

# Health System Reform

What does it mean for Primary Care Nursing?

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# This session



- What is likely to change reform wise that is relevant to primary care nursing
- Opportunities and maybe some wee challenges
- What can we do collectively to ensure nursing is leading and influencing change in the right direction

# Relevant elements of the Reforms



- The new **Māori Health Authority and regional iwi boards** will have significant influence in how care is delivered to Māori – and its associated funding
- **Health New Zealand**, replacing DHBs, will be redesigning primary care and community services where needed.
  - Priorities: first 2000 days, complex long-term conditions, distress & mental illness, last days of life
- Practices will become integral members of new **locality provider networks** through which primary care and community services will be managed and developed
- Expectation that all network providers will **collaborate better**
- Development of **‘enhanced’ primary care teams** may mean broader professional team to collaborate with
- A key element in creating a new culture will be a new **New Zealand Health Charter**, designed with health and care workers, to set down the values and principles of the national system.

# What does this mean for everyday practice



- Will need to embed te ao Māori principles into care
  - e.g. use of te reo, karakia, whānau centric, integration with whānau ora and kaupapa Māori organisations
- Greater accountability for your contribution to Māori health outcomes
- Purposeful collaboration - silo models of care for those with more complex need won't be supported by HNZ or MHA, but nurses well placed to lead or contribute to this
- Skills and expertise of nursing integral to new models of care

# Future (unique) role of primary care nursing?

## Relationship builder

networkers,  
team builders  
team workers,  
enhanced  
communicators

## Outreach professional

proactive,  
targeted  
prevention  
programmers,  
data connectors  
and responders  
mobile to where  
care is needed,  
community  
educators

## Programme facilitator

population health  
expert,  
long term  
conditions,  
communicable  
disease,  
health and  
wellness

## Care co-ordinator

connectors,  
collaborators,  
continuity  
developers,

## Expert 'procedural' clinician

technically  
proficient and  
skilled,  
across surgery and  
medicine  
prescribers

# Opportunities

Support and funding to develop collaborative models of care – where would you see nursing playing a lead role?

The focus on long term conditions is core to primary care nursing – how can your contribution be developed?

Service shift from hospital to primary care – where can you add value/upskill/diversify services?

Greater inter-provider sharing and learning - upskilling

# Things to consider



Where are your equity gaps?

How do you organise yourselves in a locality/community to collaborate with each other and other services?

Where are partnerships strong and where do they need to be strengthened?

Where are you achieving good outcomes and how you can share?

# Discussion



How equipped are you? What skills do you need?

Where is better collaboration needed to improve care?

What do we need to do?

What might hold you back?

How can Pinnacle support you?

