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**HCCA Feedback to
The Australian Commission on Safety
and Quality in Health Care on the draft
Safety and Quality Improvement Guide
– Standard 2: Partnering with
Consumers**

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Background

The **Health Care Consumers' Association (HCCA) of the ACT** was formed over 30 years ago to provide a voice for consumers on local health issues and now provides opportunities for health care consumers in the ACT to participate in all levels of health service planning, policy development and decision making.

HCCA involves consumers through:

- consumer representation
- consultations
- training in health rights and navigating the health system
- community forums
- information sessions about health services
- advocating for issues of concern to consumers

The HCCA is dedicated to the promotion of consumer-centred health care, which we believe can be successfully achieved through the application of five key principles:

1. **Respect**
2. **Choice and empowerment**
3. **Consumer involvement in health policy**
4. **Access and support**
5. **Information**

HCCA welcomes the opportunity to respond to the draft Safety and Quality Improvement Guides for the implementation of the ACSQHC National Safety and Quality Health Service Standards. We look forward to the implementation of these National Standards as part of the ongoing process of quality improvement in Australian health care. Our comments in this submission relate only to the guidelines for implementation, particularly for Standard 2: Partnering with Consumers, and not the National Standards.

In particular, we strongly support the ACSQHC's decision that Standard 2: Partnering with Consumers, should be embedded across all of the Standards. This recognises that without consumers, there can be no consumer-centred health care and that partnering with consumers can lead to improved health outcomes. Moreover, it is in line with the growing understanding that consumers need to be central to health research, planning, service delivery and evaluation.

It is important to ensure that the terms and concepts used in the National Standards are well defined so that the delivery of health care services can be consistently evaluated against them. They also need to apply to health care as a whole, shifting the emphasis away from acute services alone. As such, the Standards need to encompass the diverse range of health care delivery modes, including in metropolitan, rural/remote services, acute, sub-acute, rehabilitation, primary and community health care settings. If the National Standards cannot be applied consistently to each of these settings, we run the risk of best practice and quality improvement continuing to develop in silos, making transitions between different health care settings problematic.

We are also concerned that the guidelines pay little attention to the role of the organised consumer movement in promoting safety and quality in health care. A recent survey of patient and consumer groups from around the world has facilitated the development of a set of indicators of effective operation for consumer groups, further enabling them to provide meaningful input into health care policy and initiatives. We would like to see organised consumer groups acknowledged in the guidelines and their role in implementing Standard 2 outlined in the guidelines.

There are a few issues that HCCA would like to see addressed before the final guidelines are released.

Ambiguity

The language and criteria used in the draft guidelines is ambiguous and could be adjusted to make the guidelines more robust. It would be good for the guidelines to state explicitly that leaders of health service organisations will need to report on the changes and improvements to safety and quality that results from the active engagement of, and partnering with, consumers. Patients, carers, consumers, clinicians and other members of the health workforce all need to actively participate in this process and report the outcomes.

We feel that the criteria could be re-worded to reflect tangible outcomes rather than vague objectives. Our suggestions are as follows:

Consumer partnership in service planning

Governance structures for partnering consumers are robust, meaningful and developed in consultation with consumers.

Consumer partnership in designing care

Consumers and/or carers are supported by the health service organisations to participate in activities that lead to improvements in service design. This in turn leads to improvements including, but not limited to, the patient experience, patient outcomes, communication and relationship building.

Consumer partnership in service measurement and evaluation

Consumers and/or carers are invited to assist the health service organisation to meet

its reporting requirements, to provide feedback on performance against local criteria and the engage in the monitoring of performance within a continuous quality improvement framework.

Evaluation

It is also essential that the development of consumer partnerships is evaluated to ensure that all parties are satisfied with both the process and the outcomes. In order to achieve this, we recommend that health service providers and consumers agree on an open evaluation process that measures opportunities for improvement in the partnership and identifies ways in which the partnership could further the joint goal of improving quality and safety in health care.

Defining 'Partnering'

For the Standards to be effectively implemented, it needs to be made clear exactly how the term 'partnering' is defined. Partnering has been defined as a process that includes developing a mission statement, agreeing on shared goals and developing relationships through workshops. It would also be worth considering the acknowledgment of the attributes associated with partnering, such as trust, shared vision and long term commitments.

We are happy to discuss our submission further and look forward to continuing to engage with the ACSQHC to further advance consumer-centred, high and quality care for all Australians.

Author

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