Irish Nurses and Midwives Organisation

submission to the
World Health Organisation

Web-based Consultation on Non-Communicable Diseases

11th May 2018
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Introduction

The Irish Nurses and Midwives Organisation (INMO) welcomes this opportunity to submit a response to the public consultation on Noncommunicable Diseases. The INMO recognises the seriousness of the unfolding epidemic in non-communicable diseases (NCD) and believe that tackling this issue is a global priority. In Ireland, Jennings (2015) has indicated that ‘health is showing some alarming trends with an increase in chronic and preventable illness among our population and unless we make some significant changes, we are facing an unhealthy and costly future’. The Health Service Executive (HSE) estimated that one million people in Ireland suffer from diabetes, asthma, chronic obstructive pulmonary disease (COPD) or cardiovascular disease (www.hse.ie).

INMO Position

As Annette Kennedy, Commissioner and President of the International Council of Nurses succinctly put it ‘NCDs rob people of their health, their wellbeing and their wealth’ (Kennedy, 2018). The INMO support the position that ‘health is a human right’ and affirm this as the aim of the International Council of Nurses. We believe that healthcare should be accessible for all no matter the location or setting and that nobody should be left behind. There can be no doubt that any response to the NCD crisis must also involve healthcare users’ and the collaboration of the interprofessional healthcare team.

The Irish Healthcare setting

In Ireland Nurses and Midwives are at the forefront of preventing and managing NCDs and will continue to play a central role in responding to this crisis at local, national, regional and international levels. The contribution of nurses and midwives spans the spectrum of healthcare provision from direct delivery of individualised care to leading healthcare policy development. It is clear, that the management of NCDs is best carried out by developed interprofessional teams in the primary care setting (HSE, 2008), with nursing making a significant contribution.
There is evidence to support that outreach nursing programmes can have a positive impact on health-related quality of life (HIQA, 2015). The INMO advocate for an integrated shared model that has primary and community-based care at its heart.

**The Impacts**

NCDs due to their chronic and debilitating nature inflict huge suffering on individuals, families and communities that impacts quality of life, morbidity and mortality (Balanda et al, 2010). At societal level NCDs exert significant pressure on health systems, available resources and create a sizable financial burden that stifles national and global economies (Clarke, 2016). People with NCDs are more likely to attend their general practitioner, present at the emergence department, be admitted as inpatients, use more inpatient bed days, and suffer increased morbidity (HSE, 2008). There can be no doubt that NCDs is a crescive issue. In the WHO European Region, chronic NCDs account for 86% of all deaths (Busse et al, 2010) with projections of chronic diseases representing seventy percent of the global disease burden by 2030 (Samb, et al, 2010). This clearly illustrates the magnitude of the problem.

In Ireland it is estimated that the care of people with NCDs consumes 70-80% of health care budget (HSE, 2008). NCDs are expected to increase dramatically with improvements in health being lost to the consequence of NCDs. The 2007 Slan survey of lifestyle, attitudes and nutrition in Ireland reported that 90% of people over 40 years had at least one NCDs risk factor (DOHC, 2008). The TILDA study into aging in Ireland reported that 65% of people over 65 years live with co-morbidity. This is mirrored by WHO projections that the percentage of the world population over the age of 60 will rise from the current 15% to 22% by 2050. NCDs are currently a major problem in Ireland with estimates that over 50% of people with diabetes have not yet been diagnosed (DOHC, 2008) and with Ireland recording the highest rates of admissions due to COPD and asthma among OECD countries (OECD, 2016). It is further projected that by 2020 that adults with chronic conditions will increase by 40% with the greatest impact seen in the older adult age group (Balanda et al, 2010). It is expected that the burden of NCDs in Ireland will rise due to an increase in population, that will age, along with an increase in some risk factors (IPA, 2010). While the trend appears bleak, there is hope in the recognition that chronic diseases
can be prevented or delayed if people are engaged in health behaviour change (www.who.int, Rogers & Hussey, 2017). This underlies the importance health promotion and behaviour change as a corner stone of any intervention to combat NCDs.

The Response
The expansion and development of primary and community care resources and interventions is pivotal to the success of any NCDs strategy. Public health and community nurses are already at the forefront in promoting health, disease prevention and management of people with NCDs. These nurses make an immense contribution by caring for people across all ages and conditions by employing a multiplicity of professional knowledge and skills. This knowledge is founded on expertise nursing practice but informed by tacit knowledge of individuals and communities. The INMO would argue that public and community nursing are in an unrivalled position to respond to the challenges presented by the growing number of people with NCDs. When developing strategic interventions for NCDs the role and contribution of public and community nurse should be considered paramount. In parallel the practice nurse in part due to their unique relationship with general practitioners are an important group that offer increasing potential for leading disease prevention, screening and managing NCDs.

In a recent survey in Ireland of the practice nurses 70% of respondents were unhappy with the current approach to chronic disease management (Darker et al, 2015). In the same survey 98% of practice nurse respondents believed that there was a need to develop specialist chronic disease management nurse led clinics in the community setting. Currently, 50% of patients using general practice services relating to the management of their chronic disease have seen a clinical nurse specialist (Darker, Whiston & O’Shea, 2015). Maier (2016) has suggested that between 67% and 93% of primary care visits and services can be safely provided by nurse practitioners. This is a promising indication of the potential of developing the role of the nurse within primary healthcare. To realise this potential will require recruitment and education of public health, community and practice nurses. The Chief Nurse in the Department of Health in Ireland has stated that there is a need to develop an education policy to develop career pathways for nurses and midwives to
respond to the emerging healthcare including chronic disease management and older person care (DOH, 2017).

**Consensus exists re the Models of Care**
The INMO concur with the WHO Special Rapporteur (2008) about the narrow perspective offered by the medicalised model that offers a disconnected and reductionist approach to healthcare. We believe that health is a spectrum that stretches from wellness to illness and encompasses pathological disease processes, the individuals experience of illness and contextual factors that define sickness in society. In contrast the biopsychosocial approach is a holistic perspective that acknowledges the interaction between the individuals and wider external environment (political, economic, social, technical, environmental and cultural factors) that drive healthcare policy and provision. This perspective allows for the antecedents of NCDs, the individual cognitive, emotional and motivational factors along with the behavioural consequents to be factored into to planning a response to NCD healthcare provision. At a macro level we recognise that to truly address the challenges that NCDs present will require a significant cultural and societal shift that addresses health and social inequalities along with access to care.

**Enablers**
The INMO reemphasises the current and unique contribution of nurses to the prevention of NCDs and the care of people with chronic conditions. Simon Harris, Minister of Health in Ireland believes that ‘nurses and midwives are uniquely placed to work closely with patients and their carers during all stages of their lives. It is important that their point of view is fully reflected in the development of future health policy’ (DOH, 2017). We believe that nursing is an essential component of any strategic approach to the dealing with the NCD crisis.

Advances in personal and communication technology provide an opportunity to interact and engage users in their healthcare. Telemedicine is an example of how as part of a complex intervention package for NCDs that healthcare utilisation can be decreased (HIQA, 2015). Telephonic nurse led patient support programmes have been used successfully to manage complex chronic conditions. The Health Service Executive in Ireland (HSE, 2008) recommended a pilot of a generic chronic
Submission of the Irish Nurses and Midwives Organisation

disease management patient support programme in Ireland but this innovation was not followed through. Technology has advanced significantly since 2008 and the use of smart devices that include biofeedback applications, also artificial intelligence and the ubiquitous availability of video-based communication provides an even greater potential for the use of technology.

The INMO share the aspiration outlined by the Health Service Executive in Ireland for the prevention and management of NCDs, which is to ‘enable people to lead healthier and fulfilling lives with improved quality of life and prevent the onset of chronic disease’.

The INMO recommend the following actions to developing a response to the growing problem presented by NCDs;

- That the WHO develop a clearer understanding and recognise the role of the nurse in the prevention and management of NCDs.
- That nurse strategic leaders are included as part of the policy and decision-making process for the response to managing NCDs.
- That integrated systems of healthcare should be promoted that facilitate shared care between specialist and primary healthcare. The balance of healthcare provision should shift toward primary and community-based care.
- That adequate resources, staffing and skill mix to support NCD intervention are essential to ensure safe practice and to achieve the best possible outcomes.
- That areas of development and expansion of the role of the nurse in prevention, promotion, early detection and management of NCDs are identified and resourced. This process should give recognition to the role of all divisions of the nursing profession including; general nurses, mental health nurses and intellectual disability nurses.
- That developments of the nurses’ role and scope of practice are supported by appropriate education and training.
- That there is a development of nurse led NCD clinics, outreach programmes and services.
Submission of the Irish Nurses and Midwives Organisation

- That health services focus to a greater extent on health promotion and prevention of NCDs.
- That a greater focus is placed on the prevention and management of NCDs in nurse and midwife education at undergraduate, post graduate and as part of continuing professional development.
- That there is investment in nursing research related to NCDs.
- That interventions to address NCDs should be supported by appropriate technological infrastructure that encourages innovative and creative use of emerging technologies.

References


