



**Submission : Consultation on 'Guidance paper for NZ
emergency departments regarding the interface with primary
health care'**

June 2010

Submission to:

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This submission was prepared on behalf of the College of Nurses, Aotearoa (NZ) Inc. The College is a professional body of New Zealand nurses from all regions and specialities. It provides a voice for the nursing profession and professional commentary on issues which affect nurses, and also the health of the whole community. Its aim is to support excellence in clinical practice, research and education and to work with consumers to influence health policy. The College is committed to the Treaty of Waitangi and the improvement of Maori health. This commitment is reflected in the bicultural structure of the organisation.

Submission : Consultation on 'Guidance paper for NZ emergency departments regarding the interface with primary health care'

Thank you for the opportunity to provide feedback on the *Guidance Paper for New Zealand Emergency Departments Regarding the Interface with Primary Health Care*.

The College of Nurses Aotearoa supports the purpose of this document which is to provide a guide for the providers of New Zealand's hospital emergency department services for how they should relate to the primary health care sector, with particular reference to the Shorter Stays in Emergency Departments Health Target.

The College supports the principles as expressed in the Summary.

Guidance Statements

1. Defining the roles and relationships between ED and primary health care

There may be value in DHBs highlighting the obligation that PHOs have in the provision of 24/7 care to their enrolled population. DHBs should work with PHOs to ensure that enrolled populations have best possible access to 24/7 care arrangements.

2. Referring patients from ED to primary health care for ongoing care and 3. Connecting patients back to primary health care following an ED attendance.

There may be value in highlighting that appropriate systems and processes are in place within ED departments to ensure that accurate information is collected and recorded with regard to the patient, their address, contact details and in particular the correct name of the patient's GPs/primary health care provider.

4. Identifying and referring patients for whom primary health care is best suited to meet their needs.

Whilst the first point, *individuals usually present to the ED because they believe that they require hospital – level care*, is in some cases correct it should also be noted that individuals present because of an inability to access their usual GP/primary care provider (reasons as written), cost, time of day and/or limited capacity on the day within that practice). The College would suggest that access to primary health care for the reasons given in point 4.2 would be more than an "occasional" barrier. Anecdotally, ED clinicians describe the barriers described above as being significant – **cost being the principle one**.

The College is aware of a growing number of GPs/primary care providers providing on the day/acute/walk in clinics in order to improve access. Perhaps there should be some encouragement from DHBs to PHOs/GP services to look at alternative and/or flexible arrangements with regard to these types of services. Particular encouragement around the provision of evening clinics in some areas where access to services would otherwise facilitate presentation at ED should be considered.

5. Primary health care access to acute hospitals

There may be value in making reference here to those urgent/hospital level services required by the Aged and Residential Care (ARC) sector. The College is aware of ambulance presentations to ED from the ARC sector that could be avoidable if other services were available e.g. in the evenings/nights and weekends when GP/primary care provider services are not available.

There may be value in DHBs highlighting the benefits and/or encouraging GP/primary care/ARC providers to use telephone triage services (Healthline/Procure) that provide advice in the absence of a GP in the evenings, at night and at the weekend.