

in primary and secondary care to provide mental health leadership teams in local areas. Pathways for GPs to develop into 'expert' practitioners are an option that should be considered. Both the Universities of Otago and Auckland provide post-graduate papers which could support this.

Access to timely advice from secondary care colleagues will remain essential for those working in primary care, and closer integration should be developed as part of improving the quality of care able to be delivered by primary health services.

Increased primary care funded time will be necessary to provide support for such things as e-therapy, telephone follow-up, mentoring, peer review, clinical supervision and teamwork. These need to be factored into future funding models and predictions of numbers and skill mix in the workforce.

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#### COMPETING INTERESTS

Tony Dowell has been in receipt of primary mental health evaluation contract funding from the Ministry of Health.

## Position statement: Primary health care nursing

The following position statement of the Ministry of Health's Primary Health Care Nursing Expert Advisory Group was presented at the 2008 University of Auckland Symposium 'Health for All in Aotearoa: How can we achieve the vision?' celebrating the 30th anniversary of the Alma-Ata Declaration,<sup>1</sup> which identified comprehensive primary health care (PHC) as a tool for reducing health inequalities and achieving 'Health for All'.

PHC nursing is practical and research-based. Employing socially and culturally acceptable practices, nurses make care accessible to people in the places in which they live and work. PHC nurses aim to reduce inequity in the health status of the population, in particular for Maori, Pacific and other underserved populations. A population health approach is required, alongside work to assist individuals to make decisions about their own health and independence. Examples of effective nursing services include youth health clinics, community outreach nurse-led clinics with multidisciplinary back-up, Maori nursing mobile chronic care management services, Pacific nursing Well Child services, home visiting and home-based care,<sup>23</sup> Kaupapa nursing services,<sup>4</sup>

and nurse practitioner Well Child and teen care programmes.<sup>5</sup> Developing exciting, innovative, appropriate strategies to address the health needs of New Zealanders requires a successful PHC nursing workforce with strong leadership, research skills, vision and a genuine commitment to reducing inequalities. Furthermore, PHC nurses make a significant contribution by building relationships in the community, and providing opportunities to facilitate change that strengthens community action and promotes health and well-being. Nurses working in partnership with consumers and in teams that collaborate across disciplines, professions and sectors, remain crucial for achieving sustainable outcomes.

#### Context

The 1840 Treaty of Waitangi was accepted in 1992 by the Government as the 'founding document of New Zealand'.<sup>6</sup> Its integration into health services was recommended in 1986 by the then Director-General of Health, Dr George Salmond. The Department of Health accepted that 'concepts of health are firmly based in culture', a perspective aligned with the WHO principles set out in the Alma-Ata Declaration of

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1978 on Primary Health Care.<sup>7</sup> In 2000, the New Zealand Health Strategy signalled a re-focussing on primary health care as central to improving the health of New Zealanders.<sup>8</sup> Its principles emphasised reducing inequalities in health; improved access to health care and collaboration by all sectors, and acknowledged the special relationship between Maori and the Crown and active involvement with consumers. One year on, the Primary Health Care Strategy<sup>9</sup> was released, signposting the direction the Government would take to achieve the objectives set out in the earlier overarching New Zealand Health Strategy. In placing greater emphasis on population health, community involvement, health promotion and illness prevention, primary health care nurses were reported to be crucial to the implementation of the Primary Health Care Strategy.

## With the health system currently experiencing a number of pressures... PHC nurses will have a greater role in disease prevention and the delivery of services that have traditionally been undertaken by secondary/hospital services

Since 2001 there has been substantial growth in the development of nursing roles and capability in the PHC environment, especially in the management of long-term conditions and working with people in underserved and vulnerable groups.<sup>2</sup> The PHC nursing workforce includes nurses in general practice, family planning and public, district, school, occupational, sexual, mental, Maori, Pacific, child and rural health.<sup>10</sup> These PHC roles comprise 16% of the nursing workforce which numbers 44 571 registered nurses.<sup>11</sup>

Role development has been assisted by the availability of postgraduate scholarships in PHC nursing, funding for nursing innovation projects, new service models, such as Care Plus, Reducing Inequalities Contingency Funding, and Services to Improve Access, and the Health Practitioner Competence Assurance Act (2003), which requires registered nurses to maintain their currency by undertaking ongoing educa-

tion. Decision-making around the use of Clinical Training Agency funding shifted to District Health Boards in 2007, enabling them to purchase postgraduate education for both PHC and hospital nurses.<sup>2</sup> Whilst the Ministry of Health outlined an expectation that nurse practitioners (NPs) would contribute to programmes and services needed to achieve the objectives of the Primary Health Care Strategy,<sup>12</sup> in 2008 only 15 of the 47 registered NPs were working in PHC.<sup>13</sup>

With the health system currently experiencing a number of pressures, such as health workforce shortages, increasing costs, improving the safety and quality of services, achieving health targets and making access more equitable, PHC nurses will have a greater role in disease prevention and the delivery of services that have traditionally been undertaken by secondary/hospital services.<sup>14</sup> An example of this is a successful new model of integrated care in south Auckland where PHC nurses are taking a lead role in long-term condition management with people who have highly complex health and social needs. This also has resulted in reducing hospital admissions and number of bed days.<sup>15</sup>

The current National-led Government has proposed the establishment of multidisciplinary 'Integrated Family Health Centres' in an effort to bring a wider range of health services together in local communities.<sup>16</sup> The intended further devolution of hospital-based services into PHC settings will provide greater opportunities for nurses to work collaboratively in teams with general practitioners and other health workers to reduce inequalities by working with individuals and communities to determine health and social needs, facilitate access to necessary resources, and provide advocacy.

Developing innovative, appropriate solutions to address the health needs of New Zealanders will require a competent and skilled primary health care nursing workforce with strong leadership, vision and a genuine commitment to reducing inequalities.

Increasing the number of Maori and Pacific nurses within the workforce will be essential for promoting the health and well-being of Maori and Pacific peoples who experience the poorest health status.

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## Trends for primary health care nurses

Writing this brief commentary means confronting the fact that the absence of good data remains a major challenge for nursing workforce strategy. The Nursing Council of New Zealand is constantly improving its data collection strategies and ultimately will become a useful resource. District Health Board New Zealand has developed the Health Workforce Information Programme, a strategic framework that plans to deliver a health workforce information system to enable a central point for the collection of health workforce data throughout the health sector. But right now it is difficult to provide any robust data about the primary health care (PHC) nurse workforce. This seems extraordinary given the number of stock-taking exercises (for example, the Health Workforce Advisory Committee) and other previous processes for reviewing workforce data in New Zealand since 2000.

In 2001, the New Zealand Health Information Service surveyed PHC nurses and found that they were, on average, older than the general nursing workforce, with 56% in the 40-54 age group. Importantly, core themes reported by the

survey were barriers to educational opportunities and poor access to appropriate leadership structures. Undergraduate nurses frequently state that they will 'never work in a hospital', and many show interest and enthusiasm for community-based practice as a result of the health-oriented focus of the undergraduate degree. However, for many reasons they continue to be channelled through hospital or other acute settings at the time of graduation. This is at odds with national intentions to move more and more health services into the community. The nursing entry to practice programme (first year of practice support) has been slower to accommodate primary health placements, sometimes because District Health Boards do not have it as a priority and sometimes because it has proved difficult to find placements for students. Lack of structured nurse leadership in primary health care settings and limited governance has especially hindered such development.

Currently, potentially good news is the increased level of interest in nursing as a career with some nursing schools recently reporting they have had to turn away well-qualified applicants. This

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