



australian
nursing federation

Submission to the Australian Government on the GP
Super Clinics Proposal

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The Australian Nursing Federation (ANF) was established in 1924. The ANF is the national union for nurses, with branches in each State and Territory of Australia. The ANF is also the largest professional organisation in Australia, with a membership of 160,000 nurses, employed in a wide range of enterprises in urban, rural and remote locations in both the public and private sectors. The ANF's core business is the industrial and professional representation of nurses and nursing.

The ANF participates in the development of policy in nursing, nursing regulation, health, community services, veteran's affairs, education, training, occupational health and safety, industrial relations, immigration and law reform.

1. Introduction

- 1.1 The ANF has strong interest in the delivery of primary health care as with all health services, representing our members whose profession is the largest of the all health professions and constitutes half of the health workforce.
- 1.2 The ANF strongly supports evidence based policy development and as such, makes recommendations with regard to this proposal on the basis of evidence and the insight of a profession whose contributions to front line health care are essential in keeping the community well.

2. GP Super Clinics – Program Overview

- 2.1 The ANF does not consider the nomenclature chosen for this initiative to be reflective of what it hopes to achieve: “a move towards... multidisciplinary team based approaches”. This title serves only to underscore the role of the GP, rather than the multidisciplinary team the proposal purports to support.
- 2.2 The initiative as it is currently proposed does not offer anything in terms of a new model of care but is simply a new method of funding GP services by using Australian Government funds to support the development of infrastructure for GP services.

3. Policy context

- 3.1 There is nothing in the funding proposal as part of this initiative to suggest that it is anything other than business as usual in terms of the funding mechanism to facilitate the delivery of multidisciplinary care. Currently in Australia, multidisciplinary team based approaches to care are limited by the outdated funding mechanisms that have been established to fund medical services only. The reality of contemporary health care is that the gold standard of primary health care is delivery of care by a range of health professionals such that care can be provide by the most appropriate health professional. However the existing funding model of fee-for-service reimbursement for the GP alone does not make for multidisciplinary care, can drive up costs, limit access to care, and fails to provide the comprehensive health promotion and illness prevention services that are so vital to addressing the epidemic of chronic illness in Australia.

- 3.2 The fee-for-service model will continue to ensure that GPs are overworked; practice nurses are under-utilised in terms of their skills and knowledge as they have the capacity to provide comprehensive primary health care services through early intervention, health assessment, education, screening, risk assessment, counselling, care planning, and many health and wellness programs. However in this model nurses are relegated to tasks assigned by the GP; rather than a collaborative approach recognising nurses as autonomous health professionals and partners in care.
- 3.3 An alternative model to offer comprehensive primary health care services should be explored as a method of better addressing all the aims of this initiative. Such a model could include a community health centre approach, such as the community health centres in Victoria, where salaried health professionals offer well integrated multidisciplinary patient centred care. This model allows for the establishment of community boards (ensuring responsiveness to local community needs) and multidisciplinary providers. Evidence suggests that this model is not only more cost effective than fee-for service models, where costs blow out in an uncapped system¹, but it provides for the delivery of high quality best practice care, as it offers greater scope for better utilisation of nursing skills in delivering a range of services that are responsive to community needs rather than limited to services dictated by the Medicare Benefit Schedule item numbers available for practice nurse services.²

4. Program objectives

- 4.1 The GP Super Clinics proposal claims to offer “accessible and affordable care”; and it understood these clinics are being established in areas of need, where access to primary health care has been limited, where existing GPs may have closed their books, or where no GP currently practices. However there is no assurance that this model will deliver “accessible and affordable care”, as there is no obligation on the participating GP to bulk bill, and people who are currently denied access to care as they cannot afford the out of pocket costs will be no better off. Accessibility is unlikely to improve as the model using fee- for-service funding almost entirely from the MBS is already well demonstrated as posing risks of assuming a “six minute medicine” approach to health care; where the GP (being the only member of the team able to directly access funds is overworked); other team members are undervalued and reluctant to work in the practice; and ultimately the same problems that plague general practice now in outer metropolitan, regional, and rural areas will re-emerge, and GPs (just as they are now) will be reluctant to work in this area.
- 4.2 There is no clear indication as to how or from whom the “high quality education and training opportunities” would be provided. Given that much medical “education” for GPs is funded directly by drug companies, the

¹ McDonald, J. et al. Systematic review of comprehensive primary health care models, Australian Primary Health Care Research Institute, September 2006.

² Keleher, H. et al. Review of primary and community care nursing, Australian Primary Health Care Research Institute, November 2007.

value and independence of extending this education to all members of the health care team would be questionable.

- 4.3 Practice nurses currently report difficulty accessing appropriate education in general practice settings; mechanisms must be put in place to ensure that, under this proposal, nurses have access to adequate, appropriate, and affordable ongoing education, as well as the opportunity for nurses in new roles to be supervised by nurses.

5. Service delivery model

- 5.1 The service delivery model purports to offer an innovative model, but there is no evidence that apart from providing GPs with capital infrastructure, that this model differs to existing models for primary care i.e. private medical providers reimbursed through the Medical Benefits Schedule who refer some services for which there are lesser financial returns to other providers on a “for and on behalf of” basis.
- 5.2 There is no reference to the provision of any facilities for nursing services nor any recognition of the services that could be provided by nurses; for example, most programs for chronic disease management and community education programs, which should constitute a significant proportion of services in a primary health care setting, would be provided by nurses, and appropriate facilities should be provided.
- 5.3 There is increasing evidence of the effectiveness of nurse-led care in primary health care settings³ indicating that nurses can not only provide effective care, with positive health outcomes, but nurse led care involves higher levels of patient satisfaction and higher quality of life. If the aims of this initiative are to provide “accessible and affordable”, “high quality best practice”, “patient centred care” then consideration should be given to developing models that will facilitate that based on the available evidence, rather than perpetuating models that are limited in scope, fail to contain costs, and are unlikely to “support the future primary care workforce”.
- 5.4 Nurse practitioners are ideally placed to deliver primary health care. This is not about replacing doctors but rather providing a service that is not already available. The role of the nurse practitioner working within the multidisciplinary team includes “extended practice in the autonomous assessment and management of clients, using nursing knowledge and skills gained through post-graduate education and clinical experience in a specific area of nursing”⁴. There is no recognition of the nurse practitioner role in the fee-for-payment structure of the MBS. GP Super Clinics would be an ideal model to pilot and evaluate nurse practitioner access to the MBS and PBS.

³ Keleher, H. et al. Review of primary and community care nursing, Australian Primary Health Care Research Institute, November 2007.

⁴ Taylor, M. 2008. Australian Health Care Reform: A place for nurse practitioners?. *Australian Nursing Journal*, 15(6):20-23.

5.5 It is not clear what “community health services” are being referred to in the proposal. Community health services should encompass services such as those described above, and as such would not be distinct, or different to those provided in a multidisciplinary primary health care setting.

6. Governance

6.1 While references to governance in the proposal regarding the involvement of health professionals in the proposal are welcome, it is not clear how the governance arrangements will work.

7. Funding arrangements

7.1 The funding arrangements proposal outlined offers an extension to Australian Government funding to GPs to fund the purchase of infrastructure to complement existing GP funding through the MBS. While this may assist initially in attracting GPs to areas of workforce shortage, the proposal does not constitute an innovative or sustainable model to facilitate multidisciplinary practice. An alternative model might consider providing a single pool of funding so all health professionals in the practice could be employed. Otherwise, the continuation of the current system where fragmented funding sources provide a barrier to collaborative practice will continue.

7.2 Relocation incentives: It is not clear why relocation incentives are greater for GPs compared to allied health professionals, or why nurses are not eligible at all for relocation incentives. The incentives should be equitable across the professions. It is not clear what constitutes the legislative impediments to relocation incentives for nurses, referred to on page 13 of the proposal.

7.3 Industrial arrangements: The employment arrangements for nurses have not been addressed in the selection criteria for this proposal and the ANF strongly recommends that tendered applications and funding should be contingent upon demonstration that nurses are retained on appropriate salaries commensurate with their skills, education and experience. The establishment of the GP Super Clinics presents an ideal opportunity to properly address the industrial arrangements for nursing staff and to promote the employment of nurses in general practice. Nursing staff should receive remuneration and conditions of employment that reflect those paid across the health and community services sector, not those paid at the bottom of the labour market. An overview of general wage levels, key industrial conditions and the titles of relevant industrial instruments forms Appendix A to this submission. Unfortunately, it has been the experience of ANF and nurses that employers who operate general practices have often been reluctant to fully recognise the value of their nursing staff and have sought to depress their wages and conditions of employment. This was particularly evident in 2005/2006 period where many employers maximized the benefits available to them under the WorkChoices Industrial Relations laws in their employment of nursing staff. The most odious example of this was an employer who operates a number of general practices in the Northern Territory and who unilaterally removed all the conditions of employment under the award and replaced them with an employee

collective agreement which contained only the five Australian Fair Pay Commission standards available at the time. The five year agreement provided for no wage increases during its life and effectively reduced the remuneration of all employees including nurses. This agreement is currently the subject of investigations by the Workplace Ombudsman and it is attached as Appendix B to this submission. The ANF strongly recommends that employers who operate the GP Super Clinics should be required to demonstrate through the tendering process that they intend to take practical steps to enhance the employee arrangements of their staff and to promote GP super clinics as an attractive sector for nurses to work.

- 7.4 The use of small streams of recurrent funds for the employment of nurses is unlikely to create a sustainable model for employment, and is likely to serve only to diminish the value of the work of nurses, and therefore have a negative effect on their wages.

8. Summary

In order for GP Super Clinics to truly offer a new and innovative model of care consideration must be given to an appropriate funding mechanism for the delivery of comprehensive primary and preventative health care by multidisciplinary teams. There is an opportunity for GP Super Clinics to be established as a collaborative environment providing a service that is not already available. This would be a responsive, accessible, equitable and affordable primary health care model that would deliver better health outcomes for the community. These GP Super Clinics could showcase the highly sophisticated clinical support that can be offered by advanced practice nurses and nurse practitioners functioning autonomously as a member of the multidisciplinary team in the provision of chronic disease management, acute on chronic care, mental health, healthy kids checks, health promotion and wellness programs. Access to the MBS for practice nurses and the MBS and PBS for nurse practitioners for services that are provided by nurses on referral from other health professionals not under the 'supervision' or 'for and on behalf of' the GP is essential for responsive primary health care that will meet the needs of Australians.