

**Investing in Health 2007:
An update to the
recommendations of
Investing in Health: A Framework
for Activating Primary Health
Care Nursing (2003, Ministry of
Health)
September 2007**



Investing in Health 2007: an update on the 2003 Ministry of Health document.

Executive summary

Many nurses believe that further change is required to free up nursing services in line with primary health care strategy goals and community needs for best health outcomes.

In making recommendations for the improved utilisation of nursing our approach is underpinned by three major directives

- The need to address disparities in health and health service delivery
- The need to provide better prevention and management of long term conditions
- The need to deliver effective care and services to children and young people

Nurses would like the opportunity to practice in a manner congruent with their educational preparation; furthermore large numbers of primary health care nurses in the widest sense would like equitable access to ongoing education. In order to achieve this, the design and deployment of nursing services must be funded and organised in a manner which is congruent with the full utilisation of nursing potential *and* with the vision and goals of the primary health strategy. Nurses are frustrated if structural barriers prevent them from delivering services in a manner, which meets the needs of the community.

Status of these recommendations

These recommendations will be presented to the Chief Nursing Advisor (MoH).

Recommendations

To PHOs

- That all nurses regardless of practice location have access to a nursing leadership structure
- That mechanisms are created to further enable all nurses to have input into policy development and operational management of issues related to quality of care, safety, continuity of care, patient-staff ratios and clinical outcomes
- That processes ensure that nurses are held directly accountable for high quality practice

- That there are differentiated practice levels or roles and differentiated pay scales for nursing congruent with differences in educational preparation, certification, and other advanced nursing preparation
- That organizations utilize clinical nurse specialists, nurse practitioners, nurse researchers and/or educators to support and enhance the work of primary health care nurses in clinical care and to further improve health outcomes
- That nurses have equal participation in clinical decision-making and the organization of clinical care systems.

To Ministry of Health

- That the Ministry of Health expert nursing advisory group on primary health care be urgently reconvened
- That the resource devoted to nursing in the MoH be increased
- That in order to ensure succession planning, a senior nurse advisor position is created to support the Chief Advisor(Nursing)
- That nurse sensitive patient outcome indicators are created, tested and utilised as a basis for funding mechanisms
- That the contract between DHBs and PHOs is carefully reviewed to ensure that nursing services are enabled and able to be directly and fairly funded.
- That the enrolment process is urgently reviewed to ensure primary health care services are accessible for all.
- That the recent hasty funding formulae review is revisited to specifically assess the degree to which the funding formulae support appropriate deployment of nurse services.
- That alternative models of employment of primary health care nurses be actively developed in partnership with the sector

To District Health Boards

- That all DHBs are required to have a Director of Nursing with direct primary health care responsibilities
- That all DHBs are required to support a primary health care nurse development team structure designed to build capacity and guide developments across primary health care nursing services.

- That focused investment in post graduate education occurs well beyond the current inadequate amount of money moved from the CTA to DHBs for post graduate and post registration nursing education. This will require DHBs to lobby on behalf of nursing.
- That formal funding of graduate places in PHC settings must be made available as a matter of urgency. This will require DHBs to lobby on behalf of nurses in order to achieve DHB goals for a sustainable PHC workforce.
- That work continues to support the development of the PDRP framework which recognises that a nurses' role encompasses clinical practice, education and research.
- That the development and implementation of nurse practitioner roles in boundary spanning roles: family nurse practitioners, older person's health and child health are implemented as a priority
- That alternative models of employment of primary health care nurses be actively developed in partnership with the sector

Introduction

This document presents a set of key recommendations designed to increase the delivery of well developed primary health care nursing services. Such services are critical to the ability of all DHBs to deliver on the population health goals outlined in the Primary Health Strategy (2001) and especially to improve the delivery of services to people with long term conditions. This document recognises the importance of the founding document Investing in Health: A Framework for Primary Health Care nursing (2003). No replacement of that document is intended; rather these recommendations represent simply an update of the recommendations based on the experience of six years of PHC strategy implementation.

The six years of experience has seen considerable change and some pockets of excellence. The impetus of this document is to acknowledge that many good developments have occurred but further change is still needed.

Background

The release of the primary health strategy in 2001 was a time of immense enthusiasm for nurses who recognised, in the tenets of the strategy, an approach to health service delivery entirely congruent with that of nursing. The strategy document stated that primary health care nursing would require considerable development in order to deliver on the goals of the strategy. Accordingly a number of initiatives were launched including MoH funded innovations and scholarships, and the establishment of a primary health care nursing expert advisory group to the Ministry of Health. To date some change and development has occurred as a result of these initiatives but it has been insufficient to create any major change in service delivery models. Recently the MoH evaluation of the care plus program and nursing's discussion and review of care plus processes have confirmed the widespread sense that much more change and development is needed on many levels.

Nurses would like the opportunity to practice in a manner congruent with their educational preparation; furthermore large numbers of primary health care nurses in the widest sense would like equitable access to ongoing education. In order to achieve this, the design and deployment of nursing services must be funded and organised in a manner which is congruent with the full utilisation of nursing potential *and* with the vision and goals of the primary health strategy. Nurses are frustrated by the current obstructions, which prevent them from delivering services in a manner, which meets the needs of the community.

A strategy group comprised of representatives from both NZNO and the College of Nurses, Aotearoa CNA(NZ) met on March 6th 2007 to review the recommendations arising from:

- MoH evaluation of the Care Plus Program
- The Management of Life Long Conditions workshop hosted by CNA (NZ) and College of Practice Nurses, NZNO,
- The report of the National Health Committee on " *Meeting the needs of people with chronic illness* "
- The original goals and recommendations of the document *Investing in Health* (2003).
We wished to use these documents as a basis for our deliberations.

We asked the question as to what change and development is required to realise the full potential of nursing services in the primary health care arena. In reviewing the goals and directions as outlined in Next Steps (MoH, 2006) and considering the implications for nursing, it is clear that significant obstacles remain. The strategy group determined that it was important to review the process for developing primary health care nursing as outlined in *Investing in Health* (2003) through the creation of renewed recommendations to the MoH, PHOs and to DHBNZ.

A draft document was produced by the initial strategy group and circulated widely for submission. It is acknowledged that the time frame for submissions was short and processes for dissemination of the document were not as clear as they could be. However 81 submissions were received (many from large groups) and these were independently analysed by a skilled submission analyst.

Overall the submissions largely supported the recommendations. Concerns raised in the submissions centred around three areas including the cessation of GP employment of practice nurses in favour of salaried employment to PHOs / DHBs; the reframing of Care Plus as a nurse-led service; and patients enrolling with PHOs rather than with specific GPs.

On July 20th representatives of many nursing groups concerned with primary health care met to progress work on the initial document. The group included nurse leaders from PHOs, DHBs, College of Nurses, College of Practice Nurses, NZNO and the General Practice Nurse Alliance Group... The day was jointly hosted by NZNO PHC Nurses Council and the College of Nurses and independently facilitated by Annette Milligan. The 30 nurses present reviewed the comprehensive independent analysis of the 81 submissions and agreed that with the exception of some very minor adjustments; all but three of the recommendations had been well supported. The group then turned its attention to revising those three areas which as predicted had generated the most division of opinion. Recommendations as presented now reflect the outcome of that post submission review process.

Limitations

It is acknowledged that it is a limitation of this work that no formal groups of Maori or Pacific nurses were present in the meetings held. However Maori nurses have been actively engaged in the submission process and have had sign off through their respective membership of the Board of the College of Nurses and Te Runanga in NZNO.

It is also acknowledged that although this work was generated by consideration of nursing contribution to the Care Plus program there is no actual recommendation related to Care Plus. There are three reasons for this absence:

- 1) All other recommendations will directly and indirectly increase nursing contribution to Care Plus services.
- 2) It is likely that the name and nature of the Care Plus program will change as a result of Ministry of Health review.
- 3) Care Plus processes can not be significantly altered in the absence of prior attention to the other recommendations

Rationale for recommendations

In making recommendations for the improved utilisation of nursing our approach was underpinned by three major directives

- The need to address disparities in health and health service delivery
- The need to provide better prevention and management of long term conditions
- The need to deliver effective care and services to children and young people

Addressing disparities

People whose ethnicity, sexuality, income and mental health status make accessing health services potentially more difficult, need

- Culturally safe care which is regardful of their particular challenges
- Services which are taken to where people are and delivered by people who have insight as to the challenges
- Services which provide partnership in negotiating the barriers of formal service delivery
- Services which assure them of equitable outcomes

Improving prevention and management of long term conditions

People with long term conditions need careful attention paid to the following aspects of service delivery

Cultural Appropriateness

Culture permeates the life of individuals and the social context of communities. The culture, values, background and experiences of a person are integral to how they understand health and illness, access services and respond to health care interventions. The cultural understandings held by health professionals and provider organisations affect the services they design and offer to people. Provider and health professional's understandings affect where people with long term conditions wish to access the services; they also affect the relationships they form with health providers, and their health outcomes.

System Organisation

People with long term conditions have a greater chance of understanding the health care system when organisational cultures are clear about what is being provided and who is accountable. People with long term conditions have a greater chance of understanding their condition when the system is culturally accessible and deliver consistent messages throughout the health sector.

Community

People with long term conditions have a diverse range of needs that can not be met by health and disability support services. They benefit from opportunities to increase their access to a wide range of services (such as employment, income, education, housing and maintaining social contacts). Attitudes in the community have a large impact on the social and cultural connections experienced by a person with chronic conditions.

Self Management (or support for self care)

People with long term conditions and their family/ whanau have a vital role in managing the condition(s). Families/whanau meet a wide range of practical and emotional needs for people with long term conditions. When involved in care planning, families/whanau may also support behaviour and lifestyle changes. It is easier for a person to achieve a comprehensive and clear management plan when the services they deal with have established relations with one another.

Delivery System

People with long term conditions want continuity in their health care, regardless of how many professionals are required to assist them, or how many places they have to go to receive treatment and support. Having accessible services and knowing what each health professional contributes to their care plan helps a person to manage their condition better. This requires integrated systems and at times coordinated care.

Decision Support

People with long term conditions should be able to make informed decisions about their treatment where appropriate. They expect that advice given and decisions made by health professionals are consistent with the best available evidence. They expect health professionals to update their practices and have specialist expertise. People with long term conditions get clear and consistent messages when all the health professionals they deal with act on the same evidence.

Information Systems

People with long term conditions should be able to expect effective monitoring, and to have their potential health risks acted upon. Although it is information systems that identify them for proactive care, provide the reminder for follow up, or create the alerts to health professionals, a person under the care of health provider contacted for care by the health provider, has the experience of one as being 'looked after'. When a person with a long term condition has coordinated care from a range of health professionals and organisations, and every health professional involved knows what's happening for them, they can feel more confident that their situation is understood and they are valued.

These guiding principles are taken from the National Health Committee report (*Meeting the needs of people with chronic conditions*) which utilise Wagner's principles of chronic care management. These principles are strongly endorsed by the nursing strategy group

Providing services to children and young people

Alongside the current preoccupation with chronic illness we are keen to retain critically needed focus on providing health services to children and young people.

Children and young people need:

- Parents or caregivers who are supported and empowered to provide safe and appropriate care.
- Preventative services which provide developmental monitoring, screening and immunisation.
- To be assisted to gain the skills to make healthy and safe choices in order to reduce risk taking and prevent the development of chronic conditions.
- Access to youth friendly sexual health and mental health services.

In order to deliver on the these requirements, which are closely aligned to the goals of the primary health strategy, nursing requires

1) That nursing services are aligned with community need rather than employer or contractual requirement because:

People benefit from health services which are planned, pro-active, co-ordinated, seamless and accessible. People need an informed nurse partner who will:

- support them to make healthy choices in the context of their own personal challenges at all stages of the life span and in all locations from well child services, through schools and through community health services.

- provide appropriately delivered education and information to support a high level of self management
- support them to negotiate the access of services effectively when needed
- care for them in a manner which respects their individual and family circumstances when they are ill, injured or dying

2) That the environments in which nurses work meet the basic requirements of a professional practice environment because:

Extensive international evidence now demonstrates that the nature of nurse employment, organisational design, access to education, orientation and effective leadership strongly influence the quality of care and recruitment and retention of nurses.

This means that attention to professional concerns is not simply self-interest but rather it is critically important to ensuring an effective workforce delivering good quality care.

3) That urgent attention is given to persistent structural anomalies which limit or impede the utilisation of nursing because:

It is argued on an evidential basis that further health gains will not come from increased medical care but rather from increased health focused services which address the prevention, early recognition, management and support of people with life long conditions. It is also known that the nursing workforce is well distributed throughout the country, is relatively cheap to produce and where properly utilised can produce significant improvements in health outcomes. For these reasons it is hard to reconcile the persistent reluctance to resource nursing development appropriately alongside consistent increases in the funding for medical development.

Recommendations to support the requirements

1. Goal. Aligning nursing practice and service delivery processes with community need.

Recommendations:

- That alternative models of employment for primary health care nurses be actively developed in partnership with the sector
- That nurse sensitive patient outcome indicators are created, tested and utilised as a basis for funding mechanisms

- That the enrolment process is urgently reviewed to ensure primary health services are accessible for all.
- That the contract between DHBs and PHOs is urgently reviewed to ensure that nursing services are explicit and able to be directly and fairly funded
- That the recent hasty funding formula review is revisited to specifically assess the degree to which the funding formulae support appropriate deployment of nurse services.

2. Goal. Governance over nursing practice.

Nurses are best equipped to determine how nursing services are most effectively delivered.

It is therefore recommended:

- That mechanisms are created to further enable nurses to provide input into policy development and operational management of issues related to quality of care, safety, continuity of care, patient-staff ratios and clinical outcomes
- That processes ensure that nurses are held directly accountable for high quality practice
- That there are differentiated practice levels or roles and differentiated pay scales for nursing congruent with differences in educational preparation, certification, and other advanced nursing preparation
- That organizations utilize clinical nurse specialists, nurse practitioners, nurse researchers and/or educators to support and enhance the work of primary health care nurses in clinical care and to further improve health outcomes.
- That nurses have equal participation in clinical decision-making and organization of clinical care systems.

3. Goal. Leadership and continuum infra structure

Nursing leadership and direction of nursing practice is essential to ensure optimal quality of practice. The size and diversity of the nursing workforce requires that nursing leadership oversees decisions which create a professional practice environment consistent with good outcomes for patients and clients.

It is therefore recommended:

- That all DHBs are required to have a Director of Nursing with direct primary health care nursing responsibilities

- That all DHBs are required to support a primary nurse development team structure designed to build capacity and guide developments across primary health care nursing services.
- That all nurses regardless of practice location have access to a nursing leadership structure

4. Goal. Education and Career Development

The relationship of education and professional development to the quality of nursing practice is now beyond doubt. It is, however, still true that nurses in many locations are left to practice for many years without reliable access to adequately funded continuing nurse education. This is especially true of community based and residential care nursing roles. Lack of appropriate education and professional development contributes directly to poorer quality of practice, reduced confidence and reluctance to take on new roles.

The average age of nurses in primary health care settings is higher even than those in acute care. There is an urgent need to ensure the supported transition of new graduates to primary health care placements.

It is therefore recommended:

- That focused investment in post graduate education occurs well beyond the current inadequate amount of money moved from the CTA to DHBs for post graduate and post registration nursing education. This will require DHBs to lobby on behalf of nursing
- That formal funding of graduate places in PHC settings must be made available as a matter of urgency. PHC PDRP provides a framework for the development of PHC Nursing Entry to Practice (NETP) Programmes. This will require DHBs to lobby on behalf of nurses in order to achieve DHB goals for a sustainable PHC workforce.
- That work continues to support the implementation of the PDRP framework which recognises that a nurses' role encompasses clinical practice, education and research. The NZNO PHC PDRP is seen as a catalyst for change and for maximising nursing's contribution to the health outcomes of individuals, families, whanau and population groups in line with the Primary Health Care Strategy (2001).
- That the development and implementation of nurse practitioner roles in boundary spanning roles; family nurse practitioner, older person's health and child health are implemented as a priority.