Submission to Patient safety and quality improvement in primary care consultation paper

Introduction

Community Mental Health Australia (CMHA) would like to thank the Australian Commission on Safety and Quality in Health Care (the Commission) for the opportunity to comment on a national approach to support improvements in patient safety and quality in primary care.

CMHA is a coalition of the eight state and territory peak community mental health organisations. CMHA, through its state and territory bodies, has a direct link and contact to mental health organisations delivering services at the community level. CMHA provides a unified voice for approximately 800 community-based, non-government organisations who work with mental health consumers and carers across the nation and who are members of, or affiliated with, the various coalition members.

CMHA promotes the recovery of people living with a mental health condition so that they are contributing citizens and included in all of the economic and social aspects of their community. The organisation presents a united and representative voice for the community managed mental health sector who work every day on mental health issues and have the expertise through a specialised workforce, including a peer workforce and lived experience.

CMHA will make some general comments on the issues raised in the consultation paper and address the consultation questions from the consultation paper.

General comments

Two issues or areas of reform that need to be given increased acknowledgement in the processes being undertaken by the Commission are the impact of the Primary Health Networks (PHNs) and the National Disability Insurance Scheme (NDIS) on the development of a nationally consistent approach to patient safety and quality improvement in primary care. While information on both of these reforms is noted in the section *4. Drivers for change*, the processes being developed for both the PHNs and NDIA in quality of care will be linked to and impact on a national approach for primary care. A key issue is care integration and lack of joint responsibility when people do not meet service entry criteria, whether that be primary care (including PHNs), community, clinical, NDIS etc. This remains an unresolved issue.

The NDIS has established the NDIS Quality and Safeguards Commission and there are currently processes underway developing the details of the NDIS Quality and Safeguarding Framework. While this is not directly linked to primary care, the NDIS will link to a range of services through NDIS plans and services and impact on national processes for quality and safety in care.

The PHNs processes will be directly linked to quality and safety in primary care and the processes being developed by the Commission. The PHN reforms are very clinically focused, particularly in relation to mental health, and there is an ongoing lack of clarity about how community based mental health services will be a part of the PHN commissioned services. The PHN Advisory Panel on Mental Health – on

Room 1.06, Level 1, Griffin Centre
20 Genge Street, Canberra City ACT 2601
t: (02) 6249 7756 f: (02) 6249 7801
e: abresnan@cmha.org.au w: www.cmha.org.au

which CMHA is a representative – is examining the development of a framework to provide some clearer guidance for PHNs on mental health service commissioning. This is a process the Commission should consider in their deliberations.

A further issue in relation to PHN governance in terms of safety and quality is the removal of clinical governance from service models, so that each PHN determines how to balance the cost of a service against service quality and what that means for consumer outcomes. The consultation paper notes issues regarding clinical governance, and the processes being developed by the Commission could present an opportunity to address this with the PHNs by including in PHN governance.

As the consultation paper notes, a Minimum Data Set (MDS) is being developed for the PHNs and this offers an opportunity to collect data on adverse events, work error frequency, causes and consequences etc. in primary care. The PHNs are receiving significant pools of federal funding in a range of areas including mental health, Aboriginal and Torres Strait Islander services, drug and alcohol, and chronic disease, so will therefore be a significant commissioner of services in primary care, particularly for vulnerable population groups.

The consultation paper outlines the range of processes, programs, policy, reforms etc. that are occurring across the country in registration and accreditation for primary care services; improving care and outcomes; and Commission programs. A key issue with this is that while all these aspects are linked, there is no actual work, analysis or process examining these links and what impact this has. The Commission could take a leadership role in this space through the work being done on primary care.

Consultation questions

1. The scope of primary care services as the focus for the Commission's program of work.

CMHA notes that the definition for primary care services includes 'community health services and local or non-government services'. While it might not be able to be explicitly included in the definition, the community and non-government services must include mental health psychosocial rehabilitation and support services as a part of the Commission's considerations. These services are often left out or included as an add-on, but have a central role to play in delivering wholistic primary care.

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

Key issues experienced in mental health include:

- Care coordination across service providers - Poor contact between public health services and GPs especially for people recently discharged from hospital. In many instances contact only happens if a person has agreed to receive medication from a GP.
- People with mental health conditions often do not regularly see the same practitioner at a clinic.

Room 1.06, Level 1, Griffin Centre
20 Genge Street, Canberra City ACT 2601
t: (02) 6249 7756 f: (02) 6249 7801
e: abresnan@cmha.org.au w: www.cmha.org.au

- Many GPs have a poor understanding of physical health risks for people living with mental health conditions. GPs also have a poor knowledge base about community-managed organisation support services.

Strategies, tools or resources to improve the effectiveness of safety and quality strategies include providing people with improved access to information via a range of sources, recognising verbal communication for people with a mental health condition can be stressful and many won't have ready access to the internet.

3. Developing a set of NSQHS Standards for primary care services other than general practice.

The key points regarding barriers and enablers include:

- Important that standards include a trauma-informed recovery oriented approach to care and practice in a mental health/psychosocial primary health context.
- Considering a mechanism for a national complaints process, and a public advocate role to address and provide systemic advocacy.
- Part of truly integrated service delivery is cross disciplinary training and supervision.
- The organisations that should be involved in developing a set of standards include peak bodies and bodies representing consumers and carers.
- The Commission could support organisational implementation by providing an overarching process or framework that includes linking with other standards, policies, programs etc.

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

The key points regarding barriers and enablers include:

- It is vital that data collection on outcomes and client experience is consistent across service settings and that consumers are involved in establishing what the indicators are.
- Stakeholder Advisory Groups could be established that include consumers and carers.
- State and national peaks and community managed organisations could assist with the benchmarking of standards across jurisdictions.
- The Commission could support organisational implementation by providing an overarching process or framework that includes linking with other standards, policies, programs etc.

5. Safety and quality improvement in primary care more generally.

With regards to what strategies, tools or resources to support improvements in safety and quality should be considered and led by the Commission in a national approach, trauma-informed care and practice tools could be used to promote the integration of a trauma-informed care and practice approach across service systems and programs in Australia.

Room 1.06, Level 1, Griffin Centre
20 Genge Street, Canberra City ACT 2601
t: (02) 6249 7756 f: (02) 6249 7801
e: abresnan@cmha.org.au w: www.cmha.org.au

The barriers to implementing tools and approaches are typically resourcing – in terms of funding and available time; cultural change and buy-in by practitioners. The Commission could support implementation by funding training and support for sector development.

The organisations that should be involved in safety and quality improvement in primary care more generally should include those involved in or leading other reforms which will impact, as noted above, including the National Disability Insurance Agency (NDIA) and Local Area Coordinators, the NDIS Quality and Safeguards Commission, and PHNs.

Community Mental Health Australia
Room 1.06, Level 1, Griffin Centre
20 Genge Street, Canberra City ACT 2601
t: (02) 6249 7756 **f:** (02) 6249 7801
e: abresnan@cmha.org.au **w:** www.cmha.org.au