Evaluation of primary care nursing

Country: New Zealand
Partner Institute: The University of Auckland
Survey no: (13) 2009
Author(s): Ashton, Toni
Health Policy Issues: System Organisation/Integration, Others, HR Training/Capacities

Current Process Stages

<table>
<thead>
<tr>
<th>Idea</th>
<th>Pilot</th>
<th>Policy Paper</th>
<th>Legislation</th>
<th>Implementation</th>
<th>Evaluation</th>
<th>Change</th>
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1. Abstract

The introduction of the Primary Health Care Strategy in 2001 provided an opportunity to develop the role of nurses working in primary health care. An evaluation of the Strategy found that there has been a substantial growth in the development of nurses’ roles and capabilities, especially in the management of chronic conditions and in caring for under-served groups. Areas which require further development include: funding models, training, leadership, and recruitment and retention.

2. Purpose of health policy or idea

Implementation of the Primary Health Care Strategy in New Zealand since 2001 has led to the establishment of over 80 Primary Health Organisations (PHOs - see survey (1)2003). PHOs are networks of primary health providers which are paid by capitation to provide services for their enrollees. In addition to general practitioners and primary health care nurses, PHOs may cover a range of other health professionals such as dieticians, psychologists and health promotion workers. The vision behind this restructuring included improved teamwork and an increased focus on prevention and on population health. The restructuring, together with the shift from fee-for-service payments to capitation, was expected to stimulate development of the role of nurses working in the primary care setting.

An evaluation of the implementation of the Primary Health Care Strategy included assessment of changes that have taken place in primary care nursing since 2001 (Finlayson et al. 2009). This part of the evaluation was based upon interviews with selected personnel from PHOs, nurse leaders and other key stakeholders, plus questionnaires completed by practice nurses, general practitioners and practice managers. Results of the evaluation are reported below.

Main objectives
To evaluate the development of the role of nurses in the primary health care setting.

Groups affected
Primary care nurses, general practitioners, Primary Health Organisations
3. Characteristics of this policy

<table>
<thead>
<tr>
<th>Degree of Innovation</th>
<th>traditional</th>
<th>innovative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degree of Controversy</td>
<td>consensual</td>
<td>highly controversial</td>
</tr>
<tr>
<td>Structural or Systemic Impact</td>
<td>marginal</td>
<td>fundamental</td>
</tr>
<tr>
<td>Public Visibility</td>
<td>very low</td>
<td>very high</td>
</tr>
<tr>
<td>Transferability</td>
<td>strongly system-dependent</td>
<td>system-neutral</td>
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</table>

Expanding the role of primary care nurses is not especially innovative. There is however a degree of controversy whenever there is a shift in the boundaries of the roles of health professionals.

4. Political and economic background

The New Zealand National Health Strategy (2000) set the direction for the New Zealand health system. The principles underlying the Strategy include improving the health status of those currently disadvantaged, timely and equitable access to services regardless of ability to pay, a high-performing health system, and active involvement of consumers and the community. The Strategy identified primary health care as one of five service priorities for improving the health of New Zealanders. The Primary Health Care Strategy (2001) then set the direction for future development of the primary care sector, including greater population health focus and a wider range of services. Nurses were seen as “crucial” for the implementation of this Strategy. A key part of the Strategy was therefore development of the primary care nursing workforce with the clarification of capabilities, responsibilities, areas of practice, career frameworks and employment arrangements. The Labour-led coalition government which was in power from 1999 until 2008 injected NZ$1.7 billion into primary health care. This resulted in reduced copayments for general practice consultations and pharmaceuticals, increased consultation rates, and the development of a range of programmes targeted to those most in need. This government also appointed a Health Workforce Taskforce to advise on development strategies for the health workforce, including the primary health sector (see Survey 12(2008)).

A general election in November 2008 brought a centre-right coalition into power. The senior coalition partner (the National Party) has expressed its support for continuation of the Primary Health Care Strategy but has criticized the previous government for its failure to deliver on some aspects of the Strategy. It plans to accelerate change, especially in terms of expanding the range of services provided at the primary level by devolving minor surgery and other services that are currently usually provided in the hospital setting. This in turn implies an expanded role for primary health care nurses.

Change based on an overall national health policy statement

The Primary Health Care Strategy

5. Purpose and process analysis

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</table>

Origins of health policy idea
Expansion of the role of nurses at the primary care level is occurring in many countries. New Zealand is behind these policy developments in some respects. This includes expansion of the role of nurses as the first point of contact for patients and development of the role of nurse practitioners. Barriers to change have included funding models in which nurses have not had direct access to funding, together with employment relationships of most nurses working in general practice. Recognition of these barriers, along with the changing roles of nurses in other countries, has stimulated efforts to extend the role of primary care nurses in New Zealand.

Initiators of idea/main actors

- Government
- Providers
- Payers

Actors and positions

Description of actors and their positions

**Government**
- Ministry of Health: very supportive ••• strongly opposed

**Providers**
- Primary care nurses: very supportive •••• strongly opposed
- General practitioners: very supportive ••• strongly opposed
- Primary health organisations: very supportive ••• strongly opposed

**Payers**
- District Health Boards: very supportive ••• strongly opposed

Actors and influence

Description of actors and their influence

**Government**
- Ministry of Health: very strong •••• none

**Providers**
- Primary care nurses: very strong •••• none
- General practitioners: very strong ••• none
- Primary health organisations: very strong ••• none

**Payers**
- District Health Boards: very strong ••• none

Positions and Influences at a glance

Review mechanisms

Final evaluation (external)
The evaluation of the Primary Health Care Strategy found substantial growth in the development of nursing role and in nurses’ capability, especially with respect to the management of chronic conditions and of under-served or vulnerable groups. Two factors were found to have contributed to these changes. First, nurses’ roles expanded where PHOs and/or general practices had put particular emphasis on the need to improve population health. Second, expansion of roles occurred where there was additional funding ear-marked for specific programmes, including nursing innovation projects. This resulted in more cost-effective services (with greater acceptance by patients of nurses being the first point of contact rather than a doctor), greater choice for patients, freeing up of general practitioners’ time, and greater job satisfaction amongst primary care teams. The evaluation also found the following issues require attention if the role of primary health care nurses is to develop further:

**Methods of funding primary health care:** Current funding models do not promote autonomous provision of services by nurses. Some funding streams are also ad hoc and short term. Some rationalisation is needed, together with incentives for PHOs to establish positions for nurse practitioners.

**Education of primary health care nurses:** The evaluation recommended more post-graduate education, more target funding and improved undergraduate clinical placements for primary health care nurses.

**Leadership and governance:** Recommendations included the appointment of nurse leaders in PHOs and the establishment of mentoring programme.

**Recruitment and retention:** Increased emphasis needs to be placed on primary health care nursing as a career and on increasing the numbers of Māori and Pacific nurses and nurse practitioners.
6. Expected outcome

It is too early to make any assessment about the outcome of this evaluation as this will depend upon the extent to which its recommendations or any other changes are implemented. There will be no impact at all unless some policy changes are made as a result of this evaluation. If some policy changes are made, and if these changes translate into further development of the role of primary health care nurses, then this could have a real impact on the style of care provided, increased equity of access to services, and improved cost-effectiveness in service provision.

<table>
<thead>
<tr>
<th>Quality of Health Care Services</th>
<th>marginal</th>
<th>fundamental</th>
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<tbody>
<tr>
<td>Level of Equity</td>
<td>system less equitable</td>
<td>system more equitable</td>
</tr>
<tr>
<td>Cost Efficiency</td>
<td>very low</td>
<td>very high</td>
</tr>
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7. References

Sources of Information


Author/s and/or contributors to this survey

Ashton, Toni

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