

16 September 2019

Committee Secretary
Health, Communities, Disability Services and Domestic and Family
Violence Prevention Committee
Parliament House
George Street
Brisbane QLD 4000

By email only: health@parliament.qld.gov.au

Dear Committee

Health Transparency Bill

Cancer Council Queensland welcomes the development of the *Health Transparency Bill 2019 (Bill)* and the *Health Transparency Regulation 2019 (Regulation)*.

In relation to the Bill's objective of 'transparent reporting by Queensland public and private health facilities', Cancer Council Queensland:

- strongly supports the introduction of this regime to promote transparency of hospitals' safety and quality, and simply informing community about the services being offered at hospitals and health services across the state;
- encourages oncology to be included as a clinical specialisation as soon as practicable; and
- advocates for continuous improvement of the regime, to report increasingly meaningful data on patient outcomes.

Cancer Council Queensland does not express any view in relation to skill mix ratios and minimum daily resident care hours in public residential aged care facilities.

Cancer Council Queensland welcomes procedural changes and clarifications to the *Health Ombudsman Act 2013*.

Support for greater transparency

We welcome the publication of healthcare quality and patient safety reporting, as set out in the Bill, and endorse the proposed approach to develop a website to provide this information to the community in an accessible, timely and meaningful way.

Cancer Council Queensland endorses the comments in the Explanatory Notes to the Bill:

Evidence from both Australia and international jurisdictions indicates that health facilities with the highest quality of care have a dedicated focus on establishing and promoting a strong safety culture. Academic and research evidence suggests that transparency of data stimulates efforts to improve clinical healthcare performance that internal reporting of the same information fails to produce.

Queensland health consumers do not currently have access to comprehensive comparative outcomes information for public and private health facilities. Public reporting of health facility information is intended to provide a meaningful picture for patients, support quality improvements for health service providers and drive better outcomes at a systems level.

The UK's National Health Service (**NHS**) recognises the 'huge opportunities' that open data brings in:

- increasing patient choice
- improving patient outcomes
- creating increased productivity
- contributing to economic growth

In its 2017 inquiry into *Data Availability and Use*, the Productivity Commission noted (at p5) that health data can help policy makers and researchers to:

- identify emerging health issues within communities and factors that contribute to particular medical conditions;
- assess the safety of pharmaceuticals and other treatment options on an ongoing basis; and
- evaluate the effectiveness and efficiency of health policy

The Commission goes on to suggest (at p110) that:

Improved access to healthcare data could enable more effective and timely healthcare services for Australians, including the development of new products and services, earlier identification of population health issues, and more rigorous and better targeted health research.

For these reasons, Cancer Council Queensland supports measures to increase transparency around health services. We welcome the introduction of a website to provide this information to the Queensland community, as set out in the Bill.

Need to include oncology

The Bill will allow for '*general information*' to be published, and general information will include '*details of the health services provided at or by the facility*'. A clarifying example given in clause 8(b) is '*types of clinical specialties provided at or by the facility*'.

Cancer Council Queensland strongly supports prioritising oncology, as soon as practicable.

Cancer Alliance Queensland and its clinical working groups would be in the best position to advise Queensland Health on the quality indicators and procedures that should be included. As an example, we **attach** a copy of the Alliance's *Lung Surgery Quality Index*, which reports on sixteen indicators within the five quality dimensions of effective, efficient, safe, accessible and equitable. The Alliance already receives, analyses and reports on quality and safety for Queensland's cancer patients at public and private hospitals, although this work is very confidential. The Alliance's work could contribute to the new health transparency model. More information is available at www.cancerallianceqld.health.qld.gov.au. Providing links to existing information published by the Alliance could be an interim step, and an 'easy win' for the new transparency framework (although we note that there is some lag in reporting from the Alliance).

Enhancements to the 'general information' (clause 8) and 'quality and safety information' (clause 9) in the Bill could include:

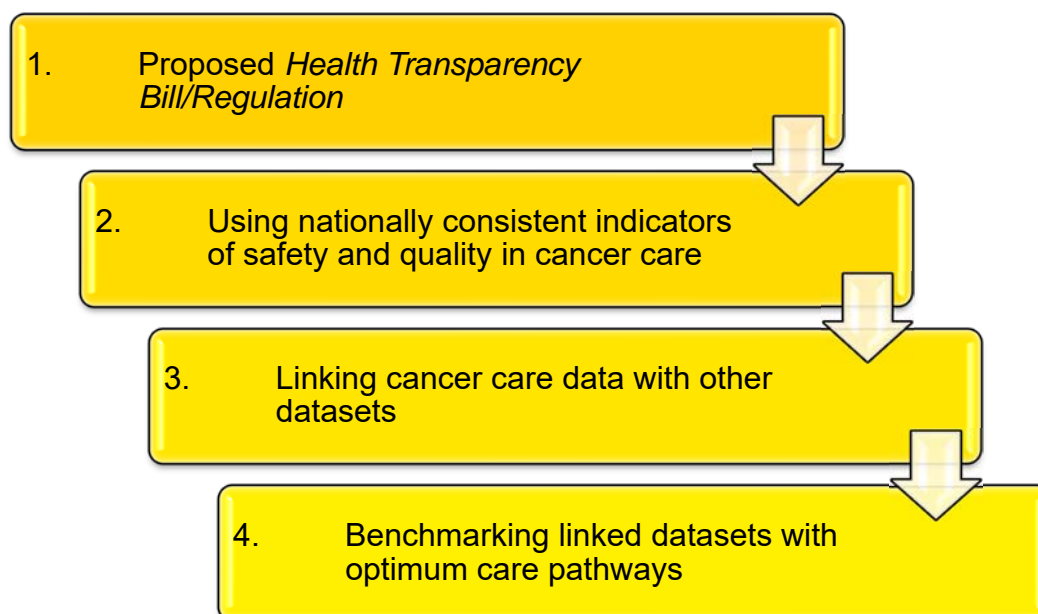
- reporting any oncology services (chemotherapy, radiotherapy, etc) in the list of clinical services provided by each facility;
- information about emergency department performance, such as wait times, time from entry to admission/departure, etc;
- reporting on the number of patients travelling from their home HHS to another HHS for treatment (as reported by Cancer Institute NSW in their annual reports on cancer services);
- only listing those cancer services that commit to implementing Optimal Care Pathways, including a commitment to multidisciplinary care approaches, which outline the best cancer care for specific tumour types (the pathways are designed to promote a full understanding of the patient journey in order to foster quality cancer care from the point of diagnosis);
- expanding the list of errors and hospital-acquired complications to include broader indicators of surgical safety and quality (including information currently reported by the Cancer Alliance Queensland), such as:
 - in-hospital mortality;
 - 30-day post-operative mortality;
 - post-operative complication rate;

- low volume for complex surgery (which has a direct impact on health outcomes),
- by procedure;
- expanding the list of procedures to include cancer-related surgeries (eg prostatectomy, pancreatectomy, oesophagectomy, gastrectomy and others); and
- expanding the publication of patient experience reports to include patient-reported health outcomes, and working towards ensuring that all patient-generated feedback is consistent, comparable, agreed and transparent.

Towards more meaningful data

For Queenslanders receiving treatment from our state's hospitals, the type of information to be published on the website will provide useful insights to help them understand the services they will receive, and outcomes they can expect. This resource could complement our own Cancer Atlas (atlas.cancer.org.au), developed with QUT and FrontierSI to compare how the burden of cancer varies across Australia.

However, we suggest that this is the first step on a journey towards meaningful public reporting of outcomes and safety. In general terms, we advocate for increasing levels of data maturity of this model, as follows:



We envision these steps would include:

1. Using the existing Cancer Alliance Queensland framework to report on performance of Queensland hospitals.
2. Progressing to nationally consistent indicators – such as those currently being developed by the Australian Commission on Safety and Quality in Health Care that should be implemented by mid-2020. The National Cancer Expert Reference Group (**NCERG**) could be consulted to develop nationally consistent indicators, through established COAG structures.
3. Linking datasets, in recognition that not all treatment occurs in acute hospital settings, and that patient outcomes depend on inter-related systems of care (including allied health, and a mix of public and private services).
4. Benchmarking linked datasets, to ensure that patients are receiving care that is consistent with best practice. In cancer care, this would include benchmarking against the Optimum Care Pathways (more information about these pathways is available at www.cancer.org.au/health-professionals/optimal-cancer-care-pathways.html).

Changes to the Health Ombudsman Act

Cancer Council Queensland operates **13 11 20**, an Information and Support line that provides Queenslanders with cancer information, emotional and practical support, and refers patients and families to support program and services.

A small number of these calls each year relate to complaints and consumer advice, and we refer callers to the Office of the Health Ombudsman.

Cancer Council Queensland supports proposed amendments to the *Health Ombudsman Act 2013*, to reduce duplication of work between regulators to reduce delays in dealing with complaints and contribute to more informed and consistent decision-making.

Encouraging patients to attempt to resolve complaints with health practitioners before escalating the complaint to external dispute resolution mechanisms should lead to quicker and more appropriate solutions for relatively low-level complaints (that may still be very serious for the patient involved). This will also allow the Health Ombudsman and partner regulators to focus on more serious matters.

Summary and conclusion

Cancer Council Queensland offers its strong support for the Bill and the Regulation, and strongly encourages the inclusion of oncology as a clinical speciality as soon as practicable. We also advocate for continuous improvement to the information to be published, to ensure it is increasingly meaningful and mature.



cancerqld.org.au

If the Committee has any queries, please contact

Yours sincerely,

A handwritten signature in blue ink, which appears to read "Chris McMillan". The signature is fluid and cursive.

Chris McMillan
Chief Executive Officer
Cancer Council Queensland