

Service Provider Safety and Quality Policy

DOCUMENT CONTROL

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REVISION RECORD

| Date | Version | Revision Description |
|------------|---------|--|
| 1/5/19 | V2.0 | Updated Detail section |
| 14/4/2020 | V2.1 | Updated Document Control table; Contents table; minor formatting; and updated link to Report under Associated Documents |
| 18/01/2022 | V2.2 | Updated link at Associated Documents section Changes to wording to increase clarity, inclusion of a new standard released in 2021 |
| 11/05/2023 | V2.3 | Updated title from Framework to Policy; updated document Control table, added Purpose, added new core standards (ISO 27001) and Clinical Standards (Suicide Prevention Australia Standards for Quality Improvement, 2nd Edition, and Aged Care Quality Standards). Restructure of information and inclusion of Appendix A and B which describe provider self-assessments |
| 17/08/2023 | V2.4 | Added links to for external access by service providers and regularity of assessment submission |
| 20/02/2024 | V2.5 | Added the review process for a submission of a Service Provider Information Security Assessment |
| 14/03/2024 | V2.6 | Added scope, and definitions, revised background information, added description of standards, general formatting and restructure of content, revised assessment collection and review details, updated references. |
| 21/03/2025 | V3 | Major edits; tables revised to remove separation of core and clinical and clarify requirements for commissioned service providers and general practice as separate audiences. Addition of the Heavy Menstrual Bleeding Clinical Care Standard. Clarification that the Provider Self-Assessment may lead to either a quality improvement plan to transition towards accreditation or demonstrate compliance with relevant standards. Removal of the Service Provider Information Security Assessment which will be managed through other processes. Additional clarification of requirements for UCC clinics pending outcome and will be incorporated to next round of revisions. |

1. PURPOSE

The intent of this Policy is to communicate the commitment of the Gold Coast Primary Health Network (GCPHN) to quality and safety in commissioning health and human services.

The primary aim of the Policy is to protect the public from harm and to improve/maintain the quality of health service provision. Implementation of the policy provides a quality assurance mechanism that tests whether relevant systems are in place to ensure that expected standards of safety and quality are met.

2. SCOPE

The Policy applies to all GCPHN general practices and commissioned service providers.

The Policy guides how GCPHN will ensure safety and quality for clients by requiring Service Providers to adhere to National and/or State Safety and Quality Standards. This will occur through:

- certification against the standards, or,
- on completion of self-assessment.

Providers who are not accredited will also be required to complete annual quality improvement plans whilst they are moving towards certification to ensure appropriate management of risk.

3. DEFINITIONS

The Australian Commission on Safety and Quality in Health Care (the Commission) defines safety and quality as follows:

- **Safety:** the prevention of error and adverse effects associated with health care.
- **Quality:** the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.¹

4. BACKGROUND

The Service Provider Safety and Quality Policy (the Policy), aligns with the Core Organisational and Clinical Service Standards as set by the Commission or within State Government requirements, such as the Human Service Quality Framework (Queensland).

The Policy is informed by recommendations from the response to the *Barret Commission of Inquiry Report into the closure of the Barrett Adolescent Centre* including but not limited to:

- **Recommendation 1:** Queensland Health adopts a quality framework that acknowledges the strengths of existing sets of quality standards within Queensland and National jurisdictions, as they have a logical alignment to the proposed thirteen (13) Standards that are seen as core requirements.
- **Recommendation 2:** In the instances where Queensland Health determines that a Non-Government Organisation Service Provider is undertaking clinical activities, such as administering medications and/or invasive procedures, Queensland Health could strengthen the framework by having these organisations assess against a set of clinical standards, i.e. the proposed six (6) supplementary Standards.²

Table 1: Recommended safety and quality standards for adoption.

| Core Organisation Standards | Clinical Service Standards |
|---|--|
| <ol style="list-style-type: none"> 1. Corporate governance 2. Service delivery 3. Financial management 4. Consumers 5. Risk, safety and quality management 6. Information, security and privacy management 7. Human resource management 8. Legislative compliance 9. Asset management 10. Continuous quality improvement 11. Diversity responsiveness 12. Transfer of care 13. Building capacity of external community | <ol style="list-style-type: none"> 1. Clinical governance 2. Health records management 3. Facilities and equipment management 4. Medication management 5. Infection, prevention, control and management 6. Consumer identification (e.g., for medication administration) |

5. DETAIL

For GCPHN commissioned services, the following standards are endorsed by GCPHN as meeting the above recommendations. These Standards are maintained throughout the period of the Service Agreement with GCPHN.

5.1. GCPHN accreditation requirements for commissioned services

1. GCPHN Commissioned services must be accredited or working towards accreditation against at least one of the following **Endorsed Safety and Quality Standards**.
2. If not accredited by one of the Endorsed Standards, commissioned services must be accredited or working towards accreditation against relevant **Program Standards**, unless GCPHN provides formal advice to the provider otherwise
3. Depending on service type and population groups being serviced, GCPHN may require accreditation or compliance with additional **Optional Standards** or guidelines for Commissioned Services.

Table 2: Endorsed Safety and Quality Standards – Commissioned Services

| GCPHN Endorsed Safety and Quality Standards – Commissioned Services | | |
|---|--|---|
| Name of standard | Description | Applicable audience |
| National Safety and Quality Health Service Standards (NSQHS) ³ | The NSQHS Standards provide a nationally consistent statement about the level of care standard they can expect from health service organisations and provide health service organisations with a structure to ensure they are providing safe and high-quality care. | Hospitals, Day Procedure Services, Public and Private Health Services |
| National Safety and Quality Primary and Community Healthcare Standards ⁴ | The Primary and Community Healthcare Standards are a nationally consistent safety and quality framework that can be used by services delivering health care in primary and/or community settings. The NSQMHCAMO standards emphasize community-based care, integration with other health services, and support for recovery and well-being. | Primary Health Services, Community Health Services |
| Human Services Quality | This is the quality assurance framework used by the Department | Community Services, |

| GCPHN Endorsed Safety and Quality Standards – Commissioned Services | | |
|---|--|---|
| Name of standard | Description | Applicable audience |
| Standard (HSQS) ⁵ | of Communities, Disability Services and Seniors, the Department of Child Safety, Youth and Women and Queensland Health (the departments) for assessing and promoting improvement in the quality of human services. | Disability Services, Child and Family Services |
| QIC Health and Community Service Standards ⁶ | The QIC Standards support various health and community organisations to maximise continuous quality improvement opportunities by undertaking a ‘whole-of-organisation’ approach to assessment. Key areas of the QIC Standards support organisations in improving consumer and community engagement, diversity and cultural appropriateness, management systems, governance and service delivery. | Health and Community Services, Non-Government Organisations (NGOs), Community Health Services |

Table 3: Program Standards – Commissioned Services

| Program Standards – Commissioned Services | | | |
|--|---|--|---|
| Name of standard | Description | Applicable audience | GCPHN requirement |
| Aged Care Quality Standards: Standard 5 – Clinical Care ⁷ | The Commission has developed a standard on Clinical Care as a part of the current urgent review of the Quality Standards. The focus is to protect older people from harm and improve clinical care for people receiving aged care. | Aged Care Providers, Residential Aged Care Facilities, Home Care Services | Preferred for all GCPHN Commissioned Services delivering services to older people |
| National Standards for Mental Health Services (NSMHS) ⁸ | The National Standards for Mental Health Services (NSMHS) provide a framework to ensure that mental health services deliver high-quality care that is safe, effective, and focused on the needs of consumers. These standards cover areas such as rights and responsibilities, safety, consumer and carer participation, diversity responsiveness, and service management. The NSMHS apply more broadly to all mental health services, including hospitals and community mental health services, and cover a wider range of service delivery aspects. | Mental Health Services, Hospitals, Community Mental Health Services | Accreditation against at least one of these standards is required for all GCPHN Commissioned Services delivering mental health services if not already accredited through quality and safety standards outlined in Table 2. |
| National Safety and Quality Mental Health Standards for Community Managed Organisations (NSQMHC MO) ⁹ | The primary aims of the NSQMHC MO Standards are to continuously improve the quality of mental health service provision and to protect service users from harm. The standards provide a quality assurance mechanism that tests whether relevant systems are in place to ensure that expected standards of safety and quality are met. | Community Managed Mental Health Organisations, Non-Government Organisations (NGOs) | |
| National Safety and Quality Digital Mental | The Digital Mental Health Standards describe the required safeguards and level of care for safe and | Digital Mental Health Service | GCPHN Commissioned |

| Program Standards – Commissioned Services | | | |
|--|--|--|---|
| Name of standard | Description | Applicable audience | GCPHN requirement |
| Health (NSQDMH) Standards 2020 ¹⁰ | high-quality digital mental health services. | Providers, App Developers, Telehealth Services | Service Providers to self-assess and become accredited or be working towards accreditation if relevant. |

Table 4: Optional Standards – Commissioned Services

| Optional Standards – Commissioned Services | |
|---|---|
| Name of standard/quality framework | Description |
| QIP Standards for Safeguarding Children and Vulnerable Adults ¹¹ | <p>The QIP Safeguarding Accreditation Program is the only safeguarding framework in Australia to provide independent, third-party evaluation of an organisation's safeguarding commitments.</p> <p>The backbone of the program is QIP's seven Safeguarding Standards that completely encompass the 10 National Principles for Child Safe Organisations as recommended by the Royal Commission into Institutional Responses to Child Sexual Abuse and reference various state-based and international child-safe guidelines.</p> |
| Suicide Prevention Australia Standards for Quality Improvement, 2nd Edition ¹² | <p>The suicide prevention accreditation program is a national framework to guide the development and implementation of safe and high-quality suicide prevention programs and services.</p> <p>The Quality Improvement Program provides a self-directed pathway of continuous quality improvement. Programs and services can be assessed against 6 fit-for-purpose Standards for Quality Improvement</p> |
| Rainbow Tick Standards ¹³ | The Rainbow Tick Accreditation Program is for all organisations seeking to provide a safe and inclusive workplace and services for the LGBTIQ community. This program reassures your LGBTIQ consumers and staff that your organisation is aware, responsive and understanding of their needs. |
| National Quality Framework for Drug and Alcohol Treatment Services ¹⁴ | This framework sets a nationally consistent quality benchmark for providers of drug and alcohol treatment services. It includes strong clinical governance requirements and a list of accreditation standards that drug and alcohol specialist treatment service providers must meet. |
| Other relevant standards or guidelines | Other relevant standards or guidelines deemed relevant by GCPHN to service delivery type |

5.2. Accreditation requirements for general practices supported by GCPHN

GCPHN is dedicated to supporting General Practices to achieve and maintain the standards required for accreditation with the Royal Australian College of General Practice Standards (RACGP). GCPHN can assist General Practices to identify activities including implementing quality improvement to support accreditation or support interaction with relevant clinical standards or guidelines.

Table 5: Standards for General Practices Supported by GCPHN

| Standards for General Practices Commissioned by GCPHN | | | |
|--|--|--|---|
| Name of standard/guideline | Description | Applicable audience | GCPHN requirements |
| Royal Australian College of General Practice Standards ¹⁵ | The RACGP has developed the Standards for general practices (5th edition) (the Standards) with the purpose of protecting patients from harm by improving the quality and safety of health services. The Standards support general practices in identifying and addressing any gaps in their systems and processes. | All Gold Coast General Practices. | GCPHN encourages and supports accreditation of all Gold Coast general practice. |
| Heavy Menstrual Bleeding Clinical Care Standard ¹⁶ | The Heavy Menstrual Bleeding Clinical Care Standard (2024) aims to improve the quality of care for women with heavy menstrual bleeding and ensure that they can make an informed choice from the range of treatments suitable to their individual situation, including less invasive options where appropriate. | Practices delivering Endometriosis and Pelvic Pain services. | General Practice commissioned by GCPHN will work with GCPHN to implement the care described in the standard. GCPHN will be guided by the related Primary Health Networks Implementation guide. ¹⁷ |
| Medicare Urgent Care Clinics Operational Guidance | The DoHAC has developed Operational Guidance to inform UCC providers of the service model and requirements. The purpose of the guidance is to ensure the UCC service is delivered as intended and integrates into the broader health care system to support urgent, but non-life-threatening conditions, reducing the pressure on local emergency departments. | Practices delivering GCPHN Urgent Care Clinic Service Providers. | GCPHN is currently scoping requirements for practices delivering Urgent Care Clinics in consultation with DOHAC. |
| Clinical care standards or guidelines | Other clinical care standards or guidelines deemed relevant by GCPHN to service delivery type | Practices delivering GCPHN funded clinical services. | As identified by GCPHN. |

5.3 Service Provider Safety and Quality Self-assessment

Providers without accreditation against GCPHN Endorsed Standards or Program standards as deemed appropriate by GCPHN must complete the [Service Provider Safety and Quality Assessment](#). This self-assessment by the organisation covers the 13 Core Standards detailed above and any relevant Clinical Standards. *Additional information about the assessment is included in Appendix A.*

Where a provider is not accredited GCPHN uses a risk-based approach to quality and safety standards, working with the unaccredited service providers to identify areas of greatest risk (i.e. client safety, financial, reputation, information security etc.) and agree on priorities and timelines to accreditation and/or provision of an annual Quality Improvement Plan.

Where the Service Provider has already completed a self-assessment for another funder (e.g. Queensland Government Departments or other PHNs) and has an existing quality improvement plan in place, GCPHN will assess this to determine if it meets GCPHN requirements. If it does, the service provider will not be required to develop a new plan for GCPHN and may submit the existing plan to GCPHN to monitor development and improvements across the term of the agreement.

Exemptions

Service Providers accredited against any of the GCPHN-specified Standards will be fully or partially exempt from completing the GCPHN self-assessments, provided they maintain accreditation throughout the Service Agreement period.

5.4 Quality Improvement Plans

If a provider does not meet GCPHN requirements for accreditation or self-assessment, they will be requested to complete a Quality Improvement Plan. Dependent on the service's value and risk, the provider will be requested to either outline their transition plan to gain accreditation or demonstrate compliance with relevant standards as agreed between GCPHN and the provider.

GCPHN will provide support and/or monitor compliance of providers, which may include requiring the provider to participate in a Safety and Quality Audit.

6 MONITORING IMPROVEMENTS

GCPHN will monitor risks and quality improvements related to safety and quality including:

- Timely submissions of accreditation certificates and self-assessments
- Development of Annual Quality Improvement Plans (QIPs) where necessary
- Provider reporting and performance meetings.

7 POLICY REVIEW DATE

This Policy will be reviewed every 1-2 years and in line with the Policy Review Process.

8 ASSOCIATED DOCUMENTS

- [Service Provider Safety and Quality Assessment](#) (GCPHN Internal link)
- [Service-Provider-Safety-and-Quality-Assessment.docx \(live.com\)](#) (GCPHN External access link)

All Designing and Contracting documents relevant to service providers can be accessed here:

<https://gcphn.sharepoint.com/corporate/QMS/Designing%20and%20Contracting/Forms/AllItems.aspx>

APPENDIX A: SERVICE PROVIDER SAFETY AND QUALITY ASSESSMENT

The Service Provider Safety and Quality Assessment is to be completed by organisations that are not accredited against the GCPHN Core Organisation or Clinical Service standards.

The assessment consists of two sections.

1. Overview of Service Provider Safety and Quality Assessment

Provides a general overview of the following four perspectives and the objectives and indicators required to be in place:

- Perspective 1: Funded Service Delivery
- Perspective 2: Service User and Community
- Perspective 3: Continuous Quality Improvement
- Perspective 4: Management and Resourcing

2. Service Provider Quality and Safety Assessment: Template

Provides a reporting tool for the Provider to complete their self-assessment against the perspectives.

- Perspective 1 is assessed and documented by GCPHN as part of organisation assessment and due diligence.
- Perspectives 2-4 are self-assessed by Service Provider.

Due: The assessment is to be undertaken and submitted or reviewed annually, according to the reporting deliverables of Services Agreement.

Collection process:

GCPHN Commissioning Team relationship managers are responsible for:

- overseeing collection of deliverables and reports, provider insurance/s and provider credentials.
- marking off deliverables when complete.
- liaising with Procurement and Finance teams when deliverable information has been received.

Review process: GCPHN will review the assessment to identify areas of risk that the service provider must address in a Quality Improvement Plan.

The document can be accessed internally at GCPHN through the following hyperlink

<https://gcphn.sharepoint.com/corporate/QMS/Designing%20and%20Contracting/Forms/AllItems.aspx>

The assessment report can be accessed for download for completion externally by providers through the following hyperlink [Service-Provider-Safety-and-Quality-Assessment.docx \(live.com\)](#)

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