The Australian Commission on Safety and Quality in Health Care (the Commission) is developing safety and quality standards for services that deliver care to people in a primary healthcare setting. Members of the Community Advisory Council (CAC) provided their feedback on the current standards, which will be provided to the Commission to be considered in the review.

WHAT CAC MEMBERS THOUGHT OF THE CURRENT DRAFT STANDARDS

- The draft standards were **unclear and wordy** for consumers and clarification was needed on **who the document is for**. It didn't seem to meet the needs of consumers.

- Given the standards are voluntary, CAC felt it made the document less effective, highlighting "**things that aren't measured, aren't done.**" Members felt it was **light on actual commitment** and had **limited ways to monitor if providers are following the standards**.

- CAC members suggested a **shorter version be created and tailored** to inform consumers the value of accreditation. It should be more reader friendly i.e. with **dot points, more visual, links embedded to other documents for more detail** and **more succinct**.

- CAC members identified that the **risk of cutting down the document** could mean that it **becomes too vague to have meaning** for providers.

INTRODUCTION

- **50%** of CAC members **strongly agreed or somewhat agreed** that the introduction **clearly explains** the context of the standards and how they will be applied. CAC members did note that some people would likely feel **defeated by the complexity** in the introductory paragraph.

- The word **'safety'** felt ambiguous in first part of document.

ACTIONS

- **67%** of CAC members either **strongly agreed or somewhat agreed** that the actions in the standards **cover the key safety and quality issues** for primary care.

- **67%** of CAC members either **strongly agreed or somewhat agreed** that they **understood how the actions in the standards would be applied** in primary care services they use.

LANGUAGE

- **83%** of CAC members said there was **unclear language**.

- In general, consumers **don't have a clear understanding** of what clinical governance and quality improvement mean. **Easier and simple** language recommended.

- **Everybody should be entitled to quality healthcare**, regardless of health literacy.

- The current glossary of terms shows the **complexity** of the document as is.

OTHER

- The **titles of the standards themselves don't make sense** unless you keep reading the entire document.

- Aged Care Quality Standards were suggested as an **example of good standards**.

GCPHN APPROACH TO STANDARDS

- Most CAC members understood that **GCPHN is required to meet certain standards for funding**, as it is a government-funded organisation.

- If providers haven't got accreditation, **GCPHN should work with that organisation to maintain a level of service** with guidelines.

- CAC members suggested that all services commissioned by GCPHN should have a **basic complaints brochure/process** that is rolled out to consumers of those services. This should be a permanent part of all contracts.

- CAC members raised concerns around the need for **more advocacy services for health consumers**, to help them when they want to raise an issue with a health providers.

- CAC members said an **easier-to-find complaints and feedback** page on the GCPHN website is needed.

HOW CAC MEMBERS FEEL ABOUT STANDARDS AND ACCREDITATION

- The majority of CAC members felt that accreditation symbols and labels **have limited meaning for consumers, make little difference and aren't considered** when choosing providers.

- Some members said they were **distrusting of accreditation labels** due to a perception that labels can be purchased.

- Members indicated most people **wouldn't understand what accreditation meant** and therefore **don't actively look for it**, especially in healthcare.

- Rather than accreditation, **members rely on social media and word of mouth for recommendations** of service providers.

CAC RECOMMENDATIONS TO THE BOARD

- That CAC member feedback and recommendations be **consolidated and passed onto the Australian Commission for Safety and Quality in Healthcare**.

- Once the standards are finalised, GCPHN to **consider** using as a benchmark for future funding decisions.

NEEDS ASSESSMENT PRIORITISATION FRAMEWORK
CAC RESULTS, NOVEMBER 2020

A staff member from Gold Coast Primary Health Network (GCPHN) presented a draft version of a prioritisation framework, designed to assist in providing transparent and justifiable process to inform resource allocation for Community Advisory Council (CAC) feedback.

"This is an excellent document/framework that I believe will be a great tool in resource allocation."
- CAC member

CAC MEMBER DISCUSSION

- The prioritisation document was **very well planned and easy to understand.**

- It **showed transparency** from GCPHN and indicated that decisions regarding allocations of funds are being made with the **community's best interest in mind**. Allowing contributions from the CAC also **ensures fair decisions are being made**.

- CAC members discussed whether something having a **high media profile indicates whether it's a priority** for the community.

- The majority of CAC members said they **saw value in this process** and felt it would **increase efficiencies**.

- Some CAC members were surprised that **sexually transmitted infections and obesity were not marked as high priorities**.

- Frameworks are **important in providing evidence** as to what priorities need to be addressed.

100% of CAC members said they **agreed** that the prioritisation framework will assist in providing transparent and justifiable process to inform resource allocation.

CAC MEMBER SUGGESTIONS

- Add **consumer and carer reported experience of services** throughout process.

- Consider **including links back to previous reports on the problems associated with particular programs**.

- Consider the use of **surveys to better capture the opinions of the wider community**.

- Add a quality of data indicator which links back to the **source** of data.

92% of CAC members said they felt **comfortable** in playing a role in providing input in this process next year.

"It was a very transparent and justifiable framework."
- CAC member

CAC RECOMMENDATION TO THE BOARD

That CAC member **feedback be considered in the next stages of development with the Needs Assessment template.**