HealthCare Consumers

SUBMISSION

The Australian Commission on Safety and Quality in Health Care:

National Safety and Quality Primary Healthcare Standards

November 2020

Health Care Consumers' Association
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Background

The **Health Care Consumers' Association (HCCA)** is a health promotion agency and the peak consumer advocacy organisation in the Canberra region. HCCA provides a voice for consumers on local 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 shared the National Safety and Quality Primary Health Care (NSQPH) Standards public consultation document with our members through HCCA's Quality and Safety Consumer Reference Group and have drawn on this input in preparing our response.

1. General comments

HCCA generally supports the intent to provide a nationally consistent framework for primary health care that sets standards for improving health outcomes for consumers. We hope that the framework provided by the NSQPH Standards, once finalised, will help support primary healthcare service to implement continuous quality improvement activities that minimise the risk of harm and maximise safety and quality.

The NSQPH Standards are incredibly broad reaching standards with applications in general practice, dentistry, nursing, midwifery, optometry, pharmacology, physiotherapy, podiatry, psychology and more. HCCA notes that these standards are intended to apply to a wide mix of service delivery models from individual visiting practitioners to large multiple practitioner services. It is important that the NSQPH Standards recognize that not all actions will apply in all primary healthcare services/settings. This will help allow for individual and practices to work out where there are standards that are not relevant to their service.

While this breadth allows for flexibility, it does make it more difficult to provide clarity for consumers on the application, implementation, accreditation and incentivisation of these standards.

A number of consumers asked about the purpose of these standards in relation to other existing accreditation systems and quality standards, particularly the Australian Commission on Safety and Quality in Health Care's (the Commission) National Safety and Quality Health Service (NSQHS) Standards[i], and sector specific standards, such as the Royal Australian College of General Practitioner's (RACGP) Standards for General Practices (5th edition) [ii]. The concern is about the potential

overlap of these standards and whether the NSQPH Standards will provide better outcomes than the existing standards. We support the Commission in working with relevant organisations to try to minimise any administrative burden associated with accreditation for services under multiple sets of standards, particularly those primary care services who are already required to comply with the NSQHS Standards. This reduction of administrative burden is essential for increasing engagement of the primary health sector with the NSQPH Standards.

Consumers were unclear from the consultation document as to which professional organisations had been involved in the development of the standards to date. It would be useful to have access to this information to better understand what engagement, collaboration and governance over the development process has taken place to date.

HCCA was pleased to see that the ACSQHC has planned a range of resources to support providers in implementing the NSQPH Standards in our health services. This approach for the NSQHS Standards has been well received and provided a useful model.

2. Specific Issues

2.1 Incentives to comply

One of the questions that was raised repeatedly by consumers was “Why would a private provider choose to be accredited under these standards?”. The consultation document seemed to suggest that accreditation under these standards would be optional. However, it was not clear to consumers what incentives would be in place to encourage or incentivise private practitioners and services to comply with the NSQPH Standards. Consumers questioned whether compliance with the NSQPH Standards might be linked, at some point in the future, to eligibility to receive Commonwealth funding, through Medicare or Primary Health Networks, such as Practice Incentive Payments.

2.2 Implementation

Due to the breadth of services covered there were a range of questions about how the NSQPH Standards would be implemented.

2.2.1 Who it applies to and how is it applied

The consultation document highlights general practice, dentists, nurses, midwives, optometrists, pharmacists, physiotherapists, podiatrists, psychologists, dieticians, audiologists, exercise physiologists, chiropractors, occupational therapists, osteopaths, practitioners of Chinese medicine, speech pathologists and mental health services. However, the document it is not clear what other services may be covered and how services or how practitioners should decide if they are able to be accredited under the NSQPH Standards. This is particularly important for services in

the allied health sector where there is no universally accepted definition. It is important that it is clear in the preamble to the standards about who the standards can apply to. For example, do services need to fit within a specific definition of allied health? e.g. the definition of allied health professionals provided by Allied Health Professions Australia[iii]. The preamble also needs to be clear about how this is determined. For example, as psychologists are covered under the NSQPH Standards, counsellors or other forms of relationship therapists may wonder whether the standards should also apply to their practice.

The wide breadth of practitioners covered means that it may not be possible to detail every single version of “Not Applicable Actions”. This means that the rules around how a practitioner or service should determine what their “Not applicable actions” are needs to be clear and well documented. For the more common “Not applicable actions” like standards around medicines, it may be useful to include questionnaires as tools to help services determine how and if they should apply for an exemption.

2.2.2 Burden on small services and individual practitioners

Without incentives to comply with the NSQPH Standards, consumers were concerned about the extra burden that these standards may place on small-business health services which may be prohibitive. This is especially the case when many of the requirements are already covered under specific industry standards, for example The RACGP *Standards for General Practices* (5th edition)[iv] or the NSQHS Standards[v]. Consumers asked if it would be possible for the Commission to work with the accreditation bodies to see what, if any, of the NSQPH Standards are not met under their accreditation. Where there are gaps, consumers wondered if it were possible to adjust the accreditation standards so that groups could manage one accreditation process that would allow them to meet their accreditation standards and the NSQPH Standards. Alternatively, an optional step could be added to their industry accreditation process that would allow the service or practitioner to meet the NSQPH Standards accreditation within the same process, therefore reducing the possible administrative load of standards accreditation.

Accreditation cost was also raised as a possible disincentive to comply with the standards. Many small practices do not have a high cash flow and without well developed incentives to become accredited the cost burden of the accreditation process is likely to be prohibitive.

2.3 Telehealth

Consumers noted that telehealth has been identified in the NSQPH Standards as a part of primary health care services. There was agreement in our consultation with consumers that this could provide good mechanisms for quality control of these kinds of services, however it was unclear which specific parts of the standards would apply to telehealth practices.

2.4 Data collection

Consumers noted that there is currently limited data collection occurring in the primary health care sector, but that data is useful for applying continuous quality improvement. One aspect of data collection is to understand consumer experiences of health services. Consumers discussed the need to provide health services with guidance on how this kind of data should be collected to ensure that it is meaningful and useful to improving services.

2.5 Public reporting

Consumers noted that public reporting of performance of health services had not been included as part of the standards. This kind of reporting around outcomes helps consumers to make choices and decisions about their care and would be a useful consideration for primary healthcare services.

2.6 'Partnering in your own care' (Standard 2)

Consumers commended the inclusion of 'partnering in your own care' in the NSQPH Standards, as in the NSQHS Standards. This is understandable at the individual care level, in terms of consumer-centred care and shared decision making.

However, consumers wondered what it might look like for consumers to partner in organisational governance for primary health care services. We suggest that depending on the intention for how this should be done, there needs to be some clear guidance on what might be expected and how to make this happen. It is likely that consumers partnering in organisational governance will not previously have been a part of processes for many smaller businesses/health care services.

Additionally, HCCA on an organisational level was interested to know whether the practical application of consumers partnering in organisational governance was likely to result in increased demand for access to and training of consumer representatives.

2.7 My Health Record and other jurisdictional clinical information systems

Standards 1.12 and 1.13 highlight the need to use the national My Health Record system. Consumers considered it could be useful to also make reference to accessing and using clinical information systems relevant to the particular jurisdiction in which the primary health service operates. In the ACT, for example, this will be the ACT Digital Health Record which is under development and expected to be introduced in 2022.

2.8 Incident management and open disclosure standard

Standard 1.05, concentrating on incident management systems, supports the recognition and reporting of incidents, including supporting consumers to communicate concerns or incidents. However, 1.05(c) mentions only about involving the workforce in the review of incidents. Consumers told us that they would like to

see patients also involved in incident reviews, as part of standards around open disclosure[vi] and ensuring that the consumer perspective is considered.

2.9 Complaints and Consumer Feedback

The inclusion of feedback and complaints management in standards 1.07 and 1.08 was welcomed by consumers. It was noted that these processes need to be easily accessible and available to all patients, which may require practices to have multiple methods of receiving feedback. It was also highlighted that one person's definition of timely or regularly and another's may be different, to help with this it is important that the practice's is identified in their policies and that it is clearly communicated to their patients.

3. Concluding remarks

We thank you for the opportunity to provide input to the consultation on the National Safety and Quality Primary Healthcare Standards. We have a keen interest in ensuring high standards of safety and quality for consumers in relation to primary health care services.

HCCA is happy to be contacted to clarify any issues we have raised in our submission and looks forward to continuing to be involved in this work. Please do not hesitate to contact us if you wish to discuss our submission further.

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[i] Australian Commission on Safety and Quality in Health Care. 2017. *National Safety and Quality Health Service Standards.* 2nd ed. Sydney: ACSQHC. https://www.safetyandquality.gov.au/publications-and-resources/resource-library/national-safety-and-quality-health-service-standards-second-edition

[ii] The Royal Australian College of General Practitioners. 2020. *Standards for General Practices*. 5th edn. East Melbourne, Vic: RACGP. https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed

[iii] Allied Health Professions Australia defines an allied health profession as one which has: *"a direct patient care role and may have application to broader public health outcomes; a national professional organisation with a code of ethics/conduct and clearly defined membership requirements; university health sciences courses (not medical, dental or nursing) at AQF Level 7 or higher, accredited by their relevant national accreditation body clearly articulated national entry level competency standards and assessment procedures; a defined core scope of practice; robust and enforceable regulatory mechanisms."*
And consists of allied health professionals who: *"are autonomous practitioners; practice in an evidence-based paradigm, using an internationally recognised body of knowledge to protect, restore and maintain optimal physical, sensory, psychological, cognitive, social and cultural function; may utilise or supervise assistants, technicians and support workers."* Allied Health Professions Australia, What is Allied health?: Defining allied health, https://ahpa.com.au/what-is-allied-health/

[iv] The Royal Australian College of General Practitioners (See note ii)

[v] Australian Commission on Safety and Quality in Health Care. (see note i)

[vi] Australian Commission for Safety and Quality in Health Care, 2013. *The Australian Open Disclosure Framework*. Sydney: ACSQHC. https://www.safetyandquality.gov.au/our-work/open-disclosure/the-open-disclosure-framework