



Speech by

**DESLEY BOYLE**

**MEMBER FOR CAIRNS**

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### **PRIVATE HEALTH FACILITIES BILL**

**Ms BOYLE** (Cairns—ALP) (9.25 p.m.): I am pleased to support this legislation from the Beattie Government and the Minister for Health, Wendy Edmond, the Private Health Facilities Bill. I remind all members of the House that, despite the wanderings of the previous speaker, this is about the Government's proper responsibility in licensing health facilities in the private sector and ensuring that there are appropriate standards of care set, maintained and monitored for those facilities.

This State Government through Queensland Health—in fact, any good Government—is committed to helping the people to better health and wellbeing. This piece of legislation, the Private Health Facilities Bill, is an important part of achieving this mission. All health care interventions, of course, involve the risk that the patient may accidentally suffer harm through the occurrence of what is in the jargon referred to as an "adverse patient outcome".

In the hospital environment, the risk of harm is particularly prevalent in the case of surgical or other invasive procedures involving the use of sedation or anaesthetic. People who are admitted to a private hospital or a day hospital need to be confident that they will receive an appropriate standard of care and that all reasonable steps will have been taken to minimise the risk of harm. The maintenance of appropriate standards in private health facilities is the principal means of ensuring that the risks of harm to patients are minimised. The setting of these standards is a responsibility of Government—not the determination for medical practitioners of what they believe to be the appropriate action, but rather the standards by which people are licensed to carry out those health services ensuring that those standards are met.

The Private Health Facilities Bill contains a range of measures to ensure that appropriate standards are maintained in private health facilities. In the first instance, rigorous tests are applied to ensure that only suitable persons may hold a licence to operate a private health facility. The Bill enables the Chief Health Officer to assess suitability by reference to whether the proposed operator has—

- the appropriate skills, knowledge and experience to operate the facility;
- a criminal history which may affect their suitability;
- previously held a private health facility licence that was suspended or cancelled; and
- financial resources to ensure the financial viability of the operation of the facility.

Beyond this the Private Health Facilities Bill requires licensees to comply with specified standards in operating their facility. These standards are made by the Chief Health Officer and are then notified to the public by the Minister in the Government Gazette. The standards may and will be made about a range of matters impacting on the quality and safety of health services in private health facilities and, in many instances, will adopt guidelines and protocols published by bodies, including the National Health and Medical Research Council and the various specialist medical colleges.

Some of the matters about which standards may be made are the types of health services that a facility must provide or have access to to support other services at a facility. For example, the Australian Health Technology Advisory Committee, known as AHTAC, recommends that hospitals with a cardiology unit should have an on-site cardiac surgery unit or be able to transfer patients in an emergency to another hospital with a cardiac surgery unit. Another of the standards may relate to the minimum number of patients required to receive a particular health service at a facility in order to

maintain the clinical skills of the staff providing that service. For example, AHTAC recommends that adult cardiac surgery units should have a minimum annual case load of 200 to 300.

Another of the standards may relate to equipment required at facilities. For example, operating theatres would be required to have such anaesthetic equipment as is recommended by the Australian and New Zealand College of Anaesthetists. Another standard may relate to infection control such as requirements that facilities have appropriate practices and equipment for the sterilisation of instruments. There may be yet another standard of patient records such as the requirement specifying the information that must be contained in the medical record for each patient and the period for which that record must be retained.

Another quality focused mechanism in this Bill is the requirement that all licensed facilities be entered into a quality assurance program with a quality assurance body such as the Australian Council on Healthcare Standards, known as ACHS, and accredited or certified by that body within a specific time frame. ACHS awards accreditation to health facilities which achieve the ACHS standards which deal with various functions of a health care organisation that are integral to supporting the provision of quality health care—namely, continuum of care, leadership and management, human resource management, information management, safe practice and the environment, and improving performance.

While the standards under the Private Health Facilities Bill aim at setting the minimum requirements to be met to protect patients in private health facilities, the ACHS standards focus on continuous quality improvement in health facilities. Additionally, it is critical to the protection of the public that the legislation gives the Chief Health Officer adequate powers to monitor compliance with the legislation and to take appropriate action if the legislation is breached or the health and safety of the public is at risk. The Bill achieves this in a number of ways.

Firstly, the Chief Health Officer may, at any time, impose conditions on a licence that are necessary for the health and wellbeing of patients at the facility or for the proper operation of the facility. Also, if a licensee contravenes a provision of the legislation—for example, does not comply with the standards or the conditions on the licence—then the Chief Health Officer may issue a written notice requiring the licensee to rectify the matter relating to the contravention. Failure to comply with such a notice without reasonable excuse is an offence. In addition, the Chief Health Officer may suspend or cancel a licence if, after a show cause process, the Chief Health Officer believes a ground exists to take that action and that such action is warranted. Grounds for suspension or cancellation include a contravention of the legislation or a condition of the licence that may result in the health and wellbeing of a patient being affected in an adverse and material way.

Also under the Bill are reporting requirements which are a further means by which the Bill aims to ensure appropriate quality standards are not only met but also maintained. Licensees of private health facilities will be required to provide periodic reports to the Chief Health Officer, including clinical and statistical data, which will enable the quality of health services to be monitored. For example, data might indicate that a particular facility has an above average incidence of adverse patient outcomes in relation to a particular type of health service. This could trigger an investigation by the Chief Health Officer to ascertain the reasons for the high rate of adverse outcomes and lead to action to protect patients' health and safety.

The Private Health Facilities Bill is, however, a balancing act. While it is the Government's responsibility and politicians' responsibility as members of the Government and Opposition in this honourable House to set modern standards for health care, at the same time it is not a politicians' duty to decide on the appropriate health actions doctors should take. Setting the standards and then monitoring that these standards are indeed put in place and taking action when they are not put in place is the proper responsibility of Government. That is what this Bill addresses.

At the same time, however, it is important that Government is mindful of the important contribution that the private health sector makes to our community's health and wellbeing and that the limitations set by the Government, by the public sector as it were, are not unnecessarily constraining for the private sector. It is also important for the Government and for medical authorities often based in major cities, and certainly in Brisbane in the State of Queensland, to be mindful that the availability of medical services, even of private medical services, in regional and rural areas is not more limited. Therefore, while standards must be met, it should not be the Government's wish to deny access by excessive standards to people from rural and regional areas.

This Bill is not an end in itself. It is a Bill that reflects the tremendous development in both public and private health sectors in Queensland in the high standards that we as not only Queenslanders but also Australians enjoy in terms of medical and other health service care. It is not a Bill that will last for all time. In fact, it is my hope that I will remain a member of this House for a sufficiently long period to look forward to reviewing its operation some years down the track and to our being in a position maybe to review and even raise the standards further as health care in this fine State continues to develop.