

22 December 2017

Australian Commission on Safety and Quality in Health Care
GPO Box 5480
SYDNEY NSW 2001

By email: accreditation@safetyandquality.gov.au

Dear Sir/Madam,

Thank you for the opportunity to respond to the October 2017 consultation paper on Patient safety and quality improvement in primary care.

Please find our response to the consultation paper questions below:

1. The scope of primary care services as the focus for the Commission's program of work.

The consultation paper defines primary care services as:
'services provided by general practitioners, practice and community nurses, nurse practitioners, allied health professionals, midwives, pharmacists, dentists and Aboriginal and Torres Strait Islander health practitioners either, in the home, general or other private practice, community health services and local or non-government services'.

- a) Do you consider this to be an appropriate definition of primary care? Should this definition be amended? If so, what should be addressed in an alternative definition of primary care?**

The definition is acceptable to the Australian Dental Association as a broad definition.

2. Safety and quality issues in Australian primary care services.

- a) What are the safety and quality issues experienced by you, your primary care service or the primary care services you support?**

The Australian Dental Association is not aware of any evidence that points to their being a significant problem with quality and safety in dental practices.

What strategies have been implemented to address these? Have these been evaluated?

The Australian Dental Association supports practitioners to meet all state and national guidelines legislation, regulation, and standards.

The dental profession has voluntarily taken up accreditation against V1 of the NSQHS standards in exceptional numbers, with almost 1900 practices registered for accreditation. Without any financial incentive and with a significant cost to enter the program, the commitment demonstrated by the profession ought to be commended.

The Association supports the dental profession to achieve accreditation by providing a suite of resources aimed at bridging the acute sector standards to our specific dental office-based setting. Each ADA state/territory branch also employs practice accreditation support staff who assist hundreds of practices annually to achieve accreditation. In addition, we offer online and face to face training in the standards and the accreditation process.

b) Have you noticed any changes in the quality of the service you receive or provide? What additional strategies, tools or resources should be developed and/or made available to make these strategies more effective?

Our members report that undertaking practice accreditation has led to some improvement in clarification of policies and procedures for staff but as most of the requirements already exist for dentistry, the changes are not significant.

Members do report that they find the standards more suitable for acute care services and are overly complicated for private dental practices to implement in a meaningful and sustainable way. To ensure increasing and long-lasting take-up and maintenance of accreditation standards, the Commission would need to develop standards that better suit the sector to which they apply.

3. Developing a set of NSQHS Standards for primary care services other than general practices.

a) What are the barriers and enablers to implementation of these standards in primary care?

- Terminology that is unrelated and difficult to interpret and implement
- Cost of implementation as well as the cost applying for accreditation.
- Unachievable and impractical requirements for primary care, for example, instrument tracing for infection control.

b) How could the Commission address these?

In consultation with ADA, the Commission could develop primary care standards that are more easily interpreted in an office-based dental practice setting.

c) What support could other organisations provide for implementation?

ADA will continue to work with The Commission, providing feedback, human resources, and expert advice. We will continue to represent the interests of our members, champion and mentor them to achieve and maintain accreditation.

d) Which organisations need to be involved in this process?

Primary care providers, professional associations representing primary care professionals, consumer feedback groups, accreditation providers, policy/regulation decision makers, primary care stakeholders, infection control experts.

4. Reviewing the Commission’s practice-level safety and quality indicators for primary care.

a) What are the barriers and enablers for the review process, development and implementation of indicators in primary care?

The existing practice-level safety and quality indicators cannot be measured in a practical, meaningful, or cost-effective way in private dental practice.

b) How could the Commission address these?

Replace these indicators with primary care standards that are relevant to the profession.

c) Which organisations should be involved and what is their role?

Primary care providers, professional associations representing primary care professionals, consumer feedback groups, accreditation providers, policy/regulation decision makers, primary care stakeholders, infection control experts should all be involved in the development of primary care standards.

5. Safety and quality improvement in primary care more generally.

a) What strategies are you, your primary care service or the primary care services you support, implementing to improve safety and quality of care? For example, do you have an incident or risk register in your service?

Almost 2000 private dental practices have achieved accreditation against the NSQHS Standards.

b) What strategies, tools or resources to support improvements in safety and quality should be considered?

Primary care standards that can be interpreted in a relevant, cost-effective and meaningful way to each setting.

c) What safety and quality strategies, tools and resources can be led by the Commission in a national approach?

The Commission should consult with The ADA and other professional associations to ensure the development of the Standards is relevant to each setting.

The Commission should undertake an environmental scan of the accreditation support, training, and resources ADA and other professional associations already have in place. Ensuring any new work does not double up on existing resources and support.

d) What safety and quality strategies, tools and resources can be led by professional support organisations?

ADA has well established, profession specific, accreditation resources, tools, and support.

e) What are the barriers and enablers for implementation of these?

The cost of registration and implementation of accreditation is a barrier to the goal of 100% uptake by the profession. The complexity and acute sector focus of the existing NSQHS Standard make them unnecessarily difficult to interpret in a primary care setting such as dentistry.

f) How could the Commission support implementation of these?

The Commission could better understand and support the work ADA has done to encourage and support members proceeding with accreditation. ADA has and continues to make a significant investment in supporting members participating in the process, as well as lending staff and expert advice to The Commission as required.

g) Which organisations need to be involved in the process and what is their role?

ADA wishes to continue to be involved in The Commissions work in this area and supports the involvement of other primary care representatives.

Yours sincerely,



Dr P H Sachs
Federal President