QAIHC

Queensland Aboriginal and Islander Health Council

SUBMISSION

Draft National Safety and Quality Primary Healthcare (NSQPH) Standards

February 2021

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QAIHC SUBMISSION TO THE AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

SUBMISSION

Draft National Safety and Quality in Primary Healthcare (NSQPH) Standards

About Queensland Aboriginal and Islander Health Council (QAIHC)

The Queensland Aboriginal and Islander Health Council (QAIHC) was established in 1990 by dedicated and committed Aboriginal and Torres Strait Islander leaders within the community-controlled health Sector (the Sector). From our first meeting 30 years ago, we have grown to become a national leader in Aboriginal and Torres Strait Islander health, and as a voice for our 26 members, the Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHOs) in Queensland, two regional bodies, 14 Associate Members and one Affiliate Member.

Like our ATSICCHOs, we embody self-determination; we are governed by an Aboriginal and Torres Strait Islander board that is elected by our Members.

QAIHC Members work tirelessly to provide culturally appropriate, comprehensive, primary health care services to local Aboriginal and Torres Strait Islander communities in Queensland. Collectively they have established more than 60 clinics across the state to service the population. Our two regional bodies – the Institute for Urban Indigenous Health (IUIH) and Northern Aboriginal and Torres Strait Islander Health Alliance (NATSIHA) also provide support to our Members.

Our Members provide more than just holistic Primary Health Care models, they help the whole community and regional economies by encouraging whole of community wellbeing, thus creating local jobs and ensuring local design of services.

Nationally, we represent ATSICCHOs through our affiliation and membership on the board of the National Aboriginal Community Controlled Health Organisation (NACCHO) and are regarded as an expert in our field.

QAIHC, as the peak of ATSICCHOs in Queensland, wishes to express the collective views on behalf of our Members into the draft National Safety and Quality in Primary Healthcare (NSQPH) Standards.

QAIHC would like to acknowledge the Australian Commission on Safety and Quality in Health Care (the Commission) for taking the initiative to develop the Standards with special focus on embedding clinical governance frameworks and consumer-centred care within primary health care services (specially for allied health services); and for seeking feedback from wider stakeholders and the community. QAIHC welcomes the opportunity to provide collective views into the draft NSQPH Standards.

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Opening Statement

QAIHC and its Members are committed to ensuring all Aboriginal and Torres Strait Islander peoples in Queensland have equitable access to safe (clinically and culturally) and quality health care services that provide opportunity for Aboriginal and Torres Strait Islander peoples to meaningfully participate in the health care system.

The ATSICCHO Sector in Queensland have a comprehensive system of partnership with, and accountability to, the local community. The ATSICCHOs' evidence-based integrated Model of Care[1] is the true reflection of Aboriginal and Torres Strait Islander peoples' self-determination and the Sector's collective goal of delivering high quality comprehensive primary health care for our people, by our people. The Model of Care further incorporates the holistic concept of Aboriginal and Torres Strait Islander peoples' health and wellbeing. Cultural safety is central to the services that ATSICCHOs offer to the community. Cultural safety is about respecting the cultural rights, values, beliefs and expectations of Aboriginal and Torres Strait Islander peoples while they receive health care services that meet their needs.

It is well established and accepted that ATSICCHOs now form part of a national system of primary health care services that specialise in providing comprehensive and quality care to Aboriginal and Torres Strait Islander peoples. ATSICCHOs in Queensland:

- Are accredited with the Royal Australian College of General Practitioners (RACGP) standards for general practices and/or organisational standards;[2]
- Undertake local continuous quality improvement (CQI) activities;
- Participate in state and national quality improvement programs;
- Provide national key performance indicator (nKPI) reports to the Australian Government via the Australian Institute of Health and Welfare;
- Utilise electronic health records and decision-support systems to optimise patient care;
- Utilise data extraction tools to prepare reports on performance for quality assurance, including reports on: the health status of patients, profile of patients, travel time for patients, the quality and completeness of patient information;
- Disseminate practice specific information to members, the local community and other stakeholders; and
- Participate in state-wide and national performance benchmarking systems, including National Safety and Quality in Health Services (NSQHS) Standards.

Due to the holistic nature of their services and their unique Model of Care, ATSICCHOs are required to adhere to a multitude of Standards compared to other primary health care services.

Based on feedback from our Members, there are four areas QAIHC recommend improvements be made to the draft NSQPH Standards:

1. Clearly define who the Primary Healthcare Standards are for;
2. Reduce the burden and cost of compliance for ATSICCHOs;
3. Incorporate actions to ensure the unique health and safety needs of Aboriginal and Torres Strait Islander people are addressed; and
4. Incorporate the concept of holistic health.

In this brief submission, our Sector's concerns are described and possible solutions proposed to ensure the Standards are applied as intended and to ensure they address Aboriginal and Torres Strait Islander peoples' health needs appropriately. We encourage the Commission to review our recommendations and incorporate them in the final Standards and welcome opportunity to provide further input if needed.

[1] Queensland Aboriginal and Torres Strait Islander Community Controlled Health Organisations' Model of Care (QAIHC), November 2019. https://www.qaihc.com.au/media/37570/modelofcare_19082019_hr.pdf

[2] Australian Institute of Health and Welfare 2018. Aboriginal and Torres Strait Islander health organisations: Online Services Report—key results 2016–17. Aboriginal and Torres Strait Islander health services report no. 9. Cat. no. IHW 196. Canberra: AIHW. Page 25

Recommendations for improvement

1. Clearly define who the Primary Healthcare Standards are for

QAIHC notes that the NSQPH Standards are being developed by the Commission through extensive consultation with health care providers, professional bodies, Primary Health Networks, consumers and other representatives of the sector. The Standards' aim is "*to provide a framework that support primary healthcare services to implement a continuous cycle of patient safety and quality improvement activities*".

The Commission has verbally advised that these Standards are designed and intended for allied health services, rather than for primary health care services. The relevance of having nationally consistent Standards for allied health services who provides stand-alone services as "primary care services" rather than "primary health care services", and who do not comply with any other Standards, is evident. Embedding clinical governance frameworks and consumer-centred care is vital to ensure public safety and improve the quality of primary care services, such as allied health services.

QAIHC's concern is that the Commission has referred the Standards as 'Primary Healthcare Standards' and, on page four of the draft NSQPH Standards discussion paper, describes primary health care service providers as follows: "*Primary healthcare providers include registered health practitioners such as Aboriginal and Torres Strait Islander Health Workers, dentists, general practitioners, nurses and midwives, optometrists, pharmacists, physiotherapists, podiatrists and psychologists, and self-regulated practitioners such as audiologists, dietitians and exercise physiologists*."

If these Standards are intended only for allied health service providers, as stand-alone services, it must be made clear in the title and definition of the standards. QAIHC brings to the attention of the Commission the definition of primary health care according to the World Health Organisation (WHO).[3] The stand-alone allied health service providers referred to in these Standards do not comply with the WHO definition as "primary health care services", rather, should be described as "primary care services".

According to the WHO, primary health care "*provides whole-person care for health needs throughout the lifespan, not just for a set of specific diseases. Primary health care ensures people receive comprehensive care - ranging from promotion and prevention to treatment, rehabilitation and palliative care - as close as feasible to people's everyday environment*." [3]

"*The WHO has developed a cohesive definition of primary health care based on three components:*

- *meeting people's health needs through comprehensive promotive, protective, preventive, curative, rehabilitative, and palliative care throughout the life course, strategically prioritising key health care services aimed at individuals and families through primary care and the population through public health functions as the central elements of integrated health services;*
- *systematically addressing the broader determinants of health (including social, economic, environmental, as well as people's characteristics and behaviours) through evidence-informed public policies and actions across all sectors; and*
- *empowering individuals, families, and communities to optimise their health, as advocates for policies that promote and protect health and well-being, as co-developers of health and social services, and as self-carers and care-givers to others.*"[3]

For this reason, in Australia, "primary health care" is delivered by the general practice sector and particularly by ATSICCHO Sector.

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[3] WHO (27 February 2019), Primary health care https://www.who.int/news-room/fact-sheets/detail/primary-health-care

Recommendation 1: Provide clear and detailed context of the Standards to define and clarify which specific professional group, and health service model, within the broader primary health care system is to comply with the Standards.

Recommendation 2: Change the title of the Standards to 'National Safety and Quality in Primary Care or Allied Health Services Standards' to ensure consistency with international definitions and improved understanding of the applicability of the standards in the Australian context.

2. Reduce the burden and cost of compliance for ATSICCHOs

ATSICCHOs deliver holistic care that is 'patient or family centred', at no cost to the patient, at a single location. In delivering comprehensive primary health care, ATSICCHOs provide treatment, prevention and early intervention, rehabilitation and recovery services. At an ATSICCHO, an array of specialists and allied health providers are often accessible on-site (either through direct employment or funded arrangements) or by brokering off-site access. These include cardiologists, renal specialists, ophthalmologists, paediatricians, psychiatrists, diabetes specialists, ear, nose and throat specialists, physiotherapists, dietitians, podiatrists, optometrists, audiologists, dentists and oral hygienists etc. This is in addition to general practitioners (GPs), registered nurses (RNs) and Aboriginal and Torres Strait Islander health worker / practitioners (ATSIHW/Ps).

All ATSICCHOs in Queensland provide holistic and integrated primary health care services to Aboriginal and Torres Strait Islander peoples based on the ATSICCHO Model of Care. The ATSICCHO Sector has established system and procedures in place to ensure they provide safe and quality primary health care services that meet the specific health and wellbeing needs of Aboriginal and Torres Strait Islander peoples. Our services have consistently demonstrated compliance with legislation, regulation, jurisdictional and organisational Standards.

ATSICCHOs are accredited against RACGP Standards and other profession specific/organisational standards as relevant to their operations, including National Safety and Quality Health Service (NSQHS), ISO 2001, ISO 2015, Human Services Quality Framework (HSQF), Aged Care, National Disability Insurance Scheme (NDIS) and dental standards. In the draft NSQPH Standards discussion paper the Commission also acknowledges the fact that primary health care services already are complying with a range of quality improvement standards (page eight of the draft NSQPH Standards discussion paper).

We recognise and support the principles of independent assessment, accreditation and continuous quality improvement as a driving force for improved governance and providing culturally safe, high quality health care.

However, for those primary health care services, such as ATSICCHOs, who are already in compliance with major benchmarking systems and who require such standards from their allied health workers, **it is not clear if the proposed NSQPH Standards are applicable to them, and if they are, how they will add value to existing quality standards.** In addition, for primary care services who operate out of primary health care services, the same clinical standards are required as soon as a primary care provider accesses the patient record, and thus **the proposed value of the NSQPH Standards to primary care providers who are integrated within primary health care services is also not clear.**

When consideration is given to all of these standards in a holistic way, there is already substantial cross-over between standards. In this context, QAIHC's concern is that, if the intention of the NSQPH Standards are to apply to all primary health care services and allied health services that are embedded within primary health care services, there will be overlap between the multiple sets of standards. The

consequence is likely to be a significant additional administrative and financial burden for the sector without tangible benefit to the client or the quality of service provided.

It is acknowledged that these Standards will not be compulsory, however, experience is that where standards exist, government agencies providing funding to ATSICCHOs tend to require compliance, and it is reasonable to expect ATSICCHOs will be required to comply with these standards unless an appropriate exception is in place.

QAIHC notes that the Commission has acknowledged the administrative burden associated with accreditation to multiple sets of standards and its commitment to work with relevant organisations and investigate potential mechanism to overcome this issue (page 8 of the Standards public consultation paper). Our recommendation is that the Commission should further clarify this fact and ensure a mechanism has been established to overcome this substantial issue.

Recommendation 3: Ensure a mechanism is in place to minimise overlap with existing standards and reduce the administrative and economic burden for primary health care service providers and allied health services embedded within primary health care services, such as ATSICCHOs.

Recommendation 4: Create an exemption to ATSICCHOs who are compliant under RACGP and NSQHC to meet these Standards where allied health workers are employed under their service. QAIHC also notes that adoption of recommendations 1 and 2 of this submission, would ensure that recommendation 4 was addressed.

3. Incorporate actions to ensure the unique health and safety needs of Aboriginal and Torres Strait Islander peoples are addressed

Aboriginal and Torres Strait Islander peoples have poorer access to health services, and poorer health outcomes than other Australians.[4] Aboriginal and Torres Strait Islander peoples in general have fewer opportunities to voice their concerns, and are often disempowered in their interactions with the health care system limiting their ability to engage as partners in decision-making about their care. Lower levels of formal education and the disproportionate impact of the social determinants of health compound some Aboriginal and Torres Strait Islander peoples' ability to participate in, and consequently take responsibility for, health care decisions. Aboriginal and Torres Strait Islander peoples' social exclusion often means they receive inferior care than other Australians.[5]

It is evident that treatments offered to Aboriginal and Torres Strait Islander peoples are influenced by stereotypes.[6,7] A refusal of treatment by an Aboriginal and Torres Strait Islander patient may be viewed as 'culturally based' rather than a result of fear, misunderstanding or other preferences never elicited. The high rate of hospital discharge against medical advice (eight times higher in Aboriginal and Torres Strait Islander peoples than non-Indigenous Australians) is one example of this phenomenon.[8]

For Aboriginal and Torres Strait Islander peoples, the right to self-determination has been of fundamental importance in improving health and wellbeing outcomes. When Aboriginal and Torres

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[4] Australian Institute of Health and Welfare 2018. Australian's health 2018

[5] Australian Medical Association. Institutionalised inequity. Not just a matter of money. AMA, Canberra, 2007. https://ama.com.au/article/2007-ama-indigenous-health-report-card-institutionalised-inequity-not-just-matter-money

[6] RACGP, Position Statement- Racism in the healthcare system. Aboriginal and Torres Strait Islander Health. https://www.racgp.org.au/FSDEDEV/media/documents/RACGP/Position%20statements/Racism-in-the-healthcare-sector.pdf

[7] Li J-L. Cultural barriers lead to inequitable healthcare access for aboriginal Australians and Torres Strait Islanders. Chin Nurs Res. 2017;4:207e210. https://doi.org/ 10.1016/j.cnre.2017.10.009

[8] Australian Health Ministers' Advisory Council, 2015, Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report, AHMAC, Canberra.

Strait Islander peoples take charge of making decision about their health, they better reflect their interests, values, vision and concerns, increasing ownership and accountability of their action. Self-determination is a principle preserved in international law; and all peoples have the right of self-determination.[9]

All Australians have a right to be included in decisions and choices about their care. The Australian Charter of Health Care Rights (the 'Charter') developed by the Commission also recognises that patients have a right to receive quality care and to be participated in their own heath care.

However, QAIHC notes that the draft Standards have not acknowledged these facts sufficiently and the Standards lack actions to ensure Aboriginal and Torres Strait Islander people receive culturally safe and quality health care through culturally safe governance mechanisms and practices.

Recommendation 5: *Ensure NSQPH Standards incorporate actions in line with the actions in the NSQHS Standards and the RACGP General Practices Standards that focus specifically on meeting unique health and wellbeing needs of Aboriginal and Torres Strait Islander peoples; including actions recommended below.*

(a) Under **Action 1.01** include:

- "*Establish partnerships with local Aboriginal and Torres Strait Islander communities to identify priority health needs and any barriers to accessing health services*"
- *"Establish and maintain systems for integrating care with ATSICCHO Sector to address Aboriginal and Torres Strait Islander patients health care needs"*

(b) Under **Action 1.07** include:

- *"Ensure a culturally sensitive complaint mechanism is in place that allows Aboriginal and Torres Strait Islander peoples to provide feedback about their experiences"*

(c) Change the action framework and explanatory note for **Action 1.09**; shift the perspective that being an Aboriginal and Torres Strait Islander person means the person is at high risk and acknowledge that socio-cultural determinants create the risk factor, not ethnicity. The health risks associated with being an Aboriginal and Torres Strait Islander person are due to circumstances beyond the control of a person such as socio-cultural determinants.[10]

(d) Amend **Action 1.24** in "Table 1; Summary of 'not applicable' actions" to **"No exclusion"**. QAIHC's view is that this must be applied to all services and there should not be an exclusion basis. Priority reform three of the National Agreement on Closing the Gap speaks to the importance of mainstream organisations better responding to the needs of Aboriginal and Torres Strait Islander peoples.[11]

(e) Under **Action 2.05** include:

- "*Have a process to deliver services for Aboriginal and Torres Strait Islander peoples in partnership with ATSICCHOs in the community"*

(f) Under **Action 2.09** include:

- "*ensure primary health care services work with Aboriginal and Torres Strait Islander peoples and their organisations*"

(g) Under **Action 3.16** include:

- "*ensure ATSICCHOs are included as part of multidisciplinary collaboration where applicable*"

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[9] Article 23; United Nations Declaration on the Rights of Indigenous Peoples (Resolution adopted by the General Assembly on 13 September 2007) https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf

[10] C. Bond, B. Mukandi & H. Kajlich, Institute for Collaborative Race Research. Queensland Mental Health Commission. Renewing Queensland's Alcohol and other Drugs Plan consultation paper on Social and cultural determinants of health 2021 https://f.hubspotusercontent40.net/hubfs/6232990/PAPER%209_Social%20and%20cultural%20determinants%20of%20health%20paper.pdf

[11] National Agreement on Closing the Gap 2020, Priority Reform 3, https://www.closingthegap.gov.au/priority-reforms

4. Incorporate the concept of holistic health:

Throughout this submission the principle that the Aboriginal and Torres Strait Islander concept of health is holistic, incorporating the physical, social, emotional, cultural and spiritual wellbeing of individuals and their whole communities has been emphasised. For Aboriginal and Torres Strait Islander peoples, health is seen in term of the whole-life-view.

Consideration of this relationship is essential while providing health care services for Aboriginal and Torres Strait Islander peoples. The holistic concept also acknowledges the greater influences of social determinants of health and wellbeing including homelessness; education; unemployment; problems resulting from intergenerational trauma; grief and loss; abuse, violence; removal from family and cultural dislocation; substance misuse; racism and discrimination; and social disadvantage.

However, QAIHC notes that the Standards have not sufficiently incorporated this concept within the NSQPH Standards document, with standards siloed to quality and safety by clinical governance area rather than focusing on holistic services. More work could be done to develop and improve these standards. The RACGP Standard 5th Edition has made some progress in incorporating the holistic view of health into standards, for example, Core Standard five and GP Standard two could be used as examples of best practice.

QAIHC's Clinical Standards and Compliance team have experience working with specialists to develop standards and could provide input and references to individuals who have worked with RACGP to develop these improved guidelines.

Recommendation 6: Ensure the NSQPH Standards acknowledge and incorporate Aboriginal and Torres Strait Islander peoples' concept of holistic health into the Standards to reduce the siloing of standards and broaden the quality and safety of primary health care services.

Conclusion

QAIHC and its Members acknowledge the Commission's intention of providing a consistent national framework for safety and quality improvement activities across the primary health care sector through the development of the NSQPH Standards, specific to allied health services.

QAIHC thank the Commission for inviting QAIHC's response and for facilitating a consultation session with QAIHC's Clinical Leaders Forum on 22 January 2021.

It is clear that there remain a number of substantial barriers to these standards for ATSICCHOs and four have been outlined in this submission. The first two concerns are focused around the usefulness and value that the Standards will achieve for Aboriginal and Torres Strait Islander people accessing services from ATSICCHOs, and the additional administrative burden that the Standards may create for ATSICCHOs while not contributing to improvements in quality or safety. Four recommendations are provided to mitigate against these first two concerns:

Recommendation 1: Provide clear and detailed context of the Standards to define and clarify which specific professional group, and health service model, within the broader primary health care system is to comply with the Standards.

Recommendation 2: Change the title of the Standards to 'National Safety and Quality in Primary Care or Allied Health Services Standards' to ensure consistency with international definitions and improved understanding of the applicability of the standards in the Australian context.

Recommendation 3: Ensure a mechanism is in place to minimise overlap with existing standards and reduce the administrative and economic burden for primary health care service providers and allied health services embedded within primary health care services, such as ATSICCHOs.

Recommendation 4: Create an exemption to ATSICCHOs who are compliant under RACGP and NSQHC to meet these Standards where allied health workers are employed under their service. QAIHC also notes that adoption of recommendations 1 and 2 of this submission, would ensure that recommendation 4 was addressed.

The third and fourth concerns relate to the content of the Standards and ways in which they could be improved to ensure that Aboriginal and Torres Strait Islander peoples' needs are best met by primary care services who adhere to these Standards. Two recommendations are provided to improve the content of the Standards:

Recommendation 5: Ensure NSQPH Standards incorporate actions in line with the actions in the NSQHS Standards and the RACGP General Practices Standards that focus specifically on meeting unique health and wellbeing needs of Aboriginal and Torres Strait Islander peoples; including actions recommended above.

Recommendation 6: Ensure the NSQPH Standards acknowledge and incorporate Aboriginal and Torres Strait Islander peoples' concept of holistic health into the Standards to reduce the siloing of standards and broaden the quality and safety of primary health care services.

QAIHC is keen to work with the Commission to overcome these barriers and to better understand the background and drive behind creating these Standards.

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