PNIP and immunisation

This information sheet explains the rationale for and practicalities of nurses performing immunisation following the introduction of the Practice Nurse Incentive Program (PNIP).

PNIP—quick overview

The PNIP was introduced on 1 January 2012, to support expanded and enhanced roles for nurses and/or Aboriginal Health Workers in general practices, Aboriginal Medical Services and Aboriginal Community Controlled Health Services. The PNIP simplifies the previous funding arrangements by offering practices a single quarterly payment to cover the diversity of activities nurses perform including immunisations. Nursing roles are therefore no longer determined by specific Medicare item numbers and can be determined by clinical need.

The PNIP funds all* services nurses perform and it offers greater opportunities for nurses to further develop their role in general practice.

*Note a few MBS items remain—see the Before and After the Practice Nurse Incentive Program document.

Immunisation is one important role that nurses competently perform.
The PNIP funds nurses to continue to offer this service.

Nurses and immunisation—the evidence

Some important facts to consider:

- nurses have a long history of being involved with vaccination, educating the public about vaccine benefits and risks as well as ensuring vaccines are administered to ‘at risk’ communities

- nurses are involved with all aspects of vaccine management: the safe and competent administration of vaccinations, safe storage and cold chain processes, setting up of recall and reminder systems, maintenance of critical data (such as ACIR or other immunisation registries), creation of vaccine policies and procedures, educating the public, colleagues and reception staff on the importance of vaccine management

- patients are comfortable with practice nurses giving vaccinations which they view as being a ‘routine’ nursing duty

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PNIP funding is allocated according to nursing hours, and a practice’s Standardised Whole Patient Equivalent (SWPE) value which allows practices to further develop nurse immunisation services and nurses’ professional development in this area, and to consider opportunities to develop nurse clinics such as paediatric and flu clinics. This benefits the practice as a whole in meeting community needs, decreasing GP workload and increasing capacity and income for the practice.

The PNIP simplifies funding arrangements by removing the administrative burden of individual billing as income previously generated through Medicare is now paid in a quarterly block payment through PNIP and this payment covers all nursing activities. This is important, given that, most clinical activities nurses perform have not been reimbursed by Medicare in the past.

For practices that are not eligible for the PNIP (i.e. not accredited as a general practice), ‘grandparenting’ payments are available to compensate these practices for any loss of income previously generated through MBS item numbers, including item 10993. Applications for grandparenting payments closed on 30 June 2012.
Recognising that PNIP funding covers the cost of nurses performing immunisations, options 1 and 2 below recommend that practices pass no charge onto patients when it comes to nurses providing immunisation services:

**Option 1** Nurse immunisers continue to deliver immunisation autonomously*, particularly targeting children under the age of seven years, the elderly and those under-immunised, as well as deliver other health promotion messages (infant health checks, lifestyle and prevention of vaccine preventable diseases).

**Option 2** Nurses continue to deliver immunisations** while using GP time wisely for unwell children or adults who require further health assessment.

**Option 3** The practice charges a fee for a nurse consultation in accordance with the practice’s billing policies.

**THE KEY POINTS**

- Nurses have a long history of being involved in all aspects of vaccination management.
- Nurses are accepted by patients as competent immunisation providers. Nurses have high contact with children and play a significant role in ensuring the practice meets national immunisation targets.
- The PNIP provides nurses and practices with the freedom to determine clinical roles according to practice population needs such as targeting areas in your community with low uptake.
- Working with children can be time consuming and may be better allocated to the nurse who can spend more time with the child rather than a standard 10–15 minute GP consultation.
- PNIP provides the practice with the opportunity to work ‘smarter’ by utilising each health professional’s skills and allocating time appropriately. Nurses can lead immunisation clinics that allow GPs more time to consult with complex patients*.
- PNIP reduces the amount of administration time spent on billing and recognises that all nursing activities require funding.
- The majority of practices are expected to be better off under the PNIP.
- Appropriate use of GP/nurse time increases patient’s access to health care, reduces waiting times and improves the quality of care delivered.

* Depending on jurisdictional legislation ** GP written order required

**References**