



Consumers Health
Forum OF Australia

SUBMISSION

Patient Safety and Quality Improvement in Primary Care

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Introduction

Consumers Health Forum of Australia (CHF) is the national peak body representing the interests of Australian healthcare consumers and those with an interest in health care consumer affairs. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems.

CHF appreciates the opportunity to provide a submission in response to the Australian Commission on Safety and Quality in Health Care (ACSQHC) on Patient Safety and Quality Improvement in Primary Care Consultation Paper.

At the heart of CHF's policy agenda is patient-centred care. Our responses to the Commission's consultation questions have been formed with a patient-centred approach in mind. CHF recognise there are varying definitions of patient centred care, we agree with the Commission that patient-centred care is "health care that is respectful of, and responsive to, the preferences, needs and values of patients and consumers"¹

Key Considerations

Primary Care definition:

The consultation paper defines primary 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 home, general or other private practice, community health services and local or non-government services".

The literature suggests that primary care services encompass a wide range of health services delivered throughout public, private and non-government services². Primary care covers a broad spectrum from health promotion and prevention to early detection, treatment and management of acute and chronic conditions³. While the proposed definition acknowledges some of the various services and settings provided through primary care, it does not reflect an accurate balance between promotion and curative services.

¹ Australian Commission on safety and Quality in Health Care (2011), 'Patient-centred care: Improving quality and safety through partnerships with patients and consumers', ACSQHC, Sydney, p7.

² The Department of Health 2013, 'Primary Health Care in Australia', Department of Health, Australian Government, accessed 20 February 2018,

<http://www.health.gov.au/internet/publications/publishing.nsf/Content/NPHC-Strategic-Framework~phc-australia>

³ Australian Institute of Health and Welfare 2016, 'Primary health care in Australia', AIHW, Australian Government, accessed 20 February 2018, <https://www.aihw.gov.au/reports/primary-health-care/primary-health-care-in-australia/contents/about-primary-health-care>

It is suggested that rather than simply defining primary care through listing the services and settings, a more comprehensive and flexible definition should be considered. An alternative definition is provided by the Australian Primary Health Care Research Institute, derived from the World Health Organisation (WHO) Declaration of Alma Ata definition of primary health care and widely recognised and accepted in an Australian Primary Care setting:

“Socially appropriate, universally accessible, scientifically sound first level care provided by health services and systems with a suitably trained workforce comprised of multi-disciplinary teams supported by integrated referral systems in a way that: gives priority to those most in need and addresses health inequalities; maximises community and individual self-reliance, participation and control; and involves collaboration and partnership with other sectors to promote public health. Comprehensive primary health care includes health promotion, illness prevention, treatment and care of the sick, community development, and advocacy and rehabilitation”⁴.

Developing a set of NSQHS Standards for primary care services other than general practices:

“What are the barriers and enablers for implementation of these standards in primary care? How could the Commission address these? What support could other organisations provide for implementation? Which organisations should be involved in this process?”

Primary care – particularly general practice and community health centres – is a setting where the great majority of Australians receive their healthcare. It is going to be the subject of reform over the next five to ten years as the Commonwealth and COAG Health Council focus on longer-term health imperatives such as curbing the demand on hospital services and reforming primary care so that it is better geared around coordinating and managing care for people living with chronic conditions, many with multiple complex conditions.

We are also likely to see the delivery of minor surgical and other procedures now done in day, outpatient and even in-patient hospital facilities shift to the community based primary health care setting because it is a more cost effective and accessible delivery setting among other factors. In this context, it is important that attention continues to be paid to safety and quality in this setting and that we ask the question: what more could be done over and above current standard setting, accreditation and improvement processes that add value and advance safety and quality in primary care?

For these reasons, CHF supports the development of NSQHS Standards but we believe the challenge is going to be framing them in such a way that they are a value-add and are therefore

⁴ Australian Primary Health Care Research Institute, Australian National University

embraced by the relevant professions and settings, and, importantly, that they do not replicate or replace existing standards within the Australian Primary Care system.

CHF recognises there are many barriers and enablers for the implementation process of the national standards across the primary health system in Australia. Barriers identified by CHF include; implementing a patient-centred approach in practice within the primary care workforce; resistance from Primary Care services and the diversity of the Primary Care system. While some enablers include working closely with Primary Health Networks (PHNs) and Local Health Districts (LHDs) to support implementation at the local level. CHF sees benefit in adopting a framework that empowers local governance and action to implement these national standards within a local context. Organisations that could provide this type of support and that should be involved in the process include PHNs.

Barriers

Implementing a patient-centred approach in practice throughout the Primary Care Workforce:

Patient centred care benefits individuals through an increased level of trust and confidence in services⁵⁶; provision of services that offer personalised healthcare and value for money⁷; recognition of their right to equitable access to healthcare⁷ and increased rates of health literacy⁸. The benefits it can provide to health services and practitioners include: an increased perception of public value⁷; robust and enduring partnerships between services, practitioners and clients⁹; and patients being more compliant with treatment regimens⁸. Finally, the benefits to the wider health system include: efficiency gains and consequently a reduction in overall healthcare costs^{7,8,10}; outcomes that patients value¹¹; improved health outcomes⁸; and improved patient satisfaction⁸.

Despite these well recognised benefits, however, the extent to which patients are at the centre of the Australian healthcare workforce remains unclear. Health Workforce Australia's 2013 review of Australian government health workforce programs noted that when health workforce programs are considered policy and practice regularly become too focused on the needs of

⁵ Australian Commission on Safety and Quality in Healthcare (ACSQHC). Safety and Quality Improvement Guide Standard 2: Partnering with Consumers. 2012.

⁶ Foot C, Gilbert H, Dunn P, Jabbal J, Seale B, Goodrich J, et al. People in control of their own health and care: the state of involvement. 2014;(November):1–82. Available from: [papers3://publication/uuid/9AD8BBE6-B3D5-47A5-9455-25DF87FA2726](https://publication/uuid/9AD8BBE6-B3D5-47A5-9455-25DF87FA2726)

⁷ Janamian T, Crossland L, Wells L. On the road to value co-creation in health care: the role of consumers in defining the destination, planning the journey and sharing the drive. *Med J Aust* [Internet]. 2016;204(7):S12 – S. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/27078786>

⁸ Charmel PA, Frampton SB. Building the business case for patient-centered care. *Healthc Financ Manage* [Internet]. 2008;62(3):80–5. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/19097611>

⁹ Janamian T, Crossland L, Jackson CL. Embracing value co-creation in primary care services research: a framework for success. *Med J Aust* [Internet]. 2016;204(7):5. Available from: <https://www.mja.com.au/journal/2016/204/7/embracing-value-co-creation-primary-care-services-research-framework-success>

practitioners and institutions, rather than those of patients and consumers¹⁰. While attempts have been made to change this, such as the Australian Commission on Safety and Quality in Health Care's development of a guide for health service organisation boards to help them engage with their national standards, the understanding of how central patients are to the Australian health workforce remains unclear¹¹.

While the practice of patient centred care has been shown to benefit the health system on a range of levels, from the individual patient to the health system at a macro level, the degree to which this has been implemented by health professions remains unclear. In 2016, CHF undertook a survey of 55 health workforce professional organisations in attempt to gain more insight. Among the surveyed organisations, a strong understanding of the principles behind patient centred care was evident, showing that they clearly understand that there is a strong rationale behind patient centred care. However, despite that, organisations are not in practice comprehensively including patients throughout their work. A study in 2014 by the Health Foundation suggests failure to implement a patient-centred approach can be due to health professionals believing they already provide it¹².

Resistance from Primary Care Services

CHF believes that given the NSQHS Standards will not be mandatory for primary care services to implement, there may be resistance from some primary care services to adopt the standards. To overcome this barrier, it will be important to clearly demonstrate the benefit to the primary care service of implementing these Standards on the health service and for their patients.

For example, ensuring primary care services that meet the requirements are recognised under the NSQHS Standards. This could encourage implementation by improving consumer trust in the service and empower consumer to make informed decisions about the service they attend.

Diversity of the Primary Care system:

While the diversity of the primary care system in Australia offers great benefit to consumers, it does present a challenging environment to develop national standards for safety and quality. There is no single way of looking at the quality and safety practice across the primary care system in Australia. The Commission is therefore confronted with a challenge to develop national standards that are flexible, adaptable and accommodating as well as respond to the complexity and diversity of primary care service delivery.

The RACGP Standards for General Practice (5th Edition) were developed to support general practices across Australia in identifying and addressing gaps in their processes and systems to protect patients from harm by improving the quality and safety of health services¹³. The RACGP Standards, developed through stakeholder and public consultation, are broad in nature and

¹⁰ Royal College of General Practitioners. An Inquiry into Patient Centred Care in the 21st Century. 2014;(November).

¹¹ Batalden M, Batalden P, Margolis P, Seid M, Armstrong G, Opiari-arrigan L, et al. Coproduction of healthcare service. *BMJ Qual Saf* [Internet].

¹² Health Foundation 2014, 'Person-centred care made simple', *Health Foundation*, accessed 20 February 2018, <http://www.health.org.uk/sites/health/files/PersonCentredCareMadeSimple.pdf>

¹³ Royal Australian College of General Practitioners 2017, 'Standards for General Practices (5th Edition)', accessed 20 Feb 2018, <https://www.racgp.org.au/download/Documents/Standards/RACGP-Standards-for-general-practices-5th-edition.pdf>

represent commonalities, making them flexible, adaptable and accommodating for the diverse nature of services and settings provided by GP's around Australia.

For the Commission to overcome this challenge and represent the diverse and predominantly small business nature of the primary care system in Australia, CHF suggest adopting a similar approach in developing a set of NSQHS Standards: that is, identifying characteristics and desirable features from existing standards that can be promoted as best practice and applied across all sectors of the primary care system.

Recognising that all primary care settings have standards that relate to them even though some services may choose not to become accredited against them, there may be most benefit in developing an 'umbrella' guidance that sets out the characteristics of a high performing primary care service and that provides a self-assessment tool that providers can apply as they put in place service improvement and development plans. Examples of some of the common and desirable characteristics and behaviours that could be outlined in the guidance include evidence of inter-professional education and collaborative practice; use of practice data to identify areas for improvement; and practice based initiatives to promote patient centred care and health literacy.

Undertaking the self-assessment and taking action in response to the outcomes could be marketed as a new resources for practices and providers to meet various existing requirements such as Continuous Professional Development (CPD) or emerging opportunities such as the soon to be introduced improvement focused practice incentive payment (PIP) for general practice.

Enablers

Working closely with PHNs and LHDs

Avoiding duplication is another challenge for the development of NSQHS Standards. PHNs and LHNs across Australia are in alignment where possible to avoid duplication. Through this, collaborative working relationships are facilitated, and duplication is reduced.

One of the priorities of PHNs is to improve the quality of primary care across Australia. PHNs include a broad range of highly skilled health professionals including GPs, pharmacists, psychologists, physiotherapists, dieticians and many other trained health professionals to provide primary health care. PHNs have extensive knowledge and understanding of the needs of the health services in their local area.

With the broad scope of CHF believe the Commission should involve PHNs and LHNs in the process of developing a set of NSQHS for primary care.

Benefits include:

- Extensive knowledge of the local health districts / primary health networks, primary care services provided, health needs and challenges
- Reduced chance of duplicating existing standards
- Opportunity for PHNs and LHDs to support the implementation of NSQHS Standards, particularly to promote a continuous improvement rather than punitive approach

The implementation of National standards also comes with challenges, particularly in the case of our diverse primary care system. Evidence highlights National Standards in health care can be implemented through local action¹⁴.

Reviewing the Commission's practice-level safety and quality indicators for primary care

Consumer Engagement

As highlighted by the NSW Agency for Clinical Innovations (ACI), consumers are the only constant throughout the patient journey:

“They are therefore the experts in terms of identifying their desired health outcomes and experiences of illness and care, and their expertise should be sought and respected to improve quality of care. Shared decision-making, support for self-management and proactive communication are key features of person-centred health care¹⁵”.

Compared to health care services, patients often use different indicators to assess the quality and safety of a health service. For example, patients measure the quality of care provided against the level of dignity and respect they received, whereas staff may focus on how well they worked together as a team to judge coordination of care.

CHF believe it is important for the Commission to consult with consumers during the review process of practice-level safety and quality indicators to ensure they reflect a patient-centred approach.

Patient Experience Indicators

An important component of safety and quality of health care is the way people experience health services¹⁴. Measuring patient experience not only offers the opportunity to identify gaps in the system such as poor or unsafe practice and guide improvements in safety and effectiveness but also due to the link between health outcomes and costs.

Patient Reported Outcome Measure's (PROMs) and Patient Reported Experience Measure's (PREMs) are emerging methods of assessing safety and quality of health care however are not yet embedded into routine measurement at a regional or national level in Australia.

CHF believe the Commission should appropriately incorporate PROMs and PREMs into the practice-level safety and quality standards to promote the movement of these measures towards a patient-centred approach to improving safety and quality throughout the primary care system.

¹⁴ Borgardt, I, Groom, C & Taylor K 2007, 'Improving Quality and Safety: Progress in Implementing Clinical Governance in Primary Care: Key Questions for PCT Boards', National Audit Office, https://www.nao.org.uk/wp-content/uploads/2007/01/0607100_key.pdf

¹⁵ NSW Agency for Clinical Innovation (ACI) 2015, 'Patient Experience and Consumer Engagement: A Framework for Action', ACI, Chatswood, p3.

Safety and quality improvement in primary care more generally

"What strategies, tools and resources to support improvements in safety and quality should be considered? Which organisations should be involved and what is their role in reviewing the Commission's practice-level safety and quality indicators for Primary Care?"

CHF believe the Commission should involve regional organisations such as Primary Health Networks (PHNs), Local Health Districts (LHDs), Local Health Networks (LHNs) to help identify tools that could potentially be modified to enable the implementation of these national standards to improve quality and safety. An example includes the 'Primary Care Practice Improvement Tool (PC-PIT)', a six-step practice improvement tool for general practices already being used by some PHNs¹⁶.

Furthermore, growing evidence shows that when consumers are engaged, better decisions are made, patient outcomes improve and resources are more efficiently allocated. CHF support the use of co-design strategies to improve safety and quality in primary care more generally will ensure a patient-centred approach.

Conclusion

CHF has responded to the consultation questions through highlighting key considerations including:

- Adopting a broader definition of primary care services which reflects a balance between health promotion and curative services.
- Development of NSQHS Standards is supported by CHF however should be not duplicate existing standards.
- The merit in re-positioning the standards as guidance around the characteristics and behaviours of high performing primary care services, supported by self-assessment tools and links to uptake incentives such as CPD and eligibility for payments
- Implementing national standards through local action. Key organisations to consider in this process include Primary Health Networks (PHNs) and Local Health Districts (LHD).
- Patient-centred care should be appropriately incorporated into the Practice Level safety and quality indicators for Primary Care. CHF suggest the systematic use of PROMs and PREMs.
- Practice level safety and quality indicators should be reviewed through consultation with consumers, PHNs and clinical workforce.

¹⁶ Coordinare & PHN South Eastern NSW, 'Six Steps to use the Primary Care Practice Improvement Tool (PC_PIT)', accessed via internet, <http://www.coordinare.org.au/assets/Uploads/Resources/resources/INF-PC-PIT-PM-6-Steps-201609.pdf>