



Community & Primary Health Care Nursing

Position Statement

Developed: September 2015

Key statement

Australian College of Nursing (ACN) considers the roles of community and primary health care (C&PHC) nurses to be integral to ensuring optimal health outcomes for all people across their lifespan. Community and primary health care nursing (C&PHCN) applies a social model of health care that addresses the health needs of individuals and communities while considering the social, economic and environmental factors impacting their health.¹ C&PHC nurses are employed as generalists and/or specialists. They work across all geographical areas in Australia and in a wide range of service delivery settings. These settings include community health centres, women's health services, general practices, schools, prisons and peoples' homes and work places.

Population ageing, emerging infectious diseases², the increasing burden of chronic and complex disease and health inequalities between Australian subpopulations all require a community and primary health care response. For this response to occur, the health care system needs re-orientation from an emphasis on care delivery through the tertiary health sector to strengthening the primary health care sector to provide more services. The skill sets of C&PHC nurses enables them to make a large and substantive contribution to the delivery of community and primary health care through:

- combining care delivery with health promotion, illness prevention and community development;³
- providing generalist frontline services, that aim to improve the health outcomes of disadvantaged individuals and communities, that are responsive to cultural needs;⁴
- providing support and guidance to women, parents and families so children have a healthy start in life;^{5 6}
- case-finding people and groups requiring preventative health care such as health screening or immunisations;
- responding to health care needs arising from increased population rates of chronic and complex disease and more people reaching older age; and
- liaison within and coordination of care across the health care system⁷ and between service providers from other sectors.⁸

Maximising the contribution of C&PHC nurses through multidisciplinary models of care that (1) utilise C&PHC nurses' full scope of practice and (2) consolidate their contribution are key strategies for strengthening the primary health care sector.

The national health reform agenda in Australia clearly identifies that a high capacity, integrated primary health care system is at the centre of any effective health system.^{9 10} Such a primary health care system should be underpinned by primary health care professionals partnering with people, communities, health service providers and agencies to support and achieve an optimal state of health for individuals and communities.¹¹ Workforce development may be required to embed the skills primary health care professionals require to undertake this partnering.

Primary health care policy and funding allocations should take into account the contribution that C&PHC nurses in all settings and at all levels of professional development make to primary health care. In particular, reform of primary health care needs to ensure that service models fully utilise the skills and knowledge of all C&PHC nurses through identifying and acting upon opportunities to enhance C&PHC nurses' role and contribution. Apart from fully utilising and legitimating C&PHC nurses' contribution, service models should also support the extensive range of health promotion and illness prevention activities they deliver. Attention should be paid to nurses' health promotion and illness prevention targeting older Australians, such as active ageing advice, falls prevention and immunisation.

C&PHCN is able to respond to a wide range of population health needs because the profession encompasses nurses with highly varied scopes of practice.¹² For this reason, C&PHCN is a key partner for governments and the community in actualising capable primary health care that effectively responds to peoples' and communities' primary health care needs.

Background and rationale

Primary health care

Primary health care (PHC) aims to reduce health inequities by addressing barriers to the creation and maintenance of health. Primary health care systems are built on the principles of equity, access, empowerment, community self-determination and inter-sectoral collaboration.¹³ Service delivery in PHC is based on a collaborative interdisciplinary model of managing the entire continuum of health care that encompasses health promotion and illness prevention, management of acute and chronic illness, rehabilitation and palliation.¹⁴

The World Health Organization (WHO) describes the ultimate goal of primary health care as better health for all and identifies five key elements to achieving that goal as:

- reducing exclusion and social disparities in health;
- organising health services around people's needs and expectations;
- integrating health into all sectors (e.g. Health in all Policies);
- pursuing collaborative models of dialogue about health policy; and
- increasing participation of all parties with a stake in primary health care.¹⁵

This need for the restructure of health care systems to include a highly effective primary health care delivery is shared internationally. In 2001 the WHO alerted governments that health care systems around the world must reorganise their health care to meet the rising burden of chronic conditions.¹⁶ Some re-orientation is underway. For example, internationally and nationally, care for the aged is seeing a trend toward a community-based, enablement focused model of care.¹⁷ In some settings, marginalised groups such as refugees and asylum seekers already have the majority of their health services delivered by primary health care nurses.¹⁸

Community and primary health care nursing

The International Council of Nurses considers C&PHC nursing to be most effective when it consistently demonstrates the following attributes:

- people centredness, meaning comprehensive, continuous and person-centred care where nurses partner with people in the management of health;
- a public health perspective through which PHC teams have responsibility for a well-defined population;
- a partnering and an interprofessional perspective as C&PHC nurses network and collaborate with health and other sectors;
- effectual use of information and communications technology enabling C&PHC nurses to work 'smarter' and to their full potential.¹⁹

C&PHC nursing makes a substantive and far reaching contribution to the delivery of PHC services. This position statement features three areas of C&PHC nursing practice to demonstrate the C&PHC nursing breadth of expertise and strength of impact.

Supporting people with chronic and complex conditions

C&PHC nurses take on valuable roles in the care of people with chronic and complex multimorbidity,²⁰ such as chronic obstructive pulmonary disease,²¹ cancer and palliative care.²² In these roles primary health care nurses contribute through:

- facilitating the coordination and communication in the interdisciplinary team to deliver person-centred care and being a first point of contact in the team for patients;^{23 24}
- facilitating access to allied health services and social services;²⁵
- working across acute and community care, both public and private;²⁶
- undertaking health assessments and delivering health interventions;^{27 28}
- providing appropriate and timely referrals to psychosocial and other support services;²⁹ and
- providing timely education and information to improve peoples' health literacy³⁰ and skill in self-care.³¹

New health service models and models of care must further consolidate C&PHC nurses' roles as advisors and case managers of people who live with one or several chronic conditions.

Child and Family Health Nursing Child and family health nurses facilitate improved health and social outcomes for children and their families through promoting child and family health and educating parents on child development. A key focus of their role is the monitoring of child development, early detection of developmental delays or health conditions, and the coordination of early interventions. They also monitor for signs of family distress caused by postnatal depression or domestic violence and undertake steps to institute what treatment or help may be required and to protect vulnerable individuals.^{32 33 34 35}

PHC for marginalised populations C&PHC nurses deliver services to marginalised populations such as homeless individuals and families and Aboriginal and Torres Strait Islander people. C&PHC nurses provide homeless people with health education, health assessment, clinical care, support of self-care activities and counselling.³⁶ Homeless people can find access to health services difficult because they lack financial resources and/or because of stigma. C&PHCN services working with homeless people seek to reduce these barriers by undertaking outreach, reducing discriminative attitudes and through referral and inter-sectoral liaison and collaboration.³⁷ In the Aboriginal Community Controlled Health Services (ACCHS) sector, C&PHC nurses work in a model of comprehensive primary health care. They deliver illness prevention and health promotion, clinical intervention, targeted programs (such as antenatal) and facilitate access to secondary and tertiary health services and social and cultural services. Successful interventions demonstrate genuine engagement with local Aboriginal and Torres Strait Islander communities that maximise participation up to, and including, full community control.³⁸

ACN believes that the demonstrated potential of C&PHC nursing could be further maximised through policies and models of care that enable C&PHC nurses, including nurse practitioners, to utilise their entire scope of practice.

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