



Primary health care

The Australian Nursing and Midwifery Federation supports the definition of primary health care in the Declaration of Alma Ata:

Primary health care is essential health care based on practical scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part of both the country's health system of which it is the central function and main focus and of the overall social and economic development of the community. It is the first level of contact of individuals, the family, and community, with the national health system bringing health care as close as possible to where people live and work and constitutes the first element of a continuing health care process¹.

Primary health care is a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and its equitable distribution by focusing on people's needs as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment².

Primary health care utilises a holistic, biopsychosocial perspective of health that recognises the interconnection of relationships, work, the environment, and social determinants of health. Primary health care promotes the concept of self-reliance and resilience to individuals and communities in exercising control over conditions that determine their health and play an integral role in both preventive and public health³.

Primary health care is both an approach to dealing with health issues and a level of service provision. As an approach, primary health care deals with common and priority health issues experienced by the community. Primary health care service provision varies depending on specific community need, but may include care and treatment services, rehabilitation and support for individuals or families, health promotion, chronic disease management, illness prevention, and community development⁴.

Nurses and midwives comprise the largest group of health practitioners working in primary health care⁵. However, identified barriers prevent primary health care nurses and midwives in Australia from working to their full scope of practice and therefore their full capacity. These barriers include a lack of understanding and awareness of nurses and midwives educational preparation and the scope of nursing and midwifery practice, lack of funding, and resistance to change from health practitioner colleagues and other workers in the sector⁶.

It is the position of the Australian Nursing and Midwifery Federation that:

1. Nurses and midwives have an understanding of the philosophy of primary health care and a commitment to its values and goals.
2. Participation of nurses and midwives in the provision of primary health care is essential to achieving improved population health outcomes and better access to primary health care services for communities.



3. Nurses and midwives working in primary health care are skilled, educated, regulated and trusted health practitioners who contribute to the person's first level of contact with the health system.
4. Governments should invest in health by funding research into and implementation of health promotion and the prevention of illness and injury focusing on the social determinants of health⁷.
5. Nurses and midwives' roles in primary health care should be broadened to work with communities to focus on the prevention of illness and health promotion. This will lead to improved health outcomes and management of chronic disease, and reduce demand on the acute hospital sector.
6. There is an urgent need to grow the numbers of nurse practitioners employed in the primary health care sector to improve the community's access to safe, comprehensive, affordable primary care, chronic disease management, illness prevention and health promotion.
7. Legislative and funding barriers to employment of nurse practitioners in primary health care, in the form of collaborative arrangements, access to the Medicare Benefits Schedule (MBS) and block funding/incentive payments must be removed and/or addressed immediately.
8. National funding policies should support models of care that enable nurses and midwives to work to their full scope of practice in the primary health care sector.

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