Inquiry into the provision of primary, allied and private health care, aged care and NDIS care services and its impact on the Queensland public health system

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INQUIRY INTO THE PROVISION OF PRIMARY, ALLIED AND PRIVATE HEALTH CARE, AGED CARE AND NDIS CARE SERVICES AND ITS IMPACT ON THE QUEENSLAND PUBLIC HEALTH SYSTEM

The Australian College of Nursing submission to the Queensland Parliament – Health & Environment Committee (December 2021)

Contents

1. General Comments

The Australian College of Nursing (ACN) would like to thank the Health & Environment Committee of the Queensland Parliament for the opportunity to make this submission to the Inquiry into the Provision of Primary, Allied and Private Health Care, Aged Care and NDIS Care Services and its Impact on the Queensland Public Health System (the Inquiry).

As noted in our most recent federal pre-budget submission, the past two years has seen devasting bushfires, a global pandemic and major social and economic upheaval for millions of Australians (Australian College of Nursing, 2021).

In Queensland alone more than 7 million hectares burnt during the bushfires of 2019, which was swiftly followed by the impact of COVID-19 (Queensland Reconstruction Authority, 2020). The effects of the pandemic on Queensland cannot be understated – a report from the Queensland Council of Social Services found that Queenslanders have experienced a greater level of financial impact from COVID-19 compared with those in other jurisdictions, including a higher loss of employment and a greater number withdrawing superannuation (QCOSS, 2020). We have also yet to fully appreciate the societal consequences of the pandemic, though research from groups such as the Queensland Family & Child Commission suggest there are increasing rates of mental health, emotional wellbeing, sexual abuse, and suicide attempts (Queensland Family & Child Commission, 2021).

Throughout these challenges, nurses have remained on the frontline and experienced the totality of these experiences. They work tirelessly to ensure our most vulnerable are safe and well-cared for across the lifespan, as well as delivering evidence-based health promotion and prevention. Australian nurses provide highly skilled, trusted care in a range of settings, and their leadership and expertise has been crucial through both the COVID-19 pandemic as well as in day-to-day health care settings.

As Queensland enters a new phase of the pandemic with the opening of borders, it is more vital than ever to reimagine how the interface between state and federal services should look. There are no silver bullets for issues such as hospital capacity, elective surgery backlogs, or the service inequity between urban and rural areas. However, there are some simple nurse-led solutions that are ready to be activated and deployed. Chief among these is to allow nurses to work to their full scope of practice – particularly by empowering nurse practitioners and advanced practice nursing to help fill the gap that doctors are unable to bridge.

The Royal Commission into Aged Care Quality and Safety, and the COVID-19 crisis in aged care has also revealed systemic failures in the funding, regulation, workforce planning and risk management in the aged care sector. Nurses are best placed to address many of these issues, providing much needed leadership and coordination to ensure person-centred, streamlined, and holistic care. ACN is committed to supporting nurses to drive much needed reforms in aged care; allowing older people greater autonomy, dignity, and access to the care outcomes they value most.

These crises also strike at the heart of future challenges the nursing profession faces. Australia is expected to experience an estimated shortage of over 100,000 nurses by 20251.

Furthermore, while we are seeing a significant number of students study to become nurses, new graduates are seeing a lack of vacancies and experiencing challenges in entering the workforce due to poor transition practice. These problems will only be amplified over coming years as we witness the impact of the COVID-19 pandemic and as many nurses approach retirement age.

ACN looks forward to cooperating with both state governments and the federal government to address these issues and ensure that nurses continue to play a central in not only enacting – but formulating – the policies required for a sustainable health system.

2. Summary of Recommendations

1. **Re-imaging models of care:**

ACN recommends revamping existing models of primary care to focus on an integrated person-centred and value-based system that promotes seamless care pathways within a multidisciplinary team. Care systems should be integrated and responsive, person-centred and outcomes focused, and where appropriate, nurse led.

2. **Workforce fit for purpose:**

ACN supports an appropriately remunerated nurse health workforce operating at the top of their scope and supported by education, training, and skills development. ACN recommends removing barriers to community and primary health care nurses working to their full scope of practice through targeted funding for research, legislative changes to improve incentives and employment conditions, enhanced and relevant professional development and mentoring, further funding for transition to practice programs and clearer pathways for advancement.

3. **Sustainable funding reform:**

ACN recommends appropriate and sustainable funding reform that underpins the best models of care. The limited funding support offered by the MBS for nurse practitioners and registered nurses is currently restricting the Australian public's access to nursing care in the community. ACN advocates for increased access to the MBS for nurse practitioners and advancing practice nurses.

4. **Access to Telehealth:**

ACN supports the retention of telehealth and believes that it can help to address the urban/rural divide that exists in access and equity to healthcare services. For it to be an effective tool is must be regulated accordingly, and be accessible to a range of healthcare stakeholders, including nurses.

5. **Improving Aged Care:**

ACN welcomed the final report from the Royal Commission on Aged Care and continues to advocate for the implementation of its recommendations that centre on placing nurses back into aged care settings. ACN also supports the federal governments increased funding of aged care in the last budget and its commitment to provide extra funding for transition to practice programs in the field. However, there is still more that needs to be done in order to rebuild the aged care sector, including measures to introduce person-centred care models and strengthening clinical governance via increased nurse leadership.

6. Improving the NDIS:

ACN remains concerned that using age as a basis for assigning funding to either disability or aged care services is inequitable and creates barriers to accessing services that best meets an individual's needs. These barriers may be even more isolating for individuals from culturally and linguistically diverse (CALD) backgrounds. Therefore, the age criteria should be abandoned.

3. Response to Consultation Priorities

3.1. The Provision of Primary and Allied Health Care

ACN recognises that Australian health services are stretched thin in every jurisdiction. This is a reality that according to Dr John Wakefield, Director-General of Queensland Health, equally applies to Queensland.

During this testimony at the outset of this inquiry, he raised several valid points, such as the fact that there is one GP for every 766 Queenslander in urban areas, but only one GP for every 1428 inhabitants in rural and remote settings (Queensland Parliament, 2021). This is again reflected in the average MBS spend and access to associated primary care services. Dr Wakefield also mentions that inadequate funding arrangements for attracting GPs to work outside urban areas, and the difficultly in sourcing GPs to work in aged care facilities (ibid).

ACN would agree that there needs to be a workforce readjustment to help the sustainability of the Queensland health system – but would argue that simply focussing on GPs is not the optimal path to follow. Instead that there needs to be a concerted effort to activate and enable nurse practitioners and advanced practice nursing to realise their full scope of practice and help to develop alternatives models of person-centric and nurse led models of care. Doing so will incrementally lessen the burden on the broader Queensland health system and serve as a potential case study for further healthcare reform in Australia.

In the following sections, ACN is pleased to present some of the solutions featured in the whitepaper 'Reimaging the community and primary health care system' from earlier this year.

3.2. Models of Care

ACN strongly advocates for innovative, multidisciplinary, and integrated community and primary health care (C&PHC) models of care that reflect rapidly shifting political, social, economic and regulatory trends, and better serve the increasingly complex needs and priorities of health care consumers, communities and the broader health care system (Thompson et al., 2019). Nurses are a fundamental – and often underutilised – source of positive disruption and innovation for health care systems. They can provide agile, affordable care for individuals and the community, while maintaining and extending existing high standards of safety and quality.

As highlighted in the *Scope of practice* section, C&PHC nurses face a range of barriers in providing the best care possible in their communities, such as roles not reflecting the extent of practice scope, inadequate remuneration and a lack of career progression pathways. One of the most significant challenges, however, is inflexible and outdated models of care and funding structures that limit the C&PHC nurses' scope of practice, often relegating nurses to acting *'for or on behalf of GPs'* in their practice.

3.3. Nurse-led models of care

ACN believes nurse-led models of care provide trusted, respected, and expert primary health care and can create efficiencies and savings across healthcare settings.

In its advocacy role, ACN has provided compelling evidence and rationale for the widespread support of nurse-led models of care in all health care settings, particularly in primary health care.

In a 2018 position statement, ACN argued that *community and primary health care nursing* is integral to ensuring optimal health outcomes for individuals across their lifespan, applying social models of care that meet the health needs of communities, while considering social, economic, and environmental health determinants (Australian College of Nursing, 2018).

In a 2017 white paper, ACN outlined the importance of *nurse leadership* in improving patient outcomes, promoting positive work environments, financial performance and retention (Australian College of Nursing, 2017).

In a 2019 position statement, ACN highlighted the crucial *role of nurses in chronic disease prevention and management in rural and remote areas*, recognising that many communities are reliant on nurse-led services to provide person-centred and holistic care, empower health ownership among communities and lead health promotion efforts (Australian College of Nursing, 2019a).

In a 2020 white paper, ACN provided an implementation toolkit for *establishing a nurse-led palliative care service*, recognising that nurses are the largest group of health care professionals who provide physical, emotional, social and spiritual care to people with life-

limiting conditions, providing much-needed continuity of care (Australian College of Nursing, 2020b).

In a 2020 position statement outlining the *effectiveness of nurse-led interventions in the assessment and management of overweight and obese children and young people*, ACN argued nurses are well placed to deliver feasible, acceptable and effective interventions, with studies reporting reduced rates of overweight and obesity, improved diet and increased physical activity associated with such interventions (Australian College of Nursing, 2020c).

There is substantial evidence to suggest nurse-led models of care can not only improve patient outcomes and compliance with lifestyle change, treatment and medication, but can also reduce costs and unnecessary hospitalisations (Halcomb, McInnes et al., 2019; Halcomb, Moujalli et al., 2007).

In the Australian Capital Territory (ACT), walk-in-centres were established in 2010 providing free primary health care services to the community across five locations without the need for an appointment. These nurse-led clinics offer "advanced practice nursing care, innovative and cost effective nurse-led models of care [which] aim to improve access to health care and give people choice while also enhancing the patient's experience" (Fedele, 2020).

The clinics are run by highly skilled nurse practitioners and advanced practice nurses who "undertake comprehensive assessment, provide timely person-centred care, opportunistic education and support, continuity of care and link patients to other health professionals and services" and take pressure off emergency departments (Fedele, 2020).

While more robust evidence is needed to establish when and in what contexts nurse-led interventions are most effective for different disease groups, studies have found demonstrable improvement in patient outcomes, long-term lifestyle change or overall health promotion efforts when compared to traditional doctor-led models of care. These studies have explored the role of nurse-led interventions in identification, recall and management of people living with diabetes, hypertension, mental illness, chronic disease and those attempting to quit smoking (Clark et al., 2011; Halcomb, McInnes et al., 2019; Keleher et al., 2009; Stephen et al., 2018; Zwar, Hermiz et al., 2017; Zwar, Richmond et al., 2015).

3.4. Integrated person-centred care systems

Nurses have a key role in developing and delivering integrated person-centred care. The concept is simple and involves nurses working in one team with other health professionals to provide care to the local community. Nursing work has always focused on connecting people and acting as advocates for people in care. The main challenge is that health services tend to work in silos, impacting the ability of nurses to work to their full potential and

preventing the type of care people want to receive in the community, including continuity of care and access to the right care in the right place (National Health Service England, 2019).

An IPCS provides a different model for care provision by:

- Allowing nurses to work to their full scope of practice and provide the best care to patients without organisational barriers.
- Providing patients with a seamless journey from referral to the end of their care; less complicated care pathways; easier navigation of care; care that is closer to home.
- Reducing the number of times patients must answer the same questions from different providers.
- Having one team of clinicians working together, with the opportunity to gain a greater understanding of each other and communicate effectively.
- Challenging nurses to take the next step as leaders by giving them opportunities to navigate the health system more easily as advocates for their patients and the opportunity to train in different specialties.

Transforming the C&PHC sector to an IPCS will take time and require a systematic approach to building relationships, structure and governance frameworks, capacity and capability in the system, and the development of new roles (National Health Service England, 2019). Given that the National primary health care strategic framework (Department of Health, 2013) dates back to 2013, it is more pertinent than ever to redesign the primary health care system, shifting towards an IPCS.

Providing the right care at the right time in the right place, closer to home through integrated care hubs acting as an interface between acute and primary health care offers a solution. Such nurse led models could link specialists and work within PHNs to avoid emergency department admission while working collaboratively with the local PHN.

3.5. Scope of Practice

ACN is committed to ensuring Australia's primary health care nurses are empowered and supported to work to their full scope of practice. Evidence suggests when nurses can effectively utilise their skills, knowledge, and expertise in the provision of health care, patient outcomes improve dramatically, while job satisfaction and retention increase (Australian Primary Health Care Nurses Association, 2017; Merrick et al., 2012; Murray-Parahi et al., 2017).

Barriers

There exists a range of barriers to C&PHC nurses working to their full scope of practice. These include: lack of clarity around role definition; inadequate and inflexible funding streams, particularly for nurses in rural and remote areas; poor employment conditions and remuneration compared with acute care nursing; small nursing teams or solo practices that do not facilitate professional support; few incentives or structural supports for career

advancement; limited professional development or training opportunities, particularly in remote settings; and lack of primary care-specific emphasis in education for many C&PHC nurses (Halcomb, Davidson et al., 2008a; McInnes et al., 2017a; McKenna et al., 2015).

Enablers

Several enablers can enhance the ability for C&PHC nurses to utilise their full scope of practice, thus improving patient outcomes, job satisfaction and long-term workforce sustainability. These include greater autonomy and space; proactive and supportive management; mentoring and coaching; and improved education focused on C&PHC, preventive care, wellness and behaviour change. Having an identified practice nurse leader/manager, feeling that one's training and qualifications are utilised effectively, and feeling part of a network with opportunities for mentoring are all factors significantly correlated with higher job satisfaction (Halcomb, Bird et al., 2020b).

3.6. Telehealth and virtual health care

Even before the COVID-19 pandemic, telehealth provided critical primary health care to vulnerable and isolated groups, such as senior Australians, those in Aboriginal and Torres Strait Islander communities and those living in rural and remote areas with limited access to health care (see Definitions).

Considering the shifting health care landscape as a result of COVID-19, however, it is clear that telehealth needs ongoing support and funding, as a permanent element of the health care service mix. During the crisis, nurses have continued working with consumers, allowing them safe, flexible, and convenient access to the health care they need (Australian College of Nursing, 2020d).

Digital technology has enabled people to stay connected during the pandemic, while the rapid expansion of virtual health care has meant long awaited efficiencies, workplace flexibility and improvements in access to care are being realised. With the opportunity to implement virtual health care models, the capacity to transform Australian health care system should be on all Government agendas. Virtual health care offers the chance to future proof our health system, supported by recent efforts to ensure digital gains are made a more permanent fixture

While telehealth offers a more even playing field for primary health care access, it requires changes to ensure it continues to meet the needs of individuals, their communities and the health care system at large. Between March and June 2020, it was reported that NPs claimed 39,301 COVID-19 telehealth services, midwives claimed 6,293 and practice nurses and Aboriginal and Torres Strait Islander health practitioners claimed 81,079 (Services Australia, 2020).

Telehealth is not a substitute for face-to-face visits to health care providers, but it can provide a flexible and convenient option to supplement traditional visits. Telehealth may also improve coordination of care by allowing for case conferencing between a patient and

the various members of their care team, such as their nurse, GP, allied health providers and specialists. Virtual health care must be underpinned by a strong clinical governance framework that ensures high levels of safety, quality and effectiveness.

It is therefore vital that state governments work with the federal government to ensure the permanency of telehealth items is applied equally to nurse practitioners and advanced practice settings, instead of focussing solely on GPs, specialists, and allied health personnel.

3.7. The Provision of Aged and NDIS Care

Aged Care

ACN acknowledges that the aged care sector in Queensland has been facing significant challenges, as highlighted in recent findings from the Royal Commission. Vulnerable Senior Australians, including those in the community and those in residential aged care facilities (RACFs), are at risk of abuse and neglect.

Further, they are at increased risk of sub-optimal care due to an increased reliance on unregulated health care workers which includes the personal care workers (PCW). ACN's white paper (2019) on 'Regulation of the Unregulated Workforce across the Health Care System', outlines the issues related to this workforce being unregulated.

PCWs make up a considerable proportion of the aged care workforce (70%) contributing to a poorer skill-mix, where less hours of care are provided by skilled registered nurses (RNs).

ACN has consistently expressed that this is of serious concern due to strong links with poor patient outcomes.

ACN therefore is strongly supporting of implementing the recommendations of the Royal Commission, but would like to highlight the need for instance of further action, such as:

- Immediate action to ensure registered nurses, enrolled nurses and unregulated health care workers are enabled to provide quality, safe and culturally responsive care to the older person. This can be achieved through dynamic staffing based on the skills mix required to meet the acuity, complexity, and diversity of the older person. Registration and mandatory minimum qualifications for personal care workers who currently provide the bulk of aged is an urgent necessity.
- Expansion of evidence-based in-home care to ensure older people are supported and cared for in their own homes for as long as possible, no matter where they live. Nurses play a critical role in hospital and residential care avoidance through expert assessment, health promotion, care planning and ongoing monitoring.
- To improve the quality and safety of aged care and services and ensure person-centred care, clinical governance must be a key focus of aged care reform. This can be achieved by enabling nursing leadership across all facets of the aged care system, including legislation, regulation, case management and care deliver.

NDIS

Regarding the NDIS, ACN wishes to highlight its concerns that the needs of older Australians (65 years and older) with disabilities will not be met by the aged care system and these individuals will face further disadvantage by being excluded from the NDIS on the basis of age.

In the current National Disability Agreement (NDA), specialist disability services provided by the NDIS are freely available to people with disabilities aged < 65 years, whilst older Australians are deemed ineligible regardless of similar disabilities and needs.

ACN is concerned that using age as a basis for assigning funding to either disability or aged care services is inequitable and creates barriers to accessing services that best meets an individual's needs. These barriers may be even more isolating for individuals from culturally and linguistically diverse (CALD) backgrounds.

ACN is particularly concerned for older Australians who may acquire a disability after the age of 65 years or who may have restricted functional and physical capacity, which may limit their ability to perform basic activities of daily living. These older individuals will need to engage age care services despite having similar needs to younger people with disabilities and who are therefore deemed eligible for NDIS. It is expected that health outcomes will differ due to the variability in care provided and access to necessary services and equipment, primarily quality of life and avoidable hospitalisation.

3.8. Distribution Priority Area

ACN views the current Distribution Priority Area classification as an insufficient way to encourage internationally trained medical practitioners to service the approximately 28% of Australia's population that lives in remote and rural areas. Instead, there should be a concurrent investment in nurse practitioners and advanced practice nursing that is reflective of the outsized roles nurses already play in remote and rural settings.

While ACN welcomes the federal government's recent decision to wipe university debts for doctors and nurse practitioners that commit to working in designated areas for a period of time, the scale and scope of these reforms will not be sufficient to solve the workforce sustainability issue.

Instead, the government should focus on the approximately 44 000 advanced practice nurses in Australia that are unable to work to their full scope of practice, but who are already deployed in their respective communities, along with investing in developing a stronger nurse practitioner workforce that number just over 2 000 after having been present in Australia for over twenty years.

Retaining a focus solely on GPs as the providers of primary care services is not reflective of current best practice and will only continue to strengthen the equity divide that exists in Queensland and other jurisdictions in Australia.

References

All-Party Parliamentary Group on Global Health. (2016). Triple impact – how developing nursing will improve health, promote gender equality and support economic growth. Retrieved from https://www.who.int/hrh/com-heeg/digital-APPG_triple-impact.pdf?ua=1&ua=1

Australian Centre for Value-Based Health Care. (2020). About the Centre. Retrieved from https://valuebasedcareaustralia.com.au/

Australian College of Nursing. (2017). Nurse leadership - A White Paper by ACN. Retrieved from https://www.acn.edu.au/wp-content/uploads/2017/10/acn_nurse_leadership_white_paper_reprint_2017_web.pdf

Australian College of Nursing. (2018). Community and primary health care nursing - Position statement. Retrieved from https://www.acn.edu.au/wp-content/uploads/position-statement-community-primary-health-care-nursing.pdf

Australian College of Nursing. (2019a). Position statement: Role of nurses in chronic disease prevention and management in rural and remote areas. Retrieved from https://www.acn.edu.au/wp-content/uploads/position-statement-role-nurse-in-chronic-disease-prevention-management- rural-remote-areas.pdf

Australian College of Nursing. (2019b). A new horizon for health services: Optimising advanced practice nursing—A White Paper by ACN. Retrieved from https://www.acn.edu.au/wp-content/uploads/white-paper-optimising-advanced-practice-nursing.pdf

Australian College of Nursing. (2020a). Value-based health care through nursing leadership – a White Paper by ACN. Retrieved from https://www.acn.edu.au/wp-content/uploads/white-paper-value-based-health-care.pdf

Australian College of Nursing. (2020b). Establishing a nurse-led palliative care service in Australia: An implementation toolkit – A White Paper by ACN. Retrieved from https://www.acn.edu.au/wp-content/uploads/white-paper-establishing-nurse-led-palliative-care-service-in-australia-implementation-toolkit.pdf

Australian College of Nursing. (2020c). Position statement: The effectiveness of nurse-led interventions in the assessment and management of overweight and obese children and young people. Retrieved from https://www.acn.edu.au/wp-content/uploads/position-statement-assessment-management-overweight-obese-children-young-people.pdf

Australian College of Nursing. (2020d). Media release: The Australian College of Nursing welcomes Telehealth expansion and advocates for permanent funding. Retrieved from https://www.acn.edu.au/media-release/the-australian-college-of-nursing-welcomes-telehealth-expansion-and-advocates- for-permanent-funding

Australian College of Nursing. (2021). Submission: Securing Australia's Workforce. Retrieved from https://www.acn.edu.au/wp-content/uploads/pre-budget-submission-2021.pdf

Australian Commission on Safety and Quality in Healthcare. (2017). National model clinical governance framework. Retrieved from https://www.safetyandquality.gov.au/publications-and-resources/resource-library/national-model-clinical-governance-framework

Australian Government. (2019a). About Medicare provider numbers. Retrieved from https://www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/medicare-benefits- health-professionals/apply-provider-number-or-prescriber-number#:~:text=receive%20your%20 application.-,About%20Medicare%20provider%20numbers,professional%20recognised%20for%20 Medicare%20services.&text=You%20must%20be%20registered%20with,body%20to%20 apply%20for%20one

Australian Government. (2019b). Applying for a Medicare provider number. Retrieved from https://www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/medicare-benefits-health-professionals/apply-medicare- provider-number/ applying-medicare-provider-number

Australian Government. (2019c). Australia's health landscape. Retrieved from https://www.health.gov.au/resources/publications/australias-health-landscape-infographic

Australian Government. (2020a). Practice Incentives Program. Retrieved from https:// www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/practice-incentives-program

Australian Government. (2020b). Application for a Medicare provider number or PBS prescriber number for a midwife or nurse practitioner form (2960). Retrieved from https://www.servicesaustralia.gov.au/organisations/health-professionals/forms/2960

Australian Health Practitioner Regulation Agency. (2020). Professional standards. Retrieved from https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/professional-standards.aspx

Australian Healthcare and Hospitals Association. (2015). Bundled Payments: Their role in Australian primary health care. Retrieved from https://ahha.asn.au/sites/default/files/docs/policy-issue/bundled_payments_role_in_australian_primary_health_care_1.pdf

Australian Institute of Health and Welfare. (2016). Primary health care in Australia. Retrieved from https://www.aihw.gov.au/reports/primary-health-care/primary-health-care-in-australia/contents/about-primary-health-care

Australian Institute of Health and Welfare. (2018a). Older Australia at a glance. Retrieved from https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/summary

Australian Institute of Health and Welfare. (2018b). Australia's health 2018. Australia's health series no. 16. AUS 221. Canberra: AIHW. Retrieved from https://www.aihw.gov.au/getmedia/7c42913d-295f-4bc9-9c24-4e44eff4a04a/aihw-aus-221.pdf

Australian Medical Association (n.d.). Guide for patients on how the health care system funds medical care. Retrieved from https://www.ama.com.au/articles/guide-patients-how-health-care-system-funds-medical-care

Australian Medical Association. (2015). General practice nurse position statement. Retrieved from https://ama.com.au/position-statement/ general-practice-nurse-position-statement-2005- revised-2015

Australian Nursing and Midwifery Federation. (2014). National practice standards for nurses in general practice. Melbourne, Victoria. Australian Nursing and Midwifery Federation – Federal Office.

Australian Primary Health Care Nurses Association. (2017). Position statement: Improving patient outcomes – Primary health care nurses working to the breadth of their scope of practice. Retrieved from https://www.apna.asn.au/files/APNAPositionStatementScopeofPracticeSep2017.pdf

Australian Primary Health Care Nurses Association. (2020a). What is primary health care nursing? Retrieved from https://www.apna.asn.au/profession/what-is-primary-health-care-nursing

Australian Primary Health Care Nurses Association. (2020b). Community health nursing. Retrieved from https://www.apna.asn.au/profession/what-is-primary-health-care-nursing/community-health-nursing

Beadnell, C. (2019). Nurse practitioners: Barriers to practice. Australian Nursing and Midwifery Journal. Retrieved from https://anmj.org.au/nurse-practitioners-barriers-to-practice/

Birks, M., Davis, J., Smithson, J., Lindsay, D. (2019). Enablers and barriers to registered nurses expanding their scope of practice in Australia: A cross-sectional study. Policy, Politics & Nursing Practice, 20(3), 145-152. doi:10.1177/1527154419864176

Byrne A., Hegney D., Harvey C., Baldwin A., Willis E., Heard D., . . . Ferguson B. (2020). Exploring the nurse navigator role: A thematic analysis. Journal of Nursing Management, 28(4), 814-831. doi:10.1111/jonm.12997

Calma, K.R.B., Halcomb, E. & Stephens, M. (2019). The impact of curriculum on nursing students' attitudes, perceptions and preparedness to work in primary health care: an integrative review.

Nurse Education in Practice, 39, 1-10. https://doi.org/10.1016/j.nepr.2019.07.006

Clark, C. E., Smith, L.F.P., Taylor, R.S., Campbell, J.L. (2011). Nurse-led interventions used to improve control of high blood pressure in people with diabetes: a systematic review and meta- analysis. Diabetic Medicine, 28(3), 250-261.

Commonwealth of Australia. (2020). National partnership on COVID-19 response. Retrieved from https://www.coag.gov.au/sites/default/files/communique/covid19-npa.pdf

Consumers Health Forum of Australia. (2010). What is the MBS? Retrieved from https://chf.org.au/publications/what-mbs

Currie, J., Grootemaat, P., Samsa, P., Halcomb, E., Thompson, C. (2019). Literature reviews to support the Independent Review of Nursing Education. Topic 3: Clinical skill development. In Wollongong, NSW: Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong. Retrieved from https://www.health.gov.au/sites/default/files/documents/2019/12/topic-3-clinical-skill-development.pdf

Department of Health. (2013). National primary health care strategic framework Retrieved from https://www1.health.gov.au/internet/publications/publishing.nsf/Content/ NPHC-Strategic-Framework

Department of Health. (2015). Telehealth. Retrieved from https://www1.health.gov.au/internet/main/ publishing.nsf/Content/e-health-telehealth

Department of Health. (2016). Medicare Benefits Schedule review taskforce - Interim report to the Minister for Health. Retrieved from https://www1.health.gov.au/internet/main/publishing.nsf/Content/mbsr-interim-report

Department of Health. (2018). Eligible nurse practitioners - questions and answers. Retrieved from https://www1.health.gov.au/internet/main/publishing.nsf/Content/ midwives-nurse-pract-qanda-nursepract

Department of Health. (2019a). Health workforce data: Nurses and midwives factsheets. Retrieved from https://hwd.health.gov.au/webapi/customer/documents/factsheets/2017/Nurses%20and%20Midwives%202017%20-%20NHWDS%20factsheet.pdf

Department of Health. (2019b). Australia's long term national health plan to build the world's best health system. Retrieved from https://www.health.gov.au/sites/default/files/australia-s-long-term-national-health-plan_0.pdf

Department of Health. (2019c). Educating the nurse of the future – Report of the independent review into nursing education. Retrieved from https://www.health.gov.au/resources/publications/educating-the-nurse-of-the-future

Department of Health. (2019d). Nurse practitioner. Retrieved from https://www1.health.gov.au/internet/main/publishing.nsf/Content/work-nurse-prac

Department of Health. (2020a). COVID-19 Temporary COVID-19 MBS Telehealth Services [Internet]. Australian Government; MBS Online Factsheet; Last updated 2020 May 8.

Department of Health. (2020b). Health care homes. Retrieved from https://www1.health.gov.au/internet/main/publishing.nsf/Content/health-care-homes

Department of Health. (2020c). The Australian health system: Primary health networks. Retrieved from https://www.health.gov.au/about-us/the-australian-health-system#primary-health-%20networks

Department of Health. (2020d). Funding for aged care service providers. Retrieved from https://www.health.gov.au/health-topics/aged-care/providing-aged-care-services/ funding-for-aged-care-service-providers

Department of Health. (2020e). Primary care – voluntary patient enrolment for older Australians. Retrieved from https://www1.health.gov.au/internet/main/publishing.nsf/Content/ Voluntary-Patient-Enrolment-for-Older-Australians

Department of Health. (2020f). Primary care. Retrieved from https://www1.health.gov.au/internet/main/publishing.nsf/Content/primarycare

Department of Health. (2020g). Workforce Incentive Program. Retrieved from https://www.health.gov.au/initiatives-and-programs/workforce-incentive-program

Department of Veterans' Affairs. (2020a). Community nursing. Retrieved from https://www.dva.gov.au/health-and-treatment/care-home-or-aged-care/community- nursing

Department of Veterans' Affairs. (2020b). Coordinated Veterans' Care (CVC) Program. Retrieved from https://www.dva.gov.au/providers/health-programs-and-services-our-clients/coordinated-veterans-care/coordinated-veterans-0

Fedele, R. (2019). Mentoring matters. The Australian Nursing and Midwifery Journal. Retrieved from https://anmj.org.au/mentoring-matters/

Fedele, R. (2020). How nurse-led models of care are reshaping healthcare – ACT's Walk in Centres. Australian Nursing and Midwifery Journal. Retrieved from https://anmj.org.au/leading-the-way-how- nurse-led-models-of-care-are-reshaping-healthcare-walk-in-centre-kirsten-madsen/

Gibson, T. & Heartfield, M. (2009). Mentoring for nurses in general practice: an Australian study.

Journal of Interprofessional Care 19(1), 50-62. doi: https://doi.org/10.1080/13561820400021742

Gill, M. (2011). A national telehealth strategy for Australia – For discussion. Retrieved from https://www.who.int/goe/policies/countries/aus support_tele.pdf

Global Access Partners. (2019). Ensuring the sustainability of the Australian health system: Australia's Health 2040 Taskforce Report. Retrieved from https://www.globalaccesspartners.org/AustraliaHealth2040_GAPTaskforceReport_Jul2019.pdf

Guzys, D., Whitehead, D., Brown, R., & Halcomb, E. J. (2020). An introduction to community and primary health care, 3rd ed. Melbourne, Victoria: Cambridge University Press.

Halcomb, E. & Ashley, C. (2017). Australian primary health care nurses most and least satisfying aspects of work. Journal of Clinical Nursing, 26(3-4), 535-545.

Halcomb, E., Ashley, C., James, S., Smyth, E. (2018). Employment conditions of Australian primary health care nurses. Collegian, 25(1), 65-71.

Halcomb, E., & Ashley, C. (2019). Are Australian general practice nurses underutilised? An examination of current roles and task satisfaction. Collegian, 26(5), 522-527.

Halcomb, E. & Bird, S. (2020a). Job satisfaction and career intention of Australian general practice nurses: A cross-sectional survey. , 270-280.

Halcomb, E., Bird, S., McInnes, S., Ashley, C. & Huckel, K. (2020b). Exploring job satisfaction and turnover intentions among general practice nurses in an Australian Primary Health Network. Journal of Nursing Management, in press.

Halcomb, E. J., Davidson, P. M., Griffiths, R., & Daly, J. (2008a). Cardiovascular disease management: Time to advance the practice nurse role? Australian Health Review 32, 44-55.

Halcomb E.J., Davidson P.M., Salamonson Y., & Ollerton R. (2008b). Nurses in Australian general practice: Implications for chronic disease management. Journal of Clinical Nursing 17, 6-15.

Halcomb, E. J., McInnes, S. Patterson, C., Moxham, L. (2019). Nurse-delivered interventions for mental health in primary care: a systematic review of randomized controlled trials. Family Practice, 36(1), 64-71.

Halcomb, E., McInnes, S., Williams, A., Ashley, C., James, S., Fernandez, R., Stephen, C., Calma,

K.R.B. (2020). The experiences of primary health care nurses during the COVID-19 pandemic in Australia. , 553-563.

Halcomb, E. J., Moujalli, S., Griffiths, R., Davidson, P.M. (2007). Effectiveness of general practice nurse interventions in cardiac risk factor reduction amongst adults: A systematic review.

International Journal of Evidence-Based Healthcare 5, 269-295.

Halcomb, E., Stephens, M., Bryce, J., Foley, E., Ashley, C. (2017). The development of national professional practice standards for Australian general practice nurses. Journal of Advanced Nursing, 73(8), 1958-1969.

Health Workforce Australia. (2014). Australia's future health workforce-Nurses (Detailed Report). Retrieved from https://www.health.gov.au/sites/default/files/documents/2021/03/nurses-australia-s-future-health-workforce-reports-detailed-report.pdf

International Council of Nurses. (2020). Nursing definitions. Retrieved from https://www.icn.ch/nursing-policy/nursing-definitions

International Organization for Standardization. (2014). ISO/TS 13131:2014 Health informatics-Telehealth services - Quality planning guidelines. Retrieved from https://www.iso.org/standard/53052.html

James, S., Halcomb, E., McInnes, S., & Desborough, J. (2019). Integrative literature review: lifestyle risk communication by nurses in primary care. Collegian, 26, 183-193.

Keleher, H., Parker, R., Abdulwadud, O., & Francis, K. (2009). Systematic review of the effectiveness of primary care nursing. International journal of nursing practice, 15(1), 16-24.

Lane, R., Halcomb, E., McKenna, L., Zwar, N., Naccarella, L., Davies, G. P. & Russell, G. (2017). Advancing general practice nursing in Australia: roles and responsibilities of primary healthcare organisations. Australian Health Review, 41(2), 127-132.

Masso M., Sim, J., Loggie C., Moroney T., Halcomb E. & Thompson, C. (2019). Literature reviews to support the Independent Review of Nursing Education. Topic 1: Fit for purpose/work ready/ transition to practice. In. Wollongong, NSW: Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong. Retrieved from https://www.health.gov.au/sites/default/files/documents/2019/12/topic-1-fit-for-purpose-work-ready-transition-to-practice.pdf

McInnes, S., Peters, K., Bonney, A., & Halcomb E. (2017a). Understanding collaboration in general practice. Family Practice, 34, 621-626.

McInnes, S., Peters, K., Bonney, A., & Halcomb E.J. (2017b). A qualitative study of collaboration in general practice: Understanding the general practice nurse's role. Journal of Clinical Nursing 26, 1960-1968.

McInnes, S., Peters, K., Bonney, A., & Halcomb, E. (2017c). The influence of funding models on collaboration in Australian general practice. Australian Journal of Primary Health, 23(1), 31- 36.

McKenna, L., Halcomb, E., Lane, R. Zwar, N. Russell, G. (2015). An investigation of barriers and enablers to advanced nursing roles in Australian general practice. Collegian, 22(2), 183-189.

McMurray, A. & Cooper, H. (2015). The nurse navigator: An evolving model of care. Collegian, 24(2), 205-212. doi:http://dx.doi.org/10.1016/j.colegn.2016.01.002

McMurray, A., Ward, L., Johnston, K., Yang, L., & Connor, M. (2018). The primary health care nurse of the future: Preliminary evaluation of the Nurse Navigator role in integrated care. Collegian, 25(5), 517-524.

Medical Director. (2020). Care planning under the Voluntary Patient Enrolment scheme.

Retrieved from https://www.medicaldirector.com/news/clinical-practice/2020/08/ care-planning-under-the-voluntary-patient-enrolment-scheme

Merrick, E., Duffield, C., Baldwin, R., Fry, M., & Stasa, H. (2012). Expanding the role of practice nurses in Australia. Contemporary Nurse, 41(1), 133-140.

Mills, J., Francis, K., & Bonner, A. (2005). Mentoring, clinical supervision and preceptoring: clarifying the conceptual definitions for Australian rural nurses. A review of the literature. Rural and Remote Health (410). Retrieved from https://www.rrh.org.au/journal/article/410

Moran, P., Duffield, C., Beutel, J., Bunt, S., Thornton, A., Wills, J., & Franks, H. (2002). Nurse managers in Australia: mentoring, leadership and career progression. Canadian Journal of Nursing Leadership, 15(2), 14-20.

Murray-Parahi, P., Edgar, V., Descallar, J., Comino, E., & Johnson, M. (2017). ENsCOPE: Scoping the practice of enrolled nurses in an Australian community health setting. International Nursing Review, 64(1), 59-68.

National Disability Insurance Scheme. (2020). The NDIS and other health services. Retrieved from https://www.ndis.gov.au/understanding/ndis-and-other-government-services/health

National Health Service England. (2019). Nurses leading the way to integrated care Retrieved from https://www.england.nhs.uk/blog/nurses-leading-the-way-to-integrated-care/

National Health Service Scotland. (2017). Transforming nursing, midwifery and health professionals roles: district nursing roles Retrieved from https://www.gov.scot/publications/ transforming-nursing-midwifery-health-professionals-roles-district-nursing-role-integrated/

Nicholson, C., Jackson, C.L., Marley, J.E. (2014). Best-practice integrated health care governance—applying evidence to Australia's health reform agenda. The Medical Journal of Australia, 201(Suppl. 3), S64-S66. doi: 10.5694/mja14.00310

Nutbeam, D. (1998). Health promotion glossary. World Health Organization, Geneva.

PayScale Australia. (2020). What am I worth? Pay report. Retrieved from https://www.payscale.com/research/AU/Job=Primary_Care_Registered_Nurse_(RN)/Hourly_Rate

Porter, M.E. (2016). Value-based health care and the role of outcomes: Opportunities for the OECD. Retrieved from https://www.oecd.org/els/health-systems/Item-3b-Improving-Health-Care-Value-Porter.pdf

Productivity Commission. (2017). Shifting the dial: 5 year productivity review. (Supporting paper no.5). Retrieved from https://www.pc.gov.au/inquiries/completed/productivity-review/report/productivity-review.pdf

QCOSS – Queensland Council of Social Service (2020). COVID -19 Impacts on Queenslanders. Retrieved from https://www.qcoss.org.au/wp-content/uploads/2021/02/QCOSS-Queensland-Impacts-COVID-19.pdf

Queensland Parliament (2021). Health and Environement Committee. Public Briefing - Inquiry into the provision of primary, et al. Retrieved from https://documents.parliament.qld.gov.au/com/HEC-B5E1/INDISQ-3CD2/Proof%20-%20Public%20Briefing%20-%2029%20November%202021.pdf

Queensland Reconstruction Authority (2020). Queensland Bushfires State Recovery Plan 2019-2022. Retrieved from https://www.qra.qld.gov.au/recovery/recovery-operations/2019-queensland-bushfires

Royal Australian College of General Practitioners. (2020). New items for COVID-19 telehealth and phone services. Retrieved from https://www.racgp.org.au/running-a-practice/practice-resources/medicare/medicare-benefits-schedule/new-items-for-covid-19-telehealth-services

Queensland Family & Child Commission (2021). New Report Reveals Impact of COVID on Queensland Kids. Retrieved from https://www.qfcc.qld.gov.au/new-report-reveals-impact-covid-queensland-kids

Scott, I.A, & Duckett, S.J. (2015). In search of professional consensus in defining and reducing low-value care. Medical Journal of Australia, 203(4), 179. doi:10.5694/mja14.01664

Services Australia. (2020). Medicare statistics: Requested MBS category by group and subgroup processed from March 2020 to July 2020. Retrieved from http://medicarestatistics.humanservices.gov.au/statistics/do.jsp?_PROGRAM=%2Fstatistics%2Fmbs_group_standard_report&DRILL=on&GROUP=A&VAR=benefit&STAT=count&RPT_FMT=by+state&PTYPE=calyear&START_DT=201501&END_DT=201512

Smith, T., McNeil, K., Mitchell, R., Boyle, B., Ries, R. (2019). A study of macro-, meso- and micro-barriers and enablers affecting extended scopes of practice: the case of rural nurse practitioners in Australia. BMC Nursing, 18(14), 1-12. doi: 10.1186/s12912-019-0337-z

Stephen, C., McInnes, S., Halcomb, E. (2018). The feasibility and acceptability of nurse-led chronic disease management interventions in primary care: An integrative review. Journal of Advanced Nursing, 74(2), 279-288.

Thomas, T. W., Seifert, P.C., Joyner, J.C. (2016). Registered nurses leading innovative changes. The Online Journal of Issues in Nursing 21(3).

Thompson, C., Halcomb, E., Duncan, C., Morris, D., Peters, K., Kobel, C., Fildes, D. (2019). Literature reviews to support the Independent Review of Nursing Education. Topic 4: Future directions in health care delivery. In. Wollongong NSW: Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong. Retrieved from

https://www.health.gov.au/sites/default/files/documents/2019/12/topic-4-future-directions-in-health-care- delivery.pdf

Victoria State Government. (2015). Primary healthcare explained. Retrieved from https://www.betterhealth.vic.gov.au/health/ServicesAndSupport/primary-healthcare-explained

Victorian Agency for Health Information. (2019). Local and international perspectives on value-based health care - Safer Care Victoria. Retrieved from https://www.bettersafercare.vic.gov.au/news-and-media/local-and-international-perspectives-on-value-based-health-care

Vinales, J. (2015). The mentor as a role model and the importance of belongingness. British Journal of Nursing, 24(10), 532-535. doi: https://doi.org/10.12968/bjon.2015.24.10.532

Williams, K., Westera, A., Fildes, D., Salamonson, Y., Halcomb, E., Thompson, C. (2019). Literature reviews to support the Independent Review of Nursing Education. Topic 2: Nursing as a career choice. In. Wollongong, NSW: Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong. Retrieved from https://www.health.gov.au/sites/default/files/documents/2019/12/topic-2-nursing-as-a-career-choice.pdf

World Health Organization. (2015). World Health Organization global strategy on people- centred and integrated health services Retrieved from https://apps.who.int/iris/bitstream/handle/10665/155002/WHO_HIS_SDS_2015.6_eng.pdf?sequence=1&isAllowed=y

Zwar, N., Hermiz, O., Halcomb, E., Davidson, P., Bodenheimer, T. (2017). Improving blood pressure control in general practice: A pilot study of the ImPress intervention. Australian Family Physician, 46(5), 306.

Zwar, N. A., Richmond, R.L., Halcomb, E.J., Furler, J.S., Smith, J.P., Hermiz, O., Blackberry, I.D., Jayasinghe, U.W., Borland, R. (2015). Quit in general practice: a cluster randomized trial of enhanced in-practice support for smoking cessation. Family Practice, 32(2), 173-180.