Patient Safety and Quality Improvement in Primary Care
Australian Commission on Safety and Quality in Health Care
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Re: Australian Commission on Safety and Quality in Health Care - Consultation on patient safety and quality improvement in primary care

The Health Care Consumers' Association (HCCA) was incorporated in 1978 and is both a health promotion agency and the peak consumer advocacy organisation in the Canberra region. HCCA provides a voice for consumers on health issues and provides opportunities for health care consumers to participate in all levels of health service planning, policy development and decision making.

HCCA involves consumers through:

- consumer representation and consumer and community consultations;
- training in health rights and navigating the health system;
- community forums and information sessions about health services; and
- research into consumer experience of human services.

We commend the Australian Commission on Safety and Quality in Health Care's (ACSQHC) consultation on developing a national approach to support improvements in patient safety and quality in primary care. This is valuable and necessary as a complementary system to the National Standards approach taken in acute care services in Australia.

There is no doubt that the quality and safety of health services is important to consumers, HCCA members and the broader community. Consumers are keen to partner with health services to help ensure good communication, shared decision making, coordination of services, and to reduce the incidence of preventable patient harm and unexpected outcomes. Consumers want safe and good quality care that is centred around their needs. A person centred approach by health care providers has been shown to improve the quality and safety of care[1].

HCCA is a member based organisation and we consulted with our members through the HCCA Health Policy Advisory Committee. In further developing our submission we also considered data from our recent research "Spend Time to Save Time: What quality and safety means to health care consumers and carers in the ACT". As part

of this project partnering with ACT Health, HCCA undertook consumer and community consultations to identify what quality and safety means to consumers and carers and to record experiences and perspectives of care provided by ACT Health. This report (available on request) identified:

- Elements of high quality and safe care experienced by consumers and carers in the ACT.
- Elements of care that make consumers and carers feel unsafe.
- How clinical areas could improve their services.
- The effectiveness of existing consumer feedback processes and the need to ensure a learning culture around these
- Consumer and carer priorities for public reporting on health service quality and safety.

This year we also completed research into "Consumer experiences and expectations of General practice and after-hours primary care in the ACT". This research included a consumer survey with more than 1000 respondents, as well as some in-depth interviews with consumers and carers, who shared their experiences of using general practice and other after-hours services (report available on request).

Our research, along with the feedback of our members has shaped this submission.

Thank you for the opportunity to put forward a consumer view on this important topic and share our consideration of the issues around patient safety and quality improvement in primary care, as they pertain to those accessing health care in the ACT.

Yours sincerely

Kathryn Dwan
Manager, Policy & Research, HCCA
22 December 2017

[1] The various definitions of patient, person and consumer centred care all describe "an approach to the planning, delivery and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients and families" (Institute for Patient and Family Centred Care (2010). The Picker Institute's (2013) Principles of Patient-Centred Care, identifies 8 principles, see http://pickerinstitute.org/about/picker-principles/)

HCCA Submission to the Australian Commission on Safety and Quality in Health Care: Consultation on Patient safety and quality improvement in primary care

Submitted 22 December 2017

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Executive Summary

HCCA agrees that an integrated national approach is the best way to support patient safety and quality improvements in primary health care. Overall, we strongly encourage the development of national standards in relation to patient safety and quality in primary health care, as part of the broader continuous quality improvement processes across different sectors and settings in Australian health care.

Commitment to a person-centred approach to health care is a key factor in improving the quality and safety. This would mean systemic changes, such as Shared Decision Making, as well as encouraging better communication and coordination between consumers and their health care teams. Learning from consumers' experience of their healthcare journey is essential to reducing the incidence of preventable patient harm and unexpected outcomes. Consumer can provide unique perspectives on safety and quality at many points, including reporting, data analysis and interpretation, the development of solutions and improvement monitoring. This involvement can help achieve what consumers want – accessible, appropriate and timely care that is centred around their needs.

HCCA makes a distinction between "primary health care" and "primary care". The former is based on the WHO Alma-Ata declaration on primary health care[1]. The latter has a narrower definition that focuses on the entry point to the health care system and it does not require a referral (see Feedback on Consultation Questions – 1.). The consultation document uses the terms interchangeably and this is confusing and may mislead the reader. We understand that the document is focused on primary care services beyond general practice and strongly recommend that only the term "primary care" is used.

Our submission highlights the following issues in supporting patient safety and quality improvements in primary care:

- High quality and safe care for consumers in the primary care setting is important. Primary care is an entry point to the health system, and plays an ongoing role in facilitating and coordinating the health services accessed by consumers. This should be considered as a key principle in a national approach to patient safety and quality in primary care.
- The consultation paper does not use the language of person-centred care - it takes more of an episodic and location specific approach. The focus needs to be on the provision of person-centred primary health care – not service-centric care.
- The consultation paper makes numerous references identifying primary care services as small businesses. Small businesses rely on the trust and confidence of their customer base. They also need to be efficient and effective to retain a competitive edge. More emphasis could be placed on the evidence that demonstrates safe, high quality health services are more effective, efficient and preferred by consumers.
- Clinical governance processes in primary care can be influenced by the person and the profession they represent. Appropriate performance measures and oversight of these processes are necessary. These must have a consumer focus as well as align closely to clinical outcomes.

[1] http://www.who.int/publications/almaata_declaration_en.pdf [accessed 11 December 2017]

- Data collection and outcomes are key elements of patient safety and quality improvement – HCCA believe this needs to happen in a systematic way across the primary care sector. Better data will help to prioritise and allocate limited resources to improving systems for safety and quality.
- An important concern for consumers or their carer is that they are often the only person in the care team with the full picture and knowledge of their health condition/s and information. This can be particularly exhausting for consumers with chronic or complex conditions when relating to a new healthcare team.

Feedback on Consultation Questions

1. **The scope of primary care services that may use and benefit from nationally consistent safety and quality strategies, tools and resources**

We support the Australian Commission on Safety and Quality in Health Care (ACSQHC) taking an active role in developing a national approach to patient safety and quality improvements in primary care. However, we believe it is essential that the terms primary care and primary health care be clearly defined in a way that distinguishes them from each other, and that they are not used interchangeably.

While the definition provided in the consultation document is consistent with definitions used in other national work on primary care in Australia in recent years, HCCA recommends that the definition has more of a consumer focus, particularly at the beginning:

> *Primary care is the first point of contact for people requiring health care. Unlike many medical specialties, people do not require a referral to receive primary care.*
>
> *Primary care may comprise a one-off visit (e.g. vaccination) or be part of an ongoing series of episodes of care (e.g. regular dental check, support managing a chronic condition).*
>
> *Primary care services are provided by*
>
> - *general practitioners,*
> - *practice and community nurses,*
> - *nurse practitioners,*
> - *allied health professionals,*
> - *midwives,*
> - *pharmacists,*
> - *dentists, and*
> - *Aboriginal and Torres Strait Islander health practitioners.*
>
> *They are available in a range of locations including*
>
> - *the home*
> - *general or other private practice,*
> - *community health services, and*
> - *local and non-government organisations.*

We acknowledge that there is some variation in how primary health care services are delivered, managed, and funded in different contexts and jurisdictions across

Australia. However, we believe that many proposed national standards for primary care could still be applicable, as there is benefit for consumers in expecting safe and high quality care across the primary health care system as well as between the acute and primary care systems.

2. The safety and quality issues currently experienced in primary care services and how these are being addressed

HCCA considers primary care to be both an entry point to the health system, but also an ongoing facilitator and coordinator of services accessed by consumers. High quality and safe care for consumers in the primary care setting has, at its heart, capacity to do this effectively. It may be that projects, such as Health Care[2] (currently being trialled), along with improved data and better communication between health care providers, facilitated by better e-health systems, might go some way to improving safety and quality for consumers using primary care services.

Progress in Shared Decision Making[3] to date has been slow. Although the Commission has been working on this for a number of years, only three Patients Decision Aids[4] have been developed. Funding mechanisms could be used to encourage progress. The benefits of Shared Decision Making for both clinicians and consumers needs to be promoted, and health professionals need opportunities for key skills and human factors training to assist with this process.

As the consultation paper notes (p5), there is a range of safety and quality related activities at different levels of primary care. These activities can sometimes be disconnected from each other, unevenly distributed, duplicating effort, as well as lacking links to quality and safety work more broadly.

We commend the two strategies from ACSQHC to commence immediately (p6):

- Development of nationally consistent safety and quality health service standards for use by primary health care services, where a safety and quality framework does not currently exist.
- Review of the ACSQHC's practice-level indicators for primary care to support service improvement through performance monitoring and benchmarking.

Understanding consumer experiences in primary care

It is important to develop an understanding of what consumers expect and experience in primary care. HCCA recently conducted some research looking at "Consumer experiences and expectations of General practice and after-hours primary care in the ACT". A total of 1035 people responded to an online survey. While HCCA is yet to conduct tests of significance, some of the preliminary findings are relevant to this consultation.

- Outside of general practice, respondents were far more likely to use their local pharmacy as a source of health information than any other source.

[2] http://www.health.gov.au/internet/main/publishing.nsf/Content/health-care-homes [accessed 22/11/2017]
[3] https://www.safetyandquality.gov.au/our-work/shared-decision-making/ [accessed 24/11/2017]
[4] https://www.safetyandquality.gov.au/our-work/shared-decision-making/patient-decision-aids/ [accessed 24/11/2017]

- Where respondents scored their GP well on a range of quality indicators[5] they were a lot less likely to have used after-hours services. (See Table 1.)
- The majority of respondents (more than 80%) had a regular GP. Those who didn't have a regular GP or practice were less positive about quality indicators, based on their last GP visit. These results point to the importance of the ongoing GP-patient relationship and the better quality of interactions when consumers have a regular GP or practice.

Table 1.

Quality indicator of GP visits	Respondents with a regular GP or practice answering 'Always' or Mostly'	Respondents without a regular GP or practice answering 'Always' or Mostly'
Spends Enough Time	89%	51%
Clearly Explains	93%	72%
Encourages Questions	79%	33%
Gives me enough information	86%	50%
Info on treatment options	86%	47%
Includes me in treatment decisions	88%	44%
Clearly explains purpose of test or treatment	90%	53%
Clearly explains test results	91%	56%
Supports self management	87%	33%

Access

Access to services is an issue for consumers. There are many aspects to access and there needs to be both useful systems and adequate staffing to facilitate timely, easy access to primary care services. For example, consumers from our survey[6] commented on a range of issues relating to access including timeliness, cost, online, nurse practitioners, and transport.

Timeliness

> *..everything takes a really long time in Canberra, i.e. to see specialists, waiting times for certain tests… instead, you're stuck for months.*
>
> *It would be better if I could see my GP for non-urgent matters in less than 2-3 weeks.*

[5] Time listening, talking and explaining, encouraging them to ask questions, including them in decision making about their treatment options, and they felt support to self-manage their conditions.

[6] This was HCCA's 2017 survey as part of the project "Consumer experiences and expectations of general practice and after-hours primary care in the ACT"

..very expensive and long waits to see doctors and specialists even with an appointment.

Cost

It is so important to be able to access low cost after-hours care… health issues often pop up after-hours. To be able to quickly go to the walk in centre or call the national home doctor service in the past few years has greatly improved our access to health care. Prior to the existence of these services we found it so stressful to be able to access appropriate after-hours support… like knowing whether a child is fit for childcare or needs to be at home.

GP services are constrained by the way Medicare pay them. Complex chronic conditions are not [sufficiently] covered in a Care Plan nor do these plans cater for the need to visit allied services, e.g., physiotherapists more than 5 times per annum if you have more than one chronic condition.

I also like that I can get my annual flu vaccination at my local pharmacy as it's easier and cheaper for me than having to go to my doctor.

Online

[I] can make on-line booking with my practitioner and [a] phone message to receptionist will achieve an email message to GP or allied health worker.

We can make appointment 24/7 on an app on the phone. This gives great flexibility and power once the need for a visit has been identified.

Now that everything is on computers, relevant details regarding patients do not seem to be passed on to specialists etc – the patients themselves having to make sure that they keep up to date on say their medications or otherwise big mistakes may be made.

Nurse Practitioners

I would welcome seeing a nurse practitioner if they were able to prescribe the medication I need.

Transport

We called for a home visit because I had severe vertigo and there was no way I could get to a doctor via any means of transport… I was unable to walk, unable to stand up… to see a doctor at my own home was invaluable.

The systems for accessing services should enable a patient-centred approach that provides continuity of care and support beyond the current treatment episode – particularly important in referral processes between services, and also for comprehensive information provided back to primary care services such as timely and comprehensive discharge summaries to enable appropriate care when patients are discharged from hospital. Similarly, when one clinician refers a patient to another for specific assistance, reporting back can improve the patient experience and reduce costs from duplication of tests etc. For example, consumers told us:

In dealing with various symptoms of a chronic health conditions, plus other, different health conditions, I have often found quite poor communication, coordination and follow-up between different health care professionals… eg in the care of conflicting medications for different conditions… there is a great

deal of onus on patients to do their own research for resources to treat specific medical conditions.

For elderly long term chronic pain patients a system that allows the local pharmacist to renew the monthly scripts and an annual visit to the doctor/pain specialist… would make better sense and still provide good independent oversight.

The National Health Co-op is proactive in holding programs to help particular categories of patients…very helpful.

I have observed a clear collegiate relationship in the practice and a good use of practice nurses, associated allied health and test services, and good coordination between them through shared records etc.

Trying to find a GP that understands multiple health conditions is hard, I'm constantly having to do my own research and ask for tests that otherwise would not be ordered.

Communication

Currently in the ACT, the systems and processes supporting effective information transfer and communication of information are often unreliable and not timely. This has an impact on the safety and quality of care provided by primary care services. There are sometimes significant delays and inefficiencies experienced by consumers due to their primary care services spending time chasing up and gathering the information they need about their patient. Examples include discharge summaries, test results and follow-up advice from a referral. A key concern for consumers is that they are often the only person in their care team with the full knowledge of, and access to, all their health information. This can be exhausting and unnecessarily stressful for consumers with chronic or complex conditions. We anticipate that these issues may be somewhat alleviated with full use of the Personally Controlled Electronic Health Record (PCEHR) by both health professionals and consumers.

Related to effective communication, the ongoing silo or speciality approach to delivering healthcare is inconsistent with the concept of Shared Decision Making. There needs to be systems and processes in place that naturally facilitate multidisciplinary teams working together, including primary care services. The communication skills of care providers are key to shared decision making, which benefits consumers. Shared decision making needs to be supported by a consistent approach to how different consultation modalities are utilised. For example, Medicare rebates for online and skype consultations in General practice exist, but nothing similar is in place for mental health community consultations. Also, currently, some Medicare items relating to certain consultation modalities are barely used.

Importance of data

Data capture of critical incidents and near misses, using standard national definitions, is important to ensure:

- consistency of practice
- reliability of services
- documentation of follow-up, including open-disclosure
- focused plans for improvement.

Without appropriate data, it's difficult to identify what and where the problems are, how to consider addressing them, and how to prioritise where to act, based on magnitude or risk. Data is a key element of patient safety and quality improvement. We note the strong vested interested of peak bodies in the health sector, including both pharmacy and medical groups. Data on patient safety and quality – both the positive and negative health outcomes that affect the lives of every individual interacting with the health system – should not be withheld in an effort to protect the interests of some health professionals or businesses. A safe and high quality health system needs to be transparent and accountable to those it serves. Where issues are identified, consumers need to be involved as a key stakeholder to analyse data and help identify solutions for improvement.

3. **Developing a set of NSQHS Standards for primary care services other than General practice, and**
4. **Reviewing the Commission's practice-level safety and quality indicators for primary care**

There are a multitude of organisations, funders and accreditors across the primary care sector. We believe it is vital that recommendations for National Standards and Practice Level Indicators to complement existing accreditation processes, particularly with respect to the National General practice Accreditation Scheme, the Practice Incentives Program (PIP) and safety and quality guidelines.

HCCA proposes that that the potential NSQHS Standards for Primary Care aggregate all relevant existing standards and accreditation programs and seek to reduce fragmentation. The standards should enable change at the local level but sit within a national framework. The indicators adopted need to be aligned to the standards and should be mutually inclusive, that is measurement of all indicators should be required to provide a picture of the performance against the standards.

The focus needs to be on the provision of person-centred primary health care, not service-centric care.

Unlike other accreditation processes the RACGP standards accreditation process does not involve consumer surveyors or have much input from consumers or carers. This means a person centred approach is less likely to develop without specific guidance and standards.

We suggest that standards in primary care need to use the language of person-centred care and examine the patient journey along with addressing potential and cumulative harm that could be experienced.

Clinical Governance

Clinical governance processes in primary care can be influenced by the person in the profession they represent. For instance, one individual could potentially hold a number of different governance and organisational roles for a small organisation. Good clinical governance can only be delivered when the appropriate systems are in place to provide oversight of the practice of providers. However, the patient journey is the bottom line and the common thread across the system, so it is important that there is a connection between clinical governance in the tertiary care setting and primary care. At a minimum, GPs need to participate in incident management systems used in the hospital system. Many incidents and unexpected outcomes occur once a patient has left hospital and many also occur as a result of GP care

outside hospitals. Appropriate performance metrics and oversight of these are necessary, and these must have both a consumer focus and align closely to clinical outcomes.

Addressing variations in practice and outcomes

A national approach to patient safety and quality improvements in primary care needs to address variations in practice where it is unwarranted. There is a good evidence base in the important work of the ACSQHC in the Atlas of Variation Vol 1 & 2. The variation in access and outcomes of health care across different geographic areas particularly needs to be addressed.

Analysing patient safety data for improvement

We know that preventable adverse events continue to occur across the Australian healthcare system, even though reliable current national data on preventable harm or unexpected patient outcomes is not available. This is especially so in the primary care context. The incidence of adverse events in hospitals were quantified in the landmark 1995 research, the Quality in Australian Health Care Study as 16.6% of admissions[7]. The 2008 US Medicare study showed around 27% admissions involved at least temporary harm[8]. In its 10 facts on Patient Safety in 2017, the World Health Organisation noted that:

> *Patient safety is a serious global public health issue. There is a 1 in 1 000 000 chance of a traveller being harmed while in an aircraft. In comparison, there is a 1 in 300 chance of a patient being harmed during health care.*[9]

To target improvements, we need to know when and how these events occur. Only then can individuals and systems adjust their attitudes, culture and processes to reduce errors and improve health outcomes.

We strongly believe that it is important to improve the collection of patients' outcome data, including data on preventable patient harm in hospitals and primary care. It is also important to involve consumers in analysing patient safety data for continuous improvement. Not only is it consistent with Standard 2 of the National Safety and Quality Health Service Standards[10], this approach provides the opportunity for the health system to hear a new perspective on what might work best for consumers. For instance, Ochre Health's[11] Clinical Governance Committee had a consumer representative who participated in analysing Ochre's safety and quality data. As a result, specific priority areas were identified and acted upon in order to promote better preventive care in General practice across the Ochre Health Medical Centres and improve patient care.

Public reporting on health service quality and safety

HCCA supports public reporting on the quality and safety of services, but there is generally no such reporting at the primary care level. Health care systems, which are transparent and share information on the quality and safety of their services with the

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[7] http://citeseerx.ist.psu.edu/viewdoc/download?rep=rep1&type=pdf&doi=10.1.1.217.5840 [accessed 17/11/2017]

[8] US Department of Health and Human Services Office of Inspector General. *Adverse events in hospitals: National Incidence among Medicare Beneficiaries*. November 2010 OEI-06-09-00090

[9] http://www.who.int/features/factfiles/patient_safety/en/ [accessed 11 December 2017]

[10] https://www.safetyandquality.gov.au/wp-content/uploads/2011/09/NSQHS-Standards-Sept-2012.pdf [accessed 17/11/2017]

[11] Ochre Health is one of the GP super-clinic brands in Australia, with five locations in the ACT.

public, realise improvements in services more rapidly and are more person-centred in their interactions[12]. Consumers and carers bring a perspective that is often overlooked but can provide significant insights into the quality and safety of services. In our recent research on quality and safety, consumers and carers demonstrated a strong interest in access to information about the Quality & Safety of ACT Health services, with 90% of online survey respondents indicating that they are interested in published information. Consumers and carers also want to see information on what improvements have been made based on complaints and feedback. The challenge in primary care is not only on collection of information but on how it is to be made available to consumers or potential consumers. These steps are in their very early stages in primary care.

5. Safety and quality improvement and implementation in primary care

In the ACT the Capital Health Network is considering a proposal to undertake some work on whole of system learnings for quality and safety which addresses many of the issues raised in the Commission's consultation paper:

- Within primary care, General practice accreditation standards require a process for incorporating learnings into improvements in safety and quality.
- The consumer view is important to any review of clinical incidents as they are the ones with the experiential knowledge of incidents.
- Patient safety has evolved and developed in the context of hospital care, and while the underpinning concepts guiding the study of safety in hospitals remain relevant in primary and community care, new approaches to safety will be required in these settings.
- The successes of healthcare and improved living conditions mean that people now live longer with chronic conditions which were once fatal. This has led to a considerable transfer of responsibility from hospitals to both home and primary care. Safety models, safety methods, and interventions strategies must change accordingly.
- In the ACT, primary care tends not to be incorporated into incident management systems' complex processes for governance. And more specifically, while general practice accreditation standards mandate clinical governance requirements, including elements of an incident management system - the practical implementation of these systems is variable.

Medical and Professional Bodies

Colleges can play a critical role in setting standards and training the workforce in primary care. However, in the current primary care context where practices operate as small businesses or as part of large corporate conglomerates that are geographically spread, the capacity for the relevant colleges to ensure that care is delivered safely and meets the needs of consumers and carers is quite limited. There is added complexity, given the multiple colleges which can be involved in the team-based primary care context.

The regulatory function of the Australian Health Practitioner Regulation Agency (AHPRA) and health complaints entities therefore play important roles in patient

[12] Berwick,D et al. Transforming Healthcare: A safety Imperative, BMJ Quality & Safety, Volume 18, Issue 6, 2009

safety and quality improvements in primary care. This role could be enhanced by adopting the model used in the primary health care context, which is grounded in the Social Determinants of Health. This model puts the person at the centre of the health service being delivered. As such, data collected by AHPRA could be more systematically used to better inform improvement processes (for example, the work of Dr Marie Bismark on using complaints to identify gaps in quality and work on mechanisms to address them[13]).

Given the complexities for individuals and families who are marginalised in our society, the role of primary care could be further extended into the social care environment as well as direct healthcare. If primary health care becomes more active in these broader aspects of preventive health in the context of the social determinants of health, then there is a need for a more holistic approach to complaints and concerns, and regulation.

Resources to support safety and quality in primary care

Choosing Wisely Australia[14] is a quality improvement initiative in health care that challenges the way we think about health care. The work of Choosing Wisely Australia is encouraging clinicians and consumers to work together to understand what care is truly needed – identifying which practices are 'low-value', of no or little benefit, or in some cases, lead to harm. This is as important in both primary care as well as hospital-based care.

The UK Health Foundation patient safety improvement strategies[15] are a valuable source of information. These strategies are evidence based and applicable to primary care and already align to a degree with the Australian Safety and Quality Framework for Health Care[16].

The British Columbia Patient Safety & Quality Council (BCPSQC)[17] also has a range of strategies and resources available to improve patient safety and quality of care. The BCPSQC works to enhance patient safety, reduce errors, promote transparency and identify best practices to improve patient care. It encourages collaboration and coordination from health system stakeholders and promotes a patient-centred, innovative and inclusive approach to health care improvement.

The Improvement Foundation[18] is a non-profit organisation with a focus on quality improvement, and has undertaken a significant amount of work on demonstrating how safe, high quality health services are more effective, efficient and preferred by consumers. This is an important evidence base to consider and articulate, in order to gain both support and engagement in implementation of any national strategies for patient safety and quality in primary care. One of the key activities of the Improvement Foundation is the Australian Primary Care Collaboratives Program[19].

[13] http://mspgh.unimelb.edu.au/research-groups/centre-for-health-policy/law-and-public-health/a-national-study-of-healthcare-complaints [accessed 1/12/2017]
[14] http://www.choosingwisely.org.au/home [accessed 1/12/2017]
[15] http://www.health.org.uk/sites/health/files/ContinuousImprovementPatientSafety.pdf [accessed 1/12/2017]
[16] https://www.safetyandquality.gov.au/wp-content/uploads/2012/01/32296-Australian-SandQ-Framework1.pdf [accessed 1/12/2017]
[17] https://bcpsqc.ca/ [accessed 1/12/2017]
[18] http://improve.org.au/ [accessed 14/11/2017]
[19] http://improve.org.au/news-and-media/apcc-program-value-money/#.WhtgGsaWbIV [accessed 27/11/2017]

This program runs "Breakthrough Collaboratives" using subject matter and implementation experts, along with primary care teams, to help develop and implement quality improvement in particular chronic disease or health prevention areas. These programs demonstrate good evidence for improving patient care.

6. Consumer perceptions of safety and quality in primary care and the issues that are most important to them.

HCCA's research into "Consumer experiences and expectations of General practice and after-hours primary care in the ACT" captured the following comments about the difference quality primary care makes to their lives:

> *[I] am now very happy with my current GP… I feel my current GP is well prepared for my visits – reviews notes prior to seeing me – is very supportive and offers as much help as I want to take.*
>
> *My current GP practice was the first practice I had visited that take notes on your family history, check your weight, blood pressure etc… on your first visit. Each year they update this. I had never been to a GP who had done this before, I have a lot of family history of cancer, and without me asking reassured me of any anxieties I had regarding this.*
>
> *My experience with the GP and practice I now attend was life changing. To be heard, treated like a human & with compassion brokered my pathway to recovery. I was able to stabilize, educate myself and find work. The relationship I have with the GP is still one of safety and support.*
>
> *Kindness and the human touch are the thing I always recall from my interaction with health care professionals. When that is there I can tolerate a lot of inconvenience and even mistakes.*
>
> *I am very satisfied with the services offered by my GP – efficient but effective… take issues seriously, don't feel rushed, take care to explain issues.*

HCCA recently conducted the research project "Spend Time To Save Time: What quality and safety means to health care consumers and carers in the ACT". This research was part of a partnership with ACT Health to co-design a Quality Strategy to improve the quality and safety of health care and to reduce the incidence of preventable patient harm and unexpected outcomes. Once the "Quality Strategy" has been finalised, HCCA is looking forward to being actively involved in the implementation process. As part of this partnership with ACT Health, HCCA undertook an online survey, and small group consumer and community consultations, to identify what quality and safety means to consumers and carers and to record experiences and perspectives of care provided by ACT Health. Participants in the online survey were presented with statements based on the Picker Principles, and the research process confirmed the importance of person-centred care to health care consumers in the ACT.

Issues relevant to this consultation that were identified in this research include:

1. The effectiveness of multidisciplinary team working needs to be improved and supported, particularly between medical and surgical specialities;

2. Information sharing practices and infrastructure needs to be improved so that there is less requirement for the consumer and carers to be the central repository of information;
3. Service coordination needs to be improved (e.g. If a patient with multiple co-morbidities or follow-ups requires three outpatient appointments, then they are combined, happen on the same day, or that the consumer is consulted to understand what works best for them);
4. Coordinating procedures and/or treatment needs to be made easier for health service professionals (e.g. If a patient requires a general anaesthesia for a number of procedures, then where possible these happen under one general anaesthetic or one visit to hospital);
5. Clinical staff need to be supported to develop skills in supported and shared decision making; and
6. Clinical staff need to be supported to prioritise the care of consumers and give the time to care.

It is a consumer-centred understanding and framework based on the Picker Principles that can support best-practice Shared Decision Making in health care. We propose a consumer-centred approach to patient safety and quality improvement in primary care which must be underpinned by what is most important to health care consumers.

Concluding Remarks

We look forward to seeing how our feedback and comments shape the ongoing work of the ACSQHC in the area of patient safety and quality in primary care. Please do not hesitate to contact us if you wish to discuss our submission further. We would be happy to clarify any aspect of our response.