Queensland

Explanatory Notes for SL 2000 No. 295

Private Health Facilities Act 1999

PRIVATE HEALTH FACILITIES REGULATION 2000

AUTHORISING LAW

Details are contained in the Regulatory Impact Statement.

POLICY OBJECTIVES

Details are contained in the Regulatory Impact Statement.

HOW POLICY OBJECTIVES WILL BE ACHIEVED

Details are contained in the Regulatory Impact Statement.

CONSISTENCY WITH AUTHORISING LAW

Details are contained in the Regulatory Impact Statement.

OPTIONS AND ALTERNATIVES

Details are contained in the Regulatory Impact Statement.

COST-BENEFIT ANALYSIS

Details are contained in the Regulatory Impact Statement.

FUNDAMENTAL LEGISLATIVE PRINCIPLES

Details are contained in the Regulatory Impact Statement.

CONSULTATION

In accordance with the requirements of the *Statutory Instruments Act 1992*, a Regulatory Impact Statement (RIS) was prepared and released for public comment in August 2000.

The availability of the RIS was published in the Courier Mail and it was also published on the Internet. All licensees of private health facilities were notified of its availability. Approximately 80 copies of the RIS were sent to stakeholders and interested parties while approximately 600 "hits" were made on the Internet site.

RESULTS OF CONSULTATION

The overall response to the RIS was very favourable. However, a number of respondents raised issues of significance regarding specific aspects of the proposed Regulation and Standards.

Regulation

Some stakeholders expressed concern with the proposal to prescribe cytotoxic infusion (more commonly known as chemotherapy) and endoscopy as "day hospital health services" in the Regulation. These parties highlighted that certain types of these procedures involve minimal risks to patients and are routinely performed in general practices, especially in remote areas of the State.

In response to these concerns, changes were made to the proposed Regulation by modifying the scope of the procedures to be prescribed as "day hospital health services". This involved:

- in relation to cytotoxic infusion, excluding procedures performed as maintenance therapy within an established treatment regime; and
- prescribing only gastrointestinal endoscopy (other than proctoscopy and sigmoidoscopy) rather than, as was proposed in

the RIS, endoscopic procedures generally.

Other stakeholders argued that cardiac stress testing should not be prescribed as a "day hospital health service" as it can be performed in specialists' rooms rather than in licensed day facilities. However, no change to the proposed Regulation was made because the health risks associated with this procedure dictate that it should only be performed in a hospital or a licensed day facility.

Standards

In relation to the Standard about minimum patient throughput for prescribed health services, some stakeholders argued that the proposed minimum numbers for cardiac services are too high and the numbers for obstetrics should be specified on a "per facility" basis instead of a "per bed" basis.

The concern about the obstetric numbers has been addressed by amending those numbers from 40 births per bed annually to 240 births per facility annually.

However, no changes were made in relation to cardiac services as the numbers specified in the Standard are consistent with recommendations made by highly reputable expert bodies such as the Australian Health Technology Advisory Committee. In addition, the Standard allows facilities that can not attain the minimum patient numbers to still achieve compliance by having an appropriate affiliation with another health facility.

Other comments made about the proposed Standards were that:

- there should be a requirement that licensees have processes in place for the investigation of complaints about patient care and that patients are informed about the Health Rights Commission's role as an independent complaints body (changes were made to include this requirement);
- the Standard about credentials and clinical privileges should require that committees established in compliance with the Standard include a community/health care consumer member (consumer representation is not considered appropriate having regard to the clinical focus of these committees);
- the Standard about ethics should deal with patient consent in

relation to clinical practice as well as research (no change was made as this issue is addressed in the Standard about patient care);

- the minimum period for the retention of medical records under the Standard about information management should be 7 years rather than 10 years (no change was made as a 10 year period currently applies to the public sector); and
- in relation to the Standard about management and staffing arrangements, it is too onerous to require licensed facilities to have written service agreements with the Queensland Ambulance Service and other health facilities, for the transfer of patients requiring a higher level of care (no change was made as the Standard does not specifically require agreements to be in writing).

Stakeholder comments were also received on a wide range of technical/clinical issues relating to the Standards and various guidelines referred to in the Standards. Where appropriate, amendments were made to the Standards and guidelines to address these issues.

ENDNOTES

1. Laid before the Legislative Assembly on . . .
2. The administering agency is the Department of Health.