#### "LET'S GET ON WITH IT"

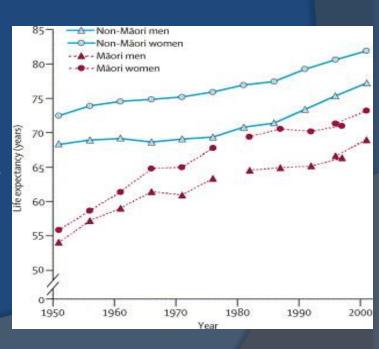
# Establishing NPs as mainstream providers of PHC

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#### WHAT IS THE PROBLEM?

- Health Workforce
  - Ageing
  - Rural depleted
  - General practitioners 54% rural overseas trained + locums
- Ongoing health inequalities
- Deprivation accentuates impacts of rurality
- Long-term conditions, obesity, lifestyle
- Ageing population & increasing costs





### But the BIG problem is:

The current acute biomedical model of primary care is not working well enough for:

- Māori
- Pacific
- Rural
- People living with LTCs
- People who are socioeconomically disadvantaged
- Other vulnerable/marginalised populations and groups













#### NPs - A SOLUTION

 International evidence – diagnosing, health outcomes (eg. mortality), prescribing, patient satisfaction – at least equivalent when compared to GPs

> [Systematic reviews: Laurant et al (2017); Martinez-Gonzalez et al (2014); Swan et al (2015)]

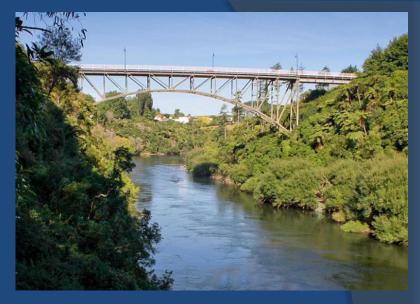
 And cost-effective [Dierick-van Daele et al., 2010; Martin-Misener et al 2015]

How / why are NPs achieving these apparent improvements in health outcomes?



#### Because:

#### Nursing paradigm



- Social justice / health equity focus
- Relationship focused individuals, whānau & communities
- Prevention rehab quality of life (& end of life)
- Commitment to communities
- Navigation / advocacy role

#### Plus

Bio-medical-pharmaceutical knowledge

### NP SUCCESSES - internationally

Underserved (by medical services) & vulnerable populations

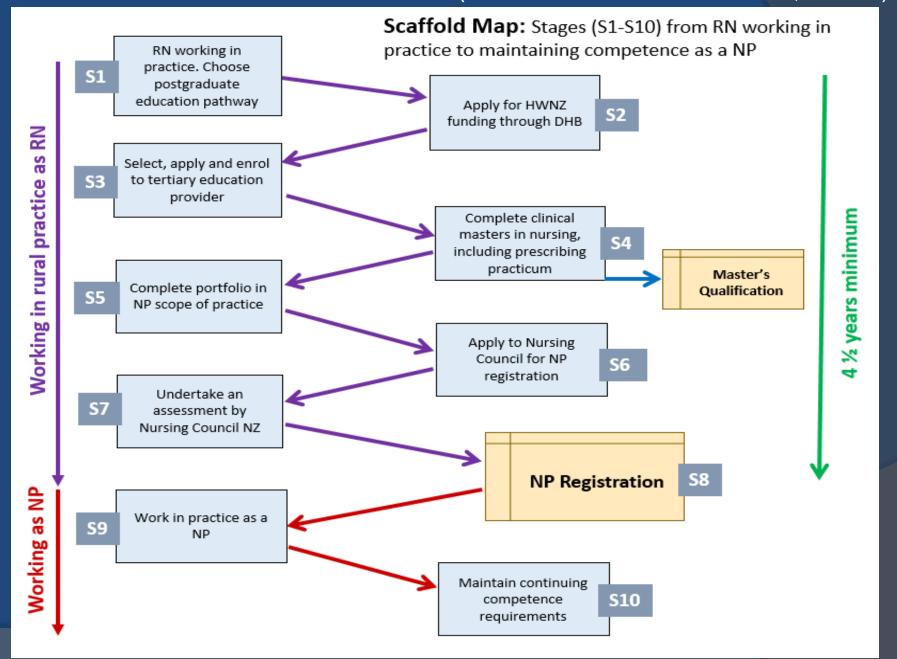
- Indigenous
- Rural
- Refugees
- Mental health
- Older people
- Woman & child health
- Youth health & justice
- Prisons / correctional facilities
- Sex workers
- .......

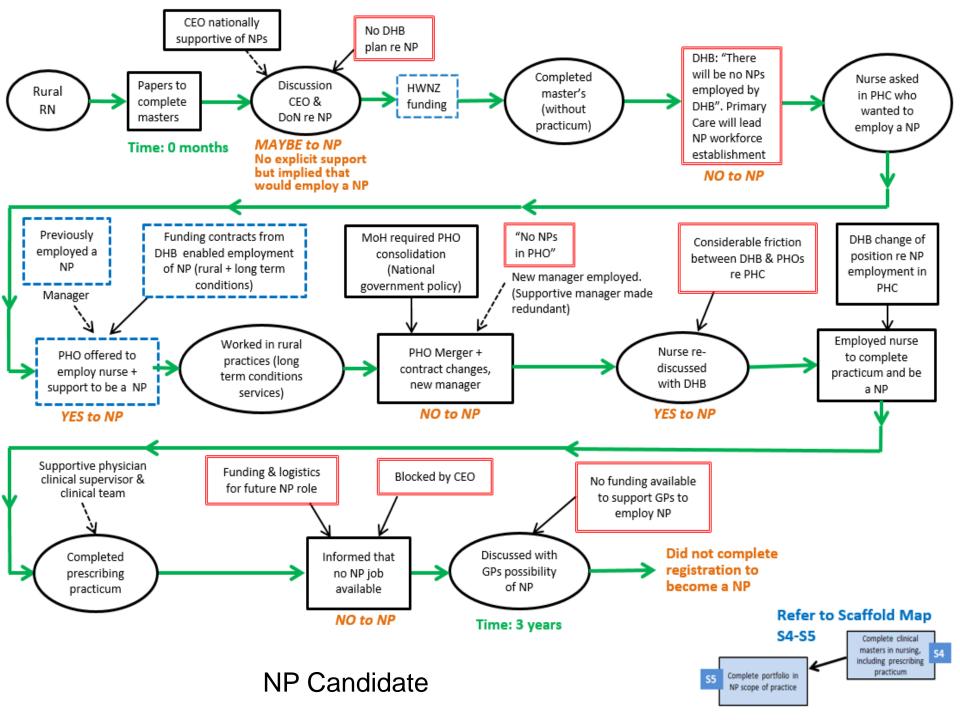


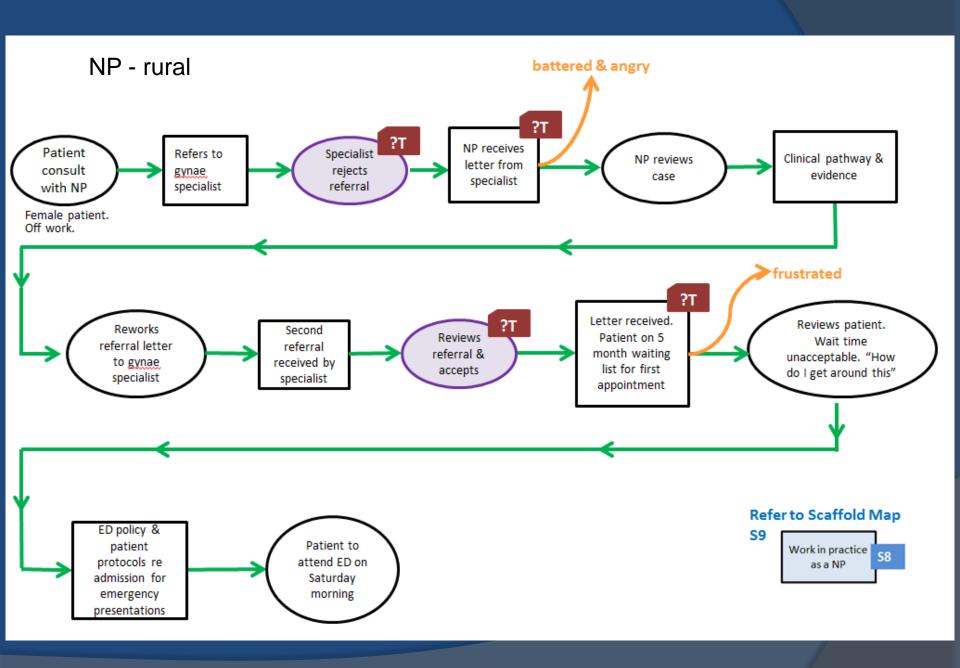
### What are we aiming for??

- Health equity & social justice
- NP workforce central in health policy
- Health services that align with the principles of PHC (integrate widely with other health professionals & with social, education & justice sectors)
- NPs as mainstream providers in PHC
- NPs deliver meaningful & comprehensive PHC services to NZ communities
- NP-led PHC services

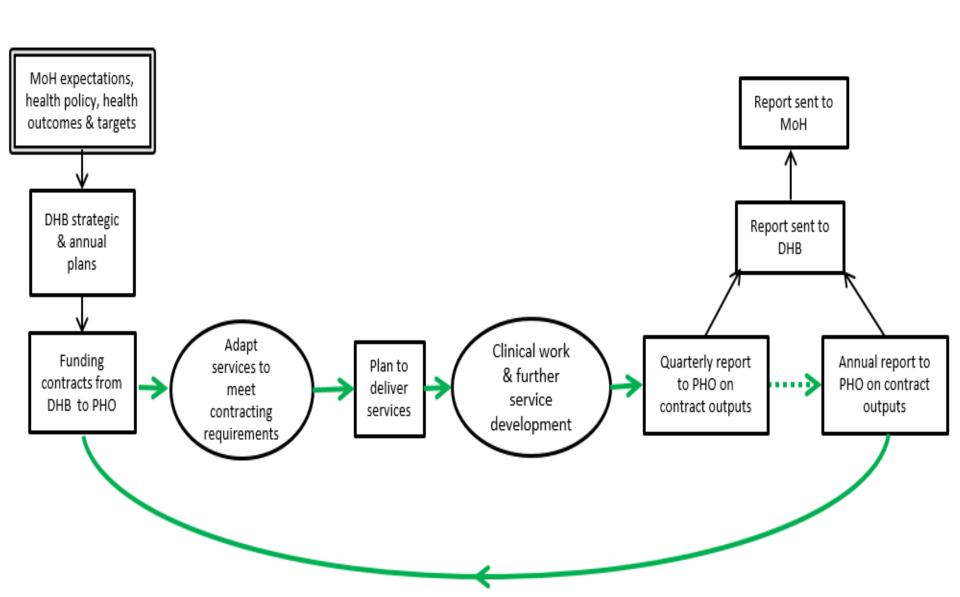
#### NPs in rural New Zealand (Sue's research - Adams, 2017)





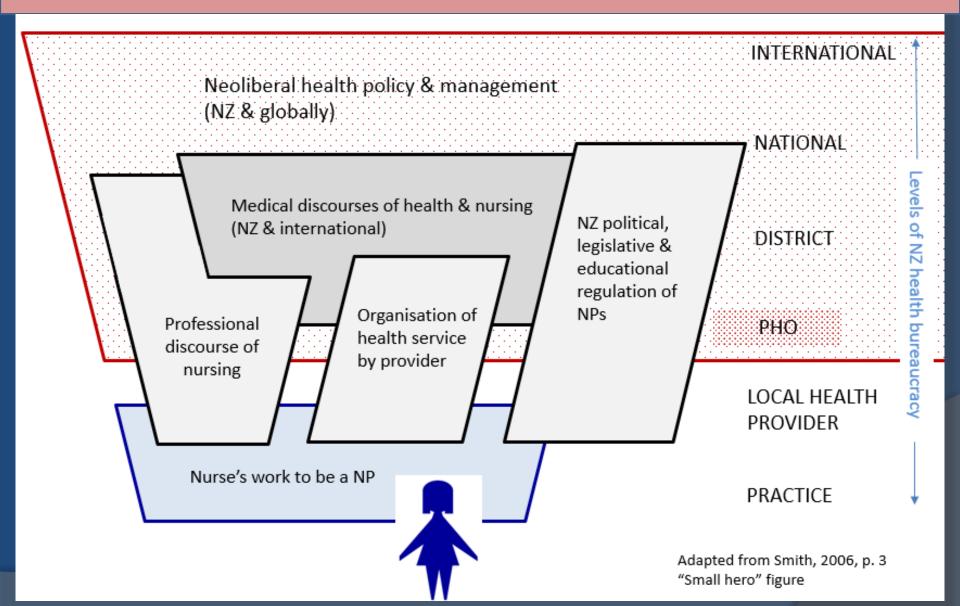


## NP's description of work/reporting cycle in a rural PHO



#### The "ruling relations"

## (Institutional Ethnography: Dorothy Smith)



#### **Facilitators**

## Educational & Registration Pathways

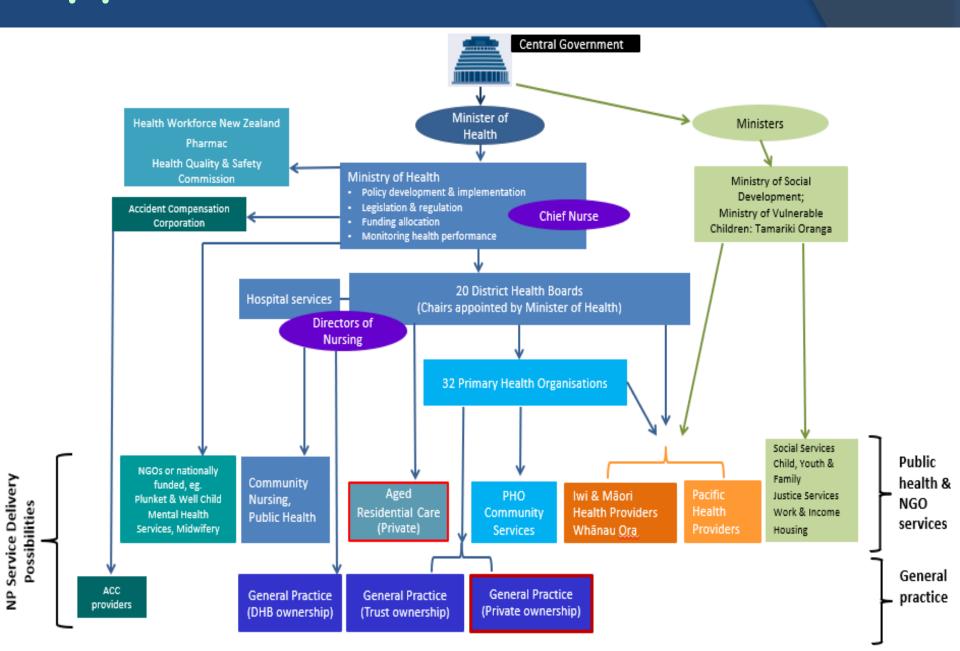
- Organisational commitment to education & employment (PHO & practice)
- HWNZ & DHB support
- Masters programme content, structure, personnel
- Previous PDRP
- Time & funding
- Information from NPNZ
- Mentoring from a NP



### Clinical Practice Environment

- Breadth + depth of work
- Understanding NP scope
- Local support
- Standing orders (Prescribing practice)
- On-call & locum work
- Limited GP hours
- Good GP supervision
- PRIME responder

### Opportunities Simplified structure of NZ health sector (NZHS, 2016)



#### What "we" can do

 Gain commitment at a national policy level (MoH, HWNZ) for NP workforce as mainstream in PHC

#### **Opportunity** with review of H&D Services

- Pressure to include NP workforce in DHB & PHO annual plans
- Ensure NPs working to full scope of practice
   clarity in work environment
- Business models shared (dispel myths!); be creative – think outside the square
- Support & mentoring for NP pathway

### Spread the word; gather evidence

- Engage patients & communities
- Use local & social media good news stories
- Raise profile of NPs in local practice
- Audit & evaluation cost, outcomes



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