



The PHARMACY GUILD of AUSTRALIA
NATIONAL SECRETARIAT

5 March 2008

Professor Chris Baggoley
Chief Executive
Australian Commission on Safety and Quality in Healthcare
GPO Box 5480
Sydney NSW 2001

Emailed to: mail@safetyandquality.com.au

Dear Professor Baggoley,

Re Call for written submissions on a draft National Patient Charter of Rights

Thank you for the opportunity to submit our comments on the draft National Patient Charter of Rights.

We have reviewed the current document and have attached our comments.

Overall we are pleased with the content, structure and format of the documents. The separation of the National Charter and the Charter Principles ensures that there is an easy to read document that naturally leads the patient to the more detailed principles.

Our comments are mainly around the need to allow for the customisation of the Principles to make the Charter relevant to the different cohorts of Healthcare Providers. Our areas of main interest are in the handling of the potential conflicts explicit in the rights, especially the right to safe and competent care and the right to privacy. We recognise that both of these are central to the rights of the patient, but if taken too far in either direction may result in less safe and competent care or lack of privacy.

We are interested in the ongoing project of the Patient Charter of Rights. Over the last ten years our Quality Care Pharmacy Program has accredited a vast majority of Australian Pharmacies to our quality standards, which include a Patient Charter. We believe that a National Charter will fit into our existing program and will more closely align all healthcare provider groups. We support the proposal that healthcare providers should be accredited to the standards that include the National Charter. We look forward to your support in ensuring that the rights of all Australians are protected by appropriate systems and accreditation such our QCPP program.

Our comments on the following pages follow the sequence of the Consultation Questions distributed with the Draft National Patient Charter of Rights paper.

Yours truly,

Kieran Schneemann
Executive Director
Pharmacy Guild of Australia

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Response to Australian Commission on Safety and Quality in Healthcare
Draft national Patient Charter of Rights

1.0 National Patient Charter of Rights and National Patient Charter Principles.

- 1.1 We have reviewed the format of the Charter of Rights and Patient Charter Principles and agree that there are significant benefits of having the two documents. It is recognised that the majority of patients will only be interested in the Charter of Rights if something goes wrong. It is not clear how the two documents will be presented, however it is suggested that the Charter of Rights may be in Poster Format and clearly displayed in the Healthcare Provider's premises with a local contact and web site address for the detail of the Charter Principles. This could then be cascaded locally through to the complaints procedures etc.
- 1.2 The two documents appear to be suitable for both the patients and the providers. There will need to be further detail for the provider, to encourage customisation of the principles and thus make them relevant in the local context. For example the current draft is not appropriate for Pharmacy. It is imagined most other Healthcare Providers could be encouraged to adopt the national model with appropriate local customisation.
- 1.3 We have no comment on the language used in the current drafts. It appears consistent with the intent and the target audience.
- 1.4 The Patient Charter of Rights needs to be attractive and easy to read for the patients. It will need to be translated into other appropriate languages. It is suggested a consistent format and colour scheme be developed for the Charter of Rights. The Principles document should be more flexible in formatting and content to meet local needs, especially different Healthcare Provider groups.

2.0 Rights included in the Charter.

- 2.1 The rights included appear to be sufficient for the purpose. The rights will need further explanation, but the principles document may be the way this need is covered.
- 2.2 The extent to which the rights represent patient concerns appears to be about right, however a serious question will be raised about:
- (a) Access and how medicines might be dispensed without reference to the ability to pay. It should be noted that the Public Benefits Scheme for subsidised medicines is based to some extent on the ability to pay for the medicine. If these rights and principles are to be applied very broadly there may be room for misinterpretation or a raised expectation for free medicines.

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- (b) Privacy and how the healthcare system will continue to meet privacy concerns and still provide for the sharing of personal information in the integrated treatment of the patient. The principles set out in general terms what will be done i.e. collection, use, disclosure and storage as per legislation and direction however under the principle for Safety including “Competent care” personal information may need wider disclosure. Binding Healthcare Providers to the current wording may limit development of integrated healthcare. This may have particular issues for prescription medicines and allergies. There may need to be special emphasis on the explanation of how privacy will impact safe, competent delivery of healthcare.

3.0 Points included in the Principles.

- 3.1 The explanation in the Principles are too hospital specific and will make the National Charter less acceptable for other Healthcare Providers. The eight rights are sufficient, but each cohort of Healthcare Provider may need to develop their own wording for the principles. Of specific concern is how the equity of access with respect to medicines through pharmacies may be interpreted and how the rights to privacy may make the safe, competent delivery of healthcare possible.
- 3.2 As noted in 3.1, the principles will need adjustment by each cohort of Healthcare Provider.

4.0 Rights and Responsibilities.

- 4.1 No comment
- 4.2 No comment
- 4.3 No comment

5.0 Existing Charters.

- 5.1 No comment
- 5.2 The National Charter, with provision for the principles being customised to meet all healthcare provider groups, will ensure gaps are filled as required.
- 5.3 No comment
- 5.4 The development of the National Charter should replace the need for other charters. The National Charter should be the primary document and the principles should be a secondary and supporting document. Other documents such as standards, codes of practice, procedures and guidelines should support both the Charter and the Principles.

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6.0 Possible uses of the Charter.

- 6.1 The Charter and Principles should be referenced in the standards and any accreditation program should ensure the supporting processes are in place. The standards setting process should ensure there is reference to the local, customised principles. All training programs in healthcare should benefit from the Charter and Principles.
- 6.2 The National Charter and Principles should apply to all Healthcare Providers; not just public hospital. As noted above (5.4) the National Charter should replace all the current charters with provision for the Principles to be customised.
- 6.3 Refer 6.2
- 6.4 Once the Charter is agreed and implemented then there should be provision for it to be used in all Australian healthcare agreements.
- 6.5 No comment

7.0 How the charter applies in different sectors and settings.

- 7.1 There is a need for more detail in;
- (a) Setting the format and “look and feel” of the charter
 - (b) Making the Principles more relevant to local situations and specific Healthcare Provider groups.
 - (c) Guidelines for the implementation and assessment of the Charter for all Healthcare Providers.
 - (d) Provision for assessment/accreditation of the Charter. Please note the Pharmacy Guild already has an accreditation process for Pharmacies that includes a requirement for a Patient Charter. Each charter is developed by the individual Pharmacy and guidelines from the Guild will be improved by reference to the National Charter and Principles when they are approved.
- 7.2 The Charter and Principles will be able to be adopted. The Charter should be a National Charter and the adaptations should be via supporting Principles, processes and assessment.