

26 July 2010

Committee Secretary  
Senate Standing Committee on Finance and Public Administration  
Department of the Senate  
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Dear Committee Secretary

**National Primary Health Care Partnership submission to the Senate Committee  
Inquiry into the National Health and Hospitals Network Bill 2010**

The National Primary Health Care Partnership (NPHCP) welcomes the opportunity to provide comment on the National Health and Hospitals Network Bill 2010. The NPHCP is a unique national collaboration which brings together 20 peak health groups, representing more than 100,000 frontline health professionals working in the primary health care system and health consumers.<sup>1</sup>

The NPHCP welcomes 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, with an expanded role in setting national clinical standards and standards under the new Performance and Accountability Framework. We believe that establishing the Commission as a permanent and independent authority with clear responsibility for developing, promoting and monitoring the impact of health care standards, guidelines and indicators will help to ensure an enhanced and continued focus on driving improvement in health care safety and quality.

The NPHCP notes and welcomes the Commission's role in not just developing, but also facilitating and monitoring the uptake of guidelines, standards and indicators. A focus on supporting the uptake of, and adherence to, standards and guidelines through awareness-raising and education strategies is essential if there is to be a real impact on quality and safety in health services.

The NPHCP also notes and welcomes the Bill's emphasis on the role of consultation in the process of formulating standards, guidelines and indicators. Part 10 (2) (a) of the Bill requires the Commission to consult prior to the development of standards, guidelines and indicators with clinicians or lead clinical groups. While no definition of the term 'clinician' is provided in the context of the Bill the NPHCP wishes to emphasise that it is important that this term is recognised as applying to nursing and allied health professionals as well as medical doctors and that these professionals are consulted in the development of standards, guidelines and indicators relevant to their scope of practice.

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

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<sup>1</sup> Appendix 1 provides a full list of NPHCP collaborating organisations.

medical or dental services.” While acknowledging that these specified purposes relate to the scope of the *National Health Act 1953*, the NPHCP believes this terminology is unclear and may be open to multiple interpretations, particularly in the context of health reforms. Specifically, we believe that it is not clear:

- whether ‘benefits’ applies to only those provided by the Government, or also to those provided through private arrangements, such as under private health insurance agreements
- whether ‘sickness benefits’ is intended to also encompass ‘benefits’ provided to promote wellness through preventative health care or early detection of illness or disease
- whether ‘medical’ services is intended to apply only to services provided by a medical doctor or also to those provided by nursing and allied health professionals. (Noting, that a range of nursing and allied health services are subsidised by the Commonwealth through the MBS.)

Part 20 of the Bill applies to the appointment of Board members and provides for the Minister to appoint Board members who the Minister is satisfied have substantial knowledge, experience and standing relating to a number of specified fields. These fields specifically include “general management” of both public and private hospitals; however, while the fields include the management of health care services outside the hospital system, the Bill does not specifically call for expertise related to the management of primary health care provider services as private clinics or through community health services. The NPHCP is concerned that this places emphasis on health care services provided in hospitals at the expense of services provided in the community through primary health care providers. We recommend that the Bill is amended to specify management of primary health care services as a field of expertise that must be represented on the Commission’s Board.

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

Yours sincerely

**Claire Hewat**

Chair, National Primary Care Partnership

## **Attachment 1: National Primary Health Care Partnership collaborating organisations**

Allied Health Professions Australia

Audiology Australia

Australasian Podiatry Council

Australian Association of Social Workers

Australian Diabetes Educators Association

Australian General Practice Network

Australian Physiotherapy Association

Australian Practice Nurses Association

Australasian Psychology Society

Consumers Health Forum

Dietitians Association of Australia

Exercise and Sports Science Australia

Occupational Therapy Australia

Optometrists Association Australia

Pharmacy Guild of Australia

Pharmaceutical Society of Australia

Royal College of Nursing Australia

Services for Australian Rural and Remote Allied Health

Society of Hospital Pharmacists of Australia

Speech Pathology Australia