



EVOLUTION OR REVOLUTION



A BRIEF HISTORY OF OUR TIME

- 1998. Ministerial task force on Nursing
- 2001-2002. Ministry of Health and Nursing Council affirm the role of NP at policy and regulatory level
- 1999-2003. College of Nurses holds consensus decision making workshops
- 2005. Minister's Employment and Development Working group; proposed funding changes and planned a move to what we now have as the NPTP
- 2014 Medicines Amendment Bill
- 2016 Health Practitioners Statutory Reference Bill

A BRIEF HISTORY OF MINISTRY OF HEALTH TIME

- 2001; The Primary Health Strategy
 - Business as usual
- 2016. The Health Strategy
 - Business as usual
 - Now scrapped

2106 THE HEALTH STRATEGY

- Huge fanfare and “consultation” and expensive Wellington seminars at Te Papa



PHC STRATEGY: EXCELLENT VISION; BUT

- Insufficient operational change to support the vision
- No evaluation of the Primary Health Strategy(2001) before launching the Health Strategy(2016)
- Could have asked Why did it fail?

CATCH PHRASE OF THE TIME

- “This will be a process of evolution towards the changes we need to see.”



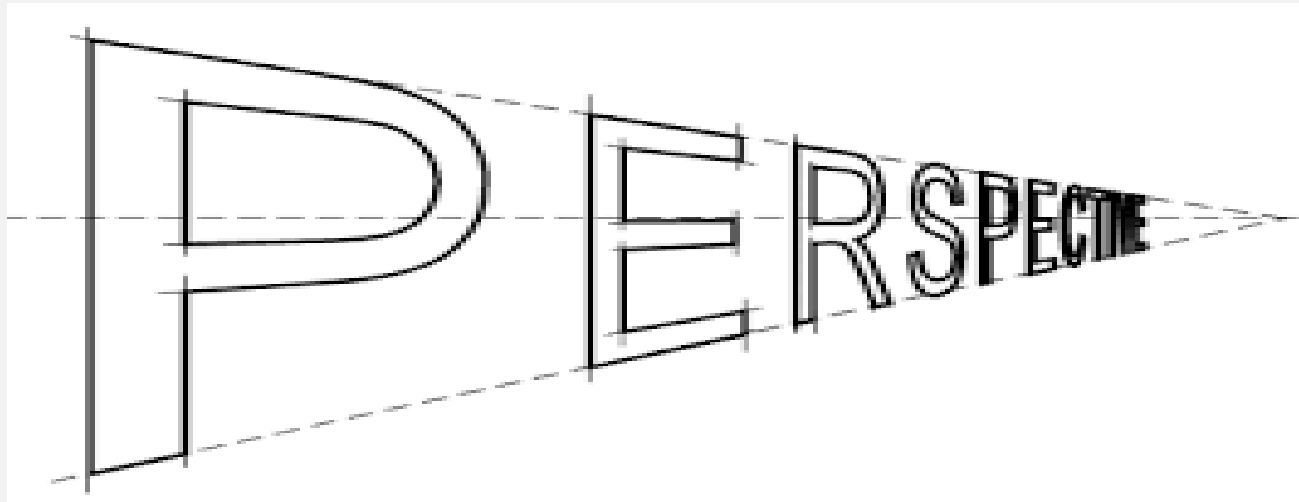
MEANTIME: THE TSUNAMI

- Many predictions are of immense concern
- Demand increasing
- Workforce shrinking
- Costs escalating
- More people missing out
- More stress in the system





- We have come to this point after 100+ years of leading health service development through a biomedical lens and with largely biomedical leadership





- Nursing generally is very aware of the consequences for services and for patients
- We are especially concerned by the large numbers of vulnerable people in NZ who are underserved or inappropriately served
- The current Health System Review is an opportunity for major reform and an opportunity for revolution

NNO MESSAGE TO HEATHER SIMPSON

- 1) We are tired of the endless writing of strategies which are never properly implemented and rarely evaluated in any way (possibly because they were not actually implemented!).
- 2) The replication of effort in the current system/structures is wasteful and pointless and short contracting cycles add to the challenges.
- 3) Lack of equitable outcomes is our biggest concern.
- 4) Nursing services in tier one are impeded and constrained by structural models of care, employment by GPs, and the lack of an accountability mechanism for the significant Government investment in services provided.



- 5) This is despite the previous 20 years of regulatory, legislative and educational development work that has ensured that nurses and nurse practitioners are well prepared to make a major and often independent delivery of tier one services.
- 6) The Kaupapa Maori model is one useful example of a different but very appropriate service model that warrants further consideration.
- 7) The search for innovative workforce developments is important but nursing is already highly generalist, flexible and closely aligned with a focus on prevention, enablement, health literacy and cultural relevance as well as providing clinical care.



- I attend endless meetings at policy level where the handwringing has intensified, the need for new ways of working is repeated and concern is rightly expressed that we have not yet addressed issues of equity or sustainability

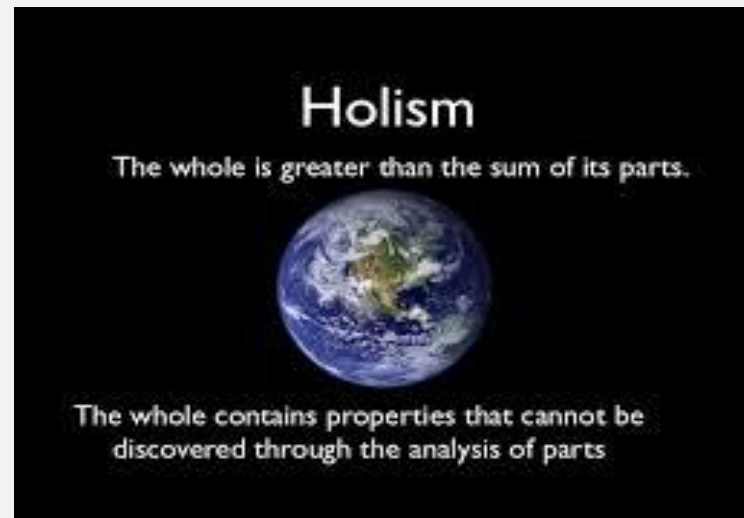


REVOLUTION

- *Radical change is called for, change that is not incremental or a rehashing of traditional perspectives and methods, but the change that is dramatic and abrupt, creative and feeling like a risk, one that is threatening to all stakeholders in the way great change feels at first". Paula Kagan, RN (2013)*

NP AS CATALYST FOR REVOLUTION

- Assessment, diagnosis and prescribing; PLUS Attention to
- Enablement
- Culture
- Context
- Prevention
- Social Justice



TRANSFORMATION

- The need for transformation as expressed through the NP role (at its full potential!) is so closely aligned with the oft espoused rhetoric at policy level





- The alignment of the NP role with the desired focus of health service reform and the need to address unmet need has been tirelessly advocated for by the College of Nurses, Aotearoa in multiple forums over a long period (as it has also been by NPNZ) and many other nurse leaders.

- The message has largely fallen on deaf ears:
- Planners/ bureaucrats/media alike
- But I see signs of change.....



NURSE PRACTITIONERS

- Are more than **cost effective**
- Can span artificial boundaries between services....**integration**
- Focus on strengthening people's abilities to be **self managing** or **enabled**
- Have a background in social justice and an awareness of **equity** needs

NURSE PRACTITIONERS

- “Could be NPs” are very well **distributed** across the many underserved areas of NZ
- Nurses in fact are the one health professional group that remains well distributed

SIGNS OF CHANGE

- Constant stream of ads for NP positions
- Number of NPs rising more quickly
- The Minister is here at the conference
- Practice managers frequently requesting information about NPs
- Request to speak about NPs at the Aged Care association conference



BUT; CHALLENGES/RISKS

- Current NPs are forging a space in the largely business as usual environment
- This has risks as survival can depend on “fitting in”
- *This is exactly what new nurse graduates describe when they take their passionate and enthusiastic vision into clinical settings and are crushed into submission and compliance.*



- For NPs fitting in can mean constraining ones practice to a substitutive stance locked in by business and other constraints
- It may be an uncomfortable fit.....



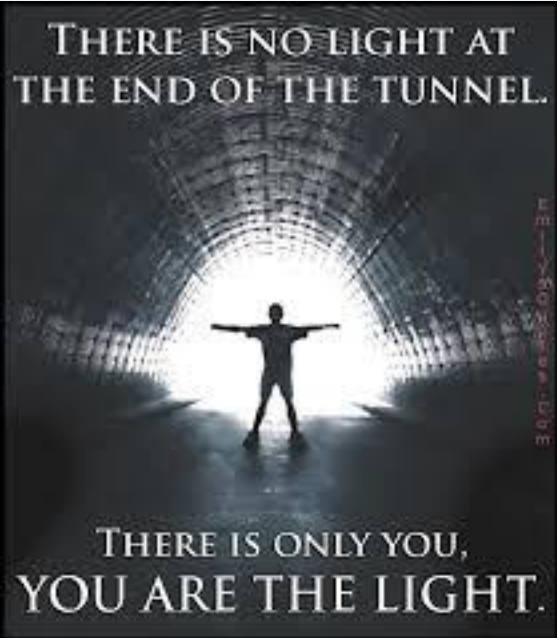
PIONEERS; PARALLELS

- Sheer hard work
- Forging new territory
- Forging new relationships
- Taking on the challenges of role expansion/establishment in an environment that may not be 100% supportive and is sometimes hostile





THERE IS NO LIGHT AT
THE END OF THE TUNNEL.



THERE IS ONLY YOU,
YOU ARE THE LIGHT.

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REVOLUTION

- The current model of service delivery is broken and this is now acknowledged at all levels
- For Maori the services are failing to deliver
- The NP role offers a form of service that is exactly what multiple strategies have described as being the way forward
- **This is a pivotal moment in time when we need to be very clear, unified and brave. We cannot worry about offending colleagues and must instead focus directly on what consumers need.**



- The role can only fill its potential if NPs insist on being employed in ways that facilitate their full potential practice
- The time may have come for establishing parallel models of service
- The current Health Review offers significant opportunity for change and maybe even a long overdue revolution!!