

Media Release

Federal Budget 2010: the “big winner” in relation to health is the community

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After Budget night, it is common to speak of the “big winners”. It is very pleasing to note that after last week’s Budget, the “big winner” in relation to health is the community. The health professional and infrastructure commitments to community based healthcare in the Budget are to be applauded.

This community care will build on the GP services and be coordinated through local primary health care organisations called “Medical Local” which includes after hours telephone consultations and where necessary, face to face local care.

23 new “GP super clinics” are also planned which we would prefer to see called “Community Health Clinics” to better reflect their comprehensive, integrated nature.

There is a commitment of \$390.3 million over four years to increase the number of practice nurses in General Practice and community health clinics, expanding the nurse’s roles in prevention and chronic disease management. The replacement of the current funding of practice nurses with this block grant is welcome. It acknowledges the broad community roles of nurses and removes the restructure “for and on behalf of” task funding currently in operation which limits the nurse’s role and does not allow reimbursement for preventive care or even for managing the care of seriously ill patients awaiting ambulance transfer to hospitals.

We are pleased to see a differential funding for RN’s at \$25K to EN at \$18K, acknowledging the different scope of practice, education and the broader comprehensive therapeutic management of the well educated, experienced Registered Nurse.

We look forward in the next Budget to the expansion of this to include Nurse Practitioners and other Advanced Practice nurses such as CNCs. In the Budget, the role of NPs is the subject of research into models of care in aged care.

The “Building Nursing Careers” initiative encourages the continuing education of aged care nurses with both new places for EN and RN education and significant financial incentives with scholarships of \$30K for RNs and \$18K for ENs.

It would be excellent to see this extended beyond aged care and particularly to the realignment of RN in acute care to community/primary healthcare and more broadly, RN Locums for enabling rural RNs to travel for country education is a most interesting initiative – much needed.

The infrastructure support for translational medical research in mental health, child health and indigenous health is welcomed and we feel certain the use of the term is generic and includes vital nursing and midwifery research in these areas.

The electronic health record by 2012 will be an important adjunct to the integration of community and hospital care.

We are pleased to see an exploration of the need for regulation for personal care assistant as this is a particular area of vulnerability for the elderly and infirm and the pillars of regulation of competitive standards, programme accreditation and performance/conduct and registration are critical to the safety of the public.

Australia's commitment to the meetings of the United Nations Millennium Development Goals (MDGs) is to be commended and the focus on working with Indonesia, East Timor, PNG, the Pacific and Vietnam is welcomed. A new focus on Africa recognises its position in terms of the burden of a diverse health workforce crisis. Funding to the UN development and agencies including UNICEF, UNFPA and WHO is applauded.

We thank the Treasurer for his public acknowledgement of the "vital role" nurses play in our hospitals and communities.

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