



General Nurse Practitioner

The Ol' Country Doctor?

# The ol' country doctor?



- Was able to schedule regular house calls to the most vulnerable population
- Was able to see patients in the practice for how ever long it took to formulate a plan
- Had close collegial relationship with nurses who worked in the community and in the practice.

# Modern general practitioner

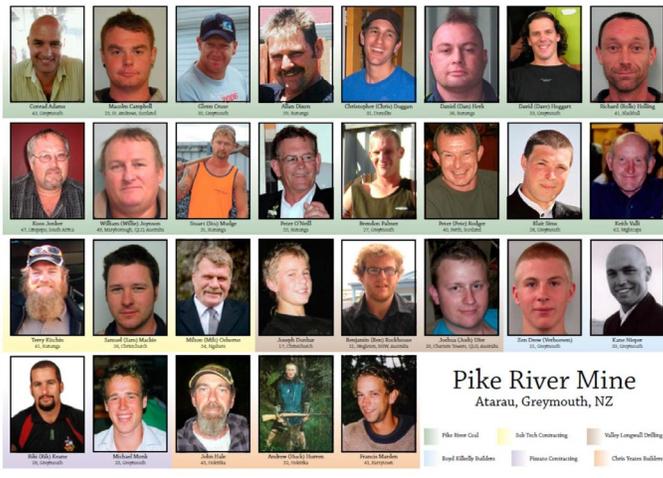


# Mātanga Tapuhi

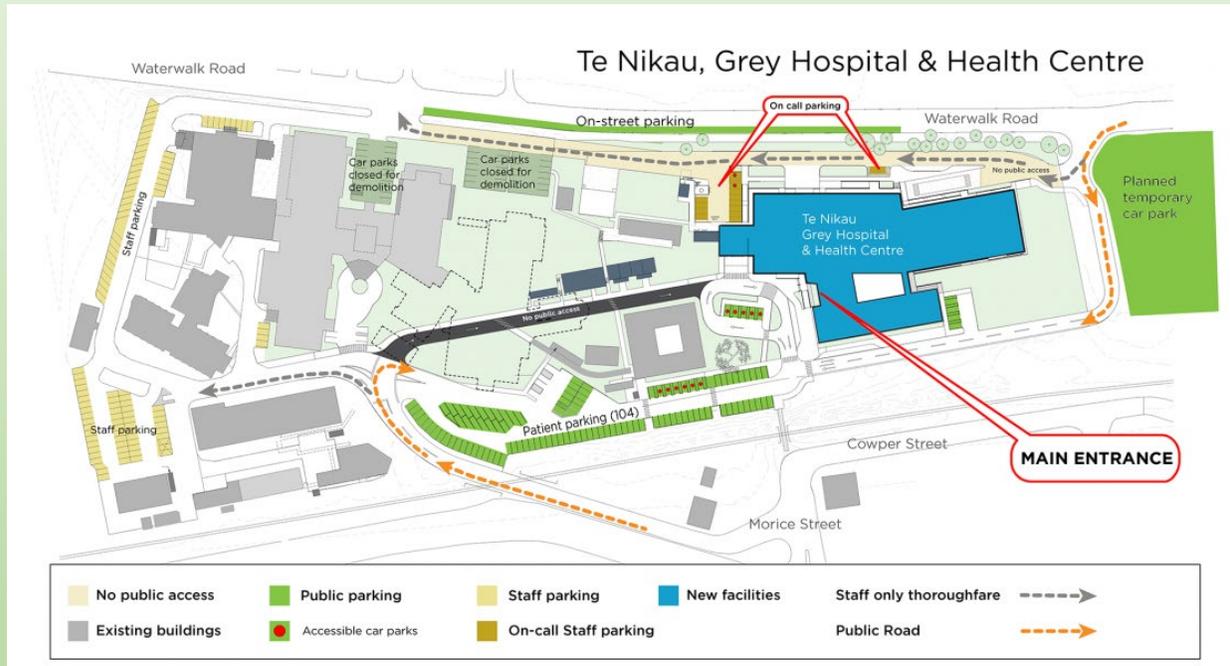
## Autonomous Practice

- In 2018 the Mātanga Tapuhi / Nurse Practitioner changed from a specialist role into a generalist role
  - This enabled NPs to work as General Nurse Practitioners in primary care where, like general practitioners, they are the lead health care provider for health consumers and their families/whānau.
  - They are able to practice without physician oversight

# Greymouth population



# Te Nikau Health Centre



# General Nurse Practitioner

- Work with the most complex and vulnerable patients within the community
  - Daily planned appointments
  - Across the lifespan
  - Long-term condition management
  - Death certificates & Cremation Certificates
  - Unexpected Death call outs
  - ACC
  - Capacity assessments
  - WINZ
  - Probation

# General Nurse Practitioner

- Provide primary surgical interventions
  - Minor operations
  - Biopsies
  - Intra-articular and extra-articular injections

# Community

- Aged Care
  - Three monthly reviews
  - Acute reviews
  - Treatments within the aged care facility
  - Palliative care
- Work closely with community nurses
  - Provide urgent follow up in the home if required
  - Provide palliative care GNP input with home visits

# What do you believe makes my role unique compared to my medical colleagues?



# What we thought the future of health was



The shift of health care was sudden





# Fearing Covid

## Patients were delayed access



**Colliding epidemics  
of  
Covid-19  
and  
preventable non-communicable disease  
(LTC)**

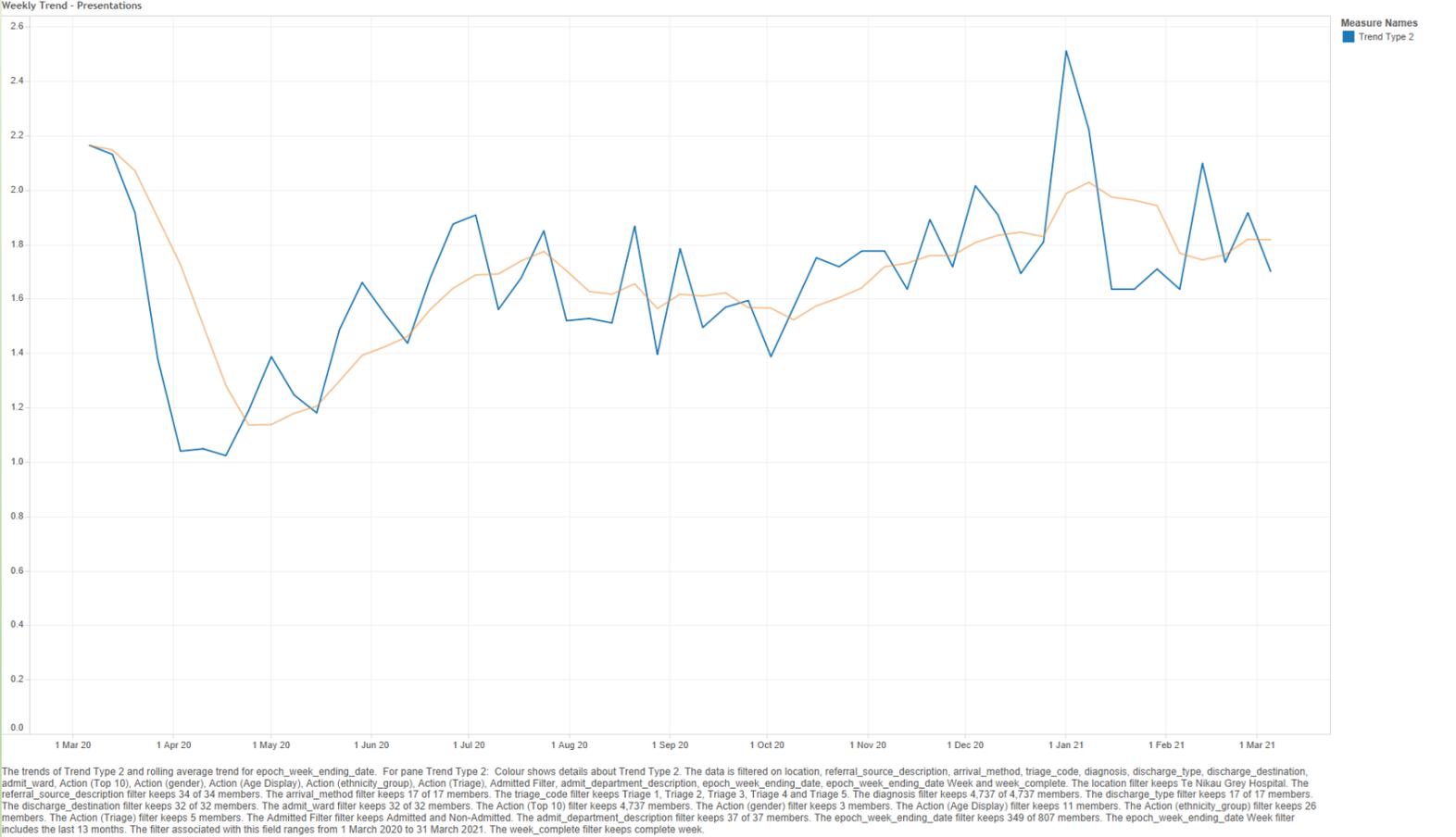
# The strength of nursing



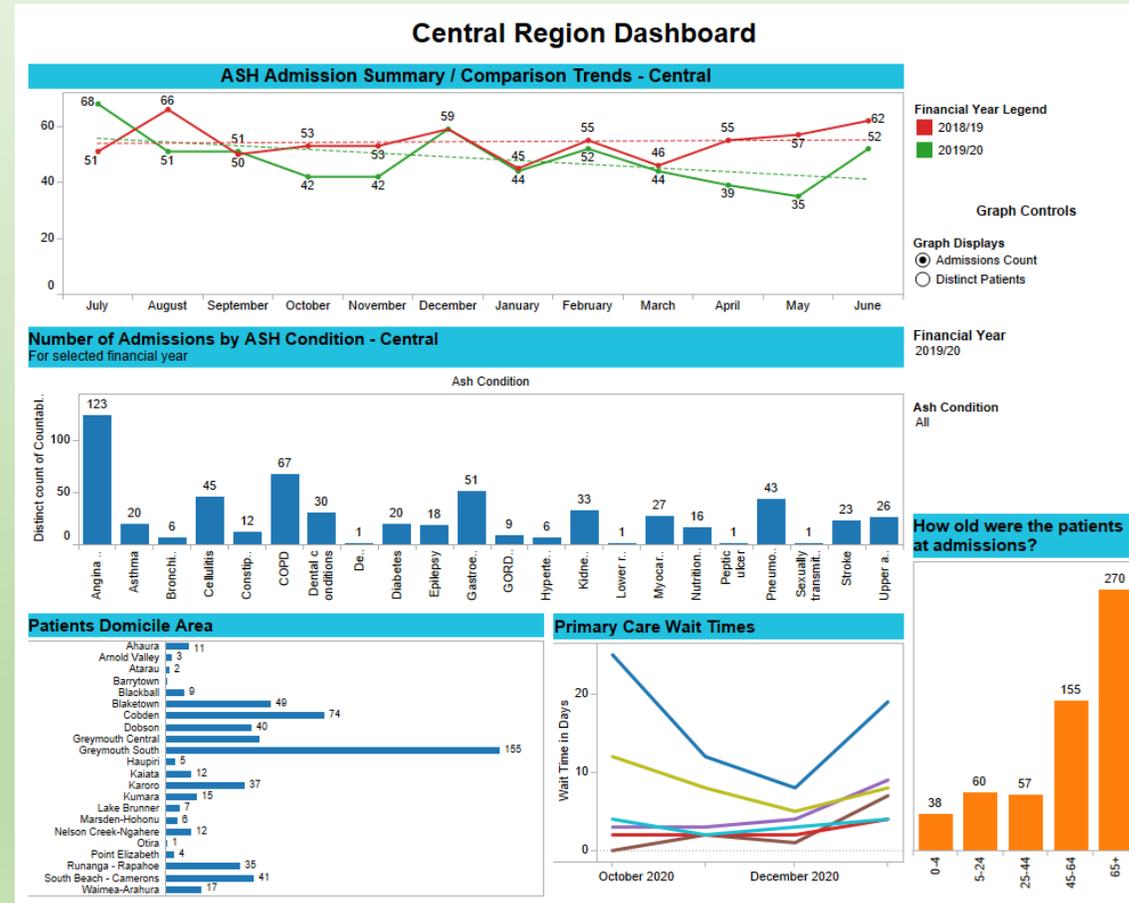
# Covid 19 Weekly Stats for Sara Mason, GNP

Dates	Palliative	ICC	Apt	ARC	Rpt scripts	Total
07-Mar	8	28	15	17	39	107
14-Mar	10	25	19	10	21	85
21-Mar	9	29	40	13	75	166
28-Mar	13	34	8	10	48	113
04-Apr	11	27	22	15	17	92
11-Apr	6	40	7	9	30	92
18-Apr	21	23	7	9	20	80
<b>Total Av /week</b>	<b>11</b>	<b>29</b>	<b>17</b>	<b>12</b>	<b>36</b>	<b>105</b>
rpt scripts are without apts						

# ED trends March 1st 2020- 2021



# Ambulatory admissions to hospital.



# The Ol' time country ~~doctor~~ General Nurse Practitioner

- Working with the community nurses to obtain better health for our patients
- Spend the time needed to ensure better health outcomes
- Provide a large amount of house calls
- Get to know the patient, family and their supports
- Able to do what my colleagues in the medical field used to do

Special mention to  
District Nursing, Palliative Care CNSs, Olsen's and  
Masons Pharmacy, CCCN, Aged Care Staff  
and my GP colleagues

# Patient cases

- Rare disease. During lockdown
- Brian and Laura
- Cognitive impairment
- Unusual case, lady with Chronic Fatigue Syndrome
- Good story, lady with severe OA
- Extreme behavior, addiction in practice

# Health disparities and the link to long term conditions

- People who live or grow up in lower socioeconomic situations are at higher risk of developing a LTC than any other cohort
- High risk of experiencing modifiable risk factors
  - inadequate housing
  - insufficient exercise
  - poor diet
  - tobacco use