

**AUSTRALIAN COMMISSION  
ON SAFETY AND QUALITY IN HEALTH CARE**

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# **Consultation report**

**Patient safety and quality improvement in primary  
health care**

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# Introduction

Primary health care is the first point of contact within the health system for the majority of Australians. The sector provides a range of services for the prevention and management of acute and chronic conditions. Although the current Australian primary health care system performs well and most health care is associated with good clinical outcomes, there is considerable variation in accessing care and preventable adverse events continue to occur.

There is little available evidence about the frequency, causes and consequences of errors and adverse events in the primary health care sector, or effective patient safety solutions to address known patient safety risks.

In 2016-17 the Australian Commission on Safety and Quality in Health Care (the Commission) looked at how it could support safety and quality in primary health care settings.

The Commission engaged primary health care stakeholders in a public consultation to better understand the safety and quality issues experienced by primary health care services. Feedback on strategies, tools and resources that could be implemented to address the known these safety and quality issues was also sought.

The following consultation report outlines the processes used by the Commission to obtain feedback from the primary health care sector and a summary of the feedback that was received.

This feedback has been used to inform a program of work to develop nationally consistent strategies, tools and resources to support patient safety and quality improvement in primary health care services. The Commission's planned program of work includes:

- Developing national safety and quality standards by non-general practice primary health care services
- Scoping the technical and operational requirements of a national incident reporting and learning system for primary health care services
- Partnering with the primary health care and acute care sectors to improve communication and collaboration between the sectors on safety and quality matters
- Developing resources for primary health care services to support improvements in clinical governance and partnering with consumers.

## The consultation process

In October 2017, the Commission released a consultation paper titled, [Patient safety and quality improvement in primary health care](#). The purpose of the consultation was to:

- Better understand the safety and quality issues affecting primary health care services
- Identify, and determine the effectiveness of, existing safety and quality improvement strategies implemented by primary health care services and whether these should be applied nationally
- Seek feedback from primary health care stakeholders about strategies, tools and resources that could be developed by the Commission, or other organisations, to support safety and quality improvements in the primary health care sector
- Identify barriers and enablers to developing and implementing the suggested safety and quality strategies, tools and resources.

The consultation also sought feedback on two specific proposals: the first being the development of national safety and quality standards for primary health care services, and the second a review of the Commission's current safety and quality indicators for primary health care.

The consultation paper sought feedback on the following areas:

1. The scope of primary health care services that may use or benefit from national safety and quality strategies, tools and resources
2. The safety and quality issues currently identified in primary health care services and how these are currently being addressed
3. Future development and implementation of national safety and quality standards for primary health care services, including any barriers and enablers, and organisations that could or should be involved in providing support for this work
4. Revision of existing national safety and quality indicators for primary health care services, including any barriers and enablers, and identification of organisations that could or should be involved
5. Other safety and quality strategies, tools and resources that could be developed to support primary health care services and factors that might influence the development and implementation of these
6. Consumer perceptions of the safety and quality of care provided by primary health care services and the issues that are important to them.

The public consultation process opened on 30 October 2017 and closed on 31 January 2018. The Commission received 53 submissions, summarised in the following table:

<b>Respondent category</b>	<b>Number of submissions</b>
Professional membership organisations	25
Primary Health Networks (PHNs)	9
Consumers and/or consumer organisations	4
Local Health Districts (LHDs)	3
Stakeholder organisations (such as advocacy groups)	3
General practitioners	3
Government agencies	2
University	1
Accrediting agency	1
Individual practitioner	1
Commercial entity	1
<b>Total</b>	<b>53</b>

A list of organisations that provided a submission is at [Appendix 1](#). The consultation paper and a copy of the submissions received are available on the [Commission's website](#).

# Summary of consultation feedback

This section summarises the consultation feedback received in response to each of the consultation questions.

## 1. The scope of primary health care services that may use or benefit from national safety and quality strategies, tools and resources

The Commission defined primary health care services as:

*'services provided by general practitioners, practice and community nurses, nurse practitioners, allied health professionals, midwives, pharmacists, dentists and Aboriginal and Torres Strait Islander health practitioners either, in the home, general or other private practice, community health services and local or non-government services'.*

Despite having broad support for this definition, a small number of respondents noted that identifying and naming individual professions meant others would invariably be left out. Respondents stated that the Commission's proposed definition of primary health care services was narrow in comparison to other existing definitions.

Respondents suggested that the Commission review its definition to align it with the definitions of primary health care developed by the World Health Organization (WHO) or the Primary Health Care Research and Information Service (PHCRIS). The Commission supports respondent's suggestions to revise the definition to align it with others, such as the WHO and the PHCRIS definitions.

## 2. Safety and quality issues in Australian primary health care services

A majority of respondents stated that the primary health care services they provided or supported were generally low risk but acknowledged there was little available evidence on the incidents or causes of harm in primary health care.

Respondents identified a range of safety and quality issues affecting primary health care services. The most common related to communication and coordination of care across sectors, including the lack of information technology infrastructure and support to better enable communication and coordination of care.

A majority of the existing strategies to address patient safety and quality improvement in primary health care were implemented by professional membership organisations, colleges and Primary Health Networks (PHNs). Some of these, particularly those provided by PHNs, were pilot projects and were developed to address local issues. Many had not had a formal evaluation and therefore respondents could not comment on their broader application, impact or sustainability.

Respondents identified a number of factors needed to improve the impact of existing strategies. Most commonly identified was the need for funding or incentives. Other factors included the development of tools and resources, a re-design of the health system and a national data capture system for incidents and adverse events in primary health care.

### 3. Developing a set of NSQHS Standards for primary health care services

A majority of respondents were supportive of the Commission developing a set of national safety and quality standards for primary health care services that do not have a set of safety and quality standards or standards that are fit for purpose.

Respondents were asked to identify key barriers to, and enablers for, the development of standards for primary health care. Respondents identified more barriers than enablers. Key barriers included:

- A lack of resources within the primary health care sector to support implementation of standards and participate in accreditation processes, including cost, time, human resources and safety and quality expertise
- Multiple standards, registration, accreditation and compliance requirements that apply to primary health care services at the individual-, program- and service-level, and the potential for duplication of effort
- The potential value resulting from implementing standards and participating in accreditation processes was not considered high amongst primary health care services compared to the perceived costs of compliance.

When asked about enablers of standards development, few were identified. The most common suggestion was to provide support to primary health care services, PHNs and professional membership organisation in the form of remuneration, facilitation, resources, education and training, and communication.

Respondents provided some suggestions for topics to be addressed by primary health care standards. Almost all respondents stated consultation with primary health care stakeholders was critical to the successful development and implementation of standards for primary health care services. A majority of respondents indicated an interest in participating in standards development processes.

### 4. Safety and quality indicators for primary health care services

Approximately half of respondents provided feedback on the Commission's proposal to review the current patient-level safety and quality indicators for primary health care services. Respondents identified barriers to, and enablers for, the development and implementation of national safety and quality indicators for primary health care services. Key barriers included:

- Limited resources and expertise at the service level to support the collection, analysis and use of data including cost, time, human resources and infrastructure
- The considerable variation in the risks associated with care provided across primary health care services, as well as different definitions, that makes comparison across the sector difficult
- A lack of opinion leaders, vocal advocates or role models in primary health care that use, or support the use of, indicators for safety and quality improvement.

The most common suggestion to address these barriers was to provide support to primary health care services, PHNs and professional membership organisations in the form of remuneration, facilitation, resources, education and training, and communication. Respondents also suggested that the Commission lobby other government agencies to improve the implementation of national initiatives that would support primary health care



services to collect and use safety and quality indicators, such as MyHealth Record and funding systems.

Consultation with primary health care stakeholders was identified as critical to the successful development and implementation of safety and quality indicators for primary health care. Almost all respondents indicated an interest in participating in this work as well as identifying a range of other stakeholders who should be involved.

## 5. Safety and quality improvement in primary health care more generally

Respondents were asked to identify strategies that could be considered to support improvements in safety and quality in primary health care. A large number of respondents stated the primary health care sector needed a significant shift in culture, particularly in relation to the workforce's perception of safety and quality for strategies to be effective. Respondents did not offer any suggestions on how such a shift could be achieved.

Respondents identified a range of strategies, tools and resources that could be developed to support improvements in safety and quality in primary health care. Suggestions included:

- Developing national incident reporting system for primary health care services, such as the one implemented in the United Kingdom
- Providing greater support for, and enhancement of, electronic tools and information technology systems for primary health care services
- Publishing and reporting on readily accessible information about the safety and quality of primary health care services to the public.

Respondents identified key roles for the Commission in developing, implementing and monitoring strategies, tools and resources for primary health care services. These included:

- Supporting a mandated incident reporting system for primary health care, including the collection and reporting of safety and quality information about the sector targeting consumers
- Developing specifications for software and information technology service providers of clinical record systems
- Providing general guidance about safety and quality of health care targeting primary health care services to improve their understanding of the topic
- Advocating on behalf of the primary health care sector of improved support for safety and quality improvement initiatives.

Professional membership organisations, PHNs and other organisations that provide support to primary health care services did not see their role changing significantly to include any new safety and quality strategies, tools or resources. Respondents stated they would maintain their current activities and would respond to the needs of their membership. A few organisations stated that they would be unable to provide their membership with support to implement standards or indicators without compensation or changes to government policy.

## 6. Primary health care consumers

The Commission received four submissions from consumers or consumer-based organisations. These submissions identified safety and quality concerns for consumers and the actions they would like to see taken, such as developing high practitioner skills levels to

correctly diagnose and manage their condition/s, and communicate and coordinate care better between primary health care services.

Consumers identified the following strategies to improvement the safety and quality of care:

- Improved software or tools for communicating and coordinating care between service providers
- Greater engagement with consumers not only in their own care but in the governance and operation of primary health care services
- A statement about the minimum safety and quality of care consumers can expect from their primary health care service providers.

## Conclusion

The majority of respondents stated that the primary health care services presented a low risk of patient harm compared to acute care services. However, they did identify a range of safety and quality issues affecting primary health care that could benefit from nationally consistent strategies, tools and resources.

Respondents identified few safety and quality strategies currently being implemented nationally. The majority of the current safety and quality strategies for primary health care services focus on profession-specific issues or local population issues, and had not undergone any formal evaluation. As a consequence, there is no information about their effectiveness, sustainability or scalability.

There was broad support for the Commission developing national safety and quality standards for primary health care services. However, there was less support for the Commission reviewing its safety and quality indicators for primary health care. Respondents also identified a range of other strategies that could be implemented to support improvements in the safety and quality of care provided by primary health care services however, some of these fell outside the Commission's remit.

The Commission has used the feedback from the consultation process to plan a program of work to support the development of nationally consistent strategies, tools and resources that can improve the patient safety and quality of care in Australian primary health care services. The Commission's planned program of work includes:

- Developing national safety and quality standards for primary health care services
- Scoping the technical and operational requirements for a national incident reporting system for Australian primary health care services
- Partnering with the primary health care and acute care sectors to scope communication and care issues between the sectors
- Developing resources targeting primary health care services to support their partnering with consumers and enhance their clinical governance systems.

Work on these projects will commence in 2018/19. Information will be published on the commission's website on how primary health care stakeholders can be involved.

# Appendix 1

The following organisations provided a submission to the Commission's public consultation on patient safety and quality improvement in primary health care:

1. ACT Primary Health Network
2. Audiology Australia
3. Australasian Sleep Association
4. Australian College of Rural and Remote Medicine
5. Australian Dental and Oral Health Therapists Association Inc.
6. Australian Dental Association
7. Australian Institute of Health and Welfare
8. Australian Medical Association
9. Australian Nursing and Midwifery Federation
10. Australian Physiotherapy Association
11. Australian Podiatry Association
12. Australian Primary Health Care Nurses Association
13. Australian Psychological Society
14. Brisbane South Primary Health Network
15. Central and Eastern Sydney Primary Health Network
16. Chiropractors Association of Australia
17. Community Mental Health Australia
18. Consumers Health Forum of Australia
19. Deakin University
20. Dieticians Association of Australia
21. Exercise and Sports Science Australia
22. Gold Coast Primary Health Network
23. Health Care Consumers Association Inc.
24. Improvement Foundation
25. Independent Audiologists Australia
26. Indigenous Allied Health Australia
27. Integrated and Community Health Western Sydney Local Health District
28. Consumer (DA)
29. Consumer (PS)
30. General practitioner (DW)
31. General Practitioner (AT)

32. General Practitioner (OF)
33. Individual (AP)
34. Nepean Blue Mountain Primary Health Network
35. NPS Medicinewise
36. Optometry Australia
37. Orthoptics Australia
38. Osteopathy Australia
39. Quality Innovation Performance
40. Queensland Nurses and Midwives Union
41. Royal Australian College of General Practitioners
42. Rural Doctors Association of Australia
43. Services for Australian Rural and Remote Allied Health
44. South Eastern NSW Primary Health Network
45. Specsavers Pty Ltd
46. Speech Pathology Australia
47. Tasmania Primary Health Network
48. Tasmanian Health Service Senior Leadership Group
49. The Pharmacy Guild of Australia
50. Torres and Cape Hospital and Health Service
51. Victorian Primary Health Network Alliance
52. Western Australian Department of Justice
53. Western NSW Primary Health Network

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