



Coast Health Care

*West Coast District Health Board
PO Box 387
Greymouth*

Neighbourhood Nurses in Reefton A Nursing Innovation for a Community with Low Income and High Health Need

Quite simply, the need has never been greater for strong primary health care to be put at the centre of our health system....

Services will be directed not just at those who seek care when they are ill, but will be there to look after the health needs of the whole population group. So primary care providers will need to know not just who is sick, but who might become sick because they are not getting access to preventative health care and health education.

We need to coordinate our primary health care professional resources far better. For example, we have 11 or more different types of primary health care nurses. We need linkages between all sorts of community care, hospital services and other key areas like social welfare, disability support, housing and local government.

We also need continuity in care, especially for the increasing number of people with complex long term health needs....

[The] rural primary health care premium [will] help rural areas retain an skilled health workforce ...the amount of the premium will depend on how isolated an area is... for example... Reefton....

There is no agenda – hidden or otherwise – to replace GPs with nurses. We need all of you – and more – to deliver what the Strategy promises, but there are significant new tasks that nurses will be heavily involved with – and a need to look at better ways to develop the primary health care nurse. For this reason I will soon be announcing a scheme for innovative primary care nursing pilots.

*The Honourable Annette King, Minister of Health, 30 May 2002
'Primary Focus: The Future of Primary Health Care' Address to the Primary Health Care Conference*

Registration of Interest Primary Health Care Nursing Innovations Funding

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INITIAL RESPONSES TO THE NEIGHBOURHOOD NURSE IDEA

The concept of a proactive health delivery should be of real benefit to the community and will provide needed linkages to other support programmes that are available [but] not accessed to the full at present....The Buller Community Development Company absolutely supports the integrated approach outlined in the proposal. The ability to provide assistance in areas other than direct health needs should be encouraged because the supportive role played will encourage [progress with] issues that indirectly influence the goals of healthy families.

Reefton has a compelling need for the proposed programme and properly implemented it will provide a significant benefit to the community. BCDC supports the application and we would assist with any request relevant to our own current role with the Reefton community.

Bruce Hamilton, Chairperson, Buller Community Development Company Ltd

It's an excellent initiative. It will help facilitate the Primary Health Care Strategy in Reefton, working alongside the GPs to give an enhanced service of care, which will be needs based and promote the well-being of all.

Julian Ashburner, GP, Reefton

I can see that this is a way for someone like me to become really involved in a really good project that utilises all the skills you develop as a Rural Nurse Specialist. It would also offer the opportunity for scholarly and research enquiry through the evaluation aspect, which you need for advancement to Nurse Practitioner. I am sincerely interested in acting as mentor or clinical supervisor to the nurses in the Neighbourhood Nurse project.

Louisa Davidson, Rural Nurse Specialist, Fox Glacier

EXECUTIVE SUMMARY

An innovation that simultaneously strengthens health services and improves health outcomes is proposed

The NEIGHBOURHOOD NURSES IN REEFTON project is proposed to strengthen health service provision in Reefton, both directly by focusing nursing services in a comprehensive and integrated delivery, and indirectly, by expanding on the primary health care service offered by the General Practice, where one of the two GP positions is vacant. The community targeted has a low income and high health need, and the idea has been received with enthusiasm by the future professional and community stakeholders of such a project.

Additionally, the proposal develops a cadre of rural nurses into an expanded and advanced practice

An essential element of the proposal is recognition of the support required to develop individuals and the NEIGHBOURHOOD NURSE team's own process of development and collaborative practice within itself and with other health professionals and community service providers.

The proposed project is submitted on the basis of several assumptions

This Registration of Interest is based on the following assumptions:

- that the most compelling mandate for the innovation proposed should be found in a real community's need for improvements and innovations in primary health care, and a certainty that the project proposed would deliver demonstrable health gain meaningful to the community
- that the innovation proposed should also be with as discrete a population as possible and manageable in terms of the resource and attention the DHB can allocate to it
- that the innovation should build on extant relationships and models already proven within the DHB's service provision, as well as referencing New Zealand and international models
- that as a "detailed proposal will be required following selection of successful applications", the Registration of Interest should convey the main concepts and essence of the idea rather than detailed business planning, which would be undertaken when a proposal is sought
- that a true partnership to drive and develop the innovation be initiated with the community once a proposal is sought.

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NEIGHBOURHOOD NURSES FOR REEFTON

A Nursing Innovation in Primary Health Care

Manaaki Te Wairua me Te Tinana o Te Tangata

A team of 'neighbourhood nurses' who will work in Reefton and its surrounding district with individuals, families and the community is proposed. What they offer will be described in two ways: professionally as a mix of generalist, specialist, expanded and advanced practice; but by their clients and colleagues as: "They just do what needs to be done".

Rather than engaging with clients on the basis of contracted work streams, it will be client need that directs their interactions and care. Client needs will be understood to range from those related to actual health problems, to the education and support people need to take responsibility for maintaining their own health, wellness and capability.

In practice this may mean that a nurse may establish a relationship with a family 'in all kinds of trouble' through an initial contact requiring home visits to dress a grandmother's leg ulcers, but go on to support the daughter, a young solo mother, in making choices about her children's immunisation, assist her in shopping for healthy meals on a limited budget, and encouraging the live-in boyfriend to take up remedial reading so that his employment prospects improve, recalling that his mate hasn't looked back after doing the ACCESS course.... In other words, these neighbourhood nurses will practice in a comprehensive and integrated way that is far removed from the disease focus or age related nursing roles that otherwise fragment nursing interactions with individuals and families.

Although initially a nurse-driven project, it will be understood as a community endeavour, as the first stage of project implementation will be a process of community consultation that shapes the project more definitely. Equally, the nurses who will be involved, the GP and other health, welfare and community service providers will determine the way the project is realised.

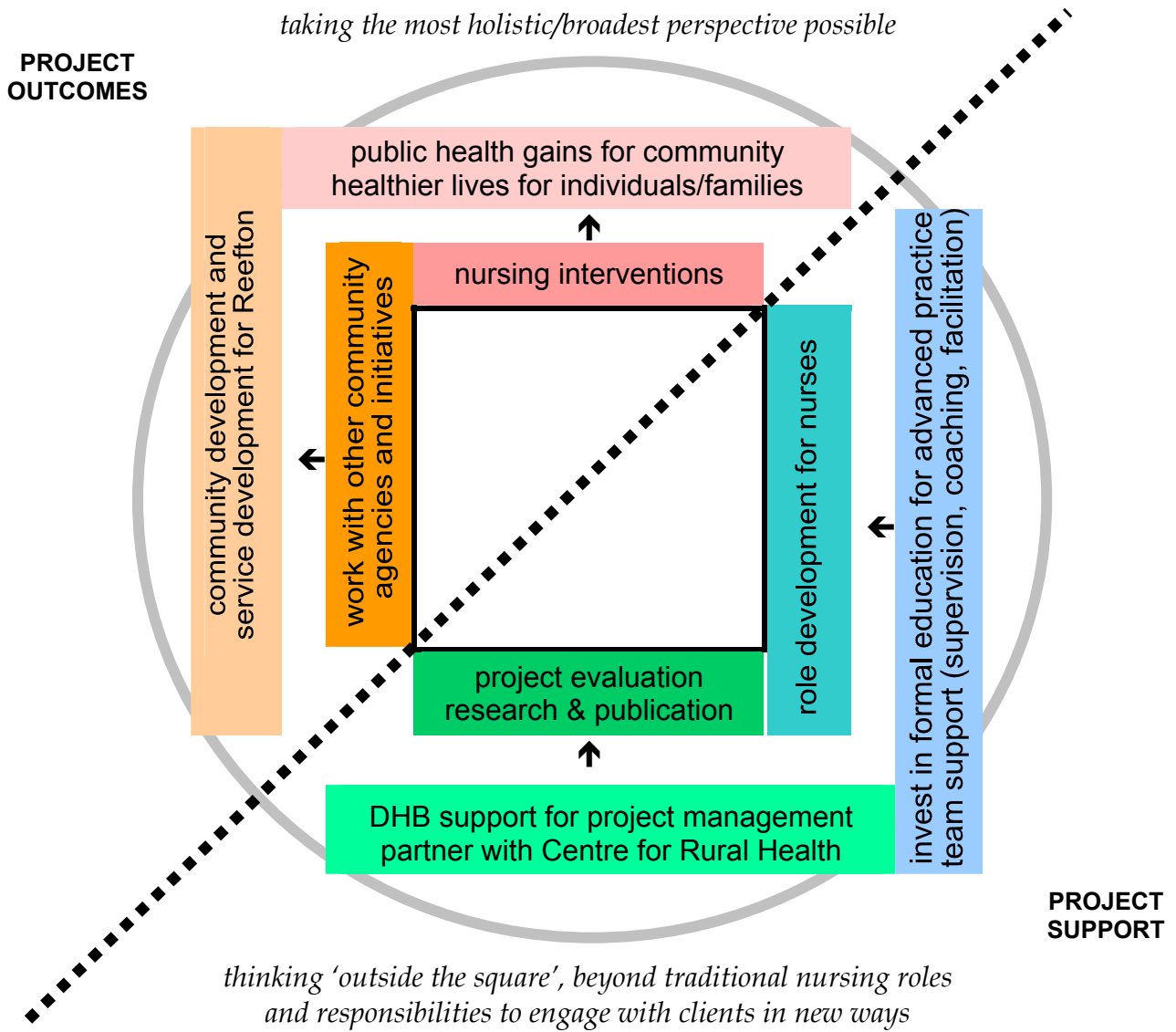
In line with the expectation that the innovation also advances nursing practice possibilities, those nurses recruited to the project will be attracted to it because it offers support for further formal education (e.g. Diploma in Primary Rural Health or a clinical masters) as well as good informal support through clinical supervision, coaching and team facilitation and leadership.

The 'neighbourhood nurse' team will offer from amongst its members expertise in mental health, Maori health, district, well child, public health, first response, disease state management etc without any one nurse practising exclusively in one area of responsibility.

A good reference point for the 'neighbourhood nurse' concept is Coast Health Care's Rural Nurse Specialist.

INTEGRATING INNOVATION WITH IMPROVEMENT IN HEALTH STATUS AND COMMUNITY DEVELOPMENT

Outcomes from and supports required for the Neighbourhood Nurses in Reefton Innovation



THE COMMUNITY TO BE SERVED

The NEIGHBOURHOOD NURSES IN REEFTON project is proposed for the community of Reefton as one with a low income...

The project is proposed for Reefton, a small rural township on the West Coast of the South Island, under the West Coast District Health Board. The township has a population of 1056, but there is a current 'enrolment' of 2430 on the General Practice's books, reflecting utilization of the service by outlying areas, and the project is directed to this wider population.

A key consideration in proposing this nursing innovation is our belief in an ethical imperative to engage with a community in need, also the first priority for implementation of the Primary Health Care Strategy, *viz*

...groups with the greatest health needs in terms of both additional services and reducing financial barriers to first-contact services (Minster of Health 2001:27).

The Buller District in which Reefton is located is the most deprived District in the South Island, according to the 1996 Index of Deprivation¹ (Kirkpatrick 1999:46). Appendix 1 gives demographic details for Reefton and surrounding area, and sketches a picture of a community with a somewhat higher proportion of elderly and somewhat lower proportion of Maori in comparison to the rest of New Zealand, but most importantly, a population characterized by low income.

For longer than a decade Buller has had a pattern of job loss with the closure of mines and companies relocating or closing branches. Prospects have brightened with a new mining project due to start in a few months expected to create approximately 50 new jobs, of which about 20 are expected to be filled by locals. However, this development will bring its own demands in terms of changed employment status for individuals and occupational health and safety concerns.

¹ The Index of Deprivation is the result of work between Government agencies and researchers convened by the Health Services Research Centre in 1994 to develop a standard socioeconomic status measure suitable for use by all researchers and in population based funding formulae. The rankings are based on 9 sets of census data which include lack of access to telephone and car, beneficiary or unemployment status, lack of qualifications and home ownership, single parent family, households' income and occupancy below threshold. "Deprivation can be defined as relative disadvantage - the state of being worse of than the society in which one lives... the highest [decile] scores experiencing greater deprivation" (Kirkpatrick 1996:47). See the last table in Appendix 1 for the Deprivation rating for Reefton.

... and high health need...

Given an established relationship between low income and high health need –

The New Zealand 1996 Census and related surveys show that social and economic inequalities are widespread and have significant effects on health.... People living in more deprived areas are more likely to have poor health and live shorter lives. At a regional level in New Zealand, income inequality (over and above household income) is adversely associated with both mortality and hospitalization rates (Howden-Chapman *et al*, 2000:301).

– the Reefton community could benefit from a primary health care innovation.

An informal survey of health problems evident to health service providers in the Buller District suggests that there are priorities in disease state management related to an aging population (hypertension, diabetes and high leukemia and cancer rates) and in minimizing the harm caused by illicit drug use, given the popularity of cultivation and consumption of cannabis in the District.

Admissions from Reefton and the surrounding district to Grey Hospital (excluding new born well babies) numbered 253 in the period 1 July 2001 – 30 June 2002. Although we have no reason to believe admissions are inappropriate, if

about 30 percent of hospital admissions for those under 75 are avoidable... and about two-thirds of these can be avoided through early access to effective primary health care... (Minister of Health 2002)

then there is room for a primary health care innovation to reduce hospital admissions.

... and one which is in need of innovative solutions to persistent problems

The General Practice – Reefton Medical Centre – is privately owned and normally functions with two full-time General Practitioner (GP) positions. It has an enrolment of 2430. However, one position is vacant and has been so since February of this year. Therefore the expectation that two GPs might see 30 patients each per day is not possible, and on a normal day, the current GP, Julian Ashburner, sees 18 patients in the morning and 22 in the afternoon. His working day runs from 0900 to 2030 hours. Every alternate patient is double booked so that no time is wasted in case of a ‘no-show’.

Ashburner describes this as a “band-aid practice” with no time to deal with anything other than the immediate complaint. He is well aware that the causative factors

behind the complaint are usually never investigated due to the time constraints.

A further difficulty lies in providing after hours on-call health services in Reefton. The GP is on-call 24 hours/7 days a week, with every third weekend off when cover is provided by a House Surgeon based at Grey Hospital. A PRIME trained Practice Nurse provides cover for PRIME related calls.

It should not be imagined that the problems of GP recruitment (or more accurately, inability to recruit) and an untenable workload are unique to Reefton (Bidwell 2001; Humphreys *et al* 2001; London 2001). Therefore, a nursing innovation in primary health care could not only extend the sustainability of this GP's practice, but could also provide a model useful for similar problems elsewhere.

Note that problems of health service provision in rural areas are generally framed almost entirely as problems in supply of doctor services², whereas rural nurses have claimed that

[t]o focus entirely on problems of medical staffing first overlooks the unrealised potential of nursing roles in health service provision. Secondly, it also overlooks the need to consider strengthening the entire team – and nursing is integral to the collaborative team approach needed in rural areas (Jones & Ross 2002:15).

Current health service provision through nursing roles

The complement of Registered Nurses in broadly primary health care roles is made up of two practice nurses working a 1.5 full time equivalent (FTE); 1.4 FTE in public health, well child and immunisation coordination; 1.4 FTE in district nursing.

Additionally, an Operations Manager and 4.2 FTE Registered Nurses work in Reefton Hospital (five continuing care beds, and five medical) and Ziman House (an attached geriatric facility of 20 beds).

² This is certainly true of reporting in the general press, but is also evident in the discussion presented by the Health Workforce Advisory Committee on rural health workforce issues. It is (hopefully inadvertently) an apposite example of framing rural health service almost exclusively in terms of General Practitioner services, concluding with the question "Is there an opportunity for skill mix/substitution initiatives to improve health service delivery particularly in rural areas?" (HWAC 2001:51), the implication being that the answer for rural areas lies in finding a solution for the *doctor supply problem*.

THE SERVICE TO BE PROVIDED IN THE INNOVATION

The NEIGHBOURHOOD NURSES IN REEFTON project draws on a number of models developed in New Zealand...

... the first model of a need driven service is found in community trusts and Maori/iwi providers

The idea of a comprehensive and integrated continuum of care provided by a primary health care nurse or a small group of nurses has been worked out in practice in less obvious settings – e.g. within health services provided by Maori for Maori, and in rural nursing. Three such instances are cited here as models to be referenced by the NEIGHBOURHOOD NURSES IN REEFTON project as object lessons in providing a comprehensive and integrated continuum of care for clients/families.

In a study of models of nursing in the provision of rural healthcare, Litchfield contrasted two broad categories of “what [nurses] attended to and therefore how they perceived the purpose of their work” (2001:14), determined, she argued, by the employment arrangements and service funding:

[a scope] bounded by service operation, specified in job descriptions, that position [the nurses] within the workforce of that provider organisation, bulk funded and/or funded through multiple contracts;

[a scope] bounded by *health need as it is known by the nurse, negotiated by the nurse and funded directly as a nursing service*, sometimes with additional support from multiple contracts (Litchfield 2001:14, italics our emphasis).

The scope of practice enabled in the second category is what the NEIGHBOURHOOD NURSES IN REEFTON project is aiming for. The nurses whose scope of practice was determined by client need

...had been employed by a community trusts/company and Maori/iwi providers to provide a nursing service directly to a population. There were *no precedents for how the services might be delivered...* These nurses constructed a coherent practice that was responsive to needs as they saw them and incorporated the activities specified in the contracts within this practice. They talked about their practice in terms of the health and lives of the people, attending to families in their homes, whanau and iwi on maraes [sic] and varied community groups. They organised health promotion programmes targeting groups within the community.

They combined consultations with a mobile nursing service. Some ran clinics with the traditional appointment structure for consultations; others had little or no structure (“When my car is parked outside – that’s where I am”). Access to the nursing service was free or a donation or koha was invited (Litchfield 2001:15, italics our emphasis).

It would be appropriate for the NEIGHBOURHOOD NURSES to visit other nurses working in community trusts and Maori/iwi providers to see how such needs driven nursing services are delivered and held accountable, and also for the project's managers to understand how contractual arrangements are handled. Mainstream health services may have much to learn from Maori health services.

... a second model is found in a family nursing initiative

An initiative in which a family nurse worked with families in which one member had a physical disability and where the family's situation was so complex that it could not be adequately supported by the agency's usual support systems achieved significant gains in self-care and independence (Litchfield *et al* 1994). The initiative was perhaps out of synch with the competitive spirit of the health reforms of the early 1990s, but would be worth referencing for the NEIGHBOURHOOD NURSES IN REEFTON project.

... and the third model of a comprehensive and integrated primary health nursing service is to be found in many rural nursing roles, in particular Coast Health Care's Rural Nurse Specialist

Many rural nurses recognise their practice as having generalist, specialist, and expanded dimensions, and those pursuing Nurse Practitioner status are seeking an advanced dimension to their practice³. The small size of the community served by a rural nurse role such as the Rural Nurse Specialist⁴ (RNS) determines that the nursing received has continuity, is integrated and comprehensive, not least because there is simply only one nurse for that community. Note that as in "...the country the differentiation between primary and secondary is less clear cut" (Minster of Health 2002:23), nursing care is more likely to be integrated than fragmented.

³ For a full discussion of these concepts in relation to rural nursing practice, see Jones and Ross 2002, pages 11-13. In summary, rural nurses consider their practice as **generalist** as it encompasses care for individuals (of all ages), families or communities, in matters ranging from health promotion and education, to disease management, or to palliative and terminal care. They consider their practice **specialist** in that 'rurality' is the factor that most characterises and unifies their practice, and requires 'distinctively rural competencies' in addition to other clinical and professional competencies (see Jones and Ross 2001). They may also bring expertise from a number of specialisations undertaken prior to rural practice. Rural nurses may also consider their practice **expanded or extended** as they gain knowledge and skills which overlap the traditional boundaries of medical practice, for instance, the PRIME trained nurse who is able to provide first on-call.

⁴ Coast Health Care negotiated variations to the Southern Rural Nurses employment contract in 1996 and 2000 to (1) change the titles of District and Public Health Nurses to Rural Nurse Specialists, and (2) set a salary for the job in recognition of the skill level and experience the incumbents had at the time. The salary reflected issues such as isolation, lack of residential GP backup [on his/her days off] and on call work (Williams 2001). See Appendix 2 to locate the RNS positions.

The RNS role is an ideal model for the NEIGHBOURHOOD NURSES IN REEFTON project, not least because it is a local nursing innovation addressing the question of how best to provide health services in a far flung rural area. However, the NEIGHBOURHOOD NURSES will differ from the RNS in that they are not generally working solo, but rather in a small team, where there would be a shared knowledge of the 'therapeutic goals' intended in a given nurse-client/family relationship. Referral of a client to another nurse from the initial nurse-client/family relationship would be on the basis of a better fit between client needs and the skills or approach of the nurse, or for a period where another nurse has a specialised expertise – the guiding principle being what is appropriate and best for the client, rather than a fragmentation of care and continuity due to specific job descriptions:

Thus practice is complementary – the practice of each is essential but not sufficient to achieve the overall nursing purpose of individual and family health; the work of each nurse is equally important for the work of others to have its greatest value (Litchfield 1998:25).

The NEIGHBOURHOOD NURSES IN REEFTON project will recognise that the nurses involved will need to reinterpret their role

The project will incorporate specific learning from these and other initiatives. Not least to be learned from these initiatives is the importance of re-socialization and support to work in a different way with clients and colleagues, and the importance of an appropriate preparation for an expanded/advanced role in rural practice.

The NEIGHBOURHOOD NURSES IN REEFTON project will mean that new relationships will be negotiated with other health professionals and community agencies

Traditional hierarchical doctor-nurse relationships (and turf-protecting stances) are not conducive to either the development of nursing roles or the best provision of health service – a partnership model is proposed⁵. Importantly, the General Practitioner at Reefton has welcomed the proposed project as a way to better meet the health needs of this community.

⁵ At the upcoming conference for the Rural GP Network and the Rural Nurse National Network, the theme is 'Professional Partnerships in Rural Health' and a plenary session 'Practitioners as Partnerships' will address potentials for partnership in the Nurse Practitioner role (this session encompasses a discussion between Louisa Davis and Greville Wood about their experiences as a RNS and GP respectively in working in partnership, and will be introduced by Shelley Jones and Ron Janes).

However, since any endeavour in primary health care must recognise the determinants of health status and its interrelatedness with other factors, it is expected that the NEIGHBOURHOOD NURSES will work in with staff in education, employment, welfare and housing agencies.

It is critical for the NEIGHBOURHOOD NURSES IN REEFTON project to link with the Buller Community Development Company, as the broadest outcome of the project is at a community development level, and particularly given the BCDC's own innovations and understanding of the importance of social capital (Putnam 1993) in a community⁶.

Anticipated outcomes

Assuming the requisite supports identified in the next section are supplied to the project (i.e. business planning, project management, team facilitation, advanced education and coaching), we anticipate the NEIGHBOURHOOD NURSES IN REEFTON project to have impacts in all of the following areas:

- better access to care
- risk assessment
- life style planning
- health promotion activities
- health prevention activities
- disease management
- early interventions and treatments
- case management or care co-ordination
- and improved Maori health outcomes.

Additionally, the community's confidence in the future sustainability of local health services may be bolstered.

It may be possible that evaluation includes a comparison of health service provision and health outcomes in a similar community (e.g. Buller) which is not exposed to the innovation.

⁶ Just over a decade ago, the poor economic prospects for the Reefton community lead to the formation of the Buller Community Development Company, a community driven and owned company aiming to combine business and job creation with charitable objectives. It has undertaken a number of successful partnerships with businesses and training institutions and is seen as a leading light in local community development, *see* www.westcoast.org.nz/bcdc/bcdc/index.html, which includes an essay on social capital.

The funding period proposed The funding is required for the three-year time period 2003/04 - 2005/06 to allow a lead in time for

- community involvement to develop and drive the project
- detailed business planning
- better alignment with PHO development
- consideration of aligning the DON role with project management of the innovation
- recruitment and/or secondment of nurses for the project, and their personal planning for advanced education.

Detailed planning for the team is contingent on the ROI being received positively

The exact number and composition of the NEIGHBOURHOOD NURSE team will be worked up as part of the detailed business and project planning, but team membership is anticipated to encompass those nurses already in primary care roles in Reefton, and an addition of some others. All will be expected to be involved in further formal education to specifically prepare them for their new roles, and to direct questions raised in their coursework to real problems and evaluation in the service setting, as far as practicable. Selection of team members will ensure that the sum of their backgrounds and specialised experience matches the health need in this community.

Sustainability beyond the funded period

The project will be evaluated against expected outcomes, and it is expected that its continued funding will be achieved from savings in unnecessary hospitalization and other decreases in health service consumption.

THE SUPPORT AND RESOURCES REQUIRED IN THE INNOVATION

The NEIGHBOURHOOD NURSES IN REEFTON project will require specific and sustained support ...

Although the project will be significantly supported by the commitment and enthusiasm of those involved in it, it needs to be adequately resourced and properly supported in organisational terms.

Should this Registration of Interest be successful and a detailed proposal required, detailed business planning would be undertaken. That would also be the point at which the nurses who will be involved, the GP and other health, welfare and community service providers, and community representatives will determine the way the project is realised. Coast Health therefore anticipates a lead in of 18 months (prior to the second funding period start date), the first 12 of which would be underwritten by the DHB to

- secure community involvement in developing and driving the project
- complete detailed project and business planning
- planning for recruitment and secondment of nurses.

... which will include project management and professional leadership...

A specific responsibility for project management and team facilitation in the implementation phase is envisaged, and could be located within the NEIGHBOURHOOD NURSE team or sit within the Director of Nursing role. Note that the DON role is currently vacant and advertised, and should this Registration of Interest be successful, it may be an opportunity to reconsider the way the role is currently configured (i.e. with a line management responsibility for community services).

... access to information services and related upskilling ...

In order to provide nursing service of a high quality, the NEIGHBOURHOOD NURSE team and partners in service delivery must look both without and within for direction in assuring and improving quality – they must be able to readily inform themselves of best practice and also be able to track and evaluate their own inputs and outcomes in the service they provide. Sophisticated but simple to use information services, and appropriate clerical support must be available.

... and support for the professional and role development of the nurses involved

In line with the expectation that the innovation also advances nursing practice possibilities, those nurses recruited to the project will be attracted to it because it offers support for further formal education (e.g. Postgraduate Certificate and Diploma in Primary Rural

Health Care or the clinical masters degree currently being developed through Otago University⁷) as well as good informal support through clinical supervision, coaching and team facilitation. Note that the Certificate/Diploma has been recognised by Coast Health Care as the qualification and learning experience best suited to the RNS role, in that it has supported RNSs in undertaking it.

The close association with the Centre for Rural Health will continue and deepen

Coast Health Care and the Centre for Rural Health⁸ have a strongly supportive relationship given the rural nature of the DHB's population.

The Centre will be submitting a proposal to the Ministry of Health for an innovative approach to developing nurses in rural practice - reciprocal learning experiences⁹ - which would align perfectly with the informal coaching required in the NEIGHBOURHOOD NURSES IN REEFTON project, and it is hoped that this proposal will be funded and available to rural nurses.

A cross-fertilisation with other models is expected

Collaboration with other nurses throughout New Zealand and internationally to inform the project is expected initially. Should it be able to claim the gains it set out to achieve, it is hoped that it may in itself become a nationally significant model. Additionally, the project may be of interest in the vexed question of recruiting and retaining GPs in rural areas.

⁷ The clinical masters degree proposed is likely to be in Primary Rural Health Care (Rural Nursing) and is intended to meet the requirements that will enable nurses to make the transition to Nurse Practitioner status (Ross 2002). There is already a high level of interest in the new programme (and Nurse Practitioner status) amongst holders of the Diploma.

⁸ The Centre for Rural Health is incorporated with the Canterbury Chair of General Practice Trust and is based within the Department of Public Health and General Practice, Christchurch School of Medicine and Health Sciences, Christchurch. Since its inception in 1994, it has actively supported rural health care and has completed a number of national rural projects. The Rural Nurse National Network is coordinated from the Centre.

⁹ A set of intensive reciprocal learning experiences with six individuals or small teams representing the diversity of practice situations and range of contractual arrangements is proposed. What is meant by 'reciprocal learning experiences' is an intensive, structured and interactive coaching arrangement (designed drawing on expertise in adult learning) wherein the rural nurses would be supported and guided in their own learning by the project leaders, who would be in turn, informed by the practical realities of rural nursing, which data would advance a programme of practical research (e.g. refining competencies for rural nursing practice; identifying risks in rural nursing practice and how best to manage them). The proposal includes formative evaluation at three monthly intervals, as well as a formal summative evaluation. This innovative process would itself be reported on and published (Centre for Rural Health 2002).

The NEIGHBOURHOOD NURSES IN REEFTON project requires an investment in the human resource...

Generally speaking, it is the person of the nurse that is nursing's great therapeutic tool. Nurses usually pursue further learning and upskilling in order to become more effective in their care of and interactions with clients, and this goal has been suggested to be in itself a source of satisfaction and a definition of success as a nurse (Lewin and Olesen 1980).

Suffice to say, nurses are often highly motivated to undertake further learning, but find difficulties in funding tertiary study and obtaining continuing education leave. For rural nurses, the problems of distance and cover exacerbates these difficulties. Coast Health Care has given considerable support to nurses undertaking the Certificate or Diploma of Primary Rural Health Care, and will need to consider supporting nurses to undertake the clinical masters programme that will allow their transition to Nurse Practitioner.

It will also be appropriate for individuals to have clinical supervision, and the team to have specific briefings or coaching, for instance, around community development, or governance concepts and skills as a member of a board of trustees.

... which in turn becomes a recruitment and retention strategy

Since the NEIGHBOURHOOD NURSES will have a practice that is essentially that as identified for rural nurses, i.e. generalist, specialist, expanded and advanced, Coast Health Care recognises that undertaking appropriate advanced qualifications is both an opportunity and a requisite for being involved in the project. This opportunity makes the project attractive to suitable nurses, and may mean that the NEIGHBOURHOOD NURSES IN REEFTON project becomes an incubator for rural Nurse Practitioners.

HOW THIS PROPOSAL MEETS THE CRITERIA

We believe the

NEIGHBOURHOOD NURSES IN REEFTON *project offers its community a broad and comprehensive approach to health...*

By taking the broadest possible perspective on primary health care – looking far beyond a disease-oriented model of health, and recognising that the health status of individuals, families and a community is not disconnected from factors such as education, employment, housing and welfare – we believe the project will be positioned to address the population health objectives outlined in the Primary Health Care Strategy (Minister of Health 2001:3). By carefully selecting the best of professional approaches, such as collaborative practice and the best of self-care approaches, such as clients holding their own health records, the possibility of clients experiencing fragmented, uncoordinated care will be greatly reduced.

... and ways to overcome barriers of access to health services

Further, the ‘neighbourhood’ concept and an approach of ‘neighbourliness’ and ‘belonging’ and ‘manaakitanga’ locates the service conceptually, and perhaps physically, close to where need is greatest. It should thus be positioned to address the priority objectives to reduce inequalities outlined in the Primary Health Care Strategy (Minister of Health 2001:3).

NEIGHBOURHOOD NURSES IN REEFTON *realizes the Primary Health Care Strategy’s vision through the six key directions*

The opportunity to start a service with an explicitly new vision would ensure that all planning can proceed from first principles – in this case the six key directions set down in the Strategy:

- work with local communities and enrolled populations
- identify and remove health inequalities
- offer access to comprehensive services to improve, maintain and restore people’s health
- coordinate care across service areas
- develop the primary health care workforce
- continuously improve quality using good information (Minister of Health 2001:6).

The NEIGHBOURHOOD NURSES IN REEFTON project is proposed to align with these key directions, and would use them as a touchstone to test any initiatives and programmes or care plans.

IN CONCLUSION

We have submitted this Registration of Interest in the belief that it affords Coast Health Care a chance to address what is described in Reefton as “compelling need”, at a time when such a project can be aligned with PHO development in the DHB.

We further believe that it carries the prospect of

- supporting self-responsibility, resilience and resourcefulness in the Reefton community
- developing capability in primary health care nurses and nursing in a rural area
- enhancing the ability of Coast Health Care to meet health need, not only in the Reefton area, but also throughout the DHB through the diffusion of learning and new ways of thinking about how we deliver health services.

SUPPORTING DOCUMENT

We are very excited with our proposal for a Neighbourhood Nurse Scheme for the Reefton Community. We believe our registration of interest outlines a project that aligns itself with the 13 Public Health objectives and the Primary Health Care Strategy.

This proposal answers the call for Professional Development for Advanced Nursing roles and by basing our proposal around Reefton, we are addressing the real issues of a low income/high health need community.

We anticipate a lead in of 18 months, the first 12 months of which would be underwritten by the DHB. This will allow us to secure community involvement in developing and driving the project. We will also be able to complete the detailed project and business planning, and plan our recruitment and secondment of nursing staff.

| Aug 2002-Jun 2003 | Jul 2003-Dec 2003 | Jan 2004-Jun 2006 | Jul 2006 |
|----------------------------------|---|---------------------------------------|---|
| DHB underwrites project planning | final implementation planning, key elements brought on stream, MOH funded | project fully operational, MOH funded | pending evaluation and cost/benefit analysis, fully funded by DHB/PHO |

While the West Coast District Health Board's financial focus is necessarily on our own community, the idea is that the Neighbourhood Nurse project would be attractive as an incubator for nurses wishing to undertake the educational preparation and also practice initiatives for Nurse Practitioner status. This simultaneously addresses staffing issues for the project, and also enables us to contribute to primary health care nationally.

Naturally, we are hopeful that our Registration of Interest will be viewed as both an innovation and an improvement in service to a deprived community. If a proposal is to be sought from West Coast District Health Board, we would greatly appreciate notice that allows us to manage that announcement with the community, so that key people hear it from us, rather than through the Press.

We believe this project to be a viable one, as we see it building on innovations Coast Health Care has already committed to, such as the Rural Nurse Specialist role.

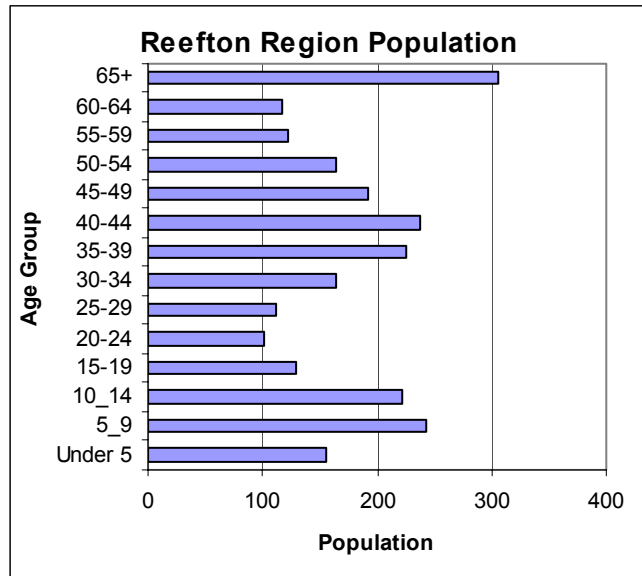


JENNY HANSON
Acting Director Nursing

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Appendix 1: DEMOGRAPHICS FOR REEFTON AND SURROUNDING AREA
data courtesy of West Coast DHB



| Population | European | Maori | Other |
|----------------|------------|-----------|-----------|
| AHAURA | 390 | 15 | 15 |
| ARNOLD VALLEY | 108 | 0 | 9 |
| INANGAHUA | 375 | 21 | 15 |
| MARUIA | 132 | 3 | 24 |
| MAWHERAITI | 360 | 18 | 15 |
| REEFTON | 924 | 90 | 42 |
| Total | 2289 | 147 | 120 |
| % | 89.6% | 5.8% | 4.7% |

| Population | Males | Females | %Male |
|----------------|------------|------------|--------------|
| AHAURA | 228 | 180 | 55.9% |
| ARNOLD VALLEY | 69 | 48 | 59.0% |
| HAUPIRI | 156 | 177 | 46.8% |
| INANGAHUA | 210 | 174 | 54.7% |
| MARUIA | 81 | 78 | 50.9% |
| MAWHERAITI | 189 | 189 | 50.0% |
| REEFTON | 489 | 492 | 49.8% |
| Total | 1422 | 1338 | 51.5% |
| % | 51.5% | 48.5% | |

| Population | Total Occupied Dwellings | Mean Household Income | Receive National SuperAn | % | Receive Job Seekers Wage | % | Dwelling Owned or Partly owned | % | No access to motor vehicle | No access to communications | NZDep96 |
|----------------|--------------------------|-----------------------|--------------------------|--------------|--------------------------|--------------|--------------------------------|--------------|----------------------------|-----------------------------|----------|
| AHAURA | 141 | \$40,521 | 33 | 23.4% | 12 | 8.5% | 105 | 74.5% | 6 | 6 | |
| ARNOLD VALLEY | 48 | \$40,437 | 3 | 6.3% | 6 | 12.5% | 27 | 56.3% | 0 | 6 | |
| HAUPIRI | 18 | \$37,930 | 0 | 0.0% | 3 | 16.7% | 6 | 33.3% | 0 | 0 | |
| INANGAHUA | 159 | \$37,366 | 21 | 13.2% | 21 | 13.2% | 102 | 64.2% | 18 | 15 | 6 |
| MARUIA | 69 | \$44,724 | 6 | 8.7% | 0 | 0.0% | 27 | 39.1% | 0 | 3 | |
| MAWHERAITI | 141 | \$46,109 | 24 | 17.0% | 9 | 6.4% | 99 | 70.2% | 6 | 9 | |
| REEFTON | 417 | \$29,308 | 108 | 25.9% | 45 | 10.8% | 279 | 66.9% | 33 | 24 | 7 |
| Total | 993 | \$36,149 | 195 | 19.6% | 96 | 9.7% | 645 | 65.0% | 63 | 63 | |

APPENDIX 2: OVERVIEW OF COAST HEALTH CARE SERVICES

West Coast Rural Nurse Specialist Team

Heather Maw (Karamea)
Elizabeth Burns (Moana/Otira)
Gayle Lindley (Harihari)
Sue Cleland (Whataroa/Franz Josef Glacier)
Louisa Davidson (Fox Glacier)
David Verrall (Haast)

