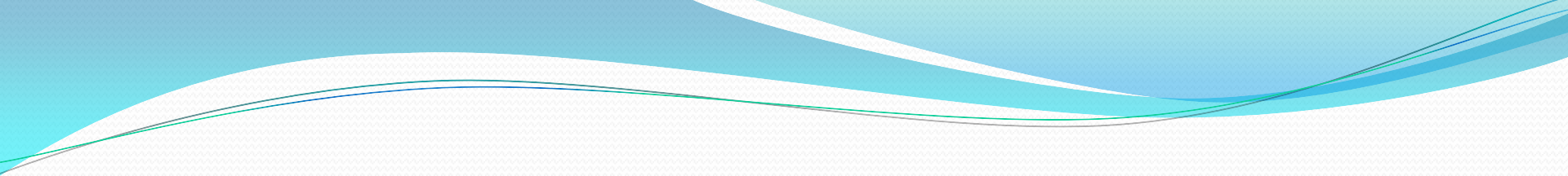


Professor Jenny Carryer

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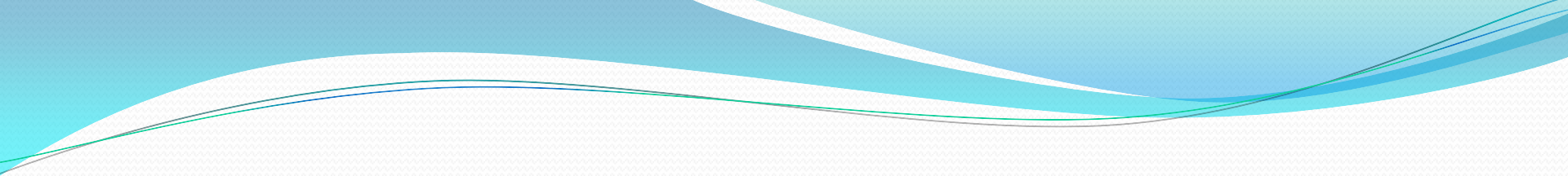
Massey University
College of Nurses, Aotearoa, (NZ) Inc

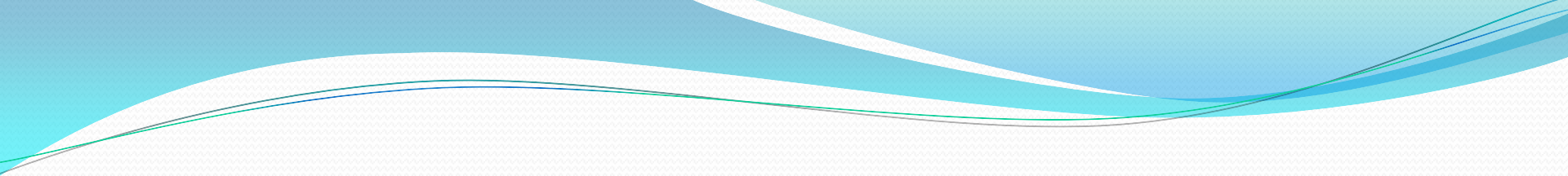
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- NZ believes in a health service which provides equitable health care for all regardless of income, ethnicity and post code
 - But we have an ongoing crisis of increasing demand and decreasing resources (both human and financial).

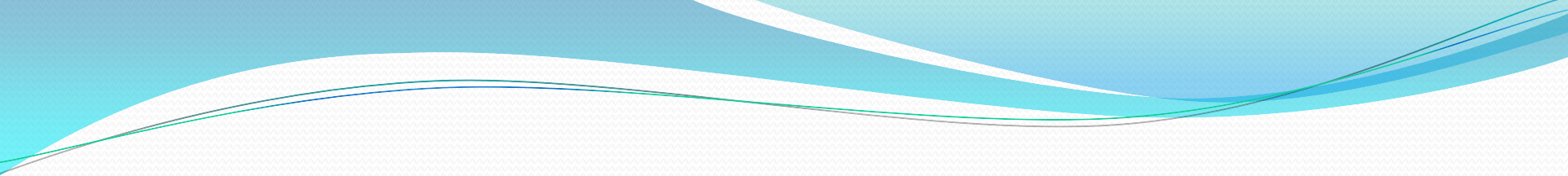
Post change of Government(2008)

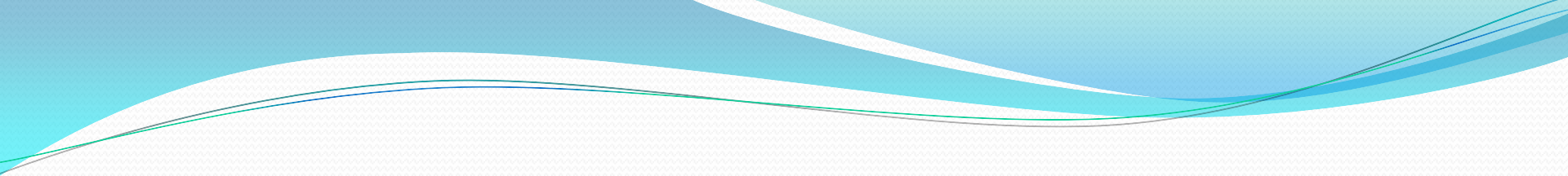
- Much talk currently about the growing inability to fund health care services as we know them
- Much talk about the deepening workforce crisis
- Much talk about “getting tougher” on the beneficiaries of welfare support

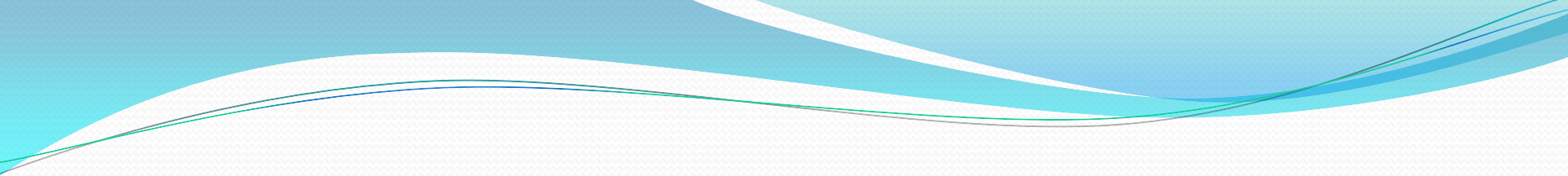
- All in all much talk (going back at least ten years) but no really visible action except perhaps on the welfare issue.

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- The literature abounds with talk of the need to transform the health care system
 - i.e we cannot continue to do what we have always done and expect a different result
 - But much of the transforming literature is focused on increasing safety rather than addressing wastage, fragmentation, medicalisation and inappropriate use of workforce capacity.

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- Funding remains much more available for diagnosis and acute treatment but less available for care and maintenance of quality of life
 - Similarly funding for wellness, prevention, promotion activities is always at risk

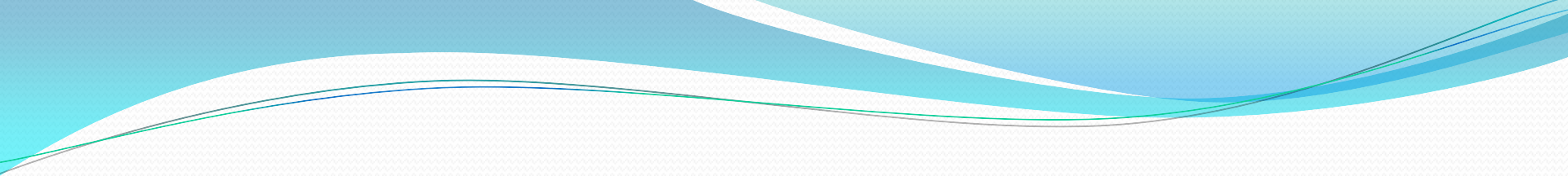
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- Under the auspices of the PHC strategy NZ has made quantum leaps towards more proactive health care
 - It remains a lottery as to who gets what and when
 - Services are still largely delivered through a medical model of care rather than a systems or person centered model of care
 - The most vulnerable are still missing out

- 
- Nursing is angered by this but seemingly feels powerless to challenge it in any real way
 - We need to get mad rather than sad

- 
- The General Practice front line is a point of critical potential for change
 - Remains a strange paradox of public and private ownership
 - GPs remain convinced that they alone provide continuity of care and are sometimes arrogant about the potential contribution of other members of the team

An email received last year

- Sorry I am doctor and am incredibly highly trained and in the top 1⁰% of the intellectual population of this country, I suggest you push it to barefoot drs ooops I mean nurse specialists who are nowhere near bright enough to get into medschool.
- With thanks drXXXXXX (name supplied Auckland)

- 
- Does the current model of general practice care actually work for people??
 - Should we be supporting it???

Patient data

- Patients found that appointments were brief and often left much unsaid
- Many expressed making choices to not seek help based on cost or not wanting to be a nuisance
- 60% living on less than \$ 20,000 per annum
- Nearly 60% revealed significant pain levels with a sizable percentage describing their pain as unbearable
- Many talked of difficulty in sleeping due to physical and emotional discomfort (project one).
- Home visits revealing and distressing

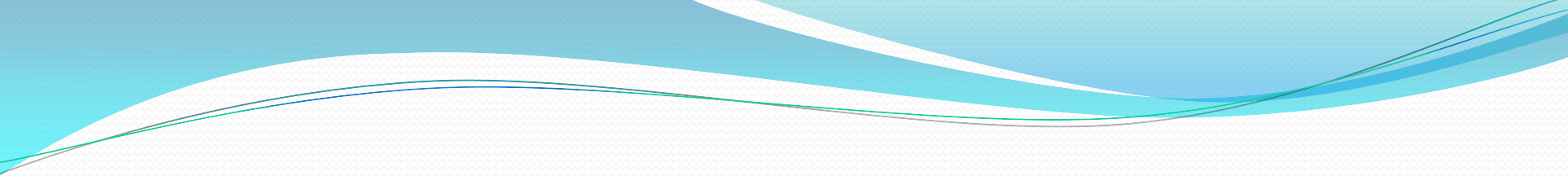
- Patients (in both studies) described satisfaction with the ability to receive prompt attention from a known and trusted source.
- But through the interviews, telephone conversations and spontaneous comments we gained insight to other much broader needs.
 - 2010 Carryer, J., Budge, C., Hansen, C. & Gibbs, K. Modifying the PACIC to assess provision of chronic illness care: An exploratory study with primary health care nurses. *Journal of Primary Health Care*; 2(2) May p 118-123
 - 2010 Carryer, J., Budge, C., Hansen, C. & Gibbs, K. Providing and receiving self-management support for chronic illness: Patients' and health practitioners' assessments. *Journal of Primary Health Care* 2(2) May pp 124-129

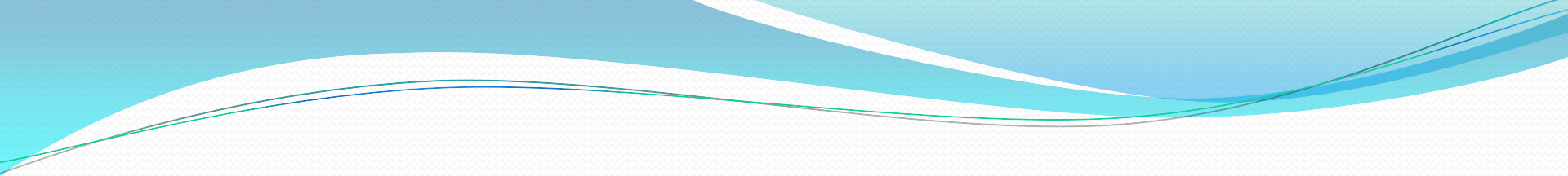
Patients : summary across both studies

- Patients described a desire for connection, co-ordination, information, health education, interpretation, assistance with planning
- Wanted to have realistic expectations and help with negotiating life
- Wanted assistance to live life as well as they could despite the barriers
- Described a desire for connection to their personhood rather than their illnesses

Transforming health care:

- Moving from rhetoric to reality needs to be faster
- How do we put the “human stuff” on top as articulated by patients; align it with strong proactive primary health care which prevents illness, reduces human suffering and by default, the huge costs of acute care or poorly planned and managed care?
- The key is nursing

- 
- We have largely transformed our discourse and our rhetoric
 - We have made very little impact as yet on how we actually design and deliver services
 - In my view both funding and leadership models are responsible for our stasis
 - Nursing in particular needs to increase efforts to “step up” but faces constant obstacles

- 
- Rather than our tendency to revert to frustration, sadness and a general sense of powerlessness
 - Let's get mad and very focused !!

Focus

- 1) Transforming service delivery
- 2) Leadership and courage are essential for success
- 3) The PHC Nurse Practitioner role is a critical site for disruption and change

Transforming service delivery

- Resisting the “tyranny of the acute”
- Moving beyond the “rule of rescue”
- Patient or person centeredness (beyond rhetoric)
- Self care support/management (for real!!)
- Spanning the primary secondary continuum towards integration
- Challenge the hegemony of medicine and medicalisation

Recent examples

- Te Aro
- Takapau
- Timaru

UK example (Banham, 2009)

- Nurse owned practices show high levels of genuine focus on being patient focused. This means
- High patient satisfaction
- Wider range of opening hours and home visits
- Increased use of communication mechanisms
- Wider use of community resources
- Full use of skill set of the whole staff
- More active preventive care

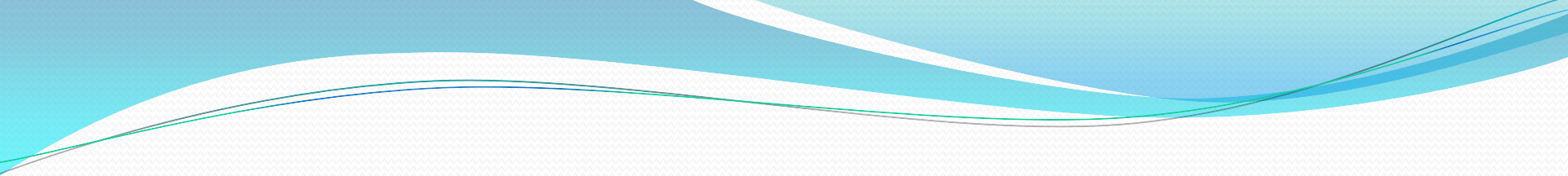
NZ evidence

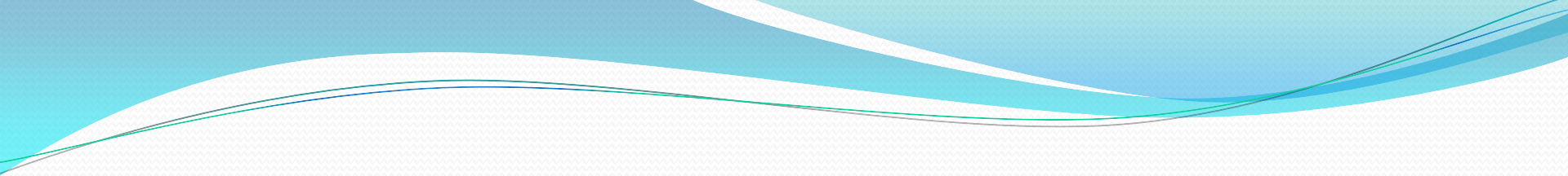
Nurse consultations result in people feeling

- That they have been heard
- Better informed
- Advice fits them as an individual
- Less afraid to seek clarification
- Better able to carry on effectively

Underlying Change for Nurses

- Knowledge
- Confidence(Overarching focus on consumers not self)
- Leadership and trust

- 
- Need to seriously consider the uptake of new graduates or younger nurses
 - Messages we convey.....
 - Do we limit their aspirations because we have given up hope

- 
- We will always be the front line of care
 - As it becomes more and more difficult to deliver services we will be the front line witnesses of unmet need
 - We need to take charge and create power by our microbehaviours