agpn
Australian General Practice Network

20 October 2010

Committee Secretary
Senate Standing Committee on Community Affairs
Email: community.affairs.sen@aph.gov.au

Dear Committee Secretary

Australian General Practice Network submission to the Senate Committee inquiry into the National Health and Hospitals Network Bill 2010

The Australian General Practice Network (AGPN) welcomes this opportunity to provide comment against the National Health and Hospitals Network Bill 2010 (the Bill).

AGPN is the peak national body representing the network of 111 General Practice Networks (GPNs) which cover Australia, as well as eight state based organisations (Collectively all these agencies are termed the Network.) Approximately 90 percent of GPs and an increasing number of practice nurses and allied health professionals are members of their local GPN. The Network plays a pivotal role in the delivery and organisation of primary health care through general practice and broader primary health care teams and aims to ensure all Australians can access a high quality health system. The Network has a long history of involvement in supporting the roll-out of quality improvement programs through general practice and the uptake of clinical guidelines through education and training initiatives for primary health care professionals.

AGPN supports the overall intent of the Bill to provide for the establishment of the Australian Commission for Safety and Quality in Health Care (the Commission) as a permanent, independent statutory authority. We further welcome the expanded role for the Commission in setting national clinical standards and standards under the new Performance and Accountability Framework, and in supporting and monitoring the uptake of guidelines and standards, including through awareness-raising and education for health professionals and providers. We believe that establishing the Commission as a permanent and independent authority responsible for developing, promoting the uptake of, and monitoring the impact of, health care guidelines and standards will help drive improvement in health care safety and quality.

AGPN wishes to provide comment against two specific parts of the Bill:

- Part 12 of the Bill outlines the constitutional limits of the Commission's activity and specifies that the Commission may perform its functions only for specified purposes including those related to "the provision of pharmaceutical, sickness or hospital benefits; or the provision of medical or dental services." AGPN believes it is unclear from this statement whether the Commission's scope extends to non-medical health services including those provided by nursing and allied health professionals, especially those that may not be covered by Government 'benefits.'

  Within primary health care, comprehensive team-based care is increasingly recognised as the most effective approach to managing chronic and/or complex conditions. Such care usually involves other non-medical health professionals within the same practice and/or across different practice or health professional settings. AGPN believes that quality and safety activities must also be directed towards supporting the ongoing improvement of team based care. We therefore recommend that alternative wording is

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used so that the scope of the Commission's activities is more clearly defined as extending to and including non-medical health professionals (eg. nursing and allied health professionals).

- Part 20 of the Bill applies to the appointment of Board members and provides for the Minister to appoint Board members with substantial knowledge, experience and professional recognition in a number of specified fields, including the management of both public and private hospitals. However, while the fields of expertise specified in the Bill include the management of health care services that operate outside the hospital system, the Bill does not specifically call for expertise related to the management of general practice and primary health care provider services. AGPN is concerned this will support a greater emphasis on acute and tertiary health care services with less consideration given to primary health care. As the scope of the Commission's activity includes primary health care we recommend that the Bill also specifies management of primary health care services as a field of expertise that must be represented on the Commission's Board or otherwise seeks to ensure a more balanced representation of skills and expertise related to the provision of primary health care services, on the board.

A critical element of the Commission's work will be the initiatives it introduces or supports to promote and monitor the uptake of the guidelines and standards it develops. AGPN believes that the Commission will be able to perform this function most effectively and efficiently if it works in partnership with existing organisations with established relationships with health service providers and health professionals and with experience in driving policy and practice change through health services and by health professionals. In the primary health care setting the current GPNs already coordinate, fund and, in some cases, directly deliver services. Planning, coordinating and funding preventive health, community-based primary care and sub-acute or hospital avoidance style services is expected to be enhanced under future national network of primary health care organisations evolving from GPNs. Both PHCOs regionally and a national organisation for PHCOs are ideally placed to partner with the Commission to help drive improvements in quality and safety.

We thank you for the opportunity to provide input to this inquiry.

Yours sincerely

David Butt
Chief Executive Officer