

Australian Nursing and Midwifery Federation submission to

**AUSTRALIA'S  
PRIMARY HEALTH  
CARE 10 YEAR  
PLAN 2022-2032  
CONSULTATION  
9 NOVEMBER 2021**



Australian  
Nursing &  
Midwifery  
Federation



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## INTRODUCTION

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The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 300,000 nurses, midwives and carers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

The ANMF welcomes the opportunity to provide feedback on the consultation draft- Primary Health Care 10-Year Plan (the Plan). Our members practice across all primary health care settings, including general practice, community care, schools, maternal family and child health, sexual health, correctional services, homeless outreach, and alcohol and other drug services. The ANMF is well placed to provide meaningful insight into the successes and challenges within the sector, and the draft content, structure and recommendations in the Plan.



## CONSULTATION QUESTIONS

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**1. What is your name?**

Annie Butler, Federal Secretary

**2. What is your email address?**

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**3. Are you responding as an individual or on behalf of an organisation?**

Organisation

**4. What is your organisation type?**

Peak/professional body

**5. What is your organisation name?**

The Australian Nursing and Midwifery Federation

**6. Do you consent to being named as having provided a submission to this consultation process?**

Yes

**7. Do you consent to your submission being published on the consultation hub?**

Yes



**8. Please provide your response to the listed actions under reform stream 1: Future-focused health care - Action area A: Support safe, quality telehealth and virtual health care. (300 word limit)**

Supporting safe, quality telehealth and virtual health care is an essential component of future primary care delivery. The ANMF supports a Voluntary Patient Registration (VPR) platform that would encourage and enable continuity of care. However, the Plan is short sighted as it limits the connection for the VPR solely to general practitioners. 'General practitioner' should be removed and replaced with the term primary care health practitioner, which should be defined to include general practitioners, nurse practitioners and relevant allied health practitioners. This inclusion will also ensure future proofing of the document.

In relation to the action on continuing MBS telehealth for a person who has a VPR or has not registered, general practitioners and allied health are discussed however, nurse practitioners are not identified. This needs to be amended.

**9. Please provide your response to the listed actions under reform stream 1: Future-focused health care - Action area B: Improve quality and value through data-driven insights and digital integration (300 word limit)**

The ANMF supports the importance of data-driven quality improvement. All opportunities should be taken to identify, process, retrieve and utilise data in ways which will facilitate care delivery and improve care co-ordination.<sup>1</sup> This must include data relevant to nursing and midwifery services to advance nursing and midwifery knowledge, practice, workload measures and to improve care outcomes.

Data linkage projects are also essential going forward and the ANMF supports these being identified in the Plan. Data needs to be collected once and used multiple times in a safe and secure manner.

The ANMF supports the proposal to conduct a consultation process on primary health care data and decision support software to consider whether additional regulatory approaches are required. Regulation has not kept pace with digital health technologies. Technologies such as secure messaging between the individual and their health practitioner/s and decision support software require clearer regulation and direction for all involved.

The ANMF also supports the inclusion of the content identified in the Plan relating to the My Health Record. The benefits of the My Health Record in enabling a connected health system, with secure information being available at the point of care, across all health sectors including primary care, acute care, aged care and disability, cannot be underestimated. Access and ongoing improvements to the My Health Record need to be a priority within the Plan.



**10. Please provide your response to the listed actions under reform stream 1: Future-focused health care  
- Action area C: Harness advances in health care technologies and precision medicine (300 word limit)**

The actions outlined under stream 1- Future-focused health care, action area C: Harness advances in health care technologies and precision medicine are reasonable and clear. The ANMF supports the broad, inclusive term primary health workforce being utilised throughout this section.

**11. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area A: Incentivise person-centred care through funding reform, using VPR as a platform (300 word limit)**

The ANMF agrees with the identified starting point for this section of the Plan, that being equity – *‘no individual or population group should be disadvantaged when accessing health care services’*. It is imperative that primary care services are equitable and person-centred in their delivery. The person’s voice must be at the forefront of care delivery. Person-centred care must acknowledge that each individual has their own needs, preferences, priorities, beliefs and views of how they would like (or not like) to be cared for.<sup>2</sup> This care should be evidence-based and holistic, addressing physical, mental, social, and emotional wellbeing. Nurses and midwives are central to enabling holistic care and advocating for a person’s views to direct their individual health care outcomes.

The ANMF notes however, although the commentary provided for this section outlines the importance of equity and person-centred care, the identified Plan relies heavily on the introduction of the VPR. As identified above, the ANMF supports the VPR as it will enhance continuity of care, however it will not necessarily deliver person-centred care and equity of care outcomes.

This section also outlines how a person must link with a general practitioner to access VPR. This is not a person-centred approach as it does not allow for choice of health practitioner. As the ANMF has outlined in question 8 the term general practitioner should be replaced with the inclusive term primary care health practitioner. This term should be defined to include general practitioners, nurse practitioners and relevant allied health practitioners.



**12. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area B: Boost multidisciplinary team-based care (300 word limit)**

In principle the ANMF supports the proposed Plan for stream 2B:

- Actions, which review the referral processes to allow nurse practitioners (NPs), nurses and midwives working in general and primary care practices to refer to allied health practitioners directly without a medical practitioner intermediary, must be outlined. Such a simple initiative would reduce ‘red tape’ delays for people to receive treatment, contribute to more cohesive, coordinated care, and avoid duplication of service provision;
- The ANMF does not support the Medical Benefits Scheme (MBS) funding model - fee for service arrangements as the primary funding mechanism for primary health care provided by nurses and midwives. It is far more effective and practicable for nurses and midwives to be funded through block funding arrangements. For services to access MBS funding, nurses and midwives are deemed to have provided care ‘for and on behalf’ of a general practitioner. This barrier needs to be removed immediately. Nurses and midwives need to be block funded for primary health care provided in their own right. Funding for primary health care services provided by nurses and midwives should be used for their secure employment and payment of wages and conditions consistent with their counterparts working in other health sectors. Such an approach would recognise that nurses and midwives are appropriately qualified, knowledgeable, skilled and experienced primary health care practitioners;<sup>3</sup> and
- Just like the action to optimise the allied health workforce, a National Workforce Plan should be developed to enable nurses and midwives to work to their full scope of practice and support the provision of high value care across primary health care settings.

**13. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area C: Close the Gap through a stronger community controlled sector (300 word limit)**

The actions outlined under stream 2C: Close the Gap through a stronger community controlled sector are extensive and clear. The ANMF supports the importance of growing an Aboriginal and Torres Strait Islander health workforce that is enabled to deliver culturally safe, trauma-informed, comprehensive primary health care services. This will require further scholarships to support Aboriginal and Torres Strait Islander peoples to undertake programs of study leading to registration as a nurse or midwife.



**14. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area D: Improve access to primary health care in rural areas (300 word limit)**

The ANMF supports the action to continue and extend the Stronger Rural Health Strategy, particularly the - strengthening the role of the nursing workforce strategy. The majority of healthcare providers in rural and remote locations are nurses. Therefore, nurse-led health care is an essential component of health care delivery in these areas. Better choice could be provided to people in rural and remote areas through allowing nurses to work to their full scope of practice and providing different models of care, especially nurse practitioner, nurse-led and midwife-led models. The Stronger Rural Health Strategy needs to be expanded to reflect current primary health care delivery for nurses and midwives and to ensure it remains relevant to the local context in which care is delivered. It needs to further enable nurse-led and midwife-led clinics where nurses and midwives can apply for direct funding and reflect the change in the use of digital technologies due to the COVID-19 pandemic.

The importance of supporting more education places for nurse practitioners is strongly supported by the ANMF. A significant increase and effective utilisation of nurse practitioners offers clinical, economic and public health benefits including but not limited to increased access for people, increased choice of care provider, and improved continuity, coordination of care and case management as well as avoiding duplication and fragmentation of care.

As with allied health student placements, there should also be a focus on increasing the available clinical placements in regional, rural and remote areas for both nurses and midwives. Clinical placement availability for student nurses and midwives is under significant strain across the country. All efforts should be made to enable nursing and midwifery students' access to quality primary health care placements in regional, rural and remote areas for the breadth of experience gained and to encourage potential future recruitment.

**15. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area E: Improve access to appropriate care for people at risk of poorer outcomes (300 word limit)**

It is essential that those in our community who are at risk of poorer health outcomes are clearly identified through extensive data analytics and that a plan is put in place at a national, jurisdictional and local level to meet their needs. Nurses and midwives are well placed to support these communities through nurse/midwife-led clinics and they should be able to access ongoing block funding to achieve better health outcomes.<sup>45</sup>



The Plan for this strategy is inclusive of diverse groups in the community and people with intellectual disability, however it does not address the needs of older people. The Royal Commission into Aged Care Quality and Safety, Final Report: Care Dignity and Respect (Final Report) uncovered an unacceptably high level of neglect and abuse in care delivery for older people.<sup>6</sup> Older people accessing primary health care, including those with dementia, have poorer health outcomes and this needs to be addressed. Recommendation 56: A new primary care model to improve access is outlined in the Royal Commission's Final Report.<sup>7</sup> It describes a way forward to improve primary care delivery for older people. Although, the VPR will improve continuity of care and go some way to addressing this recommendation, the needs of older people must be strongly considered and addressed within the Plan.

**16. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area F: Empower people to stay healthy and manage their own health care (300 word limit)**

The renewed focus on the first 2,000 days of life is supported by the ANMF. Maternal, child and family health (MCFH) nurses are essential to achieving positive outcomes within the first 2,000 days. They are leading providers of primary health care to families with infants and young children. As highly skilled, autonomous health practitioners with broad, expert knowledge in infant, child, maternal, paternal, family and community, they work collaboratively with other health care practitioners.<sup>8</sup> MCFH nurses need to be clearly identified in the Plan as the most essential workforce contributing to addressing positive health outcomes in the first 2,000 days. Ongoing workforce planning for these nurses needs to be addressed.

Established pathways should be developed for MCFH nurses to progress to nurse practitioners, increasing their scope of practice and enabling enhanced care delivery for these families.

The ANMF notes that the Plan does not include programs to increase midwifery continuity of care in the community in relation to the first 2,000 days. This needs to be addressed. Midwife-led continuity of care models result in women requiring fewer antenatal hospitalisations, fewer interventions around the time of the baby's birth, and better outcomes for Aboriginal and Torres Strait Islander women.<sup>9 10</sup> Further, publicly funded Midwifery Group Practice models of care cost less than other models of care while delivering positive outcomes.<sup>11</sup>



**17. Please provide your response to the listed actions under reform stream 3: Integrated care, locally delivered – Action area A: Joint planning and collaborative commissioning (300 word limit)**

The ANMF agrees with the importance of joint planning and collaborative commissioning to reduce fragmentation in health care delivery across settings. As outlined in question 15, the ANMF recommends that the health of older people is specifically identified in the list outlined in the medium term actions relating to the development of joint regional plans and collaborative commissioning.

The ANMF supports the use and expansion of HealthPathways as standard for Primary Health Networks. However, there need to be established review timelines for the standards to ensure they remain evidence-based and relevant. They must also be inclusive of care delivered by nurses and midwives. Their implementation will require ongoing education and support for health practitioners.

**18. Please provide your response to the listed actions under reform stream 3: Integrated care, locally delivered – Action area B: Research and evaluation to scale up what works (300 word limit)**

The ANMF supports an emphasis on research and evaluation of primary health care initiatives and programs. However, the practicalities of delivering this action area are not well articulated in the Plan. We recommend the development of processes, which clearly outline and identify how initiatives and systems will be researched and evaluated.

Further to the short term action to *“establish a baseline evaluation framework and indicators for evaluation of this plan”*, consultation processes with key stakeholders for upscaling and discarding initiatives, and a multidisciplinary and transparent approach to forming evaluation committees must be considered. Engagement with, and a collaborative response from, all stakeholders involved in primary health care will be essential and this should be incorporated into the actions of the Plan.

The actions should also identify the importance of research and evaluation that captures the lived experience of people receiving primary health care as this will strengthen the focus of delivering a person-centred primary health care system.

The ANMF cautiously supports the notion that *“new approaches that are not effective or cost-effective, adapt or cease”*. Whilst it makes no sense to continue with a program that is providing no benefit, funding uncertainties and constant program initiation and cessation does not provide for stable services. Closing services creates confusion for people engaging with these systems, fragmented care and continuity of care for chronic conditions is jeopardised. It is recommended that research and evaluation of current primary health care programs be prioritised and funding stabilised for those that are meeting community needs as a short term action.



**19. Please provide your response to the listed actions under reform stream 3: Integrated care, locally delivered – Action area C: Cross-sectoral leadership (300 word limit)**

The supportive and collaborative culture described in this action area is inspirational and if achieved will likely deliver better health outcomes for people living in Australia. Currently, an ongoing major barrier to effective collaboration is that the system places medical practitioners as the ‘gate keepers’ to the MBS and includes mandated collaborative agreements, as well as a lack of equitable funding models to support access to a range of primary health care providers including mental health nurses, midwives and nurse practitioners. This was recently exemplified by the outcomes of the MBS Taskforce review where none of the Nurse Practitioner Reference Group’s 14 recommendations were endorsed, resulting in a continuation of the unnecessary requirement for health care delivery by nurses to be supervised by a medical practitioner.

If collaboration between health professions is to be truly fostered, a whole of system approach must be applied to primary health care. People living in Australia require and deserve equitable access to all evidence-based health disciplines. Extensive funding reform must underpin the Plan to diversify expenditure, recognise the full scope of practice of each member of the primary health care team, and remove the unnecessary control of medicine over the system.

**20. Please provide any additional comments you have on the draft plan (1000 word limit)**

**Nurse and Midwifery led models of care**

Although the Plan does discuss the importance of flexible and innovative models of care that are delivered by a multidisciplinary team, the ANMF recommends that a structured, inclusive plan needs to be clearly articulated throughout regarding the expansion of nurse and midwife-led models of care across the country.

Australia has a large, skilled and highly qualified nursing and midwifery workforce which, while critical in determining national health outcomes, is largely under-utilised.<sup>12</sup> Nurses and midwives are still denied opportunities to realise their full potential and optimally contribute to primary health care delivery.

The current funding and structures within primary care restrict people’s choices for both the type of clinician and model of care they prefer to access. The COVID-19 pandemic has highlighted the impacts of these limitations over the last year. While the adoption of nurse and midwife-led clinics around Australia is gradually improving, their inclusion in a broader national primary health plan needs to go beyond simply filling a service gap to acceptable common care delivery across the country.



By undertaking appropriate workforce reform and expanding opportunities for an increased variety of proven models of care across sectors, better and more affordable services can be offered to more people over a greater diversity of regions and contexts. This would involve greater use of nurses, nurse practitioners and midwives.

Nurse and midwife-led models of care deliver proven positive care outcomes that are safe, effective, appropriate, cost-effective, or preferred.<sup>13 14 15 16 17 18 19</sup> The Plan must support and prioritise nurse and midwife-led models and guarantee accessible, sustainable funding, and organisational structures and policies to authorise and support practice to enable nurses and midwives to work to their full scope of practice.

A ten-year Primary Health Care plan should also strongly consider the health impacts of climate change in Australia.<sup>20</sup> Already in Australia, the impacts of climate change are adversely affecting the health and well-being of Australian communities and burdening our healthcare system. In a recent survey of health professionals, 72% of respondents agreed that climate change is currently adversely affecting public health in Australia. Likewise, 57% agreed that climate change was affecting health services and infrastructure, and they expect it to get worse.<sup>21</sup> As climate change drives more extreme weather, creates food insecurity, spreads infectious disease and affects the mental health of many, our health services will be under immense pressure to respond accordingly.

Australia must mitigate the poor health impacts of climate change through: cutting our greenhouse gas emissions; reducing our reliance on fossil fuels for energy and transport; and supporting our health system to be resilient and sustainable in the face of worsening climate impacts. Primary Health Care settings such as community centres, nurse and midwife-led practices and general practices will continue to be under threat in climate emergencies like fires, floods and severe storms. In the current climate emergency nurses and midwives in Australia need access to emergency plans and strategies for climate action.<sup>22</sup>

Climate change needs to be a strong focus for the Plan going forward and clear actions need to be identified and implemented over the next 10 years.



## **CONCLUSION**

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Thank you for this opportunity to provide feedback on the draft Primary Health Care 10 Year Plan. The ANMF welcomes the structural changes proposed to break down barriers that prevent equitable, funded access to a broad range of primary health care services. Increased and improved utilisation of nurse practitioners, nurses and midwives in primary health care and a move towards innovative and flexible funding models that aim to provide holistic person-centred care must be a focus of reform in this sector. The success of the reform is intrinsically tied to the genuine involvement of nurses and midwives in the drafting and practical implementation of the Plan. The ANMF looks forward to further consultation and working collaboratively to build an effective primary health care system for all people living in Australia.



## REFERENCES

1. Australian Nursing and Midwifery Federation (2018) Digital Health. Accessed on 26 October 2021: [https://anmf.org.au/documents/policies/P\\_Digital\\_Health.pdf](https://anmf.org.au/documents/policies/P_Digital_Health.pdf)
2. McCormack, B., and McCane, T. (Eds) (2016) Person-centred practice in nursing and health care: Theory and Practice. John Wiley and Sons. Chichester, West Sussex.
3. Australian Nursing and Midwifery Federation (20029) Primary Health Care in Australia – A nursing and midwifery consensus view. Accessed on 27 October 2021: [http://anmf.org.au/documents/reports/PHC\\_Australia.pdf](http://anmf.org.au/documents/reports/PHC_Australia.pdf)
4. Australian Nursing and Midwifery Federation (20029) Primary Health Care in Australia – A nursing and midwifery consensus view. Accessed on 27 October 2021: [http://anmf.org.au/documents/reports/PHC\\_Australia.pdf](http://anmf.org.au/documents/reports/PHC_Australia.pdf)
5. Australian Primary Health Care Research Institute (2011) Independent evaluation of the nurse-led ACT Health Walk-in Centre. Accessed on 27 October 2021: <https://rsph.anu.edu.au/research/projects/independent-evaluation-act-health-nurse-led-walk-centre>
6. Royal Commission into Aged Care Quality and Safety (2021) Final Report: Care, Dignity and Respect, Volume 1 Summary and Recommendations. Available at <https://agedcare.royalcommission.gov.au/sites/default/files/2021-03/final-report-executive-summary.pdf>
7. Royal Commission into Aged Care Quality and Safety (2021) Final Report: Care, Dignity and Respect, Volume 1 Summary and Recommendations. Available at <https://agedcare.royalcommission.gov.au/sites/default/files/2021-03/final-report-executive-summary.pdf>
8. Australian Nursing and Midwifery Federation (2021) Maternal, Child and Family Health Nursing. Accessed on 28 October, 2021: [https://anmf.org.au/documents/policies/PS\\_maternal\\_child\\_family\\_health\\_nursing.pdf](https://anmf.org.au/documents/policies/PS_maternal_child_family_health_nursing.pdf)
9. Sandall, J., Soltani, H., Gates, S., Shennan, A., & Devane, D. (2016). Midwife-led continuity models versus other models of care for childbearing women. Cochrane Database of Systematic Reviews, 4, Cd004667. <https://doi.org/10.1002/14651858.CD004667.pub5>
10. McNeill J, Lynn F. & Alderice F. (2012) Public health interventions in midwifery: A systematic review of systematic reviews. BMC Public Health, 12, 955. Retrieved from: <https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-12-955>
11. Callander, E. J., Slavin, V., Gamble, J., Creedy, D. K., & Brittain, H. (2021). Cost-effectiveness of public caseload midwifery compared to standard care in an Australian setting: a pragmatic analysis to inform service delivery. International Journal for Quality in Health Care, 33(2). <https://doi.org/10.1093/intqhc/mzab084>
12. Schwartz S. Educating the Nurse of the Future - Report of the Independent Review into Nursing Education. Commonwealth of Australia [Internet]. 2019. Available online: <https://www.health.gov.au/resources/publications/educating-the-nurse-of-the-future> (accessed 5 Dec 2019)
13. Chan RJ, Et al. Clinical and economic outcomes of nurse-led services in the ambulatory care setting: A systematic review. Int J Nurs Stud. 2018;May(81):61-80.
14. Sandall J, Soltani H, Gates S, Shennan A, Devane D. Midwife-led continuity models versus other models of care for childbearing women [internet]. Cochrane Database of Syst Revs. April 2016; Available online: <https://doi.org/10.1002/14651858.CD004667.pub5> 9 Jefford M. Improving the Care of Adult Cancer Survivors. Asia Pac J Oncol Nurs. 2020;7(1):2-5.
15. Jefford M. Improving the Care of Adult Cancer Survivors. Asia Pac J Oncol Nurs. 2020;7(1):2-5.
16. Gordon K, Gray CS, Dainty KN, deLacy J, Seto E. Nurse-Led Models of Care for Patients with Complex Chronic Conditions: A Scoping Review. Nurs Leadership.32(3):57-76.
17. Sandall, J., Soltani, H., Gates, S., Shennan, A., & Devane, D. (2016). Midwife-led continuity models versus other models of care for childbearing women. Cochrane Database of Systematic Reviews, 4, Cd004667. <https://doi.org/10.1002/14651858.CD004667.pub5>
18. Fedele, R (2020) How nurse-led models of care are reshaping healthcare- ACT's Walk in Centres. Accessed on 28 October, 2021: <https://anmj.org.au/leading-the-way-how-nurse-led-models-of-care-are-reshaping-healthcare-walk-in-centre-kirsten-madsen/>
19. Australian Primary Health Care Research Institute (2011) Independent evaluation of the nurse-led ACT Health Walk-in Centre. Accessed on 27 October 2021: <https://rsph.anu.edu.au/research/projects/independent-evaluation-act-health-nurse-led-walk-centre>
20. Chan RJ, Et al. Clinical and economic outcomes of nurse-led services in the ambulatory care setting: A systematic review. Int J Nurs Stud. 2018;May(81):61-80.
21. Chan RJ, Et al. Clinical and economic outcomes of nurse-led services in the ambulatory care setting: A systematic review. Int J Nurs Stud. 2018;May(81):61-80.
22. ANMF (Vic Branch) (6 August, 2021). Submission to the Health and Human Services Adaptation Action Plan 2022-2026. <https://www.anmfvic.asn.au/~media/files/anmf/submissions/anmf%20vic%20submission%20climate%20adaptation%20action%20plan%202021final%206821.pdf>