[Draft] National Respiratory Strategy

Submission to the Asthma Foundation

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Contact

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About the New Zealand Nurses Organisation

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand. NZNO represents over 46,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment related matters. NZNO is affiliated to the International Council of Nurses and the New Zealand Council of Trade Unions.

NZNO promotes and advocates for professional excellence in nursing by providing leadership, research and education to inspire and progress the profession of nursing. NZNO represents members on employment and industrial matters and negotiates collective employment agreements.

NZNO embraces Te Tiriti o Waitangi and contributes to the improvement of the health status and outcomes of all peoples of Aotearoa New Zealand through influencing health, employment and social policy development enabling quality nursing care provision. NZNO's vision is *Freed to care, Proud to nurse*.

1. The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the draft National Respiratory Strategy; we congratulate the Foundation on taking this initiative and producing a sound and useful document.

2. NZNO has consulted its members and staff in the preparation of this submission, which is informed in particular by feedback from members of NZNO's Respiratory Nurses Section (RNS) and College of Primary Health Care Nurses (CPHCN).

3. NZNO **supports** the strategy, but notes that we have two general, and perhaps challenging, comments to make which we expand on in the brief discussion which follows, namely that:

    - overall, the focus is still on GP-led medical care, rather than multi and inter disciplinary teams, nursing or primary health care; and

    - the strategy does not identify a plan of action to implement models of care, innovation, flexibility that will reduce demand and improve respiratory care in Aotearoa.

4. We would very much appreciate a hard copy being sent to our street address, and you may also like to discuss with the RNS having a web link on their webpage.

DISCUSSION

5. Very well. The aim and purpose are well defined, and the question/ answer format presents the information in a straightforward and accessible way. The case for prioritising respiratory health is well made.

6. It is useful to allude to other strategies though note that this will be outdated quickly – what plans do you have to keep this current?

What if any improvements would you suggest and why?

7. Whilst the strategy refers to teams, overall, there is no challenge to current service and workforce paradigms. I.e. the focus is still on GP-led medical care, rather than multi and interdisciplinary team-led care, including more effective utilisation nursing and primary health care.

8. The strategy could be more proactive in promoting models of care, innovation, flexibility that will improve respiratory care in Aotearoa. Identifying and supporting new models of care to improve respiratory care. For example, it does not mention Nurse Practitioners or the potential of the NP model of care to improve access to and quality of care, though the role is well established in Aotearoa (albeit with barriers) and policy support and positive outcomes are well covered in the literature.

9. Actions to improve the capacity and the capability of the health workforce should be identified and supported, for example: opportunities for expanded practice for RNs and ENs in respiratory care; ensuring NEtP (nurse entry to practice) positions for new graduates in respiratory health services; including respiratory health services in the voluntary bonding scheme (which could also apply to new graduate medical practitioners).

10. Similarly, improving timely, equitable access to medications by extending prescribing rights to nurses (along the lines of the Diabetes Nurse Specialist prescriber) and pharmacists is something the strategy should be advocating.

11. Identifying alternative pathways (funding, models of care, barriers, etc.) to improve access to primary health care, eg through nurse-led clinics, pharmacies, etc., and outlining a timeline and overall plan of action for achieving specific goals would significantly improve the usefulness of the document as a tool to guide and inform planning, advocacy, resourcing, collaboration.

Feedback on individual sections:

12. Page 3: It is not clear how the structure (fours goals, research focus etc.) relates to the seven conditions (are these also the conditions on

which research and evaluation should focus?); the equity focus; and the actions - do these relate to goals or focus areas or both? We suggest that the table on p 4 is directly referenced in under structure; alternatively, or additionally, a diagram that encapsulates the goals, focus areas and actions could be added.

13. We suggest that important summary information could be boxed and highlighted eg bottom of p6 bullet points listed under "*A national RH strategy is needed because*…".

14. Under 13's care in general practice should be referred to as "zero fees" rather than "free visits". Not all GPs have signed up to this scheme and even where they have and there is no fee charged for the GP visit, there are still costs to both the family (transport etc.) and the healthy system.

CONCLUSION

15. We trust the above brief comments are useful and look forward to the publication of the strategy.

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REFERENCES