

Greetings to all the participants at the MHNS BGM being held on Friday, August 27th 2021 at the Otago Museum in Dunedin.

I'm very grateful to Michelle McGrath, the Professional Nursing Advisor (PNA) based in Dunedin who is covering for me today as I'm away visiting family overseas. Of course, MIQ availability dictated when I could take this leave.

I have no doubt you will have an interesting day with many knowledgeable speakers providing wider perspectives to consider.


2021 is proving to be a tumultuous year as you will know given the DHB MECA negotiations and the mounting and ensuing dissatisfactions being felt. NZNO itself is preparing for a Constitutional review, as well as a review of Care Capacity Demand Management (CCDM) systems – these reviews are both the result of remits put to the 2020 NZNO AGM asking for analysis and potential changes.

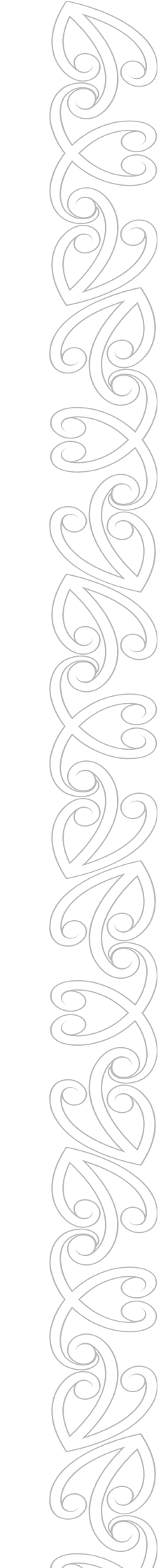
The need for nursing's voice to be heard is more than apparent if we want the profession to survive with its own authority and autonomy. I hope you take advantage of the opportunities to network between yourselves today and make new and enduring connections so that the voice of mental health nurses can be strongly and consistently heard.

Ka kite anō au i a koe
Anne

KaiTiaki Nursing Summary Points
Vol 27, no7, August 2021
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- Inside cover – Notice of **NZNO 2021 Board Election** detailed re the four vacancies, with the voting closing on Friday, 10th September 2021. Four members are standing for President: Anne Daniels; Diane McCulloch; Tracey Morgan; Clivena Ngatai. Three members are standing for Vice President: Cheryl Hammond; Tracey Morgan; Nano Tunnicliff. NB - The candidates' qualifications and statements are detailed on pp11-13.
- Editorial, p2 – Jane Grant writes about the changes that are occurring with the transition to **cervical self-testing**. This means that instead of being tested for abnormal cervical cells, people will be offered a test for human papillomavirus (HPV) which causes almost all cervical cancer. HPV testing is more sensitive in detecting pre-cancer than cytology, so tests will only be needed every five years instead of the current three. People can nominate to self-test in the privacy of a clinic bathroom or at home (from 2023), or a clinician-taken test as is currently done. Research suggests that HPV self-testing is more acceptable and likely to improve equitable access compared to current screening.
- **Letters to the editor**, p3:


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- Letter from **Grant Brookes**, asking where are the NZNO Board minutes and reports to ensure transparency? In 2016 at the NZNO AGM it was passed that the agendas and minutes be made available to the membership and staff. None have been posted on the website since the departure of the previous CE in February. The Acting CE, Mairi Lucas responds committing to the April BoD meeting's minutes release by the time of this publication.
 - The **Kaiwhakahaere** comments, p4 – about the very slow, even minimal, progress that has been made over the past three decades. Nuku writes that we've relied on internationally qualified nurses to make up a significant proportion of the workforce. She continues saying that the only thing that has changed over the years has been the country of origin of Internationally Qualified Nurses has been from South Africa and the UK, to the Philippines (& India).
 - **News & events**, pp5-10, inclusive.
 - P5 - Joel Maxwell writes about **Health Minister Andrew Little** playing both good cop and bad cop after NZNO members rejected the latest DHB offer. Little made a more conciliatory video to nurses, and then he spoke to the rest of the country via media, blaming the NZNO negotiators for the latest MECA offer to be rejected by members. This is duplicitous behaviour by the Minister.
 - P6 - The DHBs have taken **NZNO to the Employment Court** over life preserving (LPS) services during the upcoming strike action on August 19th. NZNO industrial services manager commented that, "We wonder why the DHBs did not approach us to discuss the matter before issuing a media release about their decision to take this action, which seems just another distraction from meaningful negotiations." Alexander said the DHBs should instead focus on devising an offer centred on guarantees that safe staffing will be in place every day to ensure the future of safe nursing practice was secure.
 - P7 - An **NZNO study** has found **students were hard hit** by COVID-19 last year, particularly in their clinical placement. Just over half – 55% - said they were well supported to catch up with the lost clinical hours. A third of students surveyed also reported being asked to work outside their scope of practice on placements, suggesting a lack of understanding by preceptors. Students valued patience and understanding most highly in their preceptors.
 - P8 – **Nurse Practitioners (NPs)** have been excluded from prescribing or administering life-ending medication under the **End of Life Choice Act (EOLCA)** which comes into effect on November 7th. Under the act's current wording, NPs can only work "under the instruction" of a medical practitioner – despite being designated as authorised prescribers and autonomous practitioners since 2016.
 - P8 – **NZNO policy analyst Maori Leanne Manson** has been appointed to the End of Life Choice Act oversight group SCENZ – support and consultation for end of life in NZ. Manson is leaving NZNO to take up a position at Pharmac by the end of the month.
 - P8 – **Nursing schools** have reassured students they are entitled to take part in NZNO strikes so long as they're not wearing nursing school uniforms. The uniforms could be misinterpreted as the education institution's support for the strike.
 - P9 – **General practices and pharmacies** are joining the COVID-19 vaccination rollout in droves, but Maori vaccination rates still lag at about half of the general population rate. There were 676 vaccination sites operating around the country at the end of July, and more were planned.
 - P9 – **The International Council of Nurses (ICN)** say that millions of healthcare workers are still not fully vaccinated against COVID-19. The majority came from low to low-middle income countries.
 - P10 – The **NZNO conference and AGM** will be held on September 15th & 16th at Te Papa in Wellington. The conference is open to anyone with an interest in nursing while the AGM if for members only.

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- P10 – It is hoped that changes to the **NZNO election process** will encourage more members to participate. In 2020 just 6% of the members voted with that marking one of the lowest voting turnouts ever. Voter turnout has generally been low in recent years, hovering around the 8% mark. There is one dedicated election page on the NZNO website for all the information needed:

www.nzno.org.nz/2021_nzno_board_election

There were no remits submitted this year.

- Pp11-13 - The **candidates' qualifications and statements** are detailed here so that members can make a more informed decision on how to place their vote for the 2021 NZNO Board elections.
- Pp14-15 – After a five-year battle for women to be able to test themselves for signs of cervical cancer, a group of wahine toa are celebrating a **new screening programme for 2023**. Associate Health Minister Ayesha Verrall announced in May \$53 million in funding to develop a new test for human papillomavirus (HPV) which causes 99% of cervical cancers. Self-testing would particularly benefit Maori, Pacific and Asian women, as well as those living in high deprivation – all groups with low screening rates.
- P16 – **Waikato Nurse practitioner (NP) and colposcopist Lauren Moore** says she hopes training nurses in hysteroscopy – examination of the uterus – will benefit women at an “extremely frightening and vulnerable time” in their lives. Moore is helping to develop NZNO Women’s Health College (WHC) national hysteroscopy training standards. They will form the basis for a polytech-based hysteroscopy training programme for nurses hoped to be launched in 2022.
- P17 – **Nadine Riwai is the cervical screening coordinator** for Waikato. Riwai recognises many women can be too busy, embarrassed or put off by an unpleasant smear experience. Her approach is to make women as comfortable as she can. Research in 2019 showed wahine Maori aged 25-44 were three times more likely to die from cervical cancer than non-Maori in the same age bracket.
- P18 – **HPV self-test fact box**. Clinical modelling predicts the move to HPV screening will prevent about 400 additional cervical cancers over 17 years and save around 138 lives. Read on.
- P19 – **Ebson Abraham** outlines his life as a **nurse practitioner** advocating for its diverse and often autonomous practice. He outlines the education requirements, specialisation, clinical practice requirements, prescribing and good relationships with patients and other health professionals.
- Pp20-21 – Joel Maxwell describes the **petition to Parliament** launched by **Vince Paala** calling for the government to consider **fees-free (nursing) study**. Paala states that apart from the pay and staffing issues in nursing, one of the major obstacles was the cost of a nursing degree. As part of the fees-free degree, there could be a post-study period where the graduate must work in NZ, as suggested in the petition. It would help stabilise numbers in the profession.
- P23 – An advertorial about ‘The secret joys of working in **private healthcare agencies**.’
- Pp24-26 – **Nurses Leonie Metcalfe and Donna Thomas** write about their lives led up to a diagnosis of **mesothelioma** – the cancer caused by swallowing or inhaling asbestos fibres. Their intention is to raise awareness of mesothelioma and the dangers of asbestos. There is a risk to the many nurses working in older hospitals where asbestos is disturbed during remodelling, repairs or demotion. Both women want ACC to automatically provide compensation, following a diagnosis of mesothelioma. They also want ACC and pharmacy to fund immunotherapy for mesothelioma sufferers, in line with advances in international treatment. Also, setting up a support group is another goal.
- P27 – On July 8th, **Matariki** started early with Te Rūnunga, Te Poari and staff gathering on the Wellington waterfront to watch the constellation rise over the harbour. The Matariki events continued into the evening with a special dinner, including a two-hour video presentation on the constellation that signals the start of a new year in tea o Maori.

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- P28 – Advertorial on ‘**Learning about travel medicine** in a time of COVID-19’.
 - Pp30-31 – NZNO professional nursing advisor, Anne Brinkman, writes about the **predominantly female profession** of nursing having been **ignored for too long, taken for granted**, and with their **goodwill being stretched to breaking point**. Nurses’ attitudes are hardening as they realise they are being dismissed with nebulous words in the latest MECA offer that neither hold the DHBs to account on safe staffing nor given them any confidence that the Government understands why nurses are asking for changes. Nurses are finally waking up to the political realities of needing an effective voice.
 - Pp32-33 – Until now the focus in hospitals has been mostly on patient safety but a law crafted to protect workers after the Pike River Mine disaster in Greymouth in 2010 now puts the focus on staff as well. Under the **Health and Safety at Work Act 2015**, the ability to serve what is known as **provisional improvement notice (PIN)** is now possible. PINs can trigger a series of high-level meetings between NZNO, health and safety representative(s) and DHB management. The ultimate aim of the notices was for a zero-tolerance approach by the DHB to the non-supply of staff to attend patients.
 - P34 – The **DHB MECA negotiations** are continuing against the backdrop of members voting to reject the latest DHB offer on the grounds that it failed to set out how safe staffing will be addressed and how the DHBs would be held accountable for it. Other bargaining is happening in the primary health care sector, the Family Planning sector, the NZ Blood Service, Hospices, and the Prison Health Services. As well NZNO internationally qualified nurse (IQN) members have been supporting efforts to change immigration rules that prevent partners from joining them in Aotearoa.
 - Pp36-39 – **Brian Easton**, an economist, social statistician, policy analyst and historian writes his second article on the **Government’s planned health reforms**. Easton describes the released Cabinet paper which sets out a sevenfold justification for the proposed changes:
 - **Maori issues** – there is concern that the new Maori health authority have so many different views on what it will do. The paper acknowledges there is also significant underperformance and inequity for others who are not Maori (or Pacific).
 - **Funding issues** – The transition to HNZ and the MHA will add to costs. We should not be surprised if the new system is more costly to run. Additional layers of management often reduce the productivity of those who deliver services.
 - **Population health issues** – The paper states that the “system does not routinely take a population health approach”. Twice in the past three decades there have been attempts to deal with this, and twice the approach has been castrated because of powerful lobbies which profit by ignoring population-base health promotion.
 - **The provider capture issue** – there is the view that health professionals use their political power to divert resources from high priority care to their less important practices – especially from preventative and primary care to treatments. Easton suggests that the writers of the report ought to provide a jargon-free account of what they actually mean.
 - **System complexity issues** – Centralisation policies for the health system are usually based on the surgical model, ignoring the complexity and fragmentation clinicians face. Thus they miss the problems around underperformance for certain groups and the failure to integrate primary and secondary care.
 - **Do people have a say?** – The proposed re-disorganisation (the shift towards centralisation) is that it provides consistency across the public by reducing everyone’s say to zero. It was never great, but under the new system it is going to be less.
 - **Inherent tensions** – the usual reason for more central control is the demands of public funding, which pushes the balance away from the patient, the clinician and the local. Yet, as the central government has got involved, the problem of the increasing burden has not been resolved. A solution has been to offload on to private health care, but that adds to the inequity of the system.

The purpose of the four proposed regional offices for Health NZ is funding and governance, not provision. The four regional offices are more an echo of the later-discarded regional health authorities of the 1990s re-organisation. Easton argues that the redesign of the health system should start with the people, and those treating and supporting them, and build the structure with their wellbeing at the centre of our vision – not the dollar.

- Pp40-41 – **Joanne Lomax** writes about how a **patient diary** helps bridge memory gaps for intensive care patients, thus helping with their psychological recovery. The evidence is there to show that patient diaries are beneficial to a patient's recovery following their ICU experience, as long as the diaries are written in a respectful and safe manner and the patients receive the diaries while having some psychological support from experience staff.
- P42-44 **Louise Bobbitt** writes about learning the role of the **integrative nurse coach**, a way of helping achieve their health goals which sees them as a whole integrated person with their own beliefs, culture and story. She details the five components for the Theory of integrative nurse coaching:
 - Nurse coach self-development
 - Integral perspectives and change – four perspectives of reality
 - Integral lifestyle health and wellbeing (IHLWB)
 - Awareness and choice
 - Listening with HEART

The Integrative Nurse Coach Certificate program (INCCP) is the only nursing-focused, evidence-based, internationally recognised nurse coaching course that teaches nurses the skills to help clients/patients reduce their risk of illness or improve a long-term health condition. For more details of the workshop read Bobbitt's full coverage.

Go well

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