Consumers Health Forum of Australia

Submission to the Senate Community Affairs Committee on the
National Health and Hospitals Network Bill 2010

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Introduction

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

CHF welcomes the opportunity to provide comment to the Senate Community Affairs Committee on the *National Health and Hospitals Network Bill 2010* (the Bill), which provides for the establishment of the Australian Commission for Safety and Quality in Health Care (the Commission) as a permanent, independent statutory body. Safety and quality are issues of great importance to health consumers, and are key aspects of their experiences of the health system. Access to safe, high quality health care services is a priority for health consumers. The Commission's work has the potential to enhance safety and quality in the health care system.

CHF welcomes the decision to establish the Commission as a permanent, independent statutory body. Following the release of the National Health and Hospitals Reform Commission (NHHRC) Final Report, *A Healthier Future for All Australians*, CHF sought consumer feedback on its recommendations, including the recommendation that the Commission should be made a permanent, national body. Consumers welcomed this recommendation.

However, CHF has some concerns with the wording of the Bill:

- Section 9 should include specific references to consumer engagement in the list of functions of the Commission.
- Section 10 should identify consumers as a group that must be consulted in the formulation of standards, guidelines or indicators.
- Section 11 should identify consumers as a group that must be consulted in the formulation of a model national accreditation scheme.
- Section 12 should specify that the Commission's functions also apply to allied health services.
- Section 20 should provide greater clarity around consumer representation on the Commission's Board.
- Section 54 should identify whether the Commission's Work Plan will be a public document.
- Section 58 should specify that patient must provide *informed* consent before the Commission may publish or disseminate information that is likely to enable the identification of a particular patient.

Our concerns are outlined in more detail below.

Areas of concern

Section 9: Functions of the Commission

CHF notes the extensive list of functions of the Commission in Section 9(1), and considers that all of these functions are valuable. However, we note that there is no reference in the list of functions to how the Commission might work with health consumers. Given that consumers will be the major beneficiaries of health services that are safer and of a higher quality, and those who suffer the most if health services are not safe and high quality, it is essential that they are engaged by the Commission as a key part of its work.

CHF notes section 9(1)(m), which states that one of the Commission's functions is 'to consult and co-operate with other persons, organisations and governments on health care safety and quality matters'. While this could include health consumers and health consumer organisations, **CHF argues that specific references to consumer engagement should be included in the list of functions of the Commission**.

Section 10: Additional provisions about standards, guidelines and indicators

CHF's concerns in relation to this section relate to the *Consultation* subheading, specifically sections 10(2) and 10(3).

Section 10(2) identifies the groups and individuals which the Commission must consult before formulating standards, guidelines or indicators. This list does not specifically include health consumers. CHF notes that the list includes 'the public'. However, we would argue that there is a distinction between 'the public', which arguably includes health professionals and community members who may not have direct or substantial experience as users of the health system, and 'health consumers', who may have long-term and multiple interactions with the health system.

CHF also notes that the list includes 'any other persons or bodies who, in the Commission's opinion, are stakeholders in relation to the formulation of the standards, guidelines or indicators', which could include health consumers and health consumer bodies. However, as consumers will be the key beneficiaries of effective standards, guidelines or indicators, **health consumers should be identified as a group that must be consulted in the formulation of standards, guidelines or indicators.**

Section 10(3) provides that the Commission is not required to comply with the usual consultation process if the Commission is of the opinion that there is an urgent need to formulate a standard, guideline or indicator. While CHF is not opposed to this clause, **we seek clarification about whether consultation would subsequently be required on standards, guidelines or indicators that are formulated urgently and without consultation.**

Section 11: Additional provisions about model national accreditation schemes

CHF's concerns in this section relate to the *Consultation* subheading, specifically section 11(2). As for section 10(2), CHF is concerned that health consumers are not specifically identified as a group which the Commission must consult when formulating a model national accreditation scheme. Again, CHF argues that **health consumers should be identified as a group that must be consulted in the formulation of a model national accreditation scheme.**

Section 12: Constitutional limits

CHF notes the statement in Section 12 that the Commision may perform its functions only '*for purposes related to (i) the provision of pharmaceutical, sickness or hospital benefits; or (ii) the provision of medical or dental services…*' **CHF seeks clarification about whether the Commission's functions will also apply to the provision of allied health services.** Allied health professionals often play a significant role in the delivery of health care to consumers, and consumers value safe and high quality allied health services. **CHF argues that the Commission's functions should also apply to allied health services and that this should be made clear in the legislation.**

Section 20: Appointment of Board members

CHF welcomes the inclusion of 'representation of the interests of consumers' as one of the fields in which Board members must have 'substantial experience or knowledge' and 'significant standing'. CHF notes that there are 13 fields of expertise identified for inclusion in the Board, and also notes that the Board will consist of a Chair and not more than nine other members. CHF also notes the statement that 'The Minister must ensure that the Board members collectively possess an appropriate balance of experience and knowledge in each of the fields covered by subsection 3'.

While we consider that it may be appropriate to combine some fields of expertise, for example public administration and financial management, we would like to emphasise that it would not be appropriate to combine 'representation of the interests of consumers' with some of the other categories, particularly 'provision of professional health care services'. **Health consumer perspectives provide an important balance to the views of health professionals and industry, and it is essential that consumer interests are represented on the Board.**

Section 54: Work plan

CHF notes that Section 54 requires the Commission to prepare a work plan for each financial year and present it to the Minister. **CHF seeks clarification about whether the work plan will become a public document.**

Section 58: Protection of patient confidentiality

CHF welcomes the provisions requiring that the Commission does not publish or disseminate information that is likely to enable the identification of a particular patient. CHF notes that these provisions do not apply if consent has been provided. **CHF argues that the legislation should specify that this must be '*informed* consent'**, so that consumer or another person who is able to give consent is fully aware of the implications of providing consent.

Conclusion

CHF welcomes the introduction of legislation to establish the Commission as a permanent statutory body. However, in this submission we have raised concerns about some of the current wording of the legislation. In particular, CHF would like to see specific reference to consumer engagement in the functions of the Commission, identification of consumers as a target group for consultation, clarity around the role of the Commission in relation to allied health professionals, and reference to 'informed' consent in relation to confidentiality.

CHF would welcome the opportunity to expand on these comments at a public hearing of the Committee.

Representing consumers on national health issues

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

CHF does this by:

1. advocating for appropriate and equitable healthcare
2. undertaking consumer-based research and developing a strong consumer knowledge base
3. identifying key issues in safety and quality of health services for consumers
4. raising the health literacy of consumers, health professionals and stakeholders
5. providing a strong national voice for health consumers and supporting consumer participation in health policy and program decision making

CHF values:

- our members' knowledge, experience and involvement
- development of an integrated healthcare system that values the consumer experience
- prevention and early intervention
- collaborative integrated healthcare
- working in partnership

CHF member organisations reach millions of Australian health consumers across a wide range of health interests and health system experiences. CHF policy is developed through consultation with members, ensuring that CHF maintains a broad, representative, health consumer perspective.

CHF is committed to being an active advocate in the ongoing development of Australian health policy and practice.