

The Australian Commission on Safety and Quality in Health Care sought public consultation on a national approach to support improvements in patient safety and quality in primary care. The Community Advisory Council (CAC) gave their input on what patient **safety and quality improvement** in primary care meant to them.

What were the most important elements of safety and quality in primary care to CAC members?

➔ Confidentiality ➔ Privacy ➔ Effective communication ➔ Respect ➔ Trust

CAC members also discussed the importance of consumers feeling encouraged to provide feedback to their primary health care provider and should feel safe doing so.

81.25% of CAC members said they would make **CHANGES** to the consultation paper definition of primary care services.

Recommendations focussed on the need for a **SIMPLER DEFINITION** of primary care, followed by a dot point list of providers as examples.

What else did CAC members have to say about patient safety and quality in primary care?

Members discussed the need for more consideration to come into play with carers and families of consumers. Some members felt that carers are not always actively involved or informed, and felt it should be up to the consumer, not the health professional, to decide their level of involvement.

CAC members emphasised the importance of primary care providers being aware of the consumers' needs for holistic care – taking into account physical, mental and spiritual aspects of care.

CAC members discussed the importance of consumers feeling encouraged to provide feedback to their primary health care provider and should feel safe doing so.

"Carers are not just there to observe, they are a part of the journey"



What were the biggest concerns safety and quality concerns to CAC members?

Concerns were raised around lack of communication between consumers and primary health care provider, as well as a break-down in communication between primary care providers and other health professionals.

Concerns were raised around what they perceived as limited mandatory professional development and ongoing training for health professionals in key areas. Some CAC members felt that this can result in inappropriate treatment and misdiagnosis for consumers, as well as the continuous occurrence of errors.

Some members felt that some primary health care providers seemed to have a lack of awareness about risks to patient safety, which can create barriers to developing strategies for improvement.

When have CAC members felt more involved in decision-making around their own health care and why did they feel they way?

CAC members said they felt more involved in decision-making when their health professional made them feel safe, empowered, informed, supported, and encouraged to provide input into their own health journeys.

CAC members discussed the importance of consumers and patients having equal and genuine relationships with their health professionals.

“ I feel safe, respected and empowered with the confidence of knowing my primary health care provider knows what they are talking about. **”** - CAC member

A representative from the Australian Digital Health Agency attended the Community Advisory Council (CAC) meeting and sought feedback and enquiries around the **My Health Record Expansion Program**. CAC members offered their input and comments based on their knowledge and perceptions of My Health Record.

The “opt-out” process

Some CAC members noted that the term “opt out” could be problematic, particularly for those groups who are **hard to reach**. These included groups such as:

- low socio-economic
- older people
- less literate
- homeless or at risk
- physically isolated
- adults and children in care
- children in informal care
- Culturally and Linguistically Diverse (CALD) groups.



CAC members suggested that to assist some of these groups, collateral in both Multilanguage and simplified English should be developed and distributed.



“The opt-out wording could be suggest that you have been included in something you may never have wanted. Maybe the wording could change to ‘You Choose’ or ‘Your Choice’”

Young people

CAC members felt that the My Health Record Expansion Program should be actively promoted to younger people, particularly those **aged 14-16**, so they are aware of their rights as teenagers over their health.

CAC members also suggested using school health nurses and other health professionals in a similar role to spread messages about My Health Record.



What else did CAC members discuss?

- ➔ Some CAC members felt that use of the term “secure” could cause doubt, due to the online systems never being 100% secure. Members explored the possibility of different language and terminology being used.
- ➔ Members discussed how some people may not be capable of controlling their own records and the importance of carers having the ability to control My Health Records where necessary.
- ➔ CAC members discussed how being added to a system that links to Centrelink and the Australian Taxation Office, could create distrust and resistance amongst some Australians.
- ➔ CAC members expressed high interest in completing a session on how to use a My Health Record.

