



australian
nursing federation

Submission to the Department of Health and Ageing in
response to the National Primary Health Care Strategic
Framework targeted consultation process

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1. Introduction

Established in 1924, the Australian Nursing Federation (ANF) is the largest professional and industrial organisation in Australia for nurses, midwives, and assistants in nursing. The core business for the ANF is the professional and industrial representation of our members and the professions of nursing and midwifery. This representation is undertaken through Branches in each State and Territory of Australia, and the Federal Office.

The ANF participates in the development of policy relating to: nursing and midwifery practice, professionalism, regulation, education, training, workforce, and socio-economic welfare, health and aged care, including reform agendas, community services, veterans' affairs, occupational health and safety, industrial relations, social justice, human rights, immigration and migration, foreign affairs and law reform.

With a membership of over 220,500, our members provide clinical care in all settings where health and aged care is delivered, across all geographical areas. Nurses and midwives form the largest component of the health and aged care workforce, which is especially evident in primary health care settings.

2. General Comments

Primary health care is fundamental and inherent in the philosophical base of the disciplines of nursing and midwifery. The ANF maintains that positioning primary health care at the centre of health policy should lead to significant improvements in health for all Australians across their lifespan.

As a strong supporter therefore of the development of Australia's National Primary Health Care Strategy, the ANF welcomes the opportunity to participate in this targeted consultation on a draft National Primary Health Care Strategic Framework (the Framework).

The notion of 'first level contact of individuals, the family and community' as espoused in the international Declaration of Alma Ata dovetails with accessibility to nursing and midwifery care as nurses and midwives practice across all geographic and socio-economic spheres.

Together, nurses and midwives comprise over 55% of the entire health workforce. They are the most geographically dispersed health professionals in this country, and provide health care to people across their lifespan. They work in homes, schools, communities, general practice, local councils, industry, offshore territories, aged care, retrieval services, rural and remote communities, Aboriginal and Torres Strait Islander health services, hospitals, the armed forces, universities, mental health facilities, statutory authorities, general businesses, and professional and industrial organisations.

Embedding a well-established primary health care sector within the country's approach to health care has a twofold benefit in that there is reduced demand on the acute care sector while at the same time improvement to health outcomes and population health and well being. The ANF fully concurs with the sentiment expressed in the draft Framework document of "continuing to move from hospital-centric care towards a greater focus on prevention and early intervention"(p.9).

3. Specific Comments

The following commentary is based on the issues raised in the consultation paper.

3.1. How can the Framework add the most value to:

a) The primary health care system

The ANF maintains a position that there is a difference between primary health care and primary care. In 2009 the ANF, as part of a group of leading nursing and midwifery professional organisations, developed a consensus view on primary health care in Australia which argued that primary care and primary health care “generally represent two different philosophical approaches to health care”, and, that primary care is a subset of primary health care.¹

The peak nursing and midwifery organisations agreed that the health reform agenda led by the Australian Government offered “a unique opportunity to consider an enhanced model of primary health care that extends beyond the services of a general practitioner (primary care) to a multidisciplinary model to offer comprehensive, patient centred primary health care services”.²

The nursing and midwifery consensus view referred to, supports the notion of difference between ‘primary health care’ and ‘primary care’, as outlined below:

Primary care is

Commonly considered to be a client’s first point of entry into the health system if some sort of active assistance is sought.

...general practice is the heart of the primary care sector.

It involves a single service that is typically contained to a time limited appointment, with or without follow-up and monitoring or an expectation of provider-client interaction beyond that visit.³

Primary Health Care is

...both an approach to dealing with health issues and a level of service provision. As an approach it deals with the main health problems and issues experienced by the community. It may include care and treatment services, rehabilitation and support for individuals or families, health promotion and illness prevention and community development.

...primary health care acknowledges a social view of health and promotes the concept of self-reliance to individuals and communities in exercising control over conditions which determine their health.⁴

b) The health system more broadly?

The suite of health reforms initiated by the Australian Labour Government in 2008 provided an opportunity to broaden Australia's health policy and funding strategies from a narrow focus on hospital based care and the treatment and cure of already established conditions, to health promotion and early intervention to prevent disease and injury, within a primary health care milieu.

As the Australian nurses' and midwives' consensus view makes clear:

The policy and provision of primary health care is shaped around the contribution of citizens identifying priorities for the promotion of healthy living, the preventions of disease, injury and disability. In addition, it must meet the health care, treatment, self-management and rehabilitation needs of people their families and communities; and their desire for humane, safe care across the period of their lives.

A variety of responsive forms of service delivery, provided by a range of providers, including nurses and midwives must be available to meet the needs of all people, including those with special needs such as intellectual disability and cultural or language barriers; and giving priority to those most in need.⁵

The ANF fully supports the Declaration of Alma Ata assertion that primary health care is:

...essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individual and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.⁶

A central message coming through the above citations is that primary health care services can be integrated and coordinated within the primary health care sector and across the wider health system and tailored to meet consumer needs and preferences, when the community is actively engaged in identifying needs, planning for services and evaluation of care delivery. The ANF continues to express concerns that the Medicare Local structure is still too embedded into the general practice network model and this negates the fact that primary health care is broader than primary care. Early information on the Medicare Local structure is that it maintains General Practice (GP) dominance and retains strong elements of the GP model of delivery of primary care. This will have minimum benefit to the consumer in delivering the full scope of primary health care, and will jeopardise the achievement of the aims of the Framework.

Whilst due acknowledgement is given to the important role GPs play in primary care (assessment, diagnosis and treatment), this is just one component of the primary health care model, with its broader remit for health promotion, intervention and illness prevention. The rural and remote regions of Australia have fewer GPs per population than in the metropolitan centres, and nurses and midwives predominately provide health services for these communities.

The ANF wishes to draw particular attention to the sentence "It also strengthens the role of the GP as gatekeeper to the broader health system" (Section 2.1, p.15). This statement is offensive to the nursing and midwifery professions and other health professional groups and does little to foster interprofessional collaborative practice, an ingredient so critical to effective primary health care.

The ANF is strongly of the view that the support of primary health care services must not be based on one organisational and administrative structure which supports private general medical primary care practice. Primary health care services must be integrated with local Hospital Networks to ensure that partnerships with consumers, nurses, midwives, allied health professionals, medical practitioners and other providers in private and State/ Territory funded public, community and primary health care, develop joint service plans that are driven by collaboration with the community. These initiatives would ensure that the consumer receives a greater degree of service provision from a range of health professionals which underpins primary health care.

Before concluding this section there is an important comment to be made on *National vision for primary health care* included in the Framework. That is, the words 'for all Australians' are problematic because there are large numbers of people living in this country who fall outside the category of being Australian citizens, such as: people in marginalised communities who fall through the cracks of being registered as citizens (no birth or Centrelink registration for example); immigrants who have not yet obtained Australian citizenship; refugees; students or workers on various categories of visa. As the wording of the vision stands, these people are all outside of the primary health care system. More appropriate, and inclusive language would be 'for all people in Australia'.

3.2. How can the framework maximise patient health outcomes and experiences?

In order to maximise patient health outcomes and experiences, the ANF promotes the adoption of the characteristics of primary health care which are espoused in the vision statement which drives the nursing and midwifery consensus view on primary health care in Australia, the document referred to previously.⁷

The characteristics of primary health care included in the consensus view vision statement are:

- Care Coordination and a team based approach to care
- Participation
- Partnerships for health
- Education
- Innovative models of primary health care
- Governance and funding
- Safety and quality, and
- Sustainability

Essential elements of each of these characteristics which contribute to patient health outcomes and experiences in primary health care include:

Care coordination and a team based approach to care

- Collaboration by all health professionals to co-ordinate care from health promotion, prevention of illness/injury through to illness and rehabilitation
- Continuity of care across health care settings (especially from tertiary to primary health care)
- Care co-ordination by the most appropriate health professional to meet the needs of the person and the local community.

Participation

- Active involvement of individuals and communities in planning and implementation of their health care
- Health literacy to promote understanding of aid in self-management of health care
- Culturally appropriate and respectful care.

Partnerships for health

- Working with individuals and communities to enable self-reliance or support where this is required.
- Recognition of shared responsibility for health
- Partnerships between health professionals, health service providers and communities and other services which impact on the social determinants of health

Access and equity

- Understanding the diversity of the community
- Health care based on need and not the ability to pay
- Innovative care that reaches people where they are rather than them necessarily coming to a centre.

Education

- Continuing professional development for all health professionals working in the primary health care arena
- Importance of pre-entry and ongoing integrated inter-professional development and education for effective interprofessional primary health care.

Innovative models of primary health care

- Investment in research to provide a strong evidence based for models of primary health care
- Interprofessional research into innovative models of care to promote collegiality and recognise imperatives from team based care in primary health care.

Governance and funding

- Governance responsibility vested in local communities, which have insight into local health care needs.
- Nurse and midwives, as regulated, qualified health professionals, will determine the extent and scope of their practice for safe care delivery. Funding models need to reflect this accountable practice, such as the removal of 'for and on behalf of' processes and not linking funding of employment of nurses to general practitioners/ medical practitioners.

Safety and quality

Effective systems of corporate and clinical governance are necessary at all levels of primary health care to monitor and improve the safety and quality of services. This includes:

- open, transparent monitoring and reporting systems
- collection and use of data and information for driving change and improvement with performance indicators based upon the social determinants of health and other evidence based quality indicators of access, safety, effectiveness, appropriateness, efficiency and consumer participation
- investment in research for achieving continuous improvement
- effective organisation systems that promote safety and quality
- robust regulation of the conduct, health and performance in professional practice of health professionals
- strong consumer participation in all processes
- occupational health and safety.⁸

Sustainability

Adequate funding that will:

- Enable innovative clinical practice trials
- Ensure continuity of successful programs
- Support nurses and midwives and other health professionals undertaking outreach programs into community sub-groups who are marginalised from mainstream primary health care services
- Provide necessary resources for the primary health care workforce so that it can achieve its aim of health promotion, early intervention and illness/injury prevention.

The ANF is firmly of the view that a well-structured, well-resourced and responsive primary health care sector should be central to this country's health care system. As highlighted in the discussion above, the essential elements of an effective primary health care system is that the service to clients is team based; accessible to all communities; culturally appropriate; involves community participation; is adequately funded to support the services needed to be delivered to meet the communities' health and aged care needs; supports the education and on-going professional development requirements of the health care professional team; and is sustainable as well as flexible and responsive to the community.

The Framework can maximise patient and the community's health outcomes and experiences by the incorporation of the elements outlined in the foregoing commentary.

The ANF's stresses that the barrier to primary health care occurring, as outlined above, is due to the disconnect between State/Territory funded and Federal Government funded primary health care services. Our central concern is for potential and/or actual duplication of services and gaps in services delivered.

3.3. How can governments strengthen partnerships with stakeholders to deliver the strategic outcomes discussed in the draft Framework document?

The future primary health care system, one which provides access to cost effective care and delivers the optimal health outcomes for the community, will depend on the successful establishment of collaborative relationships among all the health professions, and an increased emphasis on the delivery of care by multidisciplinary teams.

It will be important therefore that the Commonwealth and State/Territory Governments sustain the proposed new model of working in partnership, to integrate care across care settings, improve health outcomes, in order to deliver the strategic outcomes through strengthened partnerships with stakeholders.

The ANF has concerns about the significant issues related to Commonwealth and State/Territory funding arrangements and agreements which create a gap between primary health care and tertiary (acute) care. Reliance on the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) fee for service model, and lack of recurrent funding in this model, means there will be few funds available for health professionals other than a GP (to whom funds are distributed via the MBS). Unless there is a funding mechanism to support multidisciplinary teams to provide expertise in their clinical speciality, the situation will be created in which health professionals will compete with one another in a fee-for-service environment with no incentive to collaborate, or where doctors will be the only members of the team.

Nurses and midwives are currently playing a significant role in primary health care in this country. However, their roles are largely unrecognised and underutilised. There are immense opportunities to enhance primary health care by supporting the integration of these current roles, often undertaken in isolation, by nurses and midwives (for example, in State/Territory funded maternal and child health, schools, mental health, sexual health, and occupational health and safety) into comprehensive primary health care hubs and e-health initiatives. This requires a funding system to facilitate the full scope of that expertise.

Providing a blended payment system (mixing fee for service, pre-payment and pay for performance with salaried arrangements, [Section 1.6, p.14]) in primary health care to facilitate team based care is supported by the ANF as a means to achieve this integrated model and optimal health outcomes. Furthermore, the ANF maintains that the key to providing better access for the community to primary health care services is the development of funding models in which the funding maximises services directly to the consumer (the funding follows the person) and not solely to the provider (as in the current fee for service model).

Governments, both Commonwealth and State/Territory, are encouraged to strengthen the partnerships with all the stakeholders to deliver the strategic outcomes. The ANF maintains that planning for primary health care services at the local level through Medicare Locals and the Local Hospital Networks, must involve collaborative relationships with all stakeholders – all health care professionals, managers, community members, carers and volunteers, voluntary service representatives, and local councils.

Further, that 'primary health care' services, as defined earlier in this paper, will only be achieved when Medicare Locals have a more inclusive governance and operation than is evident at present. This strategy of consultation and partnership will ensure that the responsibility level is close to the centre of operation of primary health care services. The resulting collaboration will increase the transparency of accountability to the community and better meet the needs of the community in all geographical areas (metropolitan, regional, rural and remote) and across all population groups, (especially those currently marginalised from, and under-served by, mainstream health services - such as homeless or Indigenous peoples).

3.4. a) When considering implementation of the Framework, what relevant activities are stakeholders delivering that governments could learn from

There are many examples across the country of models of care which could be replicated on a broader scale, to effect safe patient health care. These models of care provide efficiencies both by utilising the most appropriate health care professionals, and, by engaging with the community to ascertain the most appropriate solution to health outcomes.

Models which the ANF supports are highlighted below as demonstrated exemplars of care models which utilise the available workforce to provide comprehensive primary health care in communities. The following examples fit well with the international Treaty of Alma Ata definition of primary health care which places health in the broader social context.

Occupational health nurses

There is currently a model which is funded by the Federal Government to take multidisciplinary teams of health professionals into workplaces to provide easy access for workers to a health assessment. This is particularly pertinent in a society which is exhibiting high levels of diabetes mellitus type 2, cardiac conditions and obesity. Occupational health nurses provide for and deliver health and safety programs and services to employees, employers and community groups. This area of nursing practice focuses on promotion and restoration of health, prevention of illness and injury and protection from work related and environmental hazards. These nurses have an integral role in facilitating and promoting an organisation's on-site occupational health program. Their scope of practice includes disease management, environmental health, emergency preparedness and disaster planning - in response to natural, technological and human hazards to work and community environments.

Occupational health nurses provide specialist health and safety advice and administer injury management, first aid and emergency preparedness programs; as well as develop and provide health education programs, such as exercise and fitness, nutrition and weight control, stress management, smoking cessation, assistance with return to work programs of injured or ill employees, breast and testicular self-examination, management of chronic illnesses and effective use of health services. Currently these nurses are primarily employed in large businesses. The ANF considers that the services of occupational health nurses need to be available across the whole spectrum of workplaces to really impact the health of the community. In the case of small business enterprises, a group of businesses could band together to share this cost or have the service available on a consultancy basis.

School Nurses

School nurses work in both primary and secondary education facilities. Currently they are primarily employed in the private sector. The ANF argues that they play a vital role in primary health care and positions should be funded within the public school sector across the country.

Primary school nurses provide a primary health care service to primary school aged children (5-12 years of age) and their families. Primary health care services encompass a range of services directed towards health promotion and information, early identification and early intervention for identified health concerns. School nurses engage in clinical care, health counselling, health promotion, school community development activities, networking/resource and referral and general health centre management. They provide specific health surveillance activities for children at school entry as well as health assessments for all school entrants, and for any students referred by a parent or teacher. In addition to vision screening and hearing testing, health promotion and education activities such as immunisation, safety and injury prevention, nutrition, positive parenting and asthma management are undertaken as group sessions through daily contact with students, teachers or parents.⁹

The following example is of a school nurse who provides a primary health care service in a suburban Melbourne primary school. With specific reference to patient safety activities this nurse has written submissions and received state government funding grants for: better hand washing equipment in the bathrooms for students and teachers; padding for schoolyard posts (basketball, netball and football) after gathering statistical data on the number of injuries caused by these hazards; provided education and support to the whole of the school community; and written a weekly column in the school newsletter dealing with different topics from how to clean your asthma spacer, to cough and sneeze etiquette and healthy eating. There has been overwhelming support for this primary health care nursing role, a role that continues to evolve through consultation with the students, the teachers and the parents.

Secondary school nurses have a key role in reducing negative health outcomes and risk taking behaviours among young people including drug and alcohol abuse, sexual behaviour, smoking, eating disorders, obesity, depression, suicide and injuries. The role specifically encompasses: individual health counselling; health promotion and planning; school community development activities; small group work focusing on health related discussion and information; and a resource and referral service to assist young people in making healthy life style choices. They play a major role in health promotion and primary prevention.

Recently the ANF launched National School Nursing Professional Practice Standards which emphasise the significant and comprehensive primary health care role which school nurses can, and do, undertake. This seminal document is available at: <http://anf.org.au/pages/school-nursing-standards>

Maternal and child health nurses

Maternal and child health nurses are another group who undertake a critical primary health care role, but are grossly underutilised across all jurisdictions. These health professionals are registered nurses, and in many instances midwives, with additional qualifications in Maternal and Child Health and Community Health. They offer a range of services in their practice through individual consultations, home visits and group meetings; provide health education to families to promote health and wellbeing and prevent illness; offer support and guidance to families while developing parenting skills; assess child growth, development and behaviour at key ages and stages; guide and inform families in relation to family health, breastfeeding, immunisations, nutrition, accident prevention and child behaviour; and provide access to information on maternal, child and family health services. There are estimated to be around 4,700 nurses working in the area of family, maternal and child health, with the majority of these being employed in New South Wales, Victoria and Queensland.¹⁰

General practice nurses

These registered and enrolled nurses are employed by, or otherwise retained by, a General Practice. General practice nurses work in collaboration with general practitioners, providing a range of primary care and primary health care services, including chronic disease management, population health activities, health assessments such as the Healthy Kids Check, administer and provide advice about immunisations, identify and provide education with regard to risk factors for chronic illness, provide health education, and monitor the effectiveness of education and other strategies.

Bush Nursing

A small town in rural Victoria, Walwa, developed a model of primary health care delivery for its community that relies heavily on nurse-led services. This service is built around a small health care workforce which includes a nurse practitioner, and four nursing colleagues - who together conduct a nurse-run emergency facility, and a visiting General Practitioner. The major features of their Bush Nursing Centre are a community centre, used for training, meetings and functions; a gym for public use and nurse-run programs; a community vegetable garden; nursing and management offices that coordinate various allied health services, community services and health education programs; and nurses accommodation (a nurse stays overnight for on-call emergency work.) Importantly the Centre is like a hub within the community in that nurses go out into the community to visit elderly people, and the primary school children come to the centre to learn healthy cooking and exercise, as well as using the facility for concerts. Initially the community raised funds toward the Centres establishment. Now while funding is from state and federal government, the whole community works to ensure that existing programs and new initiatives are aimed at sustaining the Bush Nursing Centre, the medical practice and the community.¹¹

The foregoing examples highlight primary health care undertaken by nurses and midwives to improve the health status of their communities. All these nurses and midwives are involved in collaboration with other health professionals as they deliver care which supports the individual client to be involved their own care. They also ensure that the recipients of their care have access to information and the education required to effect a positive and sustainable outcome for their health status.

Mental Health Nurses

ANF members working in mental health report that clients accessing mental health care under the Mental Health Nurse Incentive Program (MHNIP) are provided a range of services that benefit clients, families and the broader community. The mental health care provision is comprehensive and assists clients to remain in the community reducing the need for hospital admission. The breadth of care includes gaining a better understanding of their illness and developing skills to recognise and self-manage responses to symptoms, educate families about mental health illness, improve clients overall health and well-being and support the principles of social inclusion and integration within the community.

Importantly the MHNIP focusses on, and significantly assists clients in, their recovery from mental health illness. This provides a unique opportunity for nurses to therapeutically engage with people and fully utilise their mental health nursing skills, incorporating the role of coordination of clinical care. Our members who have been employed under funding from the MHNIP report its success; and their keenness to continue working in a primary health care environment in collaboration with medical professionals and clients.

However, there are employment conditions which have been imposed that the ANF does not support. That is, that in order to access the MHNIP funding, the mental health nurse must undergo a credentialling process. This is in addition to obtaining a postgraduate qualification in mental health. The ANF contends that credentialling of a nurse who already holds an appropriate qualification that enables them to work in an area of practice, is an unnecessary step, that in turn impacts on availability of workforce.

Recent funding changes involving the MHNIP mean that the services of mental health nurses are now compromised. The ANF supports a funding mechanism which enables mental health nurses (who have completed a post graduate mental health nursing program of study offered by university) to fully utilise their scope of practice so that they can deliver timely primary health care within all communities.

3.5. b) When considering implementation of the Framework, do you have any new or innovative ideas that could be incorporated?

- Primary health care clinics to be established by Nurse Practitioners. A nurse-led clinic model was commenced in Canberra in 2008. The Canberra community has endorsed this model of primary health care which could be replicated in all states and territories.
- Nurse Practitioner led clinics to improve the health outcomes of Aboriginal and Torres Strait Islander peoples' mental health, and, chronic disease management. In addition, the use of Nurse Practitioners in aged care settings in residential aged care or the community, can be invaluable to maintaining the health of our elderly and prevent unnecessary hospitalisation.
- Models of women-centred care and midwifery-led models of care have been successfully implemented in many settings and should be incorporated into primary health care services across the country to improve the health of women of child bearing ages and birthing women.
- Investment in research to provide a strong evidence base for innovative and varying models of primary health care.
- Inter-disciplinary research into innovative models of care to promote collegiality and recognise imperatives for team based primary health care.

4. Other Comments

Introduction (1st para, p. 6)

The first (primary) layer of services encountered in health care should also include midwives.

Strategic Outcome 1 (p.12)

Potential action 1.1

In addition to consumers and providers, joint planning should also include engagement and input from health professionals at the local level.

Potential action 1.3 (p.12)

Care coordination does not need to be 'innovative'. It does, however, need to be undertaken by those who understand the health care system. Nurses are, more often than not, the best placed to coordinate care, such as complex chronic conditions.

This section should refer to the primary health care team, not just the GP.

Potential action 1.4 (p.13)

In addition to GP Super Clinics, reference should be made here to nurse-led walk-in clinics.

Potential action 1.6 (p.14)

A blended payment system is a far better funding model to support the important role of nurses and allied health professionals in the provision of coordinated interprofessional care for those with chronic disease. Telehealth technology has immense further potential if used to connect the person receiving care with all members of their health care team, not just to connect the general practice team with specialists.

Strategic Outcome 2 (p.15)

Potential action 2.1

General practice (not GPs) is predominantly the first clinical point of call in the health system when people are sick. To reinforce a point made earlier in this paper, the "role of the GP as a gatekeeper to the broader health system" is a very out dated view and inconsistent with the interprofessional team based approach of primary health care. Interprofessional, not GP, care is primary health care. Team based care delivery models should not be focussed on patient centred 'medical' homes but rather patient centred 'health care' homes. The focus should be on health and wellbeing, prevention and health promotion. One of the outcomes of the patient centred health care homes should be better relationships with the primary health care team, not just the doctor.

Potential action 2.3 (p.16)

There is a far greater need for significantly increasing the supply of nurses and midwives across Australia than for GPs. Reference to 'top of scope of practice' throughout this section is concerning. This infers that the role of health professionals delivering holistic patient care can somehow be deconstructed to allow for the introduction of lesser or unqualified workers to provide components of care. Unless care is coordinated and provided under a professional practice framework, the risk of fragmentation remains, and safety and quality of care is compromised. There is no evidence to support the roles of unregulated medical/physician assistants in Australia when we have the already established roles of: nurse practitioner, eligible midwives, registered and enrolled nurses and registered midwives. These qualified nurses and midwives are regulated and are already providing the care that it is purported these 'doctors assistants' would be undertaking. Further assistance should be given to growing and supporting the existing nursing and midwifery workforce rather than attempting to introduce new unregulated worker roles.

Potential action 2.5 (p.17)

Nurses and midwives, as the largest component of the health workforce, are the key to the success of e-health and telehealth technologies in Australia. The Personally Controlled Electronic Health Record (PCEHR) will not be widely and effectively used without their involvement and support to drive uptake.

Strategic Outcome 3 (p.18)

Potential action 3.2

The ANF stresses the inclusion of the important role of nurses and midwives in primary health care roles, both federally funded in general practice and state/territory funded in community, schools, maternal and child health centres, in contributing to improved health literacy, prevention and health promotion. Joint plans to connect these primary health care roles are essential to avoid both potential and actual duplication of services and gaps in service provision.

Strategic Outcome 4 (p.20)

Potential action 4.2

Along with the Commission, the National Lead Clinicians Group, primary health care providers and consumers, Governments should also be working with the health professionals themselves and their professional associations, to promote uptake of the Commission's primary health care standards.

5. Conclusion

The ANF welcomes the invitation to provide comment to the Australian Government Department of Health and Ageing as part of the targeted consultation process on the draft National Primary Health Care Strategic Framework. Professional Officers from our State/Territory Branches have also participated in face-to-face consultation sessions and/or provision of written submissions within their jurisdictions.

The ANF was a strong supporter of the development of a National Primary Health Care Strategy, to place primary health care firmly on the agenda for Australian Government reform. We continue to take the view that positioning primary health care at the centre of health policy in Australia will result in significant improvement in health for all individuals in our communities, across their lifespan.

We look forward to learning the outcome of the consultation process and to continuing to work with the Government to implement services which deliver timely, accessible and affordable primary health care by a range of qualified health professionals.

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