



28 August, 2011

Director
Health Workforce New Zealand
PO Box 5013
WELLINGTON 6145

Tēnā Koe

Diabetes Workforce Service Review

The New Zealand Nurses Organisation (NZNO) would like to pass on the following feedback received as a result of our consultation with staff and members, in particular the Diabetes Nurse Specialist Section (DNSS) on the Diabetes Workforce Service Review (May, 2011).

NZNO congratulates the Review committee for recognising the lack of national consistency, co-ordination and quality assurance, which currently prevent the diabetes workforce from effectively tackling the growing epidemic of diabetes, particularly type 2 diabetes, and its related complications in Aotearoa New Zealand. We support the recommendations of the Review.

It is evident that a robust prevention programme is a necessary part of planning for national diabetes care. NZNO, among many others, has expressed concern at disestablishment and/or weakening of innovative prevention programmes such as Healthy Eating Healthy Action, and we suggest that, on the basis of this review, HWNZ could be a strong advocate for this message. Future prevention programmes need to be developed to meet the needs of the community as a whole and be sustainable long term.

As indicated in our 2011 Manifesto, there are a number of aspects to private General Practitioner (GP) practice which are barriers to effective utilisation of the

health workforce, including in diabetes services. Some GP practices are operating without the availability of a practice nurse, and we question whether in these circumstances it is possible to implement necessary risk identification, monitoring and education. The inconsistent quality and quantity of diabetes care provided by individual GP practices throughout Aotearoa New Zealand needs to be addressed by a coherent national frame work which clearly articulates expectations as to what, how, and by whom diabetes care is delivered and which specifies of knowledge and education at each level of the regulated health workforce, ensuring a consistent knowledge base for all those delivering diabetes care. The adoption of the DNSS National Diabetes Nursing Knowledge and Skills Framework (NDNKSF) would facilitate this.

Provision should also be made for information sharing, enhancing patient awareness of the care they should expect to receive, and good communication between all parties, including allied health staff providing podiatry, psychology and other related services. Funding structures will need to be much more flexible to reflect the shared care and responsibility of multidisciplinary teams working together to provide seamless quality care. We suggest adequate mandatory quality improvement and assurance programmes need to occur at regular intervals to ensure all services are providing high quality care.

Members expressed support for the Report's recommendations for nationally established requirements for diabetes inpatient specialist services and suggested that nationally agreed expectations of what specialist nursing services do also, needs to be established. Lack of national standards has led not only to real inequalities in service provision nation-wide, but also to unrealistic expectations for services, both of which are very evident when there are medical/nursing staff transfers between DHBs.

Diabetes is an obvious area where the growth and complexity of healthcare required indicates the need for a different level and context of nursing care. That need could and should be met by Nurse Practitioners (NP). However, outdated legislation, an overly long and bureaucratic pathway to registration, and a general lack of understanding of the NP role in Aotearoa New Zealand, has meant that, in the articulated potential of NPs¹ has not even begun to be realised². NPs are well established and utilised in many OECD countries where they are proving to

¹ Ministry of Health, Nursing Council of New Zealand, DHBNZ, & NPAC-NZ. (2009). *Nurse practitioners: A healthy future for New Zealand*. Wellington: Ministry of Health

² Note, for example, that in the US, NPs comprise around 7.5 percent of the nursing workforce compared with 0.2 percent for Aotearoa New Zealand.

be highly successful³ and cost effective⁴. National funding and governmental support for proposed Nurse Practitioners (NP) training and educational programme and the employment of NPs are urgently required.

While NZNO appreciates that diabetes nurse specialists can now include prescribing amongst the tools needed for successful management of diabetes, we reiterate the views expressed in our submission that this tool should be more generally available regardless of disease specialty, in order to avoid repetitive litigation over essentially the same issue.

We trust the above will be a useful adjunct to the diabetes health workforce Review and advise that NZNO and the DNSS would like to participate and assist in subsequent innovation and development the diabetes health workforce.

Nāku noa, nā



Marilyn Head

Policy Analyst

Phone: 04 494 6372

Email: marilynhead@nzno.org.nz

ABOUT NZNO

NZNO is the leading professional and industrial organisation for nurses in Aotearoa New Zealand, representing over 45 000 nurses, midwives, students, kaimahi hauora and health workers on a range of employment-related and professional issues. Te Runanga o Aotearoa comprises our Māori membership and is the arm through which our Te Tiriti o Waitangi partnership is articulated.

³ See Laurant M, Reeves D, Hermens R, Braspenning J, Grol R, Sibbald B. Substitution of doctors by nurses in primary care. Cochrane Database of Systematic Reviews 2005, Issue 2. Art. No.: CD001271. DOI: 10.1002/14651858.CD001271.pub2, retrieved August 2011 <http://www2.cochrane.org/reviews/en/ab001271.html>, for instance.

⁴ Macfie, B., & Bland, M. (2010). *Development of nurse practitioners in identified areas: business case*. Hamilton: Waikato District Health Board; Coddington, Jennifer A., & Sands, Laura. (2008). Cost of Health Care and Quality Outcomes of Patients At Nurse-Managed Clinics. *Nursing Economics*. CNE Series. Vol. 26/No. 2.; Conlon, Patrick. (2010) Diabetes outcomes in primary care: evaluation of the diabetes nurse practitioner compared to the physician. *Primary Health Care*. June 2010 Vol 20;5; 26-31. United Kingdom: RCN.

NZNO provides leadership, research and support for professional excellence in nursing, negotiates collective employment agreements on behalf of its members and collaborates with government and other agencies throughout the health sector. Nurses are the largest group of health professionals comprising half the health workforce.

The NZNO vision is “Freed to care, Proud to nurse”. Our members enhance the health and wellbeing of all people of Aotearoa New Zealand and are united in their professional and industrial aspirations to achieve a safe, sustainable and accessible system of public health care for all New Zealanders.