

Australian Nursing and Midwifery Federation submission to the

**AUSTRALIAN
COMMISSION ON
SAFETY AND QUALITY
IN HEALTH CARE
CONSULTATION
ON THE NATIONAL
SAFETY AND QUALITY
PRIMARY HEALTHCARE
STANDARDS**

27 NOVEMBER 2020



Australian
Nursing &
Midwifery
Federation



INTRODUCTION

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 295,000 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 National Safety and Quality Primary Healthcare (NSQPH) Standards currently being developed by the Australian Commission on Safety and Quality in Health Care.



GENERAL FEEDBACK

The ANMF acknowledges the importance of implementing the NSQPH standards to continuously improve quality of care through evidence-based practice, and to ensure public safety. As noted in the Standards document,¹ the Primary Healthcare Standards are aligned to the Health Service Standards, and importantly for our members, they are also consistent with and complement the ANMF's *National Practice Standards for Nurses in General Practice*.² While there are many nurses and midwives whose primary healthcare work is undertaken in other settings, all nurses in general practice perform primary and preventive healthcare.

Primary healthcare consists of a broad range of services based both in the home and in community settings. Primary healthcare services have been developed to ensure optimal care outcomes. They incorporate best practice principles in areas of health promotion, prevention, screening, early intervention, treatment, and management across a broad range of settings. These include, but are not limited to, general and private practice; maternal, child and family health; corrections; regional, rural and remote area health; and Aboriginal and Torres Strait Islander people's health.

The NSQPH Standards include residential aged care facilities within the description of primary healthcare services.³ The ANMF is concerned that this may leave consumers, and even aged care providers, with the false impression that these facilities *deliver* primary healthcare, rather than being one of many potential sites where primary healthcare may be delivered. For this reason, the ANMF recommends the Commission make an explicit point that, while residents may receive primary healthcare from an external provider (whether or not affiliated with the facility), nursing home staff are not currently themselves providers of any aspect of primary healthcare.

Together, nurses and midwives comprise the largest group of health practitioners working in primary healthcare.⁴ ANMF members play essential roles within the primary healthcare system, providing high quality person-centered care, facilitating increased access to healthcare, bridging and assisting consumers to navigate gaps between service providers, and are often the first point of contact for people seeking access to care, timely treatment, and referrals. It is therefore imperative that these workforces are robustly represented within the standards.

Nurses and midwives work within their scope of practice, underpinned by their professional registration, endorsement (where applicable), legislation, professional practice standards, and individual education, authorisation, competence and experience. Almost half of Australia's primary healthcare nurses and midwives are unable to work to their full scope of practice,⁵ due to a lack of understanding and awareness of their underpinning education and the scope of nursing and midwifery practice, lack of appropriate funding, and resistance to change from colleagues and the sector. These are identified as barriers to full utilisation of their capacity.

1. Australian Commission on Safety and Quality in Healthcare (2020) *National Safety and Quality Primary Health Care Standards: Public consultation* p.8
2. Australian Nursing and Midwifery Federation (2014) *National Practice Standards for Nurses in General Practice* https://www.anmf.org.au/documents/National_Practice_Standards_for_Nurses_in_General_Practice.pdf
3. Australian Commission on Safety and Quality in Healthcare (2020) op. cit. p. 4
4. Australian Institute of Health and Welfare (2020) A profile of primary health care nurses. Available at: <https://www.aihw.gov.au/reports/primary-health-care/a-profile-of-primary-care-nurses/data>
5. Australian Primary Health Care Nurses Association (APNA) (2017) *Improving patient outcomes – primary health care nurses working to the full scope of practice* <https://www.apna.asn.au/hub/news/improving-patient-outcomes--primary-health-care-nurses-working-to-the-breadth-of-their-scope-of-practice>



In order to facilitate the achievement of the draft Standards, particularly regarding clinical safety, it is essential that implementation measures ensure primary healthcare services have adequate resources to meet the needs of both healthcare practitioners and the people for whom they provide care. These include the right balance of staffing numbers and skill mix, access to equipment (including digital technology with the capacity to address changing privacy and data needs), education, and policies that support and guide staff.

Pressure on Australia's primary healthcare system continues to increase, due largely to increasing life expectancy, a growing ageing population, the increasing healthcare burden of chronic disease, and the increasing impacts of climate change on health. However, until recently our healthcare system has prioritised the acute sector, with financial and material resources concentrated on hospital-based care despite decades of data demonstrating the long-term benefits of investing in primary and preventive care.

Preventive measures are an integral component of and proactively complement effective primary healthcare, reducing mortality and morbidity for a fraction of the economic and sociological costs of tertiary/higher level treatment. It is increasingly evident that the scope and scale of effective preventive health must broaden to include action on addressing and mitigating environmental harms. The most noticeable impact of climate change is the direct result of increasing intensity and frequency of extreme weather events, but these are just the beginning. Australia is already seeing isolated but increasing examples of water insecurity, occupational health implications, stress and mental ill-health, and respiratory responses to aeroallergens and air pollution. These will become more common unless urgent action is taken now, and they will affect healthcare practitioners as well as those in their care. Greater detail regarding the close connection between climate change and preventive health can be found in our response to the National Preventive Health Strategy consultation paper, particularly pages 11-13.⁶

The ANMF applauds the federal government's recognition of primary and preventive healthcare as integral to Australia's future wellbeing, action we have been calling for since 1994.⁷ As noted by the nursing and midwifery professions over a decade ago, to ensure the best outcomes, the current healthcare system needs to be restructured to centre and prioritise primary and preventive healthcare.⁸ This will require investment underpinned by sustainable funding, health provider and public education, infrastructure, and governance. The NQSPH standards address this last element, but without the other requirements they will be tokenistic rather than transformative.

It is therefore imperative that the NQSPH standards are incorporated into a wider, systemic change that facilitates a shift to lifelong, proactive, integrated primary and preventive healthcare that (among other outcomes) enables nurses and midwives working in all health settings to work to their full scope, in line with the other service providers promoting best practice primary healthcare outcomes for consumers.

-
6. Australian Nursing and Midwifery Federation (2020) *Submission to the Australian Government Department of Health Consultation Paper for the National Health Preventive Strategy* http://anmf.org.au/documents/submissions/ANMF_Submission_to_DoH_National_Preventive_Health_Strategy_28_September_2020.pdf
 7. Australian Nursing Federation (1994) *Position statement: primary health care* reviewed and re-endorsed 2018 http://anmf.org.au/documents/policies/PS_Primary_Health_Care.pdf
 8. Australian Nursing Federation (2009) *Primary health care in Australia: a nursing and midwifery consensus view* http://anmf.org.au/documents/reports/PHC_Australia.pdf



CONSULTATION QUESTIONS

Introduction

Does the Introduction aid your understanding of the context of the NSQPH Standards and how they are to be applied? If not, please outline what further information is required to support your understanding.

The introduction is clear, succinct, and provides a background for the rationale underpinning the standards, the process of the standards' creation, and the context of the settings in which they will apply. Combining three individual standards (clinical governance, partnering with consumers, and clinical safety) to comprise the Primary Healthcare Standards creates a logical, connected structure that is consistent with the current National Safety and Quality Health Service Standards. This means healthcare providers and practitioners will already be familiar with the principles, structure and, in some cases, individual actions. While there is, inevitably, intersection with the Nursing and Midwifery Board of Australia's standards for nurses and for midwives, there is no conflict, and the ANMF appreciates the Commission's recognition of and commitment to reducing the administrative burden of ensuring compliance with multiple standards.

Appropriateness

Do the actions cover the key safety and quality issues for primary healthcare services? If no, please provide details.

The actions articulate well with the individual standards, and the explanatory notes are both clear and comprehensive, without being extensive or cumbersome. While not exhaustive, the actions and notes work well to provide clear guidance about how organisations and health practitioners can demonstrate compliance with the standards.

Actions

Do the actions make sense to you? Is it clear how they will be applied in your primary healthcare service?

Action 1.10 deals with healthcare records, but does not include any requirement for primary healthcare services to utilise digital health. This includes the need for external communication systems that are more secure than facsimile (still widely used across the healthcare sector), compatibility with the range of programs used by various providers, and capacity to encompass current and developing digital technology, including the My Health Record.

Action 1.18a requires the primary healthcare service to have processes that "[d]efine the scope of practice for primary health care providers, considering the skills required to perform their role."

The ANMF is concerned this may be confusing for both practitioners and healthcare service providers, as the explanatory notes imply this refers to the individual's professional practice. Scope of practice cannot be defined by the primary health care service itself, as it is determined by individual practitioners, with reference to their educational preparation, experience, organisational policies or authorisation, and their registration standards. If Action 1.18a is instead intended to refer to the scope of practice that will be undertaken by the organisation, it should be reworded to make this clear.

Action 1.20 should also include a reference to access to, or provision of, education that not only allows workforce "access to best practice guidelines and decision support tools relevant to their clinical practice" but also to effectively utilise these guidelines and tools.

It would be useful if improving health literacy were incorporated as an Action in Standard 2 (partnering with consumers).



Action 3.01 references the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*. However, the current Guidelines contain some incorrect information that conflicts with best practice. Most notably, in relation to the high transmissibility of SARS-CoV-2, it advises that health practitioners should ‘at a minimum, perform hand hygiene if the removed PPE is contaminated’⁹ when doffing personal protective equipment (PPE). However, used PPE should always be considered contaminated and hand hygiene should be completed between each step.

The actions are otherwise satisfactory. The requirements to reflect on current practice and modify this where necessary, and the ways primary health providers will be able to demonstrate achievement of specific actions for auditing and accreditation purposes, are clear and comprehensive without being onerously prescriptive.

However, as discussed in our general feedback, without the supporting elements of education, funding, and centering of primary healthcare models within the larger healthcare system, these actions alone will not be able to achieve the best outcomes for individual consumers, their communities, or the country as a whole.

Language

Is the language and terminology used in the document easy to understand and appropriate for the primary healthcare sector? How could it be improved?

The language used overall is clear, understandable, and supported by the glossary.

Not Applicable Actions

Is the summary table of not applicable actions at Appendix 1 clear? What other ‘not applicable actions’ need to be added for your service? What other primary healthcare services should be included in this table?

The ANMF is disappointed to find that the table, which lists all other providers of primary healthcare, has omitted nurses and midwives. It is essential the table be amended to include nurses and midwives as primary health providers. This is particularly relevant in the medication safety section, as nurse practitioners prescribe, and nurses and midwives administer, medications in this setting. As these practitioners are key service providers in the provision and implementation of care, education, and services outlined in the three areas of the NSQPH standards, it is essential they are included if the standards are to be successfully applied across primary care settings.

The table is otherwise comprehensive, and clearly describes the conditions under which actions are not applicable or for which no exemptions apply.

CONCLUSION

Thank you for this opportunity to provide feedback on the development of the Commission’s National Safety and Quality Primary Healthcare Standards. The ANMF looks forward to the revised standards addressing the essential contribution of nurses and midwives to the provision of safe, quality primary health care. The ANMF is well-positioned to assist the Commission with communicating the revised standards and facilitating access to resources to our substantial membership of nurses and midwives working in the broad range of primary healthcare practice settings.

9. National Health and Medical Research Council (2019) *Australian Guidelines for the Prevention and Control of Infection in Healthcare* p. 124 https://www.safetyandquality.gov.au/sites/default/files/2020-06/infections_control_guidelines_update1_4.pdf