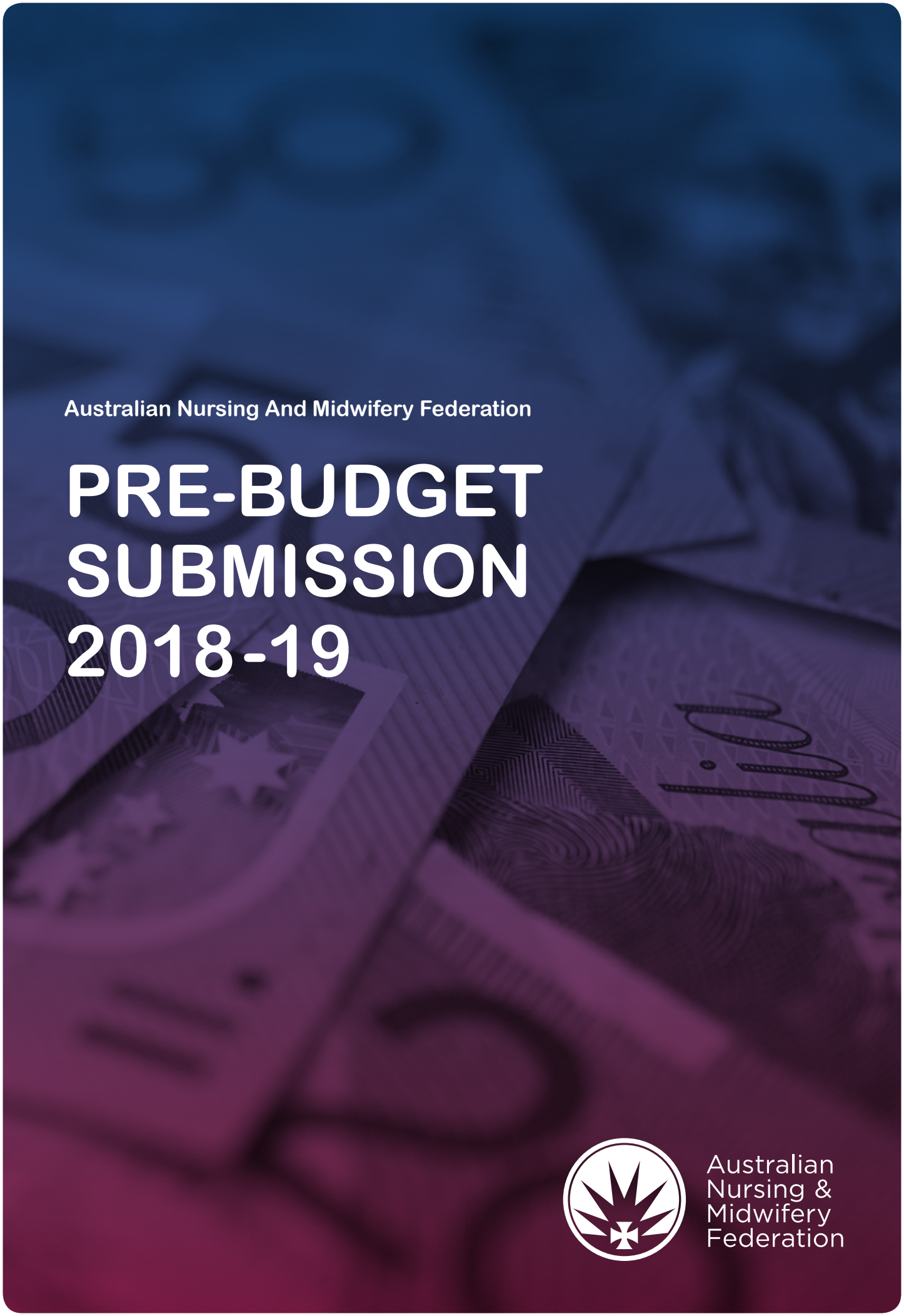

Australian Nursing And Midwifery Federation

PRE-BUDGET SUBMISSION 2018-19

Australian
Nursing &
Midwifery
Federation

INTRODUCTION

The Australian Nursing and Midwifery Federation (ANMF) welcomes the opportunity to provide advanced input to the 2018–19 Australian Government Budget.

The 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 almost 270,000 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 trade union and professional 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.

Our submission highlights the contribution nurses, midwives and carers currently make to Australia's health and aged care sectors and outlines how, through good, well-funded Government policy, this contribution could be dramatically increased. Adopting and implementing our submission's recommended policy reforms would result in a more efficient and equitable health and aged care system, and ultimately better health for the Australian community.

Annie Butler
A/Federal Secretary

Lori-anne Sharp
A/Assistant Federal Secretary

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NURSING AND MIDWIFERY WORKFORCE

Education and training

The capacity of the health, aged care and disability service sectors to deliver the level of care and support required now and in the future depends entirely on the availability of a skilled and experienced workforce. The Health Care and Social Assistance sector is projected to make the largest contribution to employment growth, estimated to increase by 250,000 workers over 5 years from 2017. This projected growth includes an additional 74,200 registered nurses, enrolled nurses and midwives and 90,600 additional personal carers and assistants including aged and disabled carers.[1]

While these projections suggest that Australia needs to continue investing in the education of registered nurses, enrolled nurses and midwives, they do not indicate whether the increased employment rate will actually satisfy demand. The Government needs to undertake reliable workforce planning to ensure that we can continue to supply sufficient numbers of nurses and midwives to meet Australia's future demand.

The government also needs to ensure that newly graduated nurses and midwives are provided with meaningful employment opportunities across the health and aged care sectors, including into areas of increasing demand, such as mental health, alcohol and other drugs, aged care and primary health care. Providing adequate support for the transition of new graduates into the workforce is critical to keeping them in the workforce and therefore building an experienced nursing and midwifery workforce for the future.

The ANMF calls on the Government to:

- Undertake workforce planning to ensure we can supply sufficient numbers of nurses and midwives to meet Australia's future demand;
- Increase employment opportunities for newly graduated and early career nurses and midwives by providing dedicated funding and resources to implement appropriate graduate transition to practice programs within the public health system, as well as in other areas of employment such as private hospitals, aged care, general practice and rural health services;
- Promote the retention of newly graduated and early career nurses and midwives within the workforce by ensuring graduate transition to practice programs include adequate resourcing and clinical education to enable registered nurses and midwives to provide appropriate support to early career nurses and midwives in their transition to practice;

1 Australian Government Department of Employment. *Industry employment projections: 2017 report.* August 2017 and 2017 Occupation projections. Available at: http://lmip.gov.au/default.aspx?LMIP/EmploymentProjections

Improving workforce utilisation

Australia has a highly qualified and skilled nursing and midwifery workforce which is largely under-utilised. Nurses and midwives are currently denied opportunities to realise their full potential and provide maximum contribution to the health system. In addition, the ANMF considers that the health system's current structures restrict choice for patients and consumers in selecting both the type of clinician and model of care used to treat and/or manage their injuries, illnesses and conditions.

This results in too few options being available to the majority of Australians as many health professionals are not supported by government to offer models of care which may be more appropriate for many consumers across a range of conditions. This is despite a growing body of evidence demonstrating the effectiveness, both in terms of reducing cost and improving outcomes, of alternative models of care.

Opening these opportunities and undertaking appropriate workforce reform, particularly in primary care and transition care, will provide better service to more people much more cost effectively. This would involve, in particular, much better use of nurse practitioners (NPs) and a significant expansion of nurse-led and midwife-led clinics.

The establishment of nurse/midwife-led clinics is expanding in Australia, however, it is occurring slowly and tends to be indicated and implemented where there are service gaps due to high demand and/or workforce shortages rather than as part of a broader health care strategy. Australia needs to follow many overseas models which demonstrate that nurse/midwife-led clinics improve patients' outcomes and facilitate timely access to specialist services and significantly expand these more efficient models of care.

Nurse practitioners

The NP role is the most advanced clinical nursing role in Australia, with additional responsibilities for patient assessment, diagnosis and management, referral, medications prescribing, and the ordering and interpretation of diagnostic investigations. However, despite this capacity, structural and other barriers, such as very limited access to the MBS and inadequate funding arrangements, prohibit many NPs from working to their full capacity and broader use of the role generally.

These barriers not only waste opportunities for better health outcomes but also contribute to increases in health costs because of unnecessary duplication. This duplication occurs while opportunities for significant cost savings go unrealised. To realise the full benefits of NPs for the Australian health system, the barriers to their employment must be removed. The number of NPs in Australia needs to be increased ten-fold.

The ANMF calls on the Government to:

- Introduce initiatives to address barriers which currently restrict the practice of nurses and midwives, a specific example would be to implement a mechanism to enable all registered nurses and nurse practitioners to facilitate advance care planning;
- Fund designated salaried nurse practitioner and midwife with scheduled medicine endorsement positions in the public sector, including in small rural and remote communities;
- Provide funding for the expansion of nurse-led and midwife-led clinics.

AGED CARE

As Australia's aged population continues to grow, demand for aged care and related services will also continue to grow, which is currently and will continue to present Australia with a number of challenges. Meeting the increased care and support needs of this growing population is one of the most critical challenges as these increased needs will require significant expansion in the preparation and provision of a sufficient and suitably skilled workforce.

Put simply, the elderly cannot and will not receive proper care unless there is an appropriate **number** and **mix** of skilled and experienced staff, which includes registered nurses, enrolled nurses and assistants in nursing/personal care workers. The lack of care for aged care residents, as has been recently publicised through ABC 7.30 and other reports, is already alarming. If nothing is done, the situation can only deteriorate.

This means that staffing levels must be urgently addressed. Without legislated requirements in all Australian jurisdictions to mandate a minimum number and type of nursing and care staff in the aged care sector, safe and best practice care for the elderly cannot be assured.

In addition the barriers which inhibit people from working in the sector must be urgently addressed. Work performed by employees in the health and community services sector in general, including aged care, continues to be undervalued and underpaid. In aged care in particular, nurses and carers experience the double disadvantage of working in an undervalued and underpaid occupation in a sector that is not adequately resourced or recognised.

The pay for the majority of aged workers, both skilled and semi-skilled, simply does not reflect the nature of the work and the level of responsibility required nor does it value the importance of providing the best care possible to Australia's frail elderly. ANMF members are increasingly frustrated and distressed by what they regard as a lack of respect for the elderly by aged care employers who, in their view, could and should be doing a much better job.

The ANMF Calls on the Government to:

- Legislate mandated minimum staffing levels and skill mix requirements for registered nurses, enrolled nurses and assistants in nursing/personal care workers in the aged care sector. A workforce mix of, registered nurse 30%, enrolled nurses 20% and personal care worker 50%, is the ideal skills mix to ensure safe residential care.
- Guarantee sufficient funding for the increased number of registered nurses, enrolled nurses and carers required for aged care over the next ten years.
- Legislate the requirement for 24-hour registered nurse cover for all high care residents in aged care facilities, including low care facilities with residents assessed with high care needs.
- Provide an incentive funding program to employ nurse practitioners in aged care.
- Ensure transparency and accountability for government funding provided to the residential aged care sector and quarantine funding for direct care provision.
- Close the wages gap between working in aged care and public hospitals for nurses and assistants in nursing/personal care workers.
- Ensure that dedicated funding is made available to close the wages gap and that provision of the funding is conditional on the achievement and maintenance of wage parity.
- Implement national registration for all assistants in nursing/personal care workers (however titled) to ensure these important workers are subject to national regulation, with a minimum standard of education.
- Provide funding to educate nurses on their clinical leadership role in residential facilities and train assistants in nursing/personal care workers in the assessment and management of the deteriorating resident. The ANMF is well placed to deliver this training.

PUBLIC AND PRIVATE HEALTH SECTORS

The members of the Australian Nursing and Midwifery Federation are committed to the provision of health as a public good with shared benefits and shared responsibilities. We consider that access to adequate healthcare is the right of every Australian and a crucial element of the Australian social compact.

Government investment in health is in effect a growth and infrastructure investment that will pay dividends in the development of social capital and increased productivity for generations, and is therefore worth proper investment.

We are committed to publicly funded universal health insurance, i.e. Medicare, as the most efficient and effective mechanism to distribute resources in a manner that generally ensures timely and equitable access to affordable healthcare on the basis of clinical need rather than capacity to pay.

While Australia's health system remains a world class health system and generally delivers good outcomes, too many inequalities persist. The lack of a genuine 'whole of system' approach to the delivery of health care across the country coupled with a lack of system coordination, and resulting fragmentation and duplication, means too many Australians miss out. Most notably, indigenous people and those living in rural areas.

The ANMF calls on the Government to:

- to increase flexibility in the funding arrangements public hospitals, the PBS, the MBS and aged care so that regional health services are able to 'pool' some of these resources to meet the needs of their communities. For example, remote areas which are unable to recruit doctors could use the notional population share of the MBS to fund nurse practitioner services for their communities.

Another key area that needs to be addressed across the sectors is the collection and management of health data, and performance reporting.

The ANMF calls on the Government to:

- To establish an independent Health Performance Commission to be a specialist health data analytics and performance reporting body for both private and public health sectors responsible for:
    - Mapping and co-ordinating the collection, analysis and publication of health data across the public, private and aged care sectors to enable value-based health care;
    - Managing end-to-end data, working from collection to publication;
    - Linking hospital and health data with other economic and social data as an evidence base for value based health care and new health programs;
    - Developing the quality of clinical performance indicators for value-based health care;
    - Undertaking further research to develop standardised, national nurse/midwife sensitive outcomes as important mechanisms for evaluating patient safety.

- Improving access to clinical data by clinicians, boards, departmental and HHS staff;
- Consulting with consumers and interest groups on the format, content, context and accessibility of publication of health care data;
- Evaluating new technologies, treatments and drugs, e.g. the effective use of prostheses;
- Making research findings and raw data available to researchers where this has ethical approval and is in the public interest;
- Liaising with other States, Territories and the Commonwealth to compare and share data, produce economies of scale and ease the ongoing disagreements over funding; and
- Ensuring compliance with mandatory, public reporting requirements in the public, private and aged care sectors.
- Legislated, mandatory participation of public, private and aged care sectors in the public reporting of contemporary, meaningful patient/resident safety and quality indicators;
- Nurse/midwife participation in organisational governance and quality assurance as an essential mechanism for improving clinical outcomes through public reporting

Public Hospitals

We believe the Australian Government must take responsibility for ensuring that overall spending on public hospitals remains affordable and that policy settings contain inflation. The Government must therefore ensure that public hospital funding is directed to identified health priorities and is used efficiently to deliver safe and best practice care. Policy and regulatory controls, which control unnecessarily costly care, encourage avoidance of ineffective care and reduce waste, should be developed and introduced.

The new funding agreement, which will apply from 1 July 2020, must emphasise improving efficiency and capacity while recognising the reality that growth in Federal Government funding is necessary to respond to growing public hospital costs. The new agreement must facilitate improved access to public hospital services, including elective surgery and emergency department services, and subacute care.

The ANMF also considers that patients and consumers should have access to information regarding nurse and midwife staffing levels and patient health outcomes at all public hospital facilities. This should form part of the mandatory public reporting requirements for public hospitals.

Consumers of health care should have the right to choose public hospitals and services which demonstrate safe staffing levels and good patient outcomes. Including these factors in mandatory public reporting could also provide public hospitals with incentives to meet benchmarks for improved health outcomes overall.

Improved technology

Better use of technology is another consideration for improving efficiency in public hospitals. Technology can better support connections between primary and hospital care by:

- Creating an open infrastructure that allows multiple providers to connect to the same health information
- Improving the timely access to patient information for all clinical disciplines
- Permitting patients to access their own information to promote self-management and empowerment.

Technology can also be used to improve patient outcomes remotely by:

- Supporting the patient to actively participate in self-management
- Supporting the delivery of team-based services across the health care continuum
- Amalgamating with financial incentives to drive users to adopt best practice care and wellness management process for patients
- Monitoring and reporting trends in patient outcomes for the purposes of continual quality improvement.

The ANMF calls on the Government to:

- Return to funding models that recognise growth, use incentives to encourage efficiency and increase funding for public hospitals to ensure the system can meets Australia's health needs;
- Ensure the 2020 Hospital Agreement aligns interests of states and the Commonwealth, thereby addressing cost-shifting;
- Implement policy incentives which focus on improvements to safety;
- Introduce mandatory reporting on nurse and midwife staffing levels and patient health outcomes by all public hospitals;
- Implement improvements to technology, including access to basic infrastructure, reliable equipment and services (e.g. internet) and providing education, training and support services for patients and providers;
- Move from a volume-based to a value-based health care system to assist health care providers to refocus on delivering health outcomes rather than meeting activity targets,
    - Value-based systems promote increasing the value for patients in terms of the number of health outcomes achieved as opposed to the number of visits made and prioritise achieving and maintaining good health as a mitigation strategy to the more costly care associated with poor health.

Medicare Benefits Schedule

The overall objective of the Australian health system is that people have access to affordable, high-quality health care. To improve access for all sectors of the community to evidence-based care they can afford, the Medicare Benefits Schedule (MBS) must accommodate nurse practitioners and eligible midwives better.

Nurse practitioners

There are 1,585 endorsed nurse practitioners in Australia[2]. However, not all of these expert nurses are employed in nurse practitioner positions or practising to the full scope of their role.

Some of the restrictions on nurse practitioner practice are:

- the lack of positions;

2 Nursing and Midwifery Board of Australia, *Registrant Data: September 2017.* Retrieved on 12 January 2018 from: http://www.nursingmidwiferyboard.gov.au

- the lack of viable employment opportunities in private practice;
- inability to claim after-hours MBS item numbers when providing services;
- restrictions on ordering of pathology and diagnostic tests and in particular, imaging;
- the inability for people to receive certain subsidised medicines if prescribed by a nurse practitioner (as distinct from a medical practitioner);
- restriction to PBS prescribing for continuing therapy only for many PBS medicines; and
- inadequate rebates from MBS for nurse practitioner services.

These factors severely restrict nurse practitioner practice and reduce patients' access to safe and affordable care. To facilitate access to nurse practitioners a number of structures need to be put in place. Primarily, nurse practitioners in the public sector need to be given access to the MBS to allow for the delivery of comprehensive care, which includes the ability to order diagnostic investigations and refer to other health professionals including allied health, when required. That is, nurse practitioners in the public sector should be given 'request and refer' access to the MBS, just as is the case for medical interns.

There should also be a substantial increase in the payment for MBS items for nurse practitioners in private primary health care settings, including mental health, to enable them to establish viable and sustainable practices.

The ability for nurse practitioners in primary health care to work to their full scope of practice is vital. Nurse practitioners need to be recognised primary health care professionals, able to provide independent services under appropriately remunerated MBS item numbers.

Midwives with scheduled medicines endorsement

There are 370 midwives with scheduled medicines endorsement (MBS eligible midwives) in Australia[3]. The role of midwife with scheduled medicines endorsement is differentiated from other midwives by their expert practice in the provision of pregnancy, labour, birth and postnatal care, across the continuum of midwifery care.[4]

However, similar to nurse practitioners, midwives also face barriers to practising to their full scope, again limiting their practice and reducing women's access to affordable, high quality health care. These barriers are mirrored across the two professions with midwives in private practice facing additional obstacles in obtaining professional indemnity insurance to cover the full scope of their practice.

Midwives in private practice have access to only one professional indemnity insurance scheme: Commonwealth-subsidised professional indemnity insurance through MIGA (Medical Insurance Group Australia) which covers antenatal and postnatal care, and birth services the midwife provides in hospital to their private clients.

Midwives with scheduled medicines endorsement may also encounter difficulties in establishing legislated collaborative arrangements with medical colleagues required to engage in private practice, thus forming another barrier to practising to their full scope.

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3 Nursing and Midwifery Board of Australia, *Registrant Data: September 2017*. Retrieved on 12 January 2018 from: http://www.nursingmidwiferyboard.gov.au

4 The continuum of midwifery care for the midwife with scheduled medicines endorsement incorporates: antenatal care, intra partum care and postnatal care for women and their infants, and includes clinical assessment, exercise of clinical judgement, planning, implementation, monitoring and review, responding to maternity emergencies, assessment and care of the newborn infant; and, prescribing schedule 2, 3, 4, and 8 medicines (in accordance with relevant state or territory legislation), making referrals to other health professionals, and ordering diagnostic investigations appropriate to their scope of practice

The ANMF calls on the Government to:

- Allow nurse practitioners to be eligible, as registered nurses, to PNIP funding;
- Provide access to 'request and refer' MBS provider numbers for nurse practitioners and midwives with scheduled medicines endorsement in the public sector, as is the case for medical interns;
- Substantially increase the payment for MBS items for nurse practitioners and midwives in private practice to enable them to establish viable and sustainable practice;
- Provide recurrent incentive funding for nurse practitioners and midwives in private practice to work in areas of designated District Workforce Shortage;
- Provide infrastructure funding for nurse practitioners and midwives to establish private practice;
- Allow nurse practitioners to employ other nurses under the PNIP in the same way as GPs; and
- Provide nurse practitioners with MBS item numbers for after-hours services and procedural services (similar to GPs);
- Allow NPs to annotate prescriptions under Close the Gap, in line with medical practitioners and medical specialists.

Medicare levy and the NDIS

The ANMF supports the current arrangements for the taxpayer funded Medicare levy of 2% of taxable income as a reasonable means to provide part funding of the health system. However, the ANMF is opposed to a blanket increase to the Medicare levy by 0.5% to 2.5% of taxable income for all eligible taxpayers for a range of reasons, which includes our view that increasing the levy is neither a fair or efficient way to obtain funding for the National Disability Insurance Scheme (NDIS).

The ANMF supports the NDIS and strongly supports the government taking steps to ensure that the scheme is fully and appropriately funded but we do not believe that funding for the NDIS should be tied to the Medicare levy. Providing for the disabled is about ensuring appropriate services and supports are in place to maximise the purpose, meaning and quality of life for those living with disability, and should be funded accordingly. But it is important to note that being disabled is not a health matter; it is therefore not appropriate to use the Medicare levy, which is widely recognised as funding health care.

The Medicare levy is well established and accepted by the community as a fair and reasonable way for all taxpayers to contribute to the nation's public health system, which is then able to deliver reasonable health outcomes for our society. Tying the Medicare levy to funding the NDIS risks creating a prejudice among the community that disability is increasing health care costs without the benefit of providing increased health services for all. Other mechanisms for funding the NDIS must be sought and utilised.

The ANMF considers there are other fairer options available, which could, and should, be used to provide funding for the NDIS. The most obvious to our members is to reverse the corporate tax rate cut introduced in the 2016 federal budget.

Private Health Insurance

While acknowledging and respecting the need for an effective private health system, the ANMF does not support the current public subsidy of the private health system. The public contribution is too great and does not provide reasonable return for all taxpayers and the wider community, in either health or economic terms.

Practical policy reforms to enhance the affordability and value of private health insurance, and to reduce the subsidisation of private health insurance (PHI) at the expense of the public health systems, need to occur.

The ANMF calls on the Government to:

- Remove the public subsidy of PHI. This could be done gradually – a 10% reduction in the rebate would return significant savings to the Government even accounting for potential increase in activity to be accommodated by public hospitals with less than a 2% reduction in private health insurance coverage;
- Cut ancillary rebates, starting with removal of rebates for treatments for which there is no sound evidence base. The savings from changes to the rebate should be redirected to the public health system;
- Remove the rebate dropping the private health insurance rebate and/or exemption from the MLS for low value, "junk" health insurance policies;
- Remove financial penalties for those who do not take out PHI regardless of their income, with a particular focus on Australians living in regional and rural Australia who receive very little benefit from holding private health insurance;
- Enhance reporting requirements, analysis and data sharing to inform health outcomes, information about systems performance, adverse events and cost effectiveness;
- Enhance regulation to ensure transparency from PHI companies in regard to policy comparisons, exclusions and consumer exposure to out-of-pocket expenses;
- Enable insurers to fund contemporary models of care, for which there is evidence of comparable or superior health outcomes and cost savings. This may, for example, include the funding of midwife-led obstetric care;
- Ensure information for consumers is simplified, standardised and is easily accessible. Ensure that funds provide more information to consumers on how their contributions are being used;
- Examine initiatives to enhance access to health care for regional and rural Australians so that they are able to extract value from PHI.

PREVENTIVE HEALTH/PRIMARY HEALTH CARE

Overall, Australia's health system performs very well. However, unacceptable deficiencies continue to exist. The gap between overall health outcomes and indigenous health outcomes continues to be a disgrace, while people in rural areas and lower socio-economic groups live shorter lives and experience more illness than those living in major cities and with higher incomes.

These groups have poorer access to primary care, mental health care, maternity services, dental care, allied health and specialist services and are more likely to experience problems related to obesity, alcohol use and smoking. These gaps and deficiencies could, and should, be addressed through improved preventive health care.

Not only is prevention better than cure it makes the most economic sense. With an increasing chronic disease burden, an ageing population, and many people in poorer health often from avoidable conditions, who are generally less productive, it makes sense to invest where we can reap the most benefit.

The way to contain costs is through investment in prevention and early treatment through primary care services and effective primary health care. The Productivity Commission reported that about 750,000 hospital admissions could be avoided if we had effective intervention in the weeks leading up to hospitalisations[5]. Remodelled primary health care is critical.

The ANMF calls on the Government to:

- Re-establish a dedicated preventive health body;
- Increase incentives to encourage changes in both health provider behaviour and individual behaviour;
- Establish primary care systems that encourage people to enrol in wellness maintenance programs as is now occurring widely throughout the world. This approach encourages people to take responsibility for their own health with assistance from a range of health professionals without using a 'stick' or other punitive measures;
- Ensure that primary health networks focus on disease prevention, health promotion, equity and social determinants of health;
- Investigate better and more efficient ways to fund and manage chronic conditions, e.g. blended payment models;
- Establish funding arrangements which support the use of a wider range of health professionals in chronic and complex care;
- Ensure that private health insurance companies are restricted from operating in primary care. Allowing private health insurance companies into this domain will increase inequity and reduce efficiency.

5 Productivity Commission, 2014, Report on Government Services 2014 – Health, Online: http://www.pc.gov.au/gsp/rogs/health

GENERAL PRACTICE AND PRIMARY CARE

There are currently 12,821 nurses working in general practice[6]; and, 35,934 general practitioners (GPs)[7]. The numbers of nurses employed in the Australian general practice environment has risen rapidly over the past decade as a result of a positive policy environment and enhanced funding of nursing services. This workforce growth has occurred in a somewhat ad hoc manner as a response to various funding schemes, rather than being a carefully planned workforce development. This has raised a number of challenges for the nursing profession around the role of the nurse in general practice, the nurse's scope of practice and continuing professional development opportunities.

Prior to 2012, the Medicare Benefit Schedule (MBS) provided specific item numbers for the delivery of nursing services, such as, cervical smears, immunisations and wound care, provided 'for and on behalf of' a GP. For each occasion of nursing service, remuneration was provided to the practice from Medicare. This funding model significantly impacted on the services that were delivered by nurses in General Practice.

On 1 January 2012 the Practice Nurse Incentive Program (PNIP) was implemented[8]. This program provides incentive payments to accredited General Practices to offset the employment of a registered nurse and enrolled nurse[9]. The amount of incentive payment received by a practice is based on its Standardised Whole Patient Equivalent (SWPE) value and the number of hours worked by nurses[10]. This incentive aims to support an "enhanced role for nurses working in general practice" as it is not tied to the delivery of any specific services[11]. An evaluation of the PNIP, completed in 2014, has still not been made publically available.

The ANMF argues for the removal of the current restriction in the PNIP funding for the numbers of nurses and midwives employed being tied to the number of GPs in a practice, in order to access payment for a nurse/midwife. The PNIP funding of nurses and midwives in general practice needs to be uncoupled from the GP (that is, deconstruct the GP: Nurse/Midwife ratio). This would enable more nurses or midwives to be employed within general practice and better meet community needs.

The retention of some MBS item numbers has meant that the intent of the PNIP to enhance the role of nurses working in General Practice has not been fully achieved. Funding remains tied to specific services only. This in turn perpetuates a model whereby employers, usually GPs, or practice managers, direct nurses to focus care only on those activities that can be billed through Medicare.

These item numbers are for: health assessments, chronic disease management, antenatal care and telehealth (10986, 10987, 10997, 16400, 10983, 10984).

Instead of continuing with these MBS item numbers, the amount of funding for the PNIP should be significantly increased. This would allow nurses and midwives to work to their full scope of practice - the original intent of the PNIP funding.

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6 Australian Institute of Health and Welfare. *Nursing and midwifery workforce 2015*. Canberra: AIHW, 2016.

7 Australian Government Department of Health. *GP Workforce Statistics – 2001-02 to 2016-17*. Available from: http://www.health.gov.au/internet/main/publishing.nsf/content/General+Practice+Statistics-1.

8 Medicare Australia. *Practice Nurse Incentive Program Guidelines*. 2012. Available from: http://www.medicareaustralia.gov.au/provider/incentives/files/9689-1208en.pdf

9 Ibid.

10 Ibid.

11 Ibid. p. 3.

Nurses in general practice continue to be paid considerably less than their nursing colleagues in the acute care sector. Their conditions of employment including entitlements such as leave loading, on-call rates, shift penalties, weekend allowances, annual leave, and qualifications allowance are also inferior. As has been undertaken for general practice registrars, national terms and conditions for the employment of registered and enrolled nurses in general practice should be developed as a priority.

The ANMF calls on the Government to:

- Review the Practice Nurse Incentive Payment (PNIP);
- Remove the remaining six nurse MBS items numbers (10983, 10984, 10986, 10987, 10997, 16400) and increase the PNIP payment accordingly;
- Uncouple the PNIP funding for nurses and midwives employed in general practice from general practitioners; and
- Fund the development of national terms and conditions for the employment of registered and enrolled nurses in general practice. As the professional and industrial organisation representing almost 270, 000 Australian nurses, midwives and carers, the ANMF is best placed to conduct this activity.

MENTAL HEALTH

Mental Health Nursing

Nursing plays a central part in providing high quality, holistic and accessible mental health care to those individuals in need. All nurses provide mental health care, with many mental health nurses also possessing post graduate mental health specialist qualifications.

Nurses are well positioned to understand the complex interrelationship between physical and mental health and to respond to the high premature mortality/morbidity rates of individuals being treated for mental illness caused by physical illnesses, such as cardiac disease, diabetes and metabolic related orders.

Early prevention, early diagnosis and identifying suicide risk in the treatment and management of mental health problems are essential in achieving positive outcomes for individuals. Nurses are, on many occasions, best placed to ensure these critical interventions occur.

The ANMF calls on the Federal government to

- Develop a clearly articulated policy framework that underpins service provision, ensuring that the experience of mental health does not lead to and entrap individuals within homelessness.
- Provide adequately funded community based mental health nursing services that can deliver a timely, flexible, tailored response and that seeks to address the current gap, in accessing after hours mental health care.
- Provide for more community based mental health in-reach nursing services to support residents within supported residential services (privately run supported housing), where they exist.
- Conduct a public awareness campaign to address stigma attached to those experiencing mental health issues.

RURAL HEALTH

People who live in rural areas have a shorter life expectancy and higher levels of illness and disease risk factors than those in major cities. In many rural and remote locations, there is only access to public health care services due to limited or no other healthcare providers. The majority of healthcare providers in these 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 different models of care, especially nurse practitioner led models.

Maternity Services

Small rural maternity units can provide safe birthing services. Mothers and babies are placed at risk when these services are not available locally. Closing rural maternity services doesn't make economic sense for families or the health care system. It also reduces the opportunities for midwives to work in the bush. This exacerbates the workforce shortages that often lead to these closures in the first place. Timely Government investment can reverse this downward spiral. Nurses are the most geographically well-distributed health professional. The prevalence of midwives decreases with distance from the urban centres. Support should be given to registered nurses in rural areas to complete the postgraduate midwifery education required to become dual registered, as both a registered nurse and midwife.

The ANMF calls on the Government to:

- Remove the restriction on rural and remote scholarship applicants by allowing access for those employed by state/territory governments;
- Fund designated salaried positions for nurse practitioners in small rural and remote communities; and
- Provide additional scholarships for registered nurses in rural and remote locations to undertake postgraduate midwifery education.

INDIGENOUS HEALTH

The ANMF has a long held vision of health equality for Aboriginal and Torres Strait Islander peoples. In order to achieve this, the ANMF builds relationships with Aboriginal and Torres Strait Islander nurses, midwives and broader communities, working together to identify and provide opportunities to build capacity and realise potential.

We continue to work towards our vision through our Reconciliation Action Plan, demonstrated by modelling respect for Aboriginal and Torres Strait Islander peoples; promoting understanding of their rights and leading the nursing and midwifery professions in respect and sharing knowledge with Aboriginal and Torres Strait Islander peoples.

The ANMF adopts the principles of reconciliation as part of our core work, and models and encourages promotion of reconciliation throughout the nursing and midwifery professions.

Nurses and midwives constitute more than half of the entire health workforce. Aboriginal and Torres Strait Islander registered nurses and Aboriginal and Torres Strait Islander midwives, however, make up less than 1% of these professions.

The presence of Aboriginal and Torres Strait Islander health professionals makes a positive difference to service access, experiences and outcomes for Aboriginal and Torres Strait Islander people. Given they have the worst health outcomes in the country it is essential that strategic and long term efforts are made to increase the overall number and representation of Aboriginal and Torres Strait Islander nursing and midwifery students and graduates across all jurisdictions.

There is consistent evidence that when Aboriginal and Torres Strait Islander peoples work in the health system, Aboriginal and Torres Strait Islander people are more likely to access services and gain assistance earlier with consequent improvements in health outcomes and reductions in long term health expenditure.

The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) is the national health professional peak body for Aboriginal and Torres Strait Islander nurses and midwives. In the early 1990's, the ANMF provided significant support for the establishment of the Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN). There is an historical and ongoing close relationship between the ANMF and CATSINaM.

CATSINaM receives triennial grant funding from the Australian Government for their operations. Their role in providing support for Aboriginal and Torres Strait Islander nurses and midwives, nursing and midwifery stakeholders and Governments, and building the current workforce of Aboriginal and Torres Strait Islander nurses and midwives is essential.

The excellent work of CATSINaM in elevating the profile of their national organisation, building their Aboriginal and Torres Strait Islander nurse and midwife membership, advocating for their members, supporting recruitment and retention of Aboriginal and Torres Strait Islander peoples in nursing and midwifery and participating in research and workforce development should continue to be supported and funded.

The ANMF calls on the Government to:

- Provide increased ongoing funding to CATSINaM to provide leadership for nursing and midwifery organisations to work towards health equality for Aboriginal and Torres Strait Islander peoples and to continue to support and grow the Aboriginal and Torres Strait Islander nursing and midwifery workforce.

CLIMATE CHANGE AND HEALTH

As frontline health professionals, nurses and midwives see the impact of climate change on the health of individuals and communities for whom they provide care. Nurses and midwives see the direct effects from storms, drought, flood and heatwaves; they experience the indirect effects from altered water quality, air pollution, land use change and ecological change. The health effects include mental illness, cardiovascular and respiratory diseases, infectious disease epidemics, injuries and poisoning.[12]

Adverse health effects on individuals and communities will obviously impact health systems and health care delivery, with the treatment of climate change-related health conditions adding to the burden of an already stretched health care workforce. [13]

The ANMF, as a member organisation of the Climate and Health alliance (CAHA), supports the *Our Climate, Our Health* campaign. This campaign acknowledges that health professionals see the devastating effects of climate change on our communities every day. We endorse the Campaign's call for the development of a National Strategy on Climate, Health and Well-being for Australia. The actions within this Strategy will protect Australian communities from the health impacts of climate change while supporting the Australian Government to meet its international obligations under the Paris Agreement. Our members want the Australian Government to take a strong stance on climate change mitigation policies and actions.

A Framework for a National Strategy on Climate, Health and Well-being has been developed by CAHA members, including the ANMF, to support a coordinated approach to tackling the health impacts of climate change in Australia; and, to assist Australian policymakers and communities in taking advantage of the health opportunities available from strengthening climate resilience, reducing emissions and protecting our ecosystems.

To prepare the health sector to deal with existing and future health effects of climate change, we need a viable workforce and environmentally sustainable workplaces. This means commitment to, and investment in, improvements in working conditions within the health and aged care sector which already is, and will increasingly, feel the effects of health care issues resulting from climate change.

In many Australian health facilities, nurses and midwives are leading the way in introducing environmentally sustainable systems into their workplace practices. These initiatives should be acknowledged, applauded, replicated and appropriately funded throughout all health and aged care facilities and care delivery settings.

The ANMF calls on the Government to:

- Develop and implement a National Plan on Climate, Health and Well-being based on the Framework developed by the Climate and Health Alliance (CAHA);
- Invest in a sustainable health workforce to prepare the health sector to deal with existing and future health effects of climate change;
- Develop climate change policies that focus not just on economic benefits, but most especially on community sustainability, resilience and health;
- Ensure a transition to zero emissions energy sources as a matter of urgency to avoid dangerous and irreversible impacts on the environment and the health of our communities.

12 The Lancet Commissions. *Health and climate change: policy responses to protect public health.* Published online June 23, 2015. Available at: www.thelancet.com

13 Australian Nursing & Midwifery Federation. *ANMF Policy: Climate change.* Reviewed and re-endorsed May 2015. Available at: http://www.anmf.org.au

TAX JUSTICE

The current record lack of growth in wages is well established and well publicised by commentators and economists, including the Governor of the Reserve Bank who has warned about the negative impact of such severe lack of growth in wages for the economy. Yet, instead of implementing measures, which will increase meaningful employment and wages growth, the Government is seeking to cut the company tax rate. There is little evidence to suggest that the strategy of reducing company tax brings any significant benefit to the wider community and therefore to the economy.

Cutting corporate rates will:

- only increase the incomes of Australians by 0.8%;
- see a third of the resulting increase in GDP leave the country in the pockets of foreign owned multinationals, as will much of the profit from any increased activity;
- have little impact on Australian investors, who effectively pay tax on corporate profits at their personal rate of income tax;
- provide a windfall for foreign investors while local small and medium businesses will have to bear increased costs; and,
- risk ignoring fairness.

The ANMF considers it to be unfair to ask average earners and ordinary taxpayers to carry an extra tax burden, while allowing large companies and corporations to pay less and, in many cases, for the profits reaped from Australians' work to flow out of the country. It is clear that the decision to cut corporate tax is a political and not an economic one.

There are other revenue streams available to the Government within existing tax structures which could be accessed to increase the overall pool of resources available to governments. There are also new revenue streams, widely used in the northern hemisphere, which could be accessed to increase revenue. This will require political will and commitment but it will lead to sustainability of our health system and other essential services providing for all Australians.

There must be an increase in government capacity to fund important services for the community through restructured taxation and fairer distribution of resources.

The ANMF calls on the Government to:

- Reform tax concessions - limit access to growing tax concessions such as superannuation, which bring most benefit to those with high incomes, could provide additional funding for essential public services;
- Review the amount of tax paid by high income earners. The Australia Institute reports that the cumulative cost of tax cuts since 2005 is about $170 billion with the top 10% of income earners receiving more of that $170 billion than the bottom 80% combined. Both tax brackets and tax rates for the highest income earners need to be reviewed;
- Investigate whether the effective rate of tax paid by private aged care providers and other companies using taxpayer funds meets the public expectation and standard which is 30%;
- Ensure that private companies owned through trust structures are not using those trust structures to avoid paying the appropriate rate of company taxation in Australia;
- Introduce a *Robin Hood* tax – The ANMF believes that instead of disadvantaging ordinary people through tight budget measures, it is time the Government took and redistributed a larger share from those involved in the billions of dollars in financial transactions. The 'Robin Hood' tax, also known as a financial transactions tax, is a 0.05% tax on institutional trades of currencies, stocks, bonds, derivatives and interest rate securities. It is widely implemented across the European Union. If governments can tax ordinary Australians on basic requirements such as housing, then they certainly can and should tax international financial transactions.


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