

## National Safety and Quality Primary Healthcare Standards

**Introduction:** Does the Introduction aid your understanding of the context of the NSQPH Standards and how they are to be applied? If not, please outline what further information is required to support your understanding.

- The intent and purpose of the standards should be further strengthened up front in order to emphasise the commissions role, and further support the intent and key focus to ensure patient and staff safety.
- We would strongly suggest simplifying the requirements and standards as much as possible to ensure clarity around relevance and impact, in particular for allied health professionals including physiotherapists. The APA would be happy to support this and work to provide specific examples and practice to contextualise this further.
- In particular, the APA are highly concerned about the impact these guidelines would have on private practice, including potential staffing and resource costs both initially and in an ongoing capacity, including auditing processes. The physiotherapy profession is a national accredited profession under the regulation of AHPRA and currently undertake a range of activities as part of professional registration – police checks, PD requirements, insurance requirements, advertising, current evidence of practice, code of conduct. In private business, the already tight margins may be an unwarranted tipping point if there was extra regulation and audit requirements.
- It's important to demonstrate the relevance of the standards to ensure private practitioners understand the benefits to undertaking accreditation. Strengthening this across the document may assist in increasing uptake of private practice physiotherapists.
- This section should also acknowledge the current and ongoing impact of COVID-19, including how the standards will take this into account and be drawn on to support best practice for both practitioners and patients. This includes ensuring the definition of Primary Care is consistent throughout the document and encompasses the role of telehealth.
- We feel the statement, "to investigate potential mechanisms to reduce the administrative burden associated with accreditation to multiple sets of standards" should read "administrative and financial burden associated with accreditation to multiple sets of standards". We also feel further clarity is required regarding who will be conducting the Accreditation process - is it unclear whether it will be undertaken by externally contracted auditors or a government body.
- We feel there is a significant risk of having voluntary standards with no requirement to achieve a certain criteria to provide healthcare services. To ensure a consistent level of quality and safety all service providers need to be measured against the standards, either through an audit process or via self-assessment.
- There are already a number of healthcare standards and the explanation of how these standards will align with others, such as those for the aged care and disability sector, is vague. The obligation for a physiotherapy practice to undertake accreditation against multiple sets of standards would be onerous and we feel a process should be developed which would allow accreditation for other healthcare standards be acknowledged in this process.

**Appropriateness:** Do the actions cover the key safety and quality issues for primary healthcare services? If no, please provide details.

- National Quality Healthcare Standards are clearly linked with these draft standards.
- It is not clear how the Incident Management and Open Disclosure processes link to these standards and how this will relate to smaller organisations from an accreditation perspective.
- There needs to be more guidance and pathways to support accreditation, including further assistance and incentives for APA to support implementation.
- RACGP schemes is embedded within this process and could be a useful mechanism to draw on this to support take up and accreditation by allied health professionals.
- Some of the wording across the document should be simplified and further definitions for the terminology used is also needed.
- Appears to be missing a reference to Worker Screening checks e.g. CRC, WWCC etc.

**Actions:** Do the actions make sense to you? Is it clear how they will be applied in your primary healthcare service?

- It would be useful for this document and the workbook to provide practical best practice examples for each of the actions. This could be drawn from the Australian Physiotherapy Council evidence *of information* and AHPRA *scope of practice* documents.
- It would also be beneficial to contextualise the actions for practitioners with physio specific examples and to provide examples of the types of evidence needed to demonstrate completion of actions.
- We recommend greater recognition of prior accreditation process that practices have gone through under other schemes, including QUIP and NDIS and Aged Care provider accreditation requirements in order to further minimize requirements and accreditation process under these standards.
- The APA recommend the actions are further broken down into smaller sections to support easier capacity to work through. The actions could also be further streamlined with removal of repetition in some areas.
- Suggest the inclusion of an orientation module similar to NDIS to strengthen purpose and intent for practitioners and further support buy-in.
- Would also be important to include some indication of the process and indicative costs of auditing including opportunity costs. The process should take into account the increased costs to small and rural and regional business, provide supports and supplement costs to minimise this, including the use of video and virtual auditing processes.
- The self-assessment would likely support these actions also.
- The implementation of these actions will vary depending on size and complexity of services provided. To enforce measured implementation may defragment the health care industry and improve quality and safety standards.

**Language:** Is the language and terminology used in the document easy to understand and appropriate for the primary healthcare sector? How could it be improved?

- Some examples of how each item may be demonstrated would be useful (for example the Human Services Quality Framework User guide provides organisations with practical suggestions that help demonstrate each indicator)

**Not applicable actions:** Is the summary table of not applicable actions at Appendix 1 clear? What other 'not applicable actions' need to be added for your service? What other primary healthcare services should be included in this table

- This sections needs to clarify that infection control with regard to acupuncture and physios is considered an applicable action.

### **Other comments**

- Need to acknowledge issue of cyber safety and security in digital practice, including protection of data that practices hold. This is a quality and safety issues for clients, and there is a need to support allied health with resources and infrastructure, including incentives to implement technology to do this.
- Need to further clarify that this is a voluntary scheme. However it will be important to highlight the unintended consequences if private practitioners to do not buy into and take up the scheme.
- As with most standards they bias larger sophisticated organisations who have teams of staff dedicated to each area (or even sub area). I think that the burden on a sole trader, or small practice, to demonstrate all the criteria would be significant (that's not to say they are not doing all the criteria, but having the time to pull together the evidence that they are and to the required level of sophistication).
- In reference to the 'workbook' development, it would be strongly recommended that there is some consultation with the APA in the development of such.