

Cygnnet Family Practice

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Inquiry into Rural Health Services in Tasmania

Thank you for the opportunity to contribute to this inquiry. My name is Kerrie Duggan. I am a Registered Nurse with 43 years of nursing experience. I have post graduate certificates in Intensive Care, Midwifery, General Practice Nursing, Nurse Immunisation, a Bachelor of Education Degree and a Masters in Nursing Science (Nurse Practitioner). I have co-owned Cygnnet Family Practice for the past 7 years where I work as a Nurse Practitioner and Managing Director.

I would like to contribute in the following areas of the terms of reference.

2. Availability and timeliness of health services including: general practice services
3. Barriers to access to: general practice services
9. Any other matters incidental thereto: barriers to the Nurse Practitioner role which prevents access for patients to receive timely care

History

The shortage of doctors in rural and remote areas has been well researched and documented over the past 20 years. Focus has been on solving the shortage of General Practitioners (GPs) without success. It's time to implement the role of the Nurse Practitioner without restrictions access. The nursing profession is the largest single health profession in Australia (Australian Institute of health and Wellbeing 2021)

While NPs have been in the health care workforces for the past 21 years in Australia, the growth and number of practicing NPs is slow. This nursing role, while accepted in the United Kingdom, Canada, United States and New Zealand, has faced, and continue to face strong resistance from medical groups for patients to access a range of services through the Medical Benefits Scheme (MBS) and the Pharmaceutical Benefits Scheme (PBS), and outdated legislation protected by government employees. Where there has been strong state government support, such as in Victoria, access to NPs services has increased at a greater rate than in Tasmania.(dan ref)

Lack of remuneration through the MBS for patients accessing services in the private sector of general practice has impacted on Registered Nurses seeking the role. In government funded NP positions, the remuneration is award based and reflects the education and experience of the NP. In general practice NPs are unable to generate enough income from the MBS to be seen as a viable option for most general practice owners. Using a room to employ a NP over a GP is not a viable economic decision. In our practice because I own the practice, we choose the role to value add to the service of timely access to our practice.

Cygnnet Family Practice Initiatives to provide availability and timeliness of health services

As a NP, I have developed a New Patient Registration visit with our Registered Nurses (RN) and a NP Health Check with me for those patients who currently don't qualify for a MBS Health Assessment. At Cygnet Family Practice we have 'health practitioners' – nurses and doctors, who work together to provide a comprehensive, wholistic approach to health care. We believe that your health care needs are better met by providing a comprehensive, initial health assessment with our Registered Nurses and Nurse Practitioner. This systematic approach provides the opportunity for the patient's medical file to be set up with attention to allergies, risk factors which increase their risk of cardiovascular disease and cancer and baseline observations of blood pressure and pulse. See appendix 1 and 2 for details.

As a NP, I provide timely access for people who have minor illnesses and injuries on the day they need it. NPs can provide a complete episode of care, using an advanced nursing model. For, example, if someone has a urinary tract infection they need to be seen immediately, not 2-6 weeks as is the waiting time in some general practices in Tasmania. A NP can fully assess a patient's history and symptoms, order the pathology test and write a prescription for antibiotics without the need to see a GP. As a NP I can consult with you and your family for blood pressure checks, blocked ears, chest infections, diabetes management, driver license medicals, fracture assessment, immunisation, medical certificates, pregnancy testing – the list goes on. See NP Services appendix 3

Barriers and Solutions for patients accessing NP health care in general practice

Outdated Legislation

Poisons Act

The Tasmanian Poison's Act needs to be updated to align with the prescribing qualifications of NPs. As a NP I can prescribe schedule 4 drugs which include antibiotics and immunisations. Currently I can prescribe antibiotics but not immunisations which have a lower risk of anaphylaxis. Daily, when I consult and administer childhood immunisations, I need to refer to a GP for another appointment to provide a prescription for meningococcal B vaccine. When I have a patient book with me for a whooping cough vaccine, I can give it to a pregnant woman without consulting a GP, but not her partner. I then need to book a GP appointment for her partner to get a prescription.

Workers' Compensation

If you injure yourself at home, I can care for you fully. If you injure yourself at home I can't. NPs in Tasmania are not authorized to complete the paperwork required by the Tasmanian Work, Health and Safety legislation. In Queensland, timely access to NP services is not an issue because the legislation has been amended.

MBS

The largest barrier for Australians accessing timely health care is the current limitations for NP from the MBS. There are currently 14 recommendations to changes to the MBS by the MBS Review Taskforce's Final Report which have been held up since February 2019. These recommendations will give Australians the access they need. Currently, as a NP generating income for my employer for me to receive a salary or a percentage payment as GP contractors do, I can't bill for a home visit, if an appointment takes longer than 40 minutes, after hours or emergency care. There is also a recommendation to increase the remuneration of the current 4 face to face Medicare item numbers which will encourage other RNs to consider the role and reduce the workforce shortage in this area.

Reluctance of some medical professional groups to embrace change

The nature of each professional group or union is to protect their turf. This is the nature of the organization to work for the good of their members. There is strong opposition to any change in the status quo in health care services. This needs to be acknowledged as 'the elephant in the room' because it is impacting on accessibility and timely access, especially in rural and remote areas. Speak to any doctor who has worked with a NP and the feedback is supportive and they become strong advocates for the role.

Professional and consumer awareness

A nationwide media campaign is needed to promote the understanding of this role within health professions and our communities.

Success story in New Zealand

In 2016, the New Zealand government made changes to legislation as a direct result of years of active lobbying by the College of Nursing NZ, the Chief Nurses Office and working parties,

Eight separate amendment Acts applied new terminology, replacing the term medical practitioner with health practitioner. The aim of this change was to recognize the advanced knowledge and skills in the wider health workforce which improved access to services.

These amendments enabled competent health practitioner to better use their skills for the benefit of the people they work with, the health workforce and the New Zealand health system.

After 10 years of working as a NP in general practice, the unresolved barriers to practicing as I'm qualified and registered to do are unnecessary, defy reason, and 10 years is long enough for Australians to wait for improved access for basic health care.

References

Australian College of Nurse Practitioners, 2021, Nurse Practitioners, 2021, viewed 9/10/2021

<https://www.acnp.org.au/aboutnursepractitioners>

Australian Institute of Health and Welfare, 2021, workforce 30/9/2021 Australian Government, viewed 9/10/2021

<http://www.aihw.gov.au/reports-datea/health-welfare-services/workforce/overview>

NP Reference Group, 2018 Report form the NP Reference Group

<https://www.health.gov.au/sites/default/files/documents/2021/06/final-report-from-the-nurse-practitioner-reference-group.pdf>

Appendices

- 1.Cygnnet Family Practice New Patient Registration Visit
- 2.Cygnnet Family Practice Nurse Practitioner Health Check
- 3.Cygnnet Family Practice Nurse Practitioner Services

New Patient Registration Policy and Procedure

Practice policy

Aims

To improve the health and wellbeing of patients

To identify lifestyle risk factors of smoking, harmful alcohol intake, weight and physical inactivity through early identification and intervention

Early detection of risk factors such as elevation of blood sugar, cholesterol and blood pressure which cause chronic conditions such as diabetes mellitus type 2, AMI, chronic kidney disease and stroke

To plan for comprehensive, systematic and holistic health care

To plan for prevention of hospitalisation by empowering patients with asthma, COPD or IHD action plans

To start the conversation about Advance Care Directives

Receptionist Duties

All new patients fill out a Registration Form. The patient is advised that all patients are booked to see a nurse prior to being seen by doctor so that their medical file can be prepared and health check completed.

The receptionist books the patient with the nurse for 30 minutes, followed by a 15 minute GP visit if the patient has an immediate need. Drs. Ryan and Noor are not taking new patients.

If no immediate need to see a GP, the patient will be asked to make an appointment when needed.

The receptionist will input the patient data into the Best Practice medical file. If the patient identifies as indigenous, they will be given an information brochure about the CTG Program. They will be asked if they have registered at another practice since November 2020.

If the patient identifies as Aboriginal or Torres Strait Islander (ATSI), the receptionist will check tick the "Registered for CTG" box under Demographics. Medicare online for last 715 claimed, also any 721,723,732, 900, 707, 703,705 Medicare item numbers. This information will be added to the patient's Registration appointment with the nurse.

Registered Nurses Duties

They are welcomed to Cygnet Family Practice and shown where the toilet and baby change table are.

The patient is advised about our practice mission is to provide caring, holistic health care that is in partnership with them.

The patient is advised that this initial visit will include taking observations such as blood pressure and updating allergies, family and social history, and smoking and alcohol status.

The RN sets a tone of friendliness, mutual respect, a willingness to listen, and where possible, does not interrupt the patient when they are talking.

Checklist for RN

- Check and document:
- Discuss holistic approach - treat your condition of today and support you to stay well in the future
- Discuss options of home visits
- Discuss when to make serious conditions known to reception to have 'book on the day appt'
- Discuss role of NP – scripts /order pathology / x-rays/ refer to specialists
- Discuss your role as a RN, access to care, triage,
- Discuss GP options and note preference
- Allergies
- Occupation - previous/then retired if appropriate
- Parity, tobacco, alcohol, ethnicity, parity and Advance Care Directive
- Complete Family and Social history
- Ask about any spiritual beliefs about health - Christian, Buddhist, nature, nil
- Medications - write in progress notes if known and compliant
- Complete baseline vital signs - BP, P, height and weight, waist circumference and U/A
- Diet - anything specific - e.g., vegan, vegetarian, gluten free
- Pain
- Book appointments for chronic disease management and health assessments and issues identified which need GP
- Chronic condition care planning - 721, 723,732
- Health Assessment -Indigenous Health Check (IHC) 715, Aged Health Assessment, Disabled, 45–49-year-old Health Check
- Diabetes Risk Assessment Health Assessment for 40 - 49-year-old
- Check if DVA/Veteran -send message to Juliet
- Women ask re CST and breast self-examination, men - discuss testicular cancer in men under 50 years
- Ask if any urinary or faecal incontinence
- Request a download of imaging and/or pathology investigation reports conducted within the last 12 months to be downloaded to their preferred GP, and request transfer of medical records if not already completed.
- Do you have any concerns about yours or a family members gambling?
- What do you want from our practice and your health practitioners?
- If you could do one thing differently or more of to improve your health, what would it be for you?
- Book GP to review issues found

Document any issues which need follow up with the Nurse Practitioner or General Practitioner

Nurse Practitioner Health Check Policy and Procedure

Practice policy

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To plan for comprehensive, systematic and holistic health care

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To start the conversation about Advance Care Directives

Registered Nurses Duties

To identify patients who don't meet the Medicare Criteria for a Health Assessment and who have the need for a Nurse Practitioner Health Check.

Checklist for Nurse Practitioner

General Health and wellbeing
Vision and hearing
Healthy Heart Check
Respiratory
Gastrointestinal
Genitourinary
Skin
Musculoskeletal
Order any baseline blood tests

Document any issues which need follow up with the General Practitioner

Kerrie Duggan Nurse Practitioner Services

Sick Leave Certificates for employees and carers.

Bites

Breast feeding support

Burns

Certificates – sick leave

Cough and colds

COVID testing

Conjunctivitis

Driver licence medicals

Diabetes screening

Ear syringing – advise 5 days wax softening like olive oil, ear clear or ceremol

Ear wax removal

Fractures

Healthy lifestyle support

INR management

Immunisations

Healthy Heart checks including cholesterol screening

Health Checks

Pre-employment medicals

Repeat Prescriptions – not pain or sleeping medication

Sick leave certificates

sprains

Stitches

Wounds

Urinary tract infection

No Centrelink or workers comp