



Speech by

Hon. WENDY EDMOND

MEMBER FOR MOUNT COOT-THA

Hansard 18 August 1999

PRIVATE HEALTH FACILITIES BILL

Hon. W. M. EDMOND (Mount Coot-tha— ALP) (Minister for Health) (11.56 a.m.): I move—

"That the Bill be now read a second time."

This Government is committed to minimising risks to patients in hospital environments, particularly if their treatment involves surgical or other invasive procedures. In addition, it is committed to ensuring that appropriate standards of health care are delivered in Queensland hospitals and other types of health facilities where such risks exist.

Private hospitals in Queensland have been regulated under the Health Act, by way of a licensing regime, for over 60 years. In the early 1990s, licensing was extended to "day hospitals" as defined in the legislation. This legislation is now out of date and does not conform with current drafting practice or fundamental legislative principles.

The Private Health Facilities Bill, which is before this House, establishes a new regulatory framework for private health facilities in Queensland. The Bill retains a licensing system for private health facilities on the grounds that licensing is the most effective means of protecting the health and wellbeing of patients. In addition, the Bill contains a range of new measures which will enhance the level of protection provided to the public under the current legislation.

The Bill results from a comprehensive review of the current legislation. The review involved extensive consultation with peak bodies such as the Private Hospitals Association of Queensland, the Australian Medical Association, the Rural Doctors Association, all Medical Colleges and other key stakeholders. This process included stakeholders being given an opportunity to comment on an exposure draft of the Bill. The consultation process highlighted that the Bill has strong support from all key stakeholders.

One of the most significant differences between the Bill and the current legislation is the clarification of the legislation's application to day hospitals. Advances in medical technology in recent times have resulted in an increasing range of complex, higher risk procedures being performed in day facilities. In light of this, a new definition of "day hospital" has been developed to ensure that licensing applies to day facilities which provide higher risk health services. The higher risk health services identified for these purposes are defined under the term "day hospital health services", of which there are two distinct categories.

Firstly, any procedure performed by a medical practitioner involving the administration of a general, spinal or epidural anaesthetic or sedation other than simple sedation will be covered under the Bill. A wide range of higher risk procedures for which licensing is warranted will fall within this category. The second category comprises any procedure performed by, or under the direction of, a medical practitioner involving a significant risk that the patient may require resuscitation. A procedure in this category must be prescribed by regulation to be covered under the definition.

Another significant change to the current legislation relates to the making of standards that must be complied with by licensees of private health facilities. Whereas the current legislation lacks clarity as to the legislative basis for the making of standards, this Bill enables the Chief Health Officer to make standards about a comprehensive range of matters which impact directly on the quality and safety of health services provided at private health facilities. Examples of these matters include—

the daily care and safety of patients;
availability of clinical support services;
equipment, furnishings and fittings; and
infection control.

The standards, which are currently under development, will, where appropriate, draw upon recognised standards, guidelines or protocols published by bodies such as the medical colleges, Standards Association of Australia and the National Health and Medical Research Council. The standards will be drafted in a user friendly format which will allow licensees to know exactly what is expected of them.

It should be noted that the new legislation will no longer specify building related requirements for private health facilities. These requirements will be incorporated into the Building Code of Australia which will enable all matters relating to the design and construction of private health facilities to be dealt with under the development approval processes of the Integrated Planning Act. Under the Bill, persons proposing to operate a private health facility must obtain an approval from the Chief Health Officer before applying for a licence.

To obtain an approval, applicants must satisfy the Chief Health Officer that they are suitable persons to hold an approval and that the proposed facility, and the health services to be provided at the facility, will comply with the relevant standards. The criteria for deciding whether a person is a suitable person to hold an approval include matters such as—

whether the person has the skills, knowledge and experience to operate a private health facility under a licence;

whether the person has held any previous approval or licence under the Act that was suspended or cancelled; and

if the person has been convicted of an indictable offence or an offence against the Act—the nature of the offence and the circumstances of its commission.

The approval process benefits proposed operators of private health facilities as, once they obtain an approval, they can proceed with the design, construction and fit-out of the facility in the knowledge that they will be granted a licence for the facility provided they comply with any conditions on the approval and the facility meets relevant physical standards.

The Bill imposes a number of important obligations on all licensees. As well as complying with the relevant standards and the conditions imposed on the licence by the Chief Health Officer, licensees must ensure the facility operates under a quality assurance program within a specified period of time. This latter requirement has been introduced in recognition that accreditation and other quality assurance programs play a key role in maintaining and improving the quality of health services. There is already a high degree of participation in such programs by the private hospital industry in Queensland either on a voluntary basis or to meet health insurance requirements.

To ensure licensees comply with their obligations, a comprehensive set of monitoring, investigative and enforcement powers have been included under the Bill. In addition, licensees will be required to give the Chief Health Officer periodic reports which will be used to monitor the quality of health services provided at private health facilities and for other purposes specified in the Bill. The penalties for offences under the Bill have been set at a level which reflects the potential harm that could be caused to patients if licensees fail to comply with the legislation.

Finally, I would like to highlight that the Bill incorporates various accountability and review mechanisms, notably absent in the current legislation, which ensure the Bill complies with fundamental legislative principles. For example, the Bill—

provides for transparent decision making processes by the inclusion of clear criteria for decision making and requiring reasons for decisions to be given;

sets appropriate time limits for the making of decisions; and

enables aggrieved persons to apply for internal review of decisions and to appeal to the District Court.

I commend the Bill to the House.
