



*Nurse Practitioners
New Zealand*

**Consultation on a proposed 2.22 per cent increase to
payments in the Accident Compensation (Liability to Pay
or Contribute to Cost of Treatment) Regulations 2003 (Cost
of Treatment Regulations)**

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Submission to:

Ministry of Business, Innovation and Employment

ACregs@mbie.govt.nz

1. Summary

This submission was jointly completed by:

Name:	Professor Jenny Carryer	Diane Williams
Address:	Executive Director College of Nurses (Aotearoa) PO Box 1258 PALMERSTON NORTH	Nurse Practitioners New Zealand c/- Marlborough Community Health Hub 22 Queen Street BLLENHEIM
Email:	J.B.Carryer@massey.ac.nz	dianew@marlboroughpho.org.nz
Organisation:	College of Nurses (Aotearoa) NZ Inc	Nurse Practitioners New Zealand

I am responding on behalf of an organisation (please specify):

The College of Nurses (Aotearoa) NZ Inc and Nurse Practitioners New Zealand

Please tick to describe the type of organisation:

Other (please describe):

Professional Organisation

2. Background

The Ministry of Business, Innovation and Employment is consulting on a proposal to increase payments in Cost of Treatment regulations by 2.22%. The purpose of the review of payments is to ensure that payments for entitlements are affordable for claimants; costs to ACC are sustainable, affordable and consistent (gradual increases); and payments do not cause issues in the health sector.

The College of Nurses (Aotearoa) and Nurse Practitioners New Zealand (“NPNZ”) welcome the opportunity to jointly comment on this proposal. The College of Nurses is a professional body of New Zealand registered nurses and nurse practitioners from all regions and specialties both within and outside of the District Health Board (“DHB”) setting. It provides a voice for the nursing profession and professional commentary on issues that affect nurses, and also the health of the whole community, aiming for excellence in nursing practice and health care delivery which addresses disparities in health.

NPNZ is an organisation that provides a collective voice of actively practicing Nurse Practitioners (NP’s) to advance NP practice, enable high quality integrated and accessible healthcare throughout New Zealand in a variety of healthcare settings.

Key to our feedback is a need for ACC to recognise the contribution of registered nurses and nurse practitioners in primary health care settings as autonomous practitioners. Utilisation of both registered nurses and nurse practitioners has not reached its full potential due to funding, structural, and reimbursement barriers which to date have not been sufficiently addressed by ACC. Until these barriers can be recognised and addressed, we consider that there is some way to go to fully implement the Governments objective.

Our organisations have more specific detailed comments and feedback which is outlined in detail in this submission.

3. Submission

Proposal: To increase payments under the Cost of Treatment Regulations by 2.22 percent. This proposal would increase payments for visits and treatment in the Cost of Treatment Regulations by 2.22 per cent.

What is your view of the proposed 2.22% increase to the payments listed? Please give your reasons.

The College and NPNZ support the implementation of any initiatives to improve the health of New Zealanders and to enable equality of access to quality health services.

However, the College and NPNZ remain concerned about historically focused legislation, regulation, policies and procedures which continue to present significant challenges and barriers for the provision of nursing services.

In regard to this proposal, primary health care nurses (practice nurses) and nurse practitioners (NP) continue to face particular barriers in regard to reimbursement for services under the current proposal. While this proposal provides a mechanism to move towards meeting the Government's objectives, we remain concerned that the proposal does not recognise registered nurses in the provision of primary health care, nor does it differentiate between registered nurses and nurse practitioners.

As long ago as 2005, the College recommended that "in order to support the autonomous practice of nurses and nurse practitioners and allow them to fulfill their role as intended, it is recommended that ACC review direct nursing access to ACC reimbursement and provide direct funding to nurses rather than channelling funding directly to GP employers. It is also recommended that the level of reimbursement be reviewed to recognise the advanced level of nurse practitioner practice" (College of Nurses 2005). It has been a longstanding request from NPNZ and the College that nurse practitioners are able to claim for care provision at the same level as a GP for initial assessment for M45s/ARC 18 presentations. The reasons for this are:

- NPs can now prescribe as authorised prescribers, the same as GPs
- NPs are highly skilled and educated in relation to initial injury assessment and wound care knowledge, and can provide a 'whole of episode' care for the patient rather than a GP / registered nurse combination consultation which may increase time for the patient in the practice, depending on the timing of the combined consultations.
- NPs are running and administering their own practice settings, and increasingly providing locum cover for GP practices. The practice is therefore penalised for not having a GP sign off care, when an NP is skilled and educated at an equal (and some cases higher) level in meeting the immediate injury needs of a ACC patient , as well as meeting the faster & closer to home MOH idealogy
- the NP/registered nurse combination claim is not recognised as a GP/registered nurse combination is. This creates additional work for administrative and clinical staff and doubles documentation and claiming. This is particularly true for practices where the lead clinician is an NP on the day.

The NP role has a fifty-year history internationally and has existed in New Zealand since 2001. These masters prepared nurses are able to independently provide the full episode of care and are expert at spanning boundaries between clinic, home and community settings.

We consider there is a significant opportunity for NP models of care to be implemented more widely in our health and disability sector. It was always intended that the NP role would have varying employment arrangements which would include professionally independent NPs with no employment relationship with DHBs, PHOs or other primary health care practices. However, the difficulties encountered by current nurse providers of ACC services indicate that the current contracting process makes it difficult for NPs to provide ACC services independently and viably.

NPs indicate that currently ACC reimbursement funding is a significant issue in relation to NP care. for Independent NP care is a level that is appropriate for the level need of the patient. It often involves indepth wound assessment and treatments, injury prevention and

education, onward referral, and self management to enable return to work - including re-evaluation of injuries for ARC18 . This can be time consuming, as the scope of service provided is somewhat broader than that provided by a general practitioner.

ACC current funding and reimbursement structures for health care services provided in primary health care settings are therefore failing to take into account new and innovative models of providing health services, including those led by registered nurses and NPs.

The layered level of payment focusing purely on the provider rather than on the service or treatment "... appears to assume that the service the GP provides is worth more than the PN [practice nurse] as the rate is higher despite the fact that often the PN assesses and manages care, for example wound or plaster care, with minimal input from the general practitioner. This funding encourages professional disempowerment of nurses as GPs often insist on seeing all clients every time to gain the higher fee from ACC regardless of the actual need" (Minto 2004).

At a minimum, NPs should receive the same reimbursement as a GP in order to recognise the advanced level of nurse practitioner care provided. The payment should be for the service provided rather than based on the provider.

4. Conclusion

We appreciate your consideration of our submission, and in summary request that nurse practitioners are recognized at the same rate as a GP given their considerable skill, knowledge and provision of care.

We are happy to provide further information to you to support our submission.

References

College of Nurses (Aotearoa). 2005. *ACC – Requirements and barriers for registered nurses and nurse practitioners under ACC's current legislation, regulations, policy and procedures.*

Minto R. 2004. *Practice Nurses as Providers: To Be or Not to Be?* Available from www.nzno.org.nz (accessed April 2005).