



***Nurse Practitioners
New Zealand***

Nurse Practitioners New Zealand

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Submission on Social Security Legislation Rewrite Bill

Submission To: Committee Secretariat
 Social Services
 Parliament Buildings
 Wellington

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Nurse Practitioners New Zealand (NPNZ) is open to all New Zealand registered Nurse Practitioners. We are a division of the College of Nurses Aotearoa (NZ) Inc. We have 130 members of approximately 160 Nurse Practitioners in New Zealand (as at April 2016).

Our aims are to:

1. Promote excellence in advanced clinical nursing through practice, education and research
2. Enhance capacity of the Nurse Practitioner practice in New Zealand
3. Provide Nurse Practitioner leadership for legislation, regulation and policy development
4. Provide resource and consultation for health care practice in New Zealand

Nurse Practitioners are registered by the Nursing Council of New Zealand under the Health Practitioners Competency Act 2003. Nurse Practitioners work within a specific area of practice incorporating advanced clinical knowledge and skills into their care. They work both independently and in collaboration with other health care practitioners to provide expert care within different health care settings. They can assume full clinical responsibility for the care and treatment of patients within their area of expertise.

The Nurse Practitioner role was introduced in 2001 to provide alternatives to the traditional health care model and provide an effective and efficient model of health care in a time of increasing pressure on the health care system both primary, secondary and tertiary. Research has shown that Nurse Practitioners have delivered on these expectations.

Nurse Practitioners have been unable to work to the full extent of their full scope of practice and capabilities due to restrictions within law that limit their abilities to assume full care and treatment of patients.

The intention of combining skills and knowledge, once the sole domain of medicine, with advanced nursing practice to create the Nurse Practitioner scope of practice was to provide an effective and efficient alternative model of health care delivery which would enable greater substitution between groups, thereby promoting efficiency and flexibility in the use of valuable resources in times of predicted doctor shortages and where resources and therefore the public's access to health care are limited.

This submission is based on the principle and intent of the development of the Nurse Practitioner role in New Zealand; that it become an integral health role within the health system and be utilised in the broad way it was intended. The changes made through the Social Security Legislation Rewrite Bill will ensure that the Nurse Practitioner role is utilised in all aspects of health care in line with the competencies and training of the scope, decreasing the risk of under-utilisation of the Nurse Practitioner role.

In the primary health care (PHC) sector Nurse Practitioners may have an enrolled population or be the main provider of health care for patients and their whānau/families. They have an increasing role in primary health teams (General Practice and non government organisations (NGO)), especially in rural areas where there is a shortage of General Practitioners (GP).

Hence PHC Nurse Practitioners are making an important contribution to the health of New Zealanders and their collaborative, integrated role is now well recognised.

Current Ministry of Social Development (MSD) legislative arrangements in relation to Supported Living Payments and Disability Allowances have created inequalities in access to these benefits for patients when the Nurse Practitioner is the patient's main provider of their health care. This is particularly the case in Primary Care as GPs with full appointment dairies are not always available at that moment in time, patients are inconvenienced, often having to make a return visit to the Practice to see a GP for the Supported Living Payment Benefit or to collect Disability forms signed off by a GP.

Additionally, under current legislation a Nurse Practitioner is required to ask a GP who has not provided the consultation and may not know the patient(s) to sign off on Ministry of Social Development Disability Allowance benefits. This is necessary to save resources, time, avoid consultation duplication and an adverse visit outcome for vulnerable, low socio economic patients. This is not transparent practice.

For example: patients presenting for renewal of their Supported Living Payment Benefits who have been booked with a Nurse Practitioner have to be rebooked with a GP who may not ever have known the patient.

These are now common occurrences and affect the patient journey, fragment care and cause frustrations for both patients and practice staff.

We support the intent and objectives of this Bill which repeals and replaces the Social Security Act 1964 and the Social Welfare (Reciprocity Agreements and New Zealand Artificial Limb Service) Act 1990

- to enable improvements to frontline practice
- to align with and support modern service delivery.
- to make technical changes where current wording does not well support the policy intention
- to improve accessibility by setting out clearly the existing requirements for eligibility
- to ensure the Legislation is: accessible, available, navigable, clearly readable and easy to understand.

Therefore, we ask that Nurse Practitioners be recognised as health providers under the proposed changes to the legislation for the aforementioned benefits. Clearly the proposed changes neither acknowledge nor reflect the reality of our everyday Nurse Practitioner practice.

We ask that Nurse Practitioners be authorised to complete certification and renewals for the following Sections of the Bill and we urge the Select Committee to consider the addition of Nurse Practitioner (within their scope of practice) to the following:

In particular:

27. Jobseeker support: on ground of health condition, injury, or disability: application must include certificate

(1) An applicant (A) for jobseeker support on the ground of health condition, injury, or disability must include in the application a certificate that complies with this section.

(2) The certificate must be given—

(a) by a medical practitioner in respect of any condition; or

(b) by a dentist, midwife or prescribed health practitioner in respect of a condition that is within that person’s scope of practice.

We support this aspect of the Bill as it allows the Nurse Practitioner to provide a full comprehensive health care service for people with a health condition.

28. Jobseeker support: on ground of health condition, injury, or disability: medical examination

(1) MSD may at any time require an applicant for, or a person receiving, jobseeker support on the ground of health condition, injury or disability (P) to undergo an examination by a medical practitioner or psychologist.

(2) The medical practitioner or psychologist must be agreed for the purpose between P and MSD or, failing agreement, must be nominated by MSD.

(3) The medical practitioner or psychologist must prepare, and must send MSD a copy of, a report that indicates—

(a) whether P’s capacity for work is affected by health condition, injury, or disability; and

(b) the extent to which that capacity is so affected; and

(c) how long that capacity is likely to continue to be affected.

We ask that “Nurse Practitioner” be included in this clause alongside a Medical Practitioner or Psychologist. Nurse Practitioners have the training, knowledge and skills to allow them to complete this requirement. In rural settings, a Nurse Practitioner may be the only health practitioner available to a person requiring this service.

Subpart 4 Supported Living Payment.

36. Supported living payment: on ground of restricted work capacity or total blindness: medical examination

(1) The section applies to a person (P) who is an applicant for, or who is receiving, a supported living payment on the ground of restricted work capacity or total blindness.

(2) MSD may at any time require P to undergo an examination by a medical practitioner or psychologist.

(3) The medical practitioner or psychologist must be agreed for the purpose between P and MSD or, failing agreement, must be nominated by MSD.

(4) The medical practitioner or psychologist must prepare, and must send MSD a copy of, a report that indicates—

- (a) whether P is (or whether there is doubt about whether P is)—
- (i) permanently and severely restricted in P’s capacity for work; or
 - (ii) totally blind; and
- (b) the grounds on which the opinion given in paragraph (a) is based.
- (5) The report must, in the case of doubt referred to in subsection (4)(a), and may, in any other case, indicate a date for review of the permanency or severity, or both, of P’s health condition, injury, or disability.

We ask that this subpart includes “Nurse Practitioner” as being able to examine a person for a disability allowance. The Nurse Practitioner has the skills and knowledge to manage a person’s health care needs. This includes assessment of health conditions that qualifies them for a supported living payment e.g. Nurse Practitioners with an area of practice of Mental Health.

41. Supported living payment: on ground of caring for another person: medical examination.

- (1) When considering an application for a supported living payment on the ground of caring for another person, MSD may require that the person being cared for be examined by a medical practitioner nominated for the purpose by MSD.
- (2) A medical practitioner nominated under subsection (1) must assess whether the person would, were it not for the applicant’s full-time care and attention, have to receive institutional care.

We ask that this subpart includes “Nurse Practitioner” as being able to examine a person for a disability allowance. The Nurse Practitioner has the skills and knowledge to manage a person’s health care needs. This includes assessment of health conditions that qualifies them for a supported living payment.

Subpart 11

70. Child disability allowance: MSD may require medical certificate

MSD may require that an application for a child disability allowance be supported by a medical certificate that certifies whether or not, in the opinion of the medical practitioner, the child is a child with a serious disability within the meaning of section 69. Compare: 1964 No 136 s 39C (1)

71. Child disability allowance: MSD may require medical examination

Before granting a child disability allowance, MSD may require the child to be examined by a medical practitioner nominated by MSD.

Subpart 12

78. Disability allowance: medical examination

Before granting a disability allowance, MSD may require the applicant (or the spouse or partner or child of the applicant, whichever applies) to be examined by a medical practitioner appointed by MSD.

We ask that this section includes the “Nurse Practitioner” as being able to examine a person for a disability allowance. The Nurse Practitioner has the skills and knowledge to manage a person’s health care needs. This includes assessment of health conditions that qualifies them for a disability allowance.

120. Health care enrolment and compliance with core health checks

(1) A person to whom this section applies must take all reasonable steps to ensure that each dependent child is enrolled with a primary health care provider (for example, a primary health organisation, or a medical practitioner whose scope of practice is or includes general practice).

(2) A person to whom this section applies must take all reasonable steps to ensure that a dependent child under the age of 5 years is up to date with core checks under—

- (a) the programme that immediately before 15 July 2013 was known as Well Child; or
- (b) any similar programme established in its place.

We suggest that “Nurse Practitioner” be included as an example of a primary health care provider to contemporise this document.

358. Minister determines rates and conditions of employment and payment

The following matters are to be at rates, and subject to conditions, determined by the Minister:

- (a) the employment for the purposes of this Act of medical practitioners—
 - (i) paid only by fees or commission; or
 - (ii) engaged for a specified period under a contract for services:
- (b) the payment of those fees (including mileage allowances in connection with that employment)

We ask that “or other eligible health practitioner including Nurse Practitioner” be added into this clause to bring it into line with our previous recommendations.

Schedule 2- Dictionary

We recommend that if “Nurse Practitioner” is added into the body of the Bill that it be included in the Dictionary e.g.;

Nurse Practitioner means a health practitioner who is, or is deemed to be, registered with the Nursing Council of New Zealand continued by section 114(1)(a) of the Health Practitioners Competence Assurance Act 2003 as a practitioner of the profession of nursing whose scope of practice permits the performance of nurse practitioner functions.

Schedule 9- Medical Board

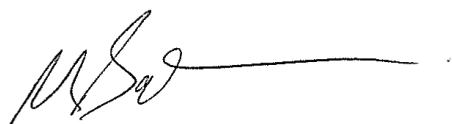
(2) A person is ineligible for appointment as a member unless the person is—
(a) a medical practitioner; or
(b) a rehabilitation professional (see subclause (3)); or
(c) a person who has appropriate expertise in the fields of vocational training or vocational support for persons with health conditions, injury, or disability.

We request that the Committee consider including “Nurse Practitioners” as an option for a Board member.

Summary

We thank the Social Services Select Committee for considering these changes to the Social Security Legislation Rewrite Bill which will bring this legislation in line with the Health Practitioners (Replacement of Statutory References to Medical Practitioners) Bill which is currently before Parliament. If the proposed changes are accepted it will reduce a barrier that currently disadvantages those who are enrolled with a Nurse Practitioner as their lead primary health care provider, and remove a barrier to practice for Mental Health Nurse Practitioners (amongst others) who are sole clinicians for clients requiring long-term benefits.

We thank you for the opportunity to present this submission and do hope the Select Committee will give it its utmost consideration.



Mark Baldwin, NP
Secretary
Nurse Practitioners New Zealand