fee-for-service funding models impact the ability for the nurses to provide health services , as fee-for-service conditions generally require billed services to be provided by the General Practitioner (Duckett and Swerissen, 2017). This model constrains primary health care nursing practice, and does not value the service provided by nurses, nor support the notion of team- based, holistic, patient-focused care.

The complexities of the current financing structure in general practice constrain primary health care nursing practice, including the ability to initiate and lead care that would usually fall within a nurse's scope of practice. It should be noted here that financing structures impacting on primary health care nursing practice is less of an issue in state government-funded primary health care settings such as community health and prisons where activity is not tied to GP associated MBS billing.

APNA supports the following recommendations:

- 3.1.1. Flexible funding models: Ongoing development and implementation of flexible funding models, including collaborative commissioning, for community centred primary health care to provide local solutions in line with regional planning and coordination.
- 3.1.3. Community needs: Ensuring use of funding is in line with identified community needs at a regional level, based on a common set of shared goals and outcomes for the population and patients.
- 3.2. Funding reform for primary health care services: Create funding models to support best practice primary / integrated health care to help move the system from volume to value with necessary investments over time taking into account private business sustainability to achieve

improved outcomes for people. This includes using flexible funding for individual service providers, including block and blended payment models, and bundled payment approaches aligning financial incentives with high quality care and quality improvement at an individual and population level.

- 3.2.1. VPR: Build on VPR to reform funding to support greater longitudinal, multidisciplinary and intersectoral team care. This should include over time pooling.
- 3.2.2. Innovative funding models: Develop innovative equitably funded models for a range of primary health care services, including allied health, non-dispensing pharmacists, nursing, and nurse practitioner, midwifery mental health services and rural and remote communities.
- 3.2.3. Investment: Provide greater support for providers and practices, including innovative models for multidisciplinary and intersectoral team care.
- 3.2.4. Private Health Insurance (PHI): Reform PHI funding to allow delivery of contemporary and evidence based primary care by allied health professionals and nurses.
- 3.6. Change management: Support effective change management and cultural change towards implementation of integrated, team-based alternative funding models in general practice and the broader primary and secondary health care team. This will require a whole of team approach to change management and will require planned ongoing reinforcement of behavioural change and support and the implementation of a quality improvement framework to guide the change and development within the primary health care service.

However, whilst APNA supports the clear need to reform funding in the primary health care system, there is no clear direction or plan as to how this funding reform will be actioned. The funding reform recommendations fails to incorporate the work needed to establish the specific funding model, how change management will be activated, nor how digital systems will be established to support the integration of health care systems, health care providers and professionals, and governmental action both federally and at a state level.

APNA recommends:

- That the Steering Group ensure that funding reform is seen as a matter of priority- and undertaken as an immediate action by government. The implementation plan needs to clearly state the steps to how funding reform will be implemented in the primary health care system, with consideration to the required systems, infrastructure, workforce, models of care relevant for each individual setting, the provider and social determinants of health. This will also require clear definitions of all forms of funding reform that are being presented in order to reduce confusion and/or disparities in terminology.
- The implementation of models of care that are inclusive of nurse prescribing to support VPR and structured care coordination for patients and funding scaled to complexity/risk stratification of a patient's needs. These models can specify touch points for GP/NP review as well as escalation of care to GP/NP as needed.
- APNA believes that there is an opportunity to include home visiting/ domiciliary nursing services to be covered by private insurance. This has the potential to increase nurse utilisation. However, there needs to be strong reform to the wider public primary health care system to ensure that all Australians are able to access equitable, timely and individualised care regardless of circumstance. Likewise, the funding model for private health insurance will need to ensure that tiering of the health care system is avoided.

Recommendation 12: Nurse and Midwifery Workforce

With an impending shortage of nurses and the current PHC nurse workforce having an average age of 43.6 years (Nursing and Midwifery Factsheet, 2019), the health system needs to attract new nurses into PHC. Australia can no longer wait for nurses to enter primary health care in mid-career. Increasing the profile of PHC nursing is essential to attract new nurses and retain the current nurse workforce. Furthermore, we need to increase the diversity of the nurse workforce to better meet Australia's diverse community and health needs.

Nurse involvement in models of care result in improved outcomes, high quality of care and patient satisfaction (APNA, 2016). A review of the literature has found nurse models of care reduce waiting times, enhance continuity of care, provide a holistic approach to treatment and reduce pressure on medical clinics and consultant time (APNA, 2016). This enables nurses to have greater responsibility over patient care, to work autonomously, and to work holistically with patients on rehabilitation, counselling and discharge planning. APNA, funded by the Australian Government as part of the Nursing in Primary Health Care program, has been successfully implementing the Building Nurse Capacity (BNC) program. The BNC model has been designed to help general practices and similar settings, set up systems for building capacity in the team and implementing a coordinated approach to population health clinics for both prevention screening and chronic disease care and management.

Yet, despite this data and a worldwide pandemic, primary health care nurses have been under-valued and under- utilised.

Pre- pandemic, APNA's Annual Workforce Survey Data for 2020 found that 40% of nurse respondents indicated that most of the time or often they could do more with their current skills and knowledge (APNA Annual Report, 2020). However, APNA's COVID-19 'PulseCheck' Survey highlights that the proportion of nurses who feel that they are regularly or often practicing to the full extent of their professional knowledge and skills is almost 29% lower than in the COVID-19 PulseCheck survey April 2021 (APNA 'PulseCheck' Survey June 2021, 2021). This is concerning as this workforce has the confidence and capability to assist in the care and management of COVID- 19 in Australia; but are not being utilised to do so.

APNA fully supports Recommendation 12 and the need to:

"Better support the nursing and midwifery workforce to work to top of scope within the multidisciplinary team care environment. This includes investigating and staged implementation of innovative funding and care models, workforce planning and distribution, collecting data and enabling development of local solutions to support access" (PHC 10 Year Plan Draft Recommendations 2021, p. 33).

The below recommendations outlined by the Steering Group are also strongly supported by APNA:

- **12.1. Workforce strategy:** Develop a national primary care nursing strategy.
  - Nurses and midwives need to see primary health care as viable and rewarding career pathway, including avenues for skills and professional development, and career progression.

- 12.2. Incentivise primary health care nursing: Use block and blended payments to increase the utilisation of and to reduce the funding disparity between primary health care and aged care nursing and other parts of the health sector.
- 12.3. Models of care – nursing and midwifery: Develop, evaluate and implement effective multidisciplinary service models for patients requiring nursing and midwifery services, with rapid scale-up of effective models. These should be locally co-designed to ensure they align and expand upon existing locally-available services.
- 12.4. Scope of practice – nursing and midwifery: Support fully utilising the appropriately trained and credentialed nursing and midwifery workforce to work within primary health care teams to top of scope, within integrated health pathways. This includes clearly defining a scope of prescribing capacity for nurses and midwives.
- 12.5. Models of care – midwifery: Support the best model of care for integrated midwifery services, including; identifying lead sites nationally; holistic review of existing maternity and neonatal models; workforce planning; discussions with all key stakeholders; and, investigation of international care models.
- 12.6. Scope of practice/collaborative arrangements –Nurse practitioners (NPs): Review collaborative arrangements and establish scope of practice and credentialing frameworks for NPs.
- 12.7. Models of care – NPs: Define current NP models of care and build into national nursing strategy. This includes integration of NPs into aged care and mental health care services.
- 12.8. Integration and funding reform: PHNs and State based funders should work together to pool and realign funding and integrate community health workers, including maternal and child health, child and community nurses into primary health care based on registered population numbers and demographics. This will require leveraging the NHRA Addendum 2020-2025.

These recommendations work to achieve APNA's aims; championing the role of primary health care nurses; to advance professional recognition, ensure workforce sustainability, nurture leadership in health, and optimise the role of nurses in patient-centred care.

APNA recommends:

- The immediate actioning of Recommendations: 12.1. Workforce strategy; 12.2. Incentivise primary health care nursing; 12.4. Scope of practice – nursing and midwifery and 12.6. Scope of practice/collaborative arrangements –Nurse practitioners (NPs). The immediate acting of these recommendations will promote the full utilisation of the nursing workforce.
- Any nursing strategy needs to look at the gamete of nursing services provided in primary health care including some specialised care such as that provided by community based mental health nurses.
- Inclusion of strategies to build the First Nations nursing workforce.
- Incentivise the expansion of nurse skill-set (within legal scope) to better support community needs. E.g. nurse prescribing.
- There needs to be a cross border recognition of accredited qualifications such as pap smear providers status and authorised nurse immuniser status. Currently this is not the case, with some nurses having to re-do qualifications to continue these activities when they move interstate.
- It is critical that APNA, the Australian College of Nursing Practitioners (ACNP), and other national peak bodies that represent the voices of primary health care nurses are included in discussion and deliberation for the implementation process.

- Nurses, Nurse Practitioners, midwives and consumers must be involved in the design, planning and implementation of workforce strategies and the creation of new models of care stemming from the 10 Year Primary Health Plan.

Concluding comments

APNA welcomes and commends the creation of The 10-Year-Plan by the Steering Group. APNA supports the overarching ideal to redefine and re- orientate the current Australian primary health care system to one which is focused on a biopsychosocial model of care. However, APNA has strong concerns in relation to the implementation of these recommendations as there has been a failure to include how recommendations will be enacted. It is imperative that the Steering Group provide clear, detailed actions and timelines for each recommendation, and ensure that there is significant consultation made with relevant health care professionals, peak health care bodies and consumers to support the success of the implementation process; for the benefit of the Australian population.

References

APNA 2016, 'Nursing in Primary Health Care (NiPHC) Program- Enhanced Nurse Clinics: A review of Australian and international models of nurse clinics in primary health care settings', pp. 1-20

APNA Annual Report 2020. Available at https://www.apna.asn.au/about/annual-reports/.

Australian Digital Health Agency (ADHA) 2020. National Nursing and Midwifery Digitial Health Capability Framework. Available at https://www.digitalhealth.gov.au/sites/default/files/2020-11/National_Nursing_and_Midwifery_Digital_Health_Capability_Framework_publication.pdf.

Australian Healthcare and Hospitals (AHHA) 2020. The effective and sustainable adoption of virtual health care. Available at https://ahha.asn.au/sites/default/files/docs/policy-issue/ahha_blueprint_supplement_-_adoption_of_virtual_health_care_-_july_2020_0.pdf

Australian Nursing Federation [ANF] (2009) Primary Health Care in Australia: a nursing and midwifery consensus view. ANF: Rozelle, NSW.

Australian Primary Health Care Nurses Association (APNA) COVID-19 'Pulse Check' Survey National Data 30 March to 19 April 2020. Available at https://www.apna.asn.au/profession/covid-pulsecheck-surveys.

Australian Primary Health Care Nurses Association COVID-19 'Pulse Check' Survey Data Insights June 2021. . Available at https://www.apna.asn.au/profession/covid-pulsecheck-surveys.

Crisp N, Iro E (2018) Putting nursing and midwifery at the heart of the Alma-Ata vision. *The Lancet* **392,** 1377-1379.

Department of Health (2019) Health Workforce Data – publications: Nurses and midwives 2017 factsheet. Australian Government. Available at https://hwd.health.gov.au/publications.html#nrmw [Verified on 12 February 2019]

Duckett S & Swerissen H 2017, Building better foundations for primary care', Grattan Institute.

Health Workforce Australia [HWA] (2014) Australia's Future Health Workforce – Nurses Detailed. Available at https://www.health.gov.au/internet/main/publishing.nsf/Content/australias-future-health-workforce-reports [Verified 24 June 2019].

Nursing and Midwfiery Factsheet 2019. Available at : https://hwd.health.gov.au/resources/publications/factsheet-nrmw-2019.pdf

WHO 2019, 'Primary Health Care', retrieved from https://www.who.int/news-room/fact-sheets/detail/primary-health-care