



creating opportunity



practice
nurses
working
with the
community
& creating
health





“I invite you to share these stories and continue the great work you do on behalf of your patients in the general practice setting.”

Over the past 20 years Australian primary health care, general practice and general practice nursing have evolved.

Additional opportunities for expanded primary care roles and innovative care paths have brought substantial benefits to individual patients and local communities including greater access to more comprehensive and responsive care.

General practice is a major source of health care, particularly primary health care. As the demand on Australia’s health system and general practice increases and the community’s focus turns increasingly to health promotion and lifestyle, the changing health environment will present more challenges and opportunities for primary health care innovation in general practice.

Nurses working through general practice boost health care services in the community, recognising, meeting and improving access to comprehensive and effective health services.

This publication documents the evolving and expanding roles of practice nurses, working in collaboration with doctors and other health workers at the forefront of primary health care delivery in Australia.

Although nurses are not new to general practice in Australia their role has become one of the fastest growing areas of nursing. From 2005 to 2009 the number of practice nurses increased by 81% and continues to rise. Almost 60% of general practices now employ one or more practice nurses as part of the multidisciplinary health care team.

General practice nursing is challenging and rewarding, the stories in this booklet highlight the possibilities

created when nurses are able to respond to the community’s health needs and work more fully within their scope of practice, skills, interests and experience.

Although they often carry out services for which there is a Medicare rebate, studies show only 21% of the health care services delivered by practice nurses fall under Medicare funding. In reality practice nurses do far more and deliver more value to patients and general practice than they are currently funded to under Medicare.

From 1 January 2012, with the implementation of the Practice Nurse Incentive Program (PNIP), these various roles will be better recognised through this new funding arrangement. Appendix A provides contact details for further information on the PNIP.

As the PNIP is implemented and during the transitional period APNA will work with members, government and practices to ensure the essential contribution nurses make to general practice and the community’s health continues to be recognised and enhanced.

I invite you to share these stories and continue the great work you do on behalf of your patients in the general practice setting. There may be moments of discomfort and even concern about the changes and opportunities the PNIP may bring but if there is one constant in the midst of all this change it is that primary health care nurses are here to stay.

Julianne Badenoch
APNA President

Stepping up – practice nurses moving forward



Practice nurses have been working alongside doctors at the Barton Lane medical centre in the large regional town of Tamworth for more than 50 years. As community demand for health care services grew, the busy general practice could see the benefits of a multidisciplinary approach to patient care and began engaging nurses to lead innovative health care programs.

The Tamworth story is one that resonates in many other communities today – including large metropolitan cities where workforce shortages combined with growing community demand for health care services require new and advanced solutions in primary health care.

“A lot of patients weren’t being seen before we increased the nursing workforce – the clinic just couldn’t cope with the large numbers.”

Embracing change

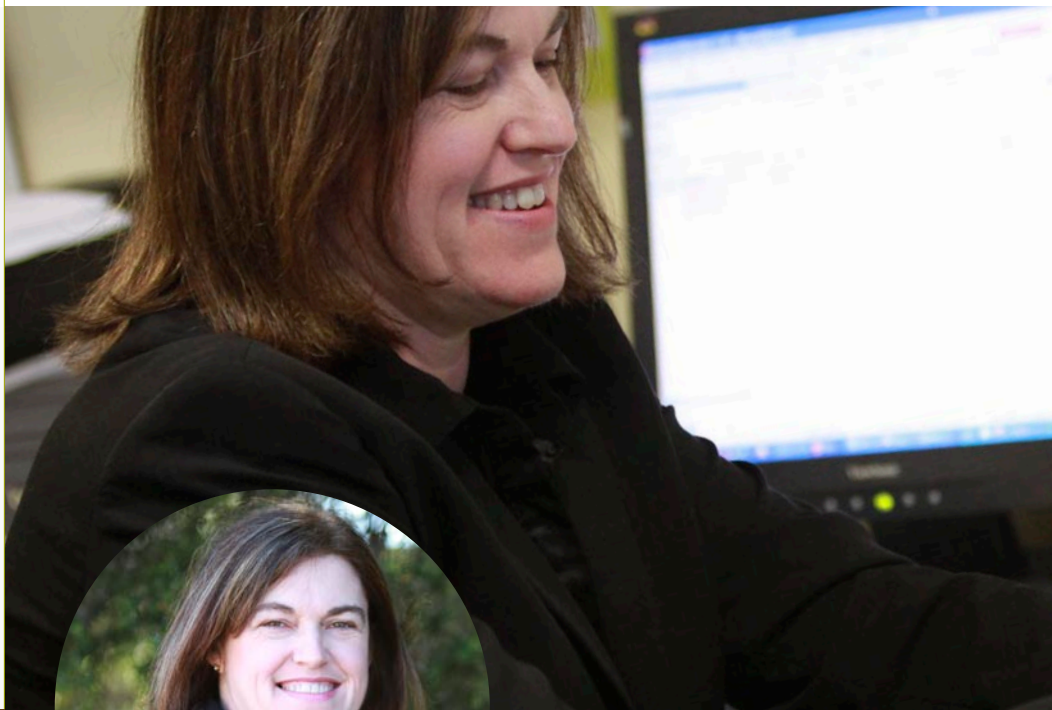


Judy Lobsey has been part of the Barton Lane practice team in Tamworth for around 23 years. During that time she has witnessed significant changes to the nursing role and growth in the number of patients attending the practice and nurses employed at the practice. “A lot of patients weren’t being seen before we increased the nursing workforce– the clinic just couldn’t cope with the large numbers.”

The nursing workforce has grown significantly over the years and the practice now employs six nurses in response to community need. Patients in Tamworth can make appointments to see nurses for a range of services including maternal health and innovative programs targeting lifestyle and preventative health.

Technological advances and an ageing population are all contributing to increasing demand and the pressure on general practice, hospitals, specialist and aged care services.

“...we can spend up to an hour with them and go through different problems and try to address one issue at a time.”



Developing patient centred systems of care

Stronger primary health care services, including prevention of ill health and effective chronic disease management is the focus of a move by the Commonwealth Government to reduce the human and financial cost of illness. This is one of the core components of national health reform. The World Health Organisation (WHO) has identified better health care for all as the ultimate goal of primary health care. WHO asserts that better access to primary health care needs a multi-disciplinary approach and involves doctors and nurses working collaboratively.

Practice nurses play an increasingly vital role in coordinating the care of patients with chronic illnesses and ensuring follow up appointments and procedures are carried out. Sandra Wellwood works at Rochdale Medical Centre in Lalor in Victoria. The local community is culturally diverse, with many patients unable

to read and write English. Sandra has developed systems to help patients manage a range of chronic diseases.

“My aim was to get the patients on target,” she says. Before Sandra implemented care plan structures, doctors at the Rochdale practice had to manually check when a patient was due for a test. Patients were expected to be proactive and make follow up appointments when tests or other health assessments were due, appointments were missed and test results delayed,” Sandra says.

“I think because we [nurses] spend more time with patients, rather than just the 15 minute appointment where the doctor is trying to address multiple issues, we can spend up to an hour with them and go through different problems and try to address one issue at a time.”



Providing continuity of care



In a busy inner city practice in Sydney doctors and nurses are collaborating to improve access to care for the variety of people they see at the clinic. Dr Charles Ovadia, who works at the practice says practice nurses provide the continuity of care essential to improving health outcomes for patients. “The nurses I work with really hold the practice together. They manage all of the recall of patients and ensure they are followed up. This is vital to keeping our patients well and avoiding unnecessary health problems that might arise if they didn’t attend a follow up appointment.”

In the context of wider developments in general practice and community care, practice nurses working in collaboration with GPs have an integral role in ensuring efficient and quality care delivery, leading the development of programs vital to health promotion, chronic disease prevention, health maintenance, and healthcare planning in the community.

“The nurses I work with really hold the practice together.”

Increasing access and reaching out

Nurses working at a regional medical centre in Toowoomba, Queensland are improving patient care and increased the services offered to the local community. There are now eight nurses employed at the practice who, in addition to more traditional services, provide nurse led programs through home visits, health assessments, and make referrals to other allied health professionals.

Allison Love is the nurse manager at the Iona Medical Centre in Toowoomba, and has led many of the changes. "When I first started nurses were underutilised," she says.

Nurses at the clinic still do immunisations and wound care, but they now also help plan and manage the health outcomes of many patients including older people,

pregnant women, children and those living with chronic health conditions and incontinence issues.

The contribution nurses make to this general practice has led to major improvements in the care of patients. Improved access to appropriate care has reduced waiting times and improved the financial viability of the practice.

The clinic has also developed a culture that encourages career advancement and provides research opportunities for nursing staff. "A nurse who trained in incontinence last year is now able to do continence assessments making a huge difference to both patients and staff with regard to accessibility of service," Allison says.

"The contribution nurses make to this general practice has led to major improvements in the care of patients."





Navigating change



Changes to funding arrangements for nurses working in general practice will be introduced in January 2012. Funding will no longer be tied to particular Medicare Item numbers, which currently cover around 21% of what nurses actually do.

While some GPs, nurses and practice managers may be uncertain about the impact of these changes, the PNIP offers opportunities to rethink the roles their practice nurses fulfill. It is widely agreed that practice nurses are indispensable to the future of primary health care in Australia.

Inez Barrett is the Practice Manager at the Glenferrie Road Medical Centre in metropolitan Melbourne. Inez has seen a great deal of change in general practice over the years. "We employed a nurse in the practice

many years ago, and it soon became clear to us how useful nurses are. They have more time than GPs. Our doctors are very appreciative of what the nurses do. When we are over booked the doctors will often put a call through to Tanya [practice nurse Tanya Cross] and ask her to triage a patient."

While Inez is not yet familiar with the financial aspects of the Practice Nurse Incentive Program, she says the practice will always employ nurses. "There is certainly a good business case for having nurses work in general practice from my perspective. I have done the figures. Having a practice nurse has been fantastic for us. We would employ more if we had the space."

Nurse led innovation – responding to patient needs

“We work so well as a team. The clinic is a terrific place to work. The doctors appreciate the nurses. They would be pulling their hair out without us.”



Improving the lives of patients is what motivates Gloria Forsy in her job as a practice nurse at the Tanjil Place Medical Centre in the regional town of Moe in Gippsland, Victoria. The practice has also benefited from the introduction of a Well Women's Clinic established by Gloria.

“Women want to have choice about who they see and often, for a pap smear for example, they want to see a female nurse,” she says. “I have the time to really talk to patients and I am able to get a really good picture about what is going on and then refer them if needed.”

Gloria's practical innovation has improved access for patients and reduced pressure on GPs at the clinic.

The practice has also benefited from an increase in income as a result of the Well Women's clinic.

Another area Gloria is passionate about is chronic disease management. She runs a free diabetes lifestyle group for patients in the 40-49 year age group on a Saturday morning, to assist people who can't attend the clinic on a weekday because of conflicting work and life pressures.

Chronic disease referrals come to Gloria from doctors at the clinic. “We work so well as a team. The clinic is a terrific place to work. The doctors appreciate the nurses. They would be pulling their hair out without us.”



Tangible benefits in prevention

Preventing disease and encouraging a focus on healthy living is vital for the social and economic health of a community. A desire to help prevent disease and ill health led Tasmanian based nurse Sally Cotterell to work in general practice. "I think the interesting thing about working in general practice is that you get to do a lot of preventative health and health promotion activities."

Sally now works for the Burnie Aboriginal Health Service. She enjoys the flexibility of her role in the community. "The health service works quite differently to a GP clinic. I will adapt my work practices to fit in with the activities of the community. We run a lot of activities at the health centre so I can ask a mum to bring her child in for an immunisation the next time she comes into the play group. By doing this I maximise the opportunities I have for engaging with families."

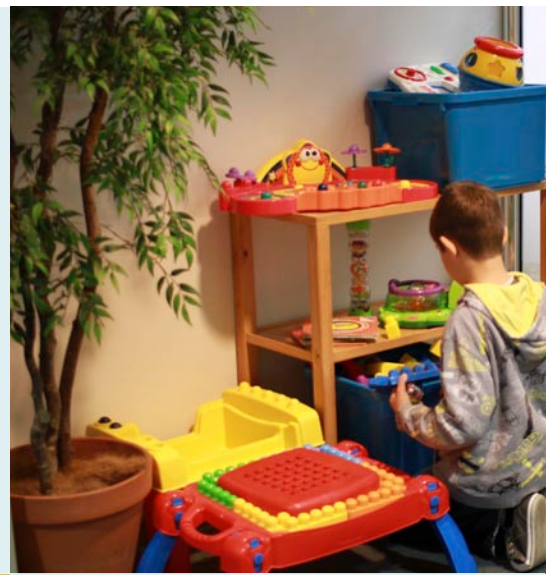
While much of Sally's work at the Aboriginal Health service is directed at child health, she has led a highly successful team effort to raise immunisation rates in the entire Indigenous community in Burnie. "We went from one of the lowest rates of childhood immunisation to around 98%. When the swine flu vaccine came out our general town population only had a 23% vaccination rate while 77% of the Aboriginal population were vaccinated," Sally said. "We achieved this by being proactive in running after-hours clinics and drop in centres. We have also had good success with immunising community members against whooping cough."



"We run a lot of activities at the health centre so I can ask a mum to bring her child in for an immunisation the next time she comes into the play group."



Diversity in general practice



“You don’t know who is going to walk through the door and what condition they will present with on any given day”

The evolution of the practice nurse role in recent years has seen an increased level of confidence for nurses and greater flexibility in the scope of practice.

Katie Royds says practice nursing is akin to working in a busy emergency department. “You don’t know who is going to walk through the door and what condition they will present with on any given day.”

Katie enjoys the flexibility of the role and the challenge of working in a busy general practice environment. “Once you come into general practice you quickly find the need to be multi-skilled. General practice covers a great range of things and is constantly changing and evolving.”

The general practice environment allows nurses to develop innovative solutions to improve the care of patients, Katie says. “Doors are always opening in general practice and if you have the initiative you can work with the team to make a difference to the lives of your patients.

“When I started in my current role I realised a need to support patients with incontinence, so we developed a program that has been very successful. I am also the well women’s nurse, I do four year-old health checks, immunisations, hearing checks, chronic disease management, ECGs, and I see anyone who walks in the door in need.”

While Katie’s role is expansive and satisfying she is always looking at new areas of need in the local community and considering her next move. “Mental health is a big issue and I would like to be more competent in offering patients support in that area. There are still some gaps in general practice for people with mental health issues.”



Change brings opportunity for growth

“The stories profiled here confirm the benefits nurses bring to the community through their contribution in general practice settings.”

Nurses in general practice are constantly changing and adapting in response to the needs of patients and local communities. With the escalating demands on general practice, doctors, nurses and allied health practitioners more than ever are committed to achieving a positive and sustainable primary health care system.

The stories profiled here confirm the benefits nurses bring to the community through their contribution in general practice settings. The role of nurses working in primary care will continue to evolve and change. The only certainty is that opportunities and challenges will continue to grow for nurses, doctors and practice managers, in assuming a greater role in preventing illness and promoting health and wellbeing in communities around the country.

Change brings opportunity - the PNIP provides an opportunity for general practices to explore the full value that practice nurses have to offer. It also presents an opportunity for nurses to grow and evolve the scope of their nursing practice in continuing to respond to the health care needs of the community.

The last word

The GP



It is beyond my comprehension why anyone would work without a practice nurse... the scope and scale of things nurses can do is unlimited and we are only just scratching the surface ...

Dr John Pearson
Barton Lane Practice,
Tamworth NSW

The Nurse



There were no practice item numbers when I started as a nurse in general practice 17 years ago. I worked for many years without them and many years with them. Now we are going through change again and change is hard but it is also good.

Tanya Cross
Glenferrie Road Medical Centre,
Melbourne VIC

The Practice Manager



Things that can be done by a nurse that don't require a doctor being involved gives you appointments for other things so it (having a practice nurse) has opened up our books ... we can get patients in quicker.

Nina Hooker,
Practice Manager Barton Lane Practice,
Tamworth NSW

Appendix

What is the Practice Nurse Incentive Program?

The Practice Nurse Incentive Program (PNIP), to be introduced by the Australian Government in January 2012, aims to combine, simplify and replace current practice nurse funding arrangements and to support nurses in general practice to continue to provide comprehensive patient care in collaboration with other health care providers.

Payments under the PNIP will be paid by Medicare Australia. Applications for the PNIP can now be made and the application form is available from Medicare Australia's website or through Health Professionals Online Services (HPOS). Now is the best time for accredited general practices across Australia to ready themselves for the transition to PNIP and to explore and develop new nursing models of care and business models in relation to utilising practice nurses under the PNIP.

The PNIP consolidates the current Practice Incentive Program (PIP), Practice Nurse Incentive and six of the MBS practice nurse items associated with wound care (10996), immunisation (10993), and cervical smears (10994, 10995, 10998, 10999). Other chronic health and healthy kids check item numbers remain (10986, 10987, 10997).

Top-up payments (for accredited practices) and Grandparenting payments (for non-accredited practices) will be available for the first three years of the program for those practices that are financially disadvantaged.

Nurses can contact APNA to provide feedback on the changes, by emailing admin@apna.asn.au or visiting the website at www.apna.asn.au

If practice owners, or authorised contact persons already have a PKI certificate and require assistance with installation, access or other technical difficulties they can contact the Medicare Australia eBusiness Service Centre on 1800 700 199.*

If practices require any assistance completing the PNIP application form, call Medicare Australia on 1800 222 032 from 8.30am to 5pm Australian Central Standard Time, Monday to Friday.*

For more information practices can contact Medicare Australia or visit the website (details below). A PNIP Incentive Payment Ready Reckoner has been developed and can be used to estimate the incentive a practice may be able to claim. The PNIP Incentive Payment Ready Reckoner is available on Medicare Australia's website.

Phone:

1800 222 032*
8.30am to 5pm Australian Central Standard Time,
Monday to Friday

Website:

www.medicareaustralia.gov.au/pnip
(this website has a link to the PNIP Incentive Payment Ready Reckoner tool)

Email:

pnip@humanservices.gov.au

Postal Address:

Practice Nurse Incentive Program,
GPO Box 2572, ADELAIDE SA 5001

Fax:

1300 587 696.

Additional information about the role for nurses in general practice and the PNIP can be found at:

APNA Practice Nurse Incentive Program website:

<http://www.apna.asn.au/pnip>

PNIP Guidelines:

<http://www.medicareaustralia.gov.au/pnip>

*Call charges apply for mobile and pay phones only.

Practice nurse numbers from 2005-2009

State or Territory	2005	2007	2009	Percentage change from 2005 - 2009
NSW	1157	2010	2441	111%
VIC	1515	1926	2026	34%
QLD	1112	1707	2061	85%
SA	203	663	764	276%
WA	722	895	986	37%
TAS	126	266	332	163%
NT	59	186	197	234%
ACT	30	75	107	257%
Total	4924	7728	8914	81%

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