



RACGP General Practice Patient Charter

**Australian Primary Health Care Nurses Association (APNA)
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Executive summary

The Australian Primary Health Care Nurses Association (APNA) is the peak professional body for nurses working in primary health care including general practice. APNA's vision is for a healthy Australia through best practice primary health care nursing.

APNA is pleased to make this response to the request from the Royal Australian College of General Practitioners (RACGP) for feedback on the general practice Patient Charter.

Nurses are a substantial component of the primary health care workforce. There are now at least 11,000 nurses working in the general practice sector alone, and the majority of general practices in Australia employ at least one nurse. These nurses play a major role in improving health outcomes through their role in delivering quality chronic disease management, immunisation services, and other preventative care, as well as curative care, care for the ageing, dealing with issues such as medicines safety, and implementing improvements in primary health care systems. Nurses are key players in the maintenance of safe, high quality primary health care.

Given the key role that practice nurses play in general practice teams and as clinical leaders, APNA is of the view that the Patient Charter must acknowledge their role as well as other multidisciplinary health professionals (nurse practitioners, midwives and allied healthcare workers) as part of a team that collectively works with GPs to achieve high quality healthcare outcomes for patients. APNA notes that the failure to do this may undermine the excellent work that RACGP achieved in its 4th Edition standards that placed due emphasis on a multidisciplinary team approach to healthcare. A more inclusive acknowledgement of other multidisciplinary healthcare professionals and their roles and responsibilities would address the limitations of the current version.

APNA further notes the need for the Charter to rebalance the emphasis on shared outcomes that are achieved in collaboration with the patient rather than an undue focus on patient responsibility.

APNA is pleased that the Charter aligns broadly with concepts in key documents of relevance that reflect stakeholder views including the Australian Commission on Quality and Safety in Healthcare's Australian Charter of Health Care Rights (2008) and the Consumers Health Forum of Australia Key Principles for Consumer Centred Healthcare (2014).

The specific responses to questions posed by the RACGP in its call for submissions are outlined below.

APNA would like to be further consulted in relation to any further drafts of the Charter. APNA would be interested to review a further draft of the Charter and to ensure that the issues of relevance for primary healthcare nurses as key members of the primary healthcare team are taken into consideration.



QUESTIONS

OVERALL COMMENTS ABOUT THE GENERAL PRACTICE PATIENT CHARTER

The Charter provides a high level overview of the key areas concerning patient or consumer - centred care as appropriate for a patient charter.

APNA notes that there is some scope to strengthen the document to ensure that it provides a more meaningful set of issues. We note that the Consumers Health Forum of Australia (CHF) has recently developed principles for consumer- centred healthcare. It would be useful for the Charter to reference as well as directly include parts of that document which has drawn on broad frameworks and consultation with consumers and key stakeholders in its development of core principles of consumer-centred healthcare.

The Charter, while outlining 'partnership' as a key area, places an undue emphasis on the responsibility of the consumer for ensuring a high level of quality in healthcare, while limiting GP's obligations.

Statements such as 'take an active interest in your own healthcare' and 'ask your GP to explain anything you don't understand' suggest that the onus is clearly upon the consumer to seek information and ensure that they understand it. The document is silent on the role of the GP and other members of the practice team in providing this information.

These statements seem to assume that consumers are not actively interested in their own health care and that GPs are not obligated to take the initiative and ensure that consumers understand the information that they've been provided. As you would be aware, many consumers feel disempowered in the relationship with their healthcare providers to take a proactive role in seeking information and may need to be prompted or assisted to do this.

The document in its current form does not fully reflect a consumer-centred approach to healthcare that underlines the importance of a partnership between healthcare providers and consumers for shared decision making and information exchange. Enhancing that approach would make the document more useful and positive.



THEME 1 – CONTENT

How suitable is the Charter for use by patients?

The Charter would ideally provide a statement of commitment to shared care between consumer and their healthcare providers. In its current form, it is of limited value for use by consumers/patients and requires significant further development and consultation including with primary healthcare nurses who are an important part of the primary healthcare team and should be part of the protocol.

Do you think the level of detail in the Charter is useful and appropriate?

The level of detail is generally appropriate but the content requires further refinement based on consultation with key stakeholders. There are some areas in the Charter that could be explained in more detail as, for example, under 'access to healthcare services', mention of what consumers may expect in an emergency.

What would make it better?

Consultation with a broad range of groups involved in the primary healthcare team including primary healthcare nurses and consumers will improve the document. Reference should be made throughout the document to the role of multidisciplinary healthcare providers including practice nurses, midwives and allied healthcare providers as part of the team that seeks to maximise healthcare outcomes. For example, the section on 'health assessment' etc. should note that access to skilled assessments...etc. 'by all clinicians involved in planning your care with you' would be useful. Under 'communication and information sharing', it would be useful to note that you can help by telling your 'GP, nurse or other attending healthcare provider'. In sections relating to 'respect, dignity and consideration' and 'confidentiality', it would be useful to replace GPs with all practice staff.

An emphasis on shared care that provides for an investment of both health practitioners and consumers will ensure a more appropriate and effective approach is taken to consumer-centred healthcare. The language in the document could be amended to reflect a more equal partnership from, for example, 'What you can do to help' to 'our shared commitment'.



The document would benefit from further elaboration in the 'what you can expect' section in the first line and perhaps adding in 'from our practice'. We note that this is managed better in the section on 'patient feedback'.

The poster version of the Charter including a visual representation of the issues may be useful. This could address the potential for the document not to be well and widely understood given that in its current form it would require a reasonable level of literacy in order to read and understand the information presented.

Finally, APNA note that 'access' to general practice services is about more than an appointment but the Charter reads as though that is the only issue in access.

THEME 2 – RIGHTS & RESPONSIBILITIES

Do you think the rights included in the Charter cover a range of patient rights?

The Charter's statements of commitment broadly cover the key areas of importance for consumer-centred care and are compatible with key principles outlined in, for example, CHF's statement of principles which include the following:

- Coordinated and Comprehensive Care
- Whole of Person Care
- Accessible and Affordable Care
- Appropriate Care
- Informed Decision Making
- Trust and Respect

The areas covered in the Charter, while broadly appropriate as discussed above, need to address the issues in a way that ensure that patients' needs are met in a spirit of shared care. For example, important issues related to accessible and affordable care should outline the right of the patient to be informed and that should include the responsibility of their healthcare providers' to answer their questions about costs, appropriateness of tests, what the consumer ought to know about test results, etc. While consumers may take some responsibility for this, there are also responsibilities on the part of healthcare providers in this regard.



To what extent do the rights included represent patient concerns when receiving healthcare?

At a high level, the rights represent the range of key patient/consumer concerns but they are articulated in a way that minimises their value if this document is to address the need for consumers and healthcare providers to work together in mutual partnership to achieve more effective outcomes.

Is there any information not included in the Charter that should be covered?

There could be more acknowledgement in the Charter of the issues around consumer ownership of health information and how that should be handled. It would also be useful to include a statement about patient feedback and its role in improving the quality of healthcare. The Charter should refer to key documents including the ACQSHC's Charter of Healthcare Rights.

Do you have any comments on the balance of rights and responsibilities set out in the Charter?

As mentioned above, there is a strong emphasis in the Charter on the responsibilities of the consumer rather than the joint responsibilities of both consumers and healthcare providers for achieving consumer-centred care. On a positive note, it is good to have two sections 'what to expect' and 'how to help' as it implies that there is a partnership between the consumer and healthcare providers when the consumer has a right to ask questions, be informed and consulted.

THEME 3 – ACCESSIBILITY & DESIGN

Is the Charter written in a way that is easy to understand?

The Charter provides a brief and clear presentation of the issues. APNA queries, however, if the literacy level required to read and understand the information is appropriate. Consideration should be given to translating the Charter into widely used languages.

Does the format of the Charter make it easy to find information needed?

The format of the Charter is effective.



Please use the space below to inform us of any additional comments you wish to make in relation to the General Practice Patient Charter.

APNA would be interested to review a further draft of the Charter and to ensure that the issues of relevance for primary healthcare nurses as key members of the primary healthcare team are taken into consideration.

About APNA

The vision of the Australian Primary Health Care Nurses Association (APNA) is for a healthy Australia through best practice primary health care nursing.

APNA is the peak professional body for nurses working in primary health care including general practice. With 4000 members, APNA provides primary health care nurses with a voice, access to quality continuing professional development, educational resources, support and networking opportunities.

APNA continually strives to increase awareness of the role of the primary health care nurse, and to be a dynamic and vibrant organisation for its members.

Primary health care nursing is wide ranging and covers many specialist areas including general practice, Aboriginal health, aged care, occupational health and safety, telephone triage, palliative care, sexual health, drug and alcohol issues, women's health, men's health, infection control, chronic disease management, cardiovascular care, immunisation, cancer, asthma, COPD, mental health, maternal and child health, health promotion, care plans, population health, diabetes, wound management and much more.

APNA aims to:

1. Support the professional interests of primary health care nurses
2. Promote recognition of primary health care nursing as a specialised area
3. Provide professional development for primary health care nurses
4. Represent and advocate for the profession
5. Collaborate with other stakeholders to advance our mission
6. Ensure a sustainable and growing professional association, by and for primary health care nurses.