Witness Statement for 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

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I would like to thank the Health and Environment Committee (the Committee) for the opportunity to comment on *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*.

Fundamentally I believe we are not asking the right questions, as we have become so fixated on who is responsible for providing/ delivering the care, the impact on budgets, created over representation of certain health professionals, limited/ excluded other professions in health conversation, that we have forgotten the most important thing in health care and that is the patient their right to choose a health care professional they want to be involved/ lead their healthcare and right to access to quality affordable health care in Australia.

We all recognized that team-based primary care is the core component of an effective healthcare system. However, if general practitioners (GPs) are the predominant voices heard by politicians and the media and access of other potential members of the primary care team to Medicare is restricted, Australian health care will never move on from the current costly medically driven model of health care as it does not allow us to explore alternate health care delivery options by other health professions eg. Nurse practitioners

So, what are the issues for CQ:

- There is a failure at all levels of government and the Australian health care system to have a strategic health care strategy/plan that focuses on patients' right to choose and access affordability, evidence-based health care/ providers/ professional, rather than delignating professional turf protection in a patient's care. Eg Nurse practitioner MBS review process and the exclusion of Nurse practitioner in the vaccination role and covid response, inability of current system to consider, enables or support different models of health care delivery by a wide variety of health professionals eg. ACT walking clinic/ nurse lead
- State and commonwealth legislative barriers that restricts other health care providers working to their full practice autonomy and limits their ability to work in the primary health care (commonwealth legislation: Australian government policies assure that only the medical profession can provide universal health care through bulk billed MBS service, State: QLD Medicine and poison ACT 2019, Queensland Health policy on specialist clinic access.

- Lack of workforce planning and funding for sustainability and expanded scopes practice could ensure consistent access to affordable evidence bases health care unencumbered by other health professional turf protection for all Australians eg. NP
- Lack of access to and affordability of primary health care providers in CQ (eg. patients using state services for primary health care needs, significant delays in access primary health care provider appointments 2-3 weeks etc, costing up to $100/ GP consultation not affordable for some patients as no BB services available in the area)
- Lack of access to and affordability of allied health professionals in CQ
- Lack of access and affordability to specialist care, or health professionals eg. mental health, chronic disease, drug and alcohol etc
- Quantitative approach to health care that exists in primary health care which inherently leads to patients being reliant to state system for care.
- Lack of leadership from Nursing, due to being undervalued, not listened to by Government and health systems has created medical model and hegemony in Australian health care, stagnated any ability to consider alternate models of health care delivery (eg. nurse lead care)
- The current financial inequities for private patients accessing private practicing NP working in primary health care setting
- The health inequities for public patients accessing NP care in public system surrounding referrals to outpatient's clinic in public hospitals or provide health care providers due to requirement of provider number being attached to the referral
- The lobbying influence of medical associations influencing DoH bureaucrats to assist with turf protection for the financial benefit of doctors and not the benefit of patients.
- Australian DoH is consciously shifting health expenses to the consumer regarding NP-related primary health care.
- Current MBS PBS and Commonwealth program limit patient access to health care and, for some patients, remove the choice of who delivers their health care. Eg DVA patients
- Lack of primary health care providers interest in providing drug and alcohol treatment modalities (2 public FTE positions and 1.5 FTE private in CQ)
- Limited to no access for patients to access NP services under private health insurances due to barriers and limitations with MBS

What we do know is that NPs can manage literally straight forward anything in most specialties (incl primary care), in all geographic locations.", Therefore NPs do not need a specific path of attraction to work rurally that is separate from the mainstream, nor do we see rural as our only value across the health system. The research from the USA has demonstrated that governments, hospitals/ healthcare providers employing a larger number of NPs had significantly better outcomes including lower mortality, fewer readmissions, shorter length of stay, higher patient satisfaction, and lower health care spending. Furthermore, registered nurses in hospitals with more NPs had significantly lower job-related burnout, higher job satisfaction, and are more likely to say they intend to remain in their jobs. Something which

governments cannot ignore considering the current high attrition of nurses across the health care system, impact of aging population and that nursing is the predominate backbone of health care system.

What is required by the commonwealth government is a top-down value approach to Nurse practitioners (Inclusive of nursing and midwifery colleagues) to potentiate and disseminate across all sectors of government and healthcare in providing a consistent and understood message to policy makers and other stakeholders “that NPs can manage literally straight forward anything with/without complexity in most specialties (incl primary care), in all geographic locations.”

In moving forward, if the Commonwealth/ state and territory Governments are serious about progressing, enabling and expanding Nurse practitioners in Australian healthcare, then the easiest solution is to make amendments to current federal and state legislation, that where it says medical practitioner, it also refers to Nurse Practitioners as this would enable Nurse practitioners to have full practice autonomy in Australia, as it has with our counterparts in New Zealand. This would reduce duplication of services, any needs for creation of new MBS items for Nurse practitioners, reduce health care costs, increase access for patients to health care providers and support patients’ autonomy in choice of health care provider they want to lead their health care.