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HCCA Submission on Establishment and Implementation of Nurse Practitioner Positions

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Background

The **Health Care Consumers' Association (HCCA) of the ACT** was formed over 30 years ago to provide a voice for consumers on local health issues and now provides opportunities for health care consumers in the ACT to participate in all levels of health service planning, policy development and decision making.

HCCA involves consumers through:

- consumer representation
- consultations
- training in health rights and navigating the health system
- community forums
- information sessions about health services
- advocating for issues of concern to consumers

HCCA is an organisational member of the *International Alliance of Patient Organisations* (IAPO). IAPO is a unique, global alliance representing patients of all nationalities across all disease areas and promoting patient centred healthcare around the world. HCCA, like IAPO, supports the view that consumer-centred healthcare is the way to a fair and cost-effective healthcare system. We believe that consumer-centred health care can be successfully achieved through the application of five key principles:

1. **Respect**
2. **Choice and empowerment**
3. **Consumer involvement in health policy**
4. **Access and support**
5. **Information**

It is with reference to these principles that the HCCA has developed its submission on the Establishment and Implementation of Nurse Practitioner Positions (NP) draft policy and SOPs.

Introduction

HCCA welcomes the opportunity to provide feedback on the ACT Health Directorate's *Establishment and Implementation of NP Positions* draft policy and SOPs. However, we feel short time frame available to provide comment was disappointing, and did not allow sufficient time to properly consult with some of our members. The comments in this submission reflect the views of our membership.

Policy

The content of the policy is too wordy, sometimes, to the extent that the language appears vague and confusing. The content is repetitive and words such as "consistent", "supportive", "collaborative" and "robust" are over-used.

There are no references to the *Australian Charter of Healthcare Rights* or to the *National Safety and Quality Health Service Standards*. We believe it is important, at least, to register a commitment to meeting the Standards and to ensuring all care is delivered within the framework of the Healthcare Rights.

From a consumer perspective, the most important aspect of any policy relating to nurse practitioners should be the delivery of high quality, safe and timely care to consumers. However, the word "consumer" does not appear at all in the policy. Indeed, the second sentence under the title *Nurse Practitioner*, on page 5, not only refers to "clients" and "patients", rather than "consumers", but it almost implies that "assessment and management of clients – and referral of patients …" is secondary to the care and safety of those consumers; and is even less important than the responsibility of NPs to report to their various managers and supervisors.

The primary intent, throughout the policy, seems to be to emphasise the hierarchy of responsibility and the process of reporting (eg the reference at point 3 in the Policy Statement to NP positions being supported by a "robust governance framework"), rather than describing and encouraging the roles of NPs and explaining how these roles will be effectively implemented.

Under the title *Roles and Responsibilities*, on page 2, the list of provisions which "must exist" to support the NP position also places heavy emphasis on hierarchy and process, rather than demonstrating how NPs will be encouraged and supported in their roles.

Our members expressed some concern about the policy of recurrent funding, as stated in Point 2, because they feel this would discourage innovative pilot programs/schemes. As long as a pilot program is clearly identified for a defined period, there should be no difficulty in creating a NP position within that pilot, to explore new and innovative models of care, without the need for recurrent funding. Indeed, the very nature of a pilot is that there is no guarantee of recurrent funding - continuation of the program is reliant on ongoing positive evaluation.

We suggest the readability and clarity of the document would be enhanced by the inclusion of a contents page, followed by a list of definitions, similar to the layout used by the *Nurse Practitioners in NSW - Guideline for Implementation of Nurse Practitioner Roles - NSW Health*. Definitions should include the NMBA, CPG and CPGAC.

Standard Operating Procedure (SOP)

Similarly, the SOP document also makes difficult reading. It too, is unnecessarily wordy and repetitive, especially in the sections: "Procedure", "Scope of Practice" and "Business Case".

Under *Purpose*, the *Key Principles* emphasise the responsibilities of NPs, but they do not adequately describe their actual roles.

While it is stated, in the very detailed section on CPGs, that *".....is not an attempt to restrict or prohibit practice....."* the overall tone of the rest of the section does not appear to support this.

The Appendices seem to indicate a huge amount of paperwork involved in the applications for the establishment of NP positions.

Conclusion

HCCA believes NPs positively contribute to high levels of consumer satisfaction and outcomes; they make an important contribution to health care reform by providing efficiency and increased quality of care. HCCA strongly supports the role of NPs and endorses the view that they should be appropriately regulated and have a well-defined scope of practice to ensure public safety and accountability. We believe they understand, value, and make a vital contribution to, team-based approaches to health care and are exceptionally well equipped to work autonomously, especially in areas or specialist fields that are under-resourced.

We would be happy to discuss this submission further, should you wish to clarify any of the comments made.

Please contact Karen Jameson at hccapolicy@hcca.org.au or 6230 7800.