NEW ZEALAND
NURSES
ORGANISATION

New Zealand Nurses Organisation

Submission

to the

Ministry of Health

on

Towards accessible, effective and resilient After Hours Primary Health Care Services - Report of the After Hours Primary Health Care Working Party, July (2005).

30 November 2005

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1.0 INTRODUCTION

1.1 The New Zealand Nurses Organisation (NZNO) represents 39,000 health workers on a range of professional and employment issues related across the public, private and community sectors. The majority of our members are registered, enrolled and student nurses, and midwives. The New Zealand Nurses Organisation welcomes the opportunity from the Ministry of Health to provide feedback on: Report of the After Hours Primary Health Care Working Party, July (2005) – *"Towards accessible, effective and resilient After Hours Primary Health Care Services".*

1.2 The submissions from the NZ College of Practice Nurses [NZNO] and College of Emergency Nurses NZ [NZNO] to ensure effective after-hours care is provided in a sustainable way are supported by NZNO. NZNO recognises the importance in the proposal to establish an expert sector group to explore the development of a disposition tool and acknowledges the intent of the inclusion of the NZ College of Practice Nurses [NZNO] and College of Emergency Nurses NZ [NZNO] in this expert sector group.

2.0 Workforce

2.1 Sustainability of the health workforce in the future will be a vital component in any after hours primary health care service.

2.2 Attendances overnight to Emergency Departments are not decreasing (p.8), in fact patient numbers are increasing (DHB Benchmarking April- June, released by MOH, 1 December 2005). Patient length of stay and the additional workload of after-hours primary care is managed by a decreased level of nursing and medical staff in the ED. NZNO jointly with DHBNZ is conducting a Committee of Inquiry into safe staffing and healthy workplaces in DHBs. Recommendations for staffing requirements will be reached in 2006. These recommendations should be considered by MOH and incorporated into future service provision, planning and funding proposals.

3.0 Location of Services

3.1 Accident & Medical clinics have been a vital adjunct to Emergency Department services and general practice care in recent years. Urgent reform for after hours services to remain has an important component of

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health provision care for the NZ public regardless of their location and financial stability. The working party report identified 33% of New Zealanders have indicated a difficulty in accessing care on nights, weekends and holidays without going to Emergency Departments (p1, 2005). This is a significant number of New Zealanders that can not access services which needs serous consideration in any proposed changes to the service model and delivery.

3.2 The use of co-location models for After Hours services in Emergency Departments is not favoured by NZNO members and has exposed difficulties for nurses in the triage role, such as informing patients of the need to pay for what is perceived as a free service and the risk of patients leaving ED's without appropriate assessment and deteriorating. Consultation of nurses in Emergency Departments affected by the proposed changes will need to occur under the National DHB/NZNO Multi –Employer Collective Agreement 2005.

3.3 Safety of health professionals working in isolated and rural areas is paramount in any decisions made. Full consultation of affected areas will need to be ensured. NZNO believes that rural nurses should also be included in the expert sector group and nominations should be sought from the Rural Nurses Network (contact: Kristy Murrell-McMillan -email KirstyMM@teotago.ac.nz).

4.0 Access to care

4.1 Barriers to healthcare access should not be put in place by District Health Board's & Primary Health Organisation. Access to care in any facility by the public should not have a financial penalty that has an impact upon health outcomes (2f). Recovering costs of care delivered by Emergency Departments should not be determined by a triage category nor by the nursing staff.

4.2 NZNO does not endorse the option (p 12) to use the triage code 4 & 5 as a triage tool of sending patients to alternative primary care. There is significant risk for the patient and the triage nurse to "determine if a patient is "extremely unlikely" to deteriorate". The risk is the patient might deteriorate, having initially presented to the ED and may deteriorate before they can access alternative treatment.

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4.3 Healthline is a advising and screening the public appropriately to seek medical attention when needed and since its introduction Healthline has not lead to a decrease in presentation to PHO's or ED's. The use of Healthline has benefited the community and has improved the communities' access to medical attention.

4.4 Disposition assessments to determine the level of care a patient requires is a second level of screening after the patient seek advice from Healthline. If Healthline advice is to go to the ED, this should occur; they would not be expected to be redirected to another health facility. The role of the Registered Nurse screening patients to another location via disposition assessment is not fully described in the report. The composition of this role will need to be outlined (p11). This tool should ensure that nurses are not working outside their scope of practice, have had the required education, training and support structures to develop this workforce.

4.5 Currently funding and structures are only there to service enrolled populations and if there is an expectation that After hours services is provided to all service users sound resilient funding structures will need to be implemented for this.

4.6 NZNO supports the immediacy of the need in addressing appropriate After Hours services; this will require additional funding to ensure these services are appropriately resourced.

Thank you for the opportunity to make these submissions.

Submission Complied by

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