To whom it may concern,

Subject: Response to consultation paper - Patient Safety and Quality Improvement in Primary Care

This response is provided on behalf of the Tasmanian Health Service (THS) Statewide Primary and Community Care Senior Leadership Group in response to the public consultation paper: Patient Safety and Quality Improvement in Primary Care, released by the Australian Commission on Safety and Quality in Health Care (the Commission).

The THS is currently in the process of developing a Statewide Primary and Community Care Service (SPCCS). Services within the SPCCS include:

- District Hospitals and Community Health Services;
- Oral Health Services Tasmania;
- Population Screening and Cancer Prevention; and
- Child Health and Parenting Service.

Key leadership positions from each of the services have formed a Statewide Primary and Community Care Senior Leadership Group.

The Leadership Group met to discuss the Commission’s consultation paper and are pleased to provide general feedback regarding the application of the proposed standards:

With reference to the sentence on page 6 “…where a safety and quality framework does not currently exist”, the Group found this to be unclear and did not clearly understand the intended application of the proposed primary care standards. For example, it is unclear whether it will only apply where there are no standards currently in place, or whether the standards will have broad application. The Group commented that the consultation paper reads as though the standards are aimed at sole practice environments rather than broader public sector services and that it is unclear whether the aim is for these standards to replace existing National Standards for services currently accredited against those standards.

In addition to the general feedback above, the Leadership Group provides the following feedback in response to the five key areas of focus:
1. **The scope of primary care services as the focus for the Commission’s program of work.**

   - The Group noted that the organised national screening program BreastScreen Australia, whose services operate under the BreastScreen Australia National Accreditation Standards and Quality Framework has not been captured in the consideration of existing accreditation schemes. The Group suggested that the scope of primary care services described should be expanded to include:
     - diagnosis and treatment of acute and chronic conditions;
     - patient/client education;
     - health prevention and promotion;
     - maintaining health; and
     - counselling.

   - The Group commented that the contributory factors to patient safety incidents as identified by the World Health Organization and included on page 10 of the consultation paper were useful, but are not referenced again throughout the paper and suggested that these factors be incorporated.

   - The Commission should clarify which groups of services the new framework would apply to. It is currently unclear whether the new framework would encompass public primary health services, private general practice, non-government services, and volunteer services under non-government organisations, for example the Cancer Council.

   - The Group questioned whether the definition of ‘primary care services’ should extend to include services and minor procedures delivered by specialist clinicians such as surgeons, dermatologists, gynaecologists etc. in their private consulting rooms, for which there are currently no overarching safety and quality indicators.

   - The consultation paper defines primary care services as “services provided by general practitioners, practice and community nurses...in the home, general or other private practice, community health services and local or non-government services” (page 33). If using this definition, the Commission needs to recognise that some services (e.g. public dental) provide care within the settings described but may also deliver some care within the acute system (e.g. treatment provided under general anaesthetic). Any standards developed will need to be flexible enough to ensure that such services will not be required to be accredited to more than one set of standards.

   - The Commission should carefully consider the exact wording used in relation to screening, surveillance services for screening and early intervention. Once settled, this wording should be consistently used throughout the document.

2. **Safety and quality issues in Australian primary care services.**

   - The Leadership Group noted that Government services already operate within the Safety and Quality Framework and appropriate National Standards.

   - In regard to non-government services, the Group noted that there is no framework currently in place to allow a full review and investigation of safety events that occur outside of the public acute health system, for example where multiple non-government and government providers are delivering care within a person’s home.

   - The Group noted that the Tasmanian health system contracts or funds external providers to deliver services on its behalf, however many of the contracted providers are not accredited. A national framework would be of benefit, and would enable greater confidence in the quality of services delivered by contracted external providers.

   - The Group noted that digital health is currently an area of considerable investment by the Australian Government and there is an opportunity to improve coordination and uptake of these resources in the primary care sector. To do this, it is suggested that priority setting for primary care services emphasise the use of information technology and its ability to enhance communication and care coordination, particularly where multiple service providers are involved.
3. Developing a set of NSQHS Standards for primary care services other than general practices.
   • The Group noted that if these standards are to replace existing standards, this process must not duplicate existing systems, will require broad consultation and must be appropriately managed, with a transition period and detailed implementation plan.
   • National consistency in relation to data collection would enable greater consistency in how and what information is recorded, improve benchmarking of services, simplify processes and reduce duplication and uncertainty.

4. Reviewing the Commission’s practice-level safety and quality indicators for primary care.
   • The Group noted that there is currently a lack of data relating to performance outcomes within primary care. This is compounded by issues with the quality of data and the difficulty in ensuring consistency regarding what is being recorded.
   • The Commission should be aware that in undertaking the review process consultation beyond the professional associations is required to ensure providers in all sectors (public, private, non-government organisations etc.) are represented in the development and implementation of indicators in primary care.

5. Safety and quality improvement in primary care more generally.
   • As previously stated, all THS services are accredited against the current National Standards.
   • The Group identified that there is a need for dedicated resourcing, education and implementation of new Standards and that this must be a staged process. Appropriate tools and resources should be provided.
   • Noting that the THS has its own safety reporting and learning system in place, the Group suggested that it would be beneficial to introduce a safety reporting system that is able to connect all services, so that there is shared learning from clinical incident reviews and an ability to monitor in-home care and other general practitioner type services.

This feedback is provided to the Commission on behalf of the THS Statewide Primary and Community Care Senior Leadership Group. Membership of the Group includes:

• Emma Bridge – Group Manager – Oral Health Services Tasmania;
• Angella Downie – Nursing Director – Primary Health North West;
• Bruce Edwards – Nursing Director – Complex, Chronic Disease and Sub-Acute Care;
• Dominica Kelly – Director – Early Years Child Health and Parenting Service;
• Gail Ward – State Manager – Population Screening and Cancer Prevention;
• Fiona Young – Nursing Director – Primary Health North; and
• Anita Reimann – Project Manager – Statewide Primary and Community Care Project.

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