

Our Ref: RF

18 September 2019

Committee Secretary Health  
Communities, Disability Services and  
Domestic & Family Violence Prevention Committee  
Parliament House  
George Street  
Brisbane QLD 4000  
Email: [health@parliament.qld.gov.au](mailto:health@parliament.qld.gov.au)

Good afternoon

On behalf of the Chair and the Queensland Statewide Surgical Advisory Committee, please see below feedback in response to the invitation to participate in consultation on the proposed Health Transparency Bill and Regulation 2019.

Without resolving the below issues the current proposal will only anger and alienate senior clinicians from advancing any health improvement outcomes.

The purpose of publication of performance outcomes data is to improve the quality of medical care and to improve public trust in delivery of health care. In regard to these principles, feedback includes that:

- 1) **Health Transparency as a concept is broadly supported. To date, however, there has been NO consultation.**
- 2) **There is major concern about the accuracy of data sources.**

To this end, the following feedback / recommendations are also made:

- 3) **Adequate timeframes are to be provided within the legalisation to institutions to review reports prior to publishing to verify accuracy in content.**  
Legislation should also provide for a time period for evaluation that the stated purpose for publishing reported outcome data has been met with regard to improvements in safety and quality

- 4) Consideration of the list of procedures and the manner in which it is presented is to be modified, by input via consultation with institutions and surgeons**  
There has been up to this point, no consultation on the reasons or methodology in selecting procedures to be reported or in how that information will be presented for public understanding. There has not been consultation with RACS or the Surgical Advisory Committee to consider risk adjustment or allowances for significant regional variation in health resourcing.
- 5) Consideration of the list of procedures and the manner in which it is presented is to be risk stratified according to regions and comorbidities**  
There should be risk adjustment methodology, to ensure accuracy for patients who are at higher risk of complications and poor outcomes such as those who have significant patient comorbidities or lower health resources available in their community. Further, when considering the health systems, the most urgent cases and those most in need or requiring the most intensive support are usually dealt with in the public sector. These patients may not be comparable with the population group operated on in the private sector or low acuity public institutions. Similarly those populations from both remote regional areas and quaternary/tertiary facilities should not be compared with low acuity institutions.
- 6) Publishing outcomes data is not to be confined to surgical or procedural specialities.**  
The purpose of the publication of performance outcome data should be to improve the quality of medical care throughout the health facility
- 7) Further information is to be provided so that in depth consultation and feedback can occur, regarding the manner in which hospital acquired complications will be published**
- 8) Consideration of unintended consequences of changes in demand and public expectation due to the publishing of facility options and undifferentiated league tables of procedural throughput is to be reviewed**  
The selection for reporting (without explanatory guides) a range of procedures which have significant strict justifiable medical indications for performance in the public sector will have unintended consequences in public expectation and demand. The selection of this proposed list of procedures without further in-depth consultation, is particularly concerning in the environment of providing high value beneficial care and re-evaluating interventions offered in the public sector.
- 9) Further consultation is also required on any proposals to list options which relate to facility resourcing that do not directly improve safety and quality indicator outcomes, as once again may present unintended consequences**  
For example: listing maternity options such as private rooms and water birthing/immersions, has led to mothers and babies being placed at unacceptable risk to travel long distances, whilst in labour, past local maternity services due to perceptions of availability of public private rooms or water births.

**10) Reporting on individual surgeon performance is not supported**

Reports on institutions with too few procedures to accurately characterise performance by statistical analysis or where there is an individual practitioner who can thus be identified should not be included in any public reporting. An appropriate statement for these institutions would be that an inadequate number of procedures does not allow a meaningful analysis and in no way reflects on the performance of the institution

Yours sincerely



**Dr Robert FRANZ**  
**Chair of Surgical Advisory Committee**

[Redacted contact information]