

Sector Update from the Office of the Chief Nursing Officer



February 2018

Changes in the Office

Jane O'Malley leaves the Office of the Chief Nursing Officer (OCNO) at the end of this month to take up a new role with Plunket in March. Jane has said "The opportunity to work with the Plunket leadership team to focus on the importance of the first 1000 days of life is one I am very much looking forward to. My aim is to help mobilise the vision of making the difference of a lifetime for young children and their whānau through our nursing staff." Plunket nurses and health-workers have a pivotal role to play in the health of New Zealanders through early intervention, using modern and innovative nursing practice. Partnership with others in the health and social sector is also key to supporting families with young children.

OCNO look forward to working with Jane in her new role and staying in contact. Jill Clendon, Chief Advisor, will be Acting Chief Nursing Officer while the recruitment of Jane's replacement is underway.

Ramai Lord began her secondment to OCNO in January as Senior Advisor with responsibility for advancing the Ministry's Māori Workforce Development Plan. Planning has begun to progress growing the Māori nursing workforce. Ramai was previously Māori Health Manager with Pegasus Health in Christchurch.

Changes in Government

OCNO has been supporting business units across the Ministry providing advice to the new government on their health priorities and associated budget bids. We have also been supporting the Minister, and informing the sector and the media regarding implementation of the seven Amendment Acts that came into effect on January 31 enabling suitably qualified health practitioners to carry out certain activities that could previously only be undertaken by medical practitioners (doctors). More about this below.

Nurse Practitioner Training Programme Evaluation

Health Workforce New Zealand (HWNZ) has now received the final evaluation report from Malatest International of the Nurse Practitioner Training Programme (NPTP). This will be published on the Ministry of Health's website very shortly. The Ministry will continue to fund the programme for the 2018 year. The Ministry has discussed the findings and implications for nurse practitioner training with the Nursing Council of New Zealand (NCNZ) and will also discuss these with the sector.

Māori Nursing Workforce

Work on growing and supporting the Māori nursing workforce will gather momentum in 2018. To begin with, OCNO will host a hui with NNO treaty partners in February to consult with Māori nursing leaders as a precursor to working more closely with the nursing sector. The HWNZ Board has adopted the policy of growing the Māori health workforce to match the demographic of the population. Nursing is leading the way with this.

Enrolled Nurse Workforce

OCNO was made aware last year that ACC does not permit enrolled nurses to act as treatment providers. OCNO and NCNZ understands this is due to the definition of nurse included within the ACC Act 2001 under Section 6(1) that was added in 2004 following the Health Practitioner Competence Assurance Act (2003).

OCNO and NCNZ both agree that providing certain treatments (e.g. wound care) is within the scope of an enrolled nurse and will be recommending to ACC that the legislation is changed to enable enrolled nurses to be included as treatment providers.

Older Persons Health and Home and Community Support Services

The Ministry of Health in partnership with DHBs is engaged in designing models of care for home and community support services for older people that will be fit for the future and aligned to the Healthy Ageing Strategy.

The Ministry and DHBs are planning to hold workshops with the health sector and consumers in March, to help design a framework for the purchase and delivery of home and community support aligned to core principles. Examples of core principles for future models of care could be:

- Co-design with clients and families, providers, funders, clinicians and NGOs
- Greater choice and control for clients
- Expanded range of supports, and flexibility to address the more diverse needs of clients and populations
- Improved coordination and integration in the health sector and across health and social sectors
- Maximised use of supporting technology
- Long term fiscal sustainability

The Health of Older People (HOP) team in the Ministry is hoping for close involvement of health sector professionals in the design process. Further information on the time and date for workshops will be available soon. Kathy Glasgow is working with the HOP teams on this work and is the key contact from OCNO for more information.

The Health Practitioners (Replacement of Statutory References to Medical Practitioners) Bill

As noted above, seven amendment Acts came into effect on 31 January 2018 (resulting from the Health Practitioners [Replacement of Statutory References to Medical Practitioners] Bill (HPSR)). These amendment Acts will enable suitably qualified health practitioners to carry out certain activities that could previously only be undertaken by medical practitioners (doctors). An eighth amendment act comes into force on 8 November 2018.

Specific information about what each amendment Act means is on the Ministry's website here. <http://www.health.govt.nz/about-ministry/legislation-and-regulation/changes-health-practitioner-status>. This has recently been updated.

Consequential amendments to the *Cremation Regulations 1973* to enable nurse practitioners to complete the relevant form for cremation of a person are expected to be completed in the next three months.

OCNO is working with the sector to ensure appropriate guidance for implementation of the changes is made available.

Mental Health

The government has signalled that mental health is a priority. The Ministerial Inquiry into Mental Health and Addictions has been established. The inquiry has a broad scope and will include significant consultation. For more information see:

<https://www.beehive.govt.nz/release/inquiry-improve-mental-health-services>

The previous government established a \$100 million cross-agency contingency to trial new approaches to improving mental health, while also helping to build an evidence base of 'what works'. This funding was not appropriated but the government indicated that it would be allocated across 17 time-limited initiatives representing a mix of trials, service enhancement and service expansion across a range of settings.

Advice has been provided to the current government on the nature and current state of each of the 17 initiatives as well as how they align with policy commitments and the overall Budget 18 package for Vote Health.

Analysts at the Ministry have recently looked at retention data for mental health nurses under the Voluntary Bonding Scheme (VBS) to assess the effectiveness of the programme. Data from 2011 NESP programme showed that retention of mental health nurses on VBS was significantly higher than those not registered with VBS. After six years the proportion of VBS registered mental health nurses who continued practicing in mental health and addictions was 54% (compared to 36% non VBS registrants) and after six years the proportion of VBS registrants with an APC was 73% (compared to 48% non VBS applicants).

Commitment to the Safe Practice Effective Communication (SPEC) training programme has been confirmed as part of the latest Te Pou contract with HWNZ. SPEC is part of the work to reduce and eliminate seclusion in mental health inpatient units in New Zealand. Te Pou will provide national coordination and management of the programme and work with the sector and the SPEC Governance Group to rollout training nationally. Jane Bodkin is on the Governance Group.

RN prescribing update

There are currently 184 nurse prescribers listed on the Nursing Council of New Zealand's website. This includes those working in primary health and specialty teams and those undertaking the trial of RN prescribing in community health in Counties Manukau DHB and Family Planning (57 RNs are taking part in the trial). Numbers of nurses prescribing in primary health and specialty teams continue to increase steadily.