Introduction

The Australian Commission in Safety and Quality in Health Care (Commission) has consulted with a number of individuals and groups in identifying the draft Australian Safety and Quality Goals for Health Care. These are:

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<th>Safety of care: That people receive health care without experiencing harm. Initial priorities are to:</th>
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<tr>
<td>• Reduce harm from adverse medicines events and improve quality use of medicines</td>
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<td>• Reduce harm from healthcare associated infections through effective infection control and antimicrobial stewardship.</td>
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<th>Appropriateness of care: That people receive appropriate, evidence-based care. Initial priorities are for:</th>
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<tr>
<td>• People living with type 2 diabetes</td>
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<td>• People with acute coronary syndrome or stroke</td>
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| Partnering with patients and consumers: That there are effective partnerships between patients, consumers and healthcare providers and organisations at all levels of healthcare provision, planning and evaluation. |

The Commission is now circulating a consultation paper more widely to gain additional input about the proposed goals and priority areas.

The Commission is interested in receiving feedback on the Goals to ensure that they provide a useful framework for coordinated national action to improve the safety and quality of care and achieve better outcomes for patients and a more effective and efficient health system. Responses and comments could be made for any or all of the goals and priority areas.

The NSW Divisions of General Practice/Medicare Local Network (the Network) welcomes the opportunity to comment on the Australian Commission in Safety and Quality in Health Care discussion paper on: Safety and Quality Goals for Health Care in Australia. The Network fully supports goals and realistic strategies that are designed to deliver genuine, enduring improvements in the health and welfare of the NSW community.

Overall, there are a number of broad concepts within the consultation document that should stimulate wide ranging consideration and discussion. Patient safety and health care quality are two of the most important policy issues currently facing our health care system. Engaging health professionals and the wider community in an open and accountable manner to support improved health care safety and quality in Australia is to be commended.
General Responses

1. Health Reform National Bodies - Operational Links with Medicare Locals
   A broad statement is made in the paper (page 1): “The Commission will operate with the other structures being established as part of the health reforms, particularly the National Health Performance Authority, Independent Hospital Pricing Authority, National Lead Clinicians Group, Local Hospital Networks and Medicare Locals”.

   Further details are required to support a better understanding of the proposed working relationships that are to be established between the new national bodies and Medicare Locals. This is turn will provide clarity on the practicality of such relationships within the context of the Commonwealth’s broad expectations, and more immediate priorities, and funding of Medicare Locals.

2. Resourcing
   Key challenges remain in how to finance patient safety and quality improvement initiatives at the local, state and federal levels. To ensure better health system design, control and monitoring, complex areas such as safety and quality commonly require many resources and substantial effort (yet still may have little impact or sustainability).

   To allow an honest assessment of feasibility some detail is needed on the level and nature of resources (human, financial, technological etc.) the Commission will make available to effect the necessary changes; and to whom and how the resources will be allocated.

3. Separate or Collaborative Action
   The list of organisations involved in one way or another in patient safety and health care quality efforts in Australia continues to grow. An explanation on how the Commission will build on and/or add value to previous and ongoing work on the proposed goals and work with other multiple existing groups that have similar focus areas is required to avoid a perception of ‘takeover’ and/or unnecessary duplication in efforts and/or promoting activities that are already underway.
Specific Responses

1. How do you think national safety and quality Goals could add value to your existing efforts to improve the safety and quality of care?

National safety and quality goals would be more useful if they included an assurance of determined national and state level commitment, widespread support across relevant sectors and disciplines, adequate resourcing and consistency of focus. Real progress is only likely to be made if meaningful and ongoing commitments are agreed on and followed through at high levels and via strategic spheres of influence. The wider health care policy and regulatory environments should be better used as enablers of change.

Existing efforts to improve the safety and quality of care would be supported by the allocation of adequate resources to research, evaluate and report patient safety and quality including a database which brings together results and other learnings and experiences to inform local, state and national efforts and progress relative to funding.

2. Do you agree with the topics that have been included as Goals and priority areas? Are there other areas that should be considered?

If additional safety and quality Goals or priority areas are proposed, referenced information should be provided to the Commission about how the proposed issue meets the criteria used to select the proposed Australian Safety and Quality Goals for Health Care (page 6).

The second goal "Appropriateness of Care"

Objective: That people receive appropriate, evidence-based care. Initial priorities are for people living with type 2 diabetes".

a. This goal appears to have been largely designed around the availability of an existing data source i.e. MBS diabetes annual cycle of care service item, which has relatively poor core validity i.e. will actually measure what it intends to measure? For example overall less than 10% of general practice remuneration comes from Medicare Australia’s incentive payment schemes such as from the Diabetes Cycle of Care (varying significantly between general practices). Time and additional personnel costs associated with claiming the item are the most commonly cited reasons for poor uptake. However, most practitioners not accessing these schemes provide quality Diabetes care. There is an important need to ensure that data sources used to evaluate safety and quality goals fit with reality.

b. Not placing an explicit emphasis on addressing health inequity within the ‘Appropriateness of Care’ goal risks widening the existing disadvantage gap by creating conditions for targeting people who are easiest to reach. Health inequity can arise when public policies and institutional practices, and the people designing and delivering services, discriminate against some groups systematically, although not necessarily intentionally.

While the consultation paper states that “the appropriate management of type 2 diabetes should involve: screening patients at risk of undiagnosed diabetes; tight control of metabolic risk factors including blood glucose, blood pressure and cholesterol using medical therapy and lifestyle counselling; systematic, comprehensive
medical assessment and monitoring involving a multidisciplinary care team led by a general practitioner; ongoing patient education to foster effective self-management practices”, opportunities for this comprehensive management are not always available, accessible or culturally appropriate. Groups that are frequently socially excluded and who experience unjust, unfair inequalities in health include low socioeconomic, Aboriginal, CALD, those living in rural and remote locations, prisoners, people who are homeless or with addictions and/or those with disability. A requirement of the Appropriatelessness of Care goal to particularly target disadvantaged groups would support improvements in health care access for these groups. It would also better align with the Commonwealth requirements which states that “The National Health Performance Authority’s Healthy Communities Reports (on primary health care performance) will look at access and equity issues. This primary health care approach will enable a broader focus on social disadvantage at the regional level”.

The third goal “Partnering with patients and consumers: That there are effective partnerships between patients, consumers and healthcare providers and organisations at all levels of healthcare provision, planning and evaluation” will not necessarily support improvements in safety and quality of health care or empower patients and consumers.

To expressly support patient and consumer influence over health care safety and quality it will be important to:

- Provide mechanisms to develop patient and consumer expertise in safety and quality which empowers them to support the planning and implementation of relevant programs and initiatives.
- Ensure robust systems are in place at the national level to involve patient and consumer groups in safety and quality in health care in Australia.
- Ensure patients have access to available information on the redress available to them if they (or their family members) are harmed by health care in Australia.
- Community members should be regularly informed about potential and actual patient safety incidents and adverse events.

For patient and consumer partnerships to act as key drivers to improved health care quality and safety, targeted and ongoing resources and support will be needed.

3. What do you think about the specificity of the Goals and priority areas? Are they too broad or too specific?

By proposing limited goals in specific areas, there is a high risk of falsely separating safety and quality from health care taken as a whole. Until continuous quality improvement and protecting patients from the harms associated with health care become engrained in health care systems and health provider culture, little real progress is likely to be made.

While specific goals may support action in narrow target areas, support with system redesign and culture change must take place simultaneously at the local level to ensure that innovative approaches, practices and policies are adopted in a timely manner by

health care providers and organisations. We cannot expect different results from the same systems, procedures and attitudes.

4. **What systems, policies, strategies, programs, processes and initiatives already exist that could contribute to achievement of the Goals?**

A formal audit should be undertaken and publically reported on existing work in the proposed areas to avoid a perception of ‘takeover’ and/or unnecessary duplication in efforts and/or promoting activities that are already underway. Final decisions on safety and quality goals should not be made until a greater understanding of the existing and planned commitment in the proposed areas across public and private services is undertaken. This will support the establishment of necessary linkages and collaborative activity that is likely to be needed to ensure consistency, resource sharing and reduce the possibility of duplication.

5. **What do you think should be the initial priorities for action under the Goals?**

Support with system redesign and culture change should always precede action under any specific safety and quality goals.

6. **How could the different stakeholders within the healthcare system be engaged in working towards achievement of the Goals?**

When intensive support is provided by Divisions of General Practice/Medicare Locals, effective clinical governance encompassing review, practice accreditation, adherence to clinical guidelines, patient management audits, and registers and recall systems, among others, is most likely to occur.

A dedicated Division of General Practice/Medicare Local funded program in safety and quality care in primary health care would support greater interest and uptake of safety and quality initiatives.
General Practice NSW is the peak state organisation that supports the Divisions of General Practice/Medicare Local Network in NSW. For more information and regular updates on the progress of Medicare Locals, visit the General Practice NSW website [www.gpnsw.com.au](http://www.gpnsw.com.au).

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**About the NSW Divisions of General Practice/Medicare Local Network**

The NSW Divisions of General Practice/Medicare Local Network works to enhance communication and integration between primary care providers and the wider health system, and improve the health of the community by supporting primary care provider collaboration with other health professionals in the delivery of quality health care. The Network has been successful in contributing to primary health care provider participation in health planning and policy development, identifying and targeting population health priorities at a local level, improving the coordination of health services in the community and improving the quality of primary health care.‌