

Australian Government  
The Department of Health  
Medicare Benefits Schedule (MBS) Review Taskforce  
Email: [MBSReviews@health.gov.au](mailto:MBSReviews@health.gov.au)

To Whom It May Concern,

**Re: Open Consultation - Draft Report from the Wound Management Working Group (Nov 2019)**

Thank you for providing the Australian College of Nursing (ACN) with the opportunity to review and comment on the *Draft MBS Taskforce Report from the Wound Management Working Group (November 2019)*. ACN is supportive of the Taskforce's overall intent to improve health outcomes for patients by allowing the MBS to deliver on affordable and universal access, best practice health services, value for the individual patient and value for the health system. ACN acknowledges the importance of wound care as a health priority, which is reflected in the [Wound Management courses](#) run by ACN's Education Team for Enrolled Nurses, Registered Nurses and Nurse Practitioners (NPs).

The benefits of evidence-based wound management are well documented, demonstrating positive health and wellbeing outcomes for patients; and cost savings for the health care system. Whilst chronic wounds affect nearly 500,000 Australians and is estimated to cost approximately \$3 billion per annum in hospital and residential care, many Australians are struggling to access wound care consumables due to excessive out of pocket expenses. The flow on effects can be devastating particularly when this reduces a patients' quality of life as a result of chronic pain, or leads to social isolation, depression and anxiety. Barriers to wound care access are linked to a long duration to heal for some chronic wounds (i.e. weeks or months), and limited incomes of individuals who suffer from chronic wounds as a result of older age and/or limited capacity to work.<sup>1 2</sup>

ACN believes there should be a greater focus on policy around wound care that is embedded in best-practice principles. It is recommended that the Government takes the lead in providing adequate resourcing towards wound care. Health services should be provided with consumer information packages on wound care as well as Government funded consumables or a Government developed "wound consumables schedule" that includes a range of dressings and bandages for use on the most appropriate wound. Patients with diabetic foot/leg ulcers; venous or arterial ulcers; or who are aged

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<sup>1</sup> The Australian Centre for Health Services Innovation (2017). Issues Paper: Chronic Wounds in Australia. Accessed from: <http://www.aushsi.org.au/wpcontent/uploads/2017/08/Chronic-Wounds-Solutions-Forum-Issues-Paper-final.pdf>

<sup>2</sup> Wounds Australia (July 2018). Wounds Australia Election Platform: A five point plan to reduce the burden of chronic wounds. Accessed from: <http://www.woundaware.com.au/a-five-point-plan-to-reduce-the-burden-of-chronic-wounds/>

65 years and older, are ideal targets for such schemes and would benefit significantly in terms of health-related and quality of life outcomes.<sup>12</sup>

Individuals living in rural and remote areas, older Australians as well as those from Culturally and Linguistically Diverse (CALD) backgrounds and Aboriginal and Torres Strait Islander (ATSI) peoples may be significantly disadvantaged; and would also benefit from having appropriate information on wound care and consumables. Some rural and remote communities may only have one GP who may need to refer patients onto a specialised wound care practitioner. Older patients with chronic wounds often require complex care and may not be able to travel to access wound care services. Therefore, consideration needs to be given to information, access and training of Nurses, GPs and allied health staff in such areas. From a primary health care perspective, this would present an ideal opportunity to utilise Advanced Practice Nurses (APNs) including Nurse Practitioners (NPs) within the nursing workforce.

Wound care should ideally be managed within the community and primary care setting as it is the most appropriate setting to reduce the workload on hospital systems, that are already overly burdened with the acutely ill. ACN strongly believes that wound care is also front and centre the professional domain of nursing. It is an area where nurses should, and do, lead care within the health care team and should be afforded the opportunity to lead patient care. ACN strongly encourages nurses in the community setting to upskill, enhancing their knowledge and understanding of proper wound care practices including preventative measures; and the risks associated with inadequate wound management. It is imperative that community nurses tasked with visiting a range of patients in their own homes and general practice nurses have an understanding of the fundamentals of wound development and management to provide evidence-based wound care. Nurses possess the skills, knowledge and education for wound care management, and should not be merely delegated wound care work by GPs in the same manner as unregulated health care workers (UHCWs) who are unregistered/unlicensed, lacking the appropriate training around patient assessment and care.

ACN strongly discourages wound care delegation to unregulated health care workers (UHCWs) as the risks associated with greater utilisation of UHCWs is strongly linked to poor health and quality of care outcomes. Additionally, nurses should be given access to MBS items as an equal and valued member of the health care team (when compared to GPs). Nurses should not be viewed as 'low value care', particularly in a time when 'value-based health care' models are emerging in the local and international health arena. ACN believes inadequate or unequal compensation will result in further loss of the Nurse Practitioner workforce through poor retention and attraction rates, if this issue is not addressed.

ACN distributed the draft report to expert advisory members of the ACN Community and Primary Health Care Community of Interest (COI). Detailed feedback relating to the report can be found in Appendix A.

ACN also distributed the draft report to its general membership for comment. The received feedback, recommendations and concerns raised are listed below:

- The report and recommendations fail to acknowledge or recognise the assessment and wound care skills of nurses, particularly Advanced Practice Nurses (APNs) including NPs. Nurses are highly skilled in wound care and model best practice approaches nationally in their day-to-day work.
- The report mentions upskilling GPs with appropriate referral to wound care practitioners. The recommendations fail to acknowledge there is also an opportunity to upskill nurses to correctly diagnose and manage chronic wounds. APNs should be acknowledged in the report as an “appropriate specialist wound care practitioner” that GPs can refer too.
- NPs are inadequately compensated through MBS for the wound care services they provide which has resulted in some exiting private nursing practice.
  - Example 1) A Nurse Practitioner stated they could not bill for Doppler Ultrasound assessment or the Ankle Brachial Pressure Index (ABPI) which are considered essential for lower limb ulcers. The NP has often sent patients to get a GP referral for Doppler Ultrasound assessment and ABPI, as a time and cost-saving factor, even though this approach actually costs the taxpayer more.
  - Example 2) A Nurse Practitioner stated they can spend 1.5 hours or longer with a new patient with a lower limb issue and only claim \$49.85 (item 82215) which is insufficient compensation for the service provided.
  - Example 3) A Nurse Practitioner stated they had to pay for their own dressings and stock when treating patients’ wounds as MBS items would not cover them. This is unacceptable.
- New MBS item numbers are required for nurses providing wound care and for standing orders under the provision and support of GPs.
- There is a need for provision for further funding to go to wound care research.
- Linking MBS items to nurse wound care services is necessary to show the actual uptake and work undertaken by Practice Nurses.
- Initial assessments of patients with chronic wounds in the home can be undertaken by nurses or the GP in conjunction with a nurse, NP and family/carers.
- Collaboration between the nursing team and treating medical team / GP is essential to ensure appropriate wound management and facilitate optimal wound healing.

As the pre-eminent and national leader of the nursing profession and a community of dynamic and passionate nurses, ACN will continue to ensure the health and well-being of all Australians is made a priority. Nurses are at the forefront of health care and the most geographically dispersed profession, it is essential they are afforded the opportunity to work to their full scope of practice to promote better health outcomes including around wound care services in the primary care setting. Nurses should be recognised as a valued member of the health care team through equal access to MBS items which are already afforded to GPs performing the same tasks.

If you have further enquiries regarding this matter, please contact Dr Carolyn Stapleton FACN, Manager - Policy and Advocacy, at [carolyn.stapleton@acn.edu.au](mailto:carolyn.stapleton@acn.edu.au).

Yours sincerely,



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