

Attachment A: Comparative Table of HCQ recommendations to amend the Health and Hospitals Network Bill 2011 and amendments adopted in the *Health and Hospitals Network Act 2011* (Qld)

Section of the Act	Provision in the Health and Hospitals Network Bill 2011 (introduced June 2011)	HCQ's recommendation for amendment (HCQ Submission to Queensland Health: Health and Hospitals Network Bill 2011 July 2011)	Amended provision in <i>Health and Hospitals Network Act 2011</i> (Qld) (assented to by Queensland Parliament on 28 October 2011) (amendments are in bold)
<p align="center">Guiding Principles of the Act (section 13)</p>	<p>(1) The following principles are intended to guide the achievement of this Act's object—</p> <p>(a) the best interests of users of public sector health services should be the main consideration in all decisions and actions under this Act;</p> <p>(b) there should be a commitment to ensuring quality and safety in the delivery of public sector health services;</p> <p>(c) there should be responsiveness to the needs of users of public sector health services about the delivery of public sector health services;</p> <p>(d) information about the delivery of public sector health services should be provided to the community in an open and transparent way;</p> <p>(e) there should be a commitment to ensuring that places at which public sector health</p>	<p><i>That the guiding principles include wording around coordinated, integrated services across public and private health sectors.</i></p> <p>The principles should reflect the need for health services to be seamless across services and sectors as well as the close working relationship LHHNs will need to have with Medicare Locals, private health services and community services to ensure coordination and integration of healthcare and service delivery.</p> <p><i>That clause 13(1)(g) be amended to state 'there should be engagement with clinicians, consumers and community members in planning, developing and delivering public sector health services'.</i></p>	<p>(1) The following principles are intended to guide the achievement of this Act's object—</p> <p>(a) <i>(as per provision in Bill)</i></p> <p>(b)</p> <p>(c) providers of public sector health services should work with providers of private sector health services to achieve coordinated, integrated health service delivery across both sectors;</p> <p>(d) ...</p> <p>(e) ...</p> <p>(f) there should be a commitment to ensuring that</p>

	<p>services are delivered are places at which—</p> <p>(i) employees are free from bullying, harassment and discrimination; and</p> <p>(ii) employees are respected and diversity is embraced; and</p> <p>(f) there should be openness to complaints from users of public sector health services and a focus on dealing with the complaints quickly and transparently;</p> <p>(g) there should be engagement with clinicians in planning, developing and delivering public sector health services;</p> <p>(h) opportunities for research and development relevant to the delivery of public sector health services should be promoted;</p> <p>(i) opportunities for training and education relevant to the delivery of public sector health services should be promoted.</p> <p>(2) A person must have regard to the guiding principles when performing a function or exercising a power under this Act.</p>	<p>The principles fail to mention local and consumer and community engagement, despite the Bill’s strong commitment to the development of a consumer and community engagement strategy, and the object of the Bill, which is to be achieved by ‘strengthening local decision-making and accountability, and local consumer and community engagement’. Rather, the principles refer only to <i>clinician engagement in planning, developing and delivering public health services</i> (clause 13(1)(g)).</p> <p>It is further noted that consumer and community engagement is a key aspect of the health and hospital reform agenda, and should therefore be emphasised as a key consideration to which persons should have regard when performing a function or exercising a power under the Act.</p>	<p>places at which public sector health services are delivered are places at which—</p> <p>(i) employees are free from bullying, harassment and discrimination; and</p> <p>(ii) employees are respected and diversity is embraced; and</p> <p>(iii) there is a positive workplace culture based on mutual trust and respect;</p> <p>(g) there should be engagement with clinicians, consumers, community members and local primary healthcare organisations in planning, developing and delivering public sector health services;</p> <p>.... (as per provisions in Bill)</p>
<p>Engagement Strategies (section 40)</p>	<p>(1) A network must develop and publish the following strategies—</p> <p>(a) a strategy (a <i>clinician engagement strategy</i>)</p>	<p><i>Clause 40 should provide enforcement mechanisms with respect to both the consumer and community and clinician engagement strategies, to ensure</i></p>	<p>(1) A network must develop and publish the following strategies—</p>

	<p>to promote consultation with health professionals working in the network; and</p> <p>(b) a strategy (a consumer and community engagement strategy) to promote consultation with health consumers and members of the community about the provision of health services by the network.</p> <p>(2) The network must consult with the following persons in developing the strategies—</p> <p>(a) for the clinician engagement strategy—health professionals working in the network;</p> <p>(b) for the consumer and community engagement strategy—health consumers and members of the community.</p> <p>(3) Each of the strategies must—</p> <p>(a) satisfy any requirements prescribed by regulation for that strategy; and</p> <p>(b) be published in a way that allows the strategy to be accessed by members of the public, including, for example, on the internet.</p> <p>(4) The network must give effect to the strategies in performing its functions under this Act.</p>	<p>mandatory adherence and compliance by LHHNs.</p> <p>Currently the provision requires LHHNs to <u>develop and publish</u> strategies, but places no obligation on LHHNs to <u>implement and abide</u> by those strategies. There is therefore no enforcement mechanism to ensure that LHHNs, following development and publishing of the strategies, actually engage with consumers, the community and clinicians.</p> <p>There are also no relevant timeframes around implementation of the strategies, which are necessary to ensure regular engagement with consumers and clinicians. A provision in clause 40 providing for enforcement mechanisms would address these issues.</p>	<p>(a) (as per provisions in Bill)</p> <p>(2) The network must consult with the following persons in developing the strategies—</p> <p>..... (as per provisions in Bill)</p> <p>(3) Each of the strategies must—</p> <p>(a) (as per provisions in Bill)</p> <p>(4) The network must give effect to the strategies in performing its functions under this Act.</p>
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<p>Protocol with primary healthcare organisations (section 42)</p>	<ul style="list-style-type: none"> (1) A network must use its best endeavours to agree on a protocol with local primary healthcare organisations to promote cooperation between the network and the organisations in the planning and delivery of health services. (2) A protocol must— <ul style="list-style-type: none"> (a) satisfy any requirements prescribed by regulation for the protocol; and (b) be published in a way that allows the protocol to be accessed by members of the public, including, for example, on the internet. 	<p>Consistent feedback was received by HCQ that clause 42 does not provide for mandatory interaction, engagement, collaboration and cooperation between LHHNs and Medicare Locals. ... Consumers consider this approach fails to ensure that LHHNs and Medicare Locals will practically engage and plan with each other around the delivery of integrated, coordinated, seamless health services.</p> <p>...</p> <p><i>As such, HCQ recommends clause 42 be reconsidered and amended to strengthen the interface between LHHNs and Medicare Locals and provide for formal agreements which facilitate and ensure seamless, integrated and coordinated care.</i></p> <p>Inclusion of stronger provisions in the Bill governing discussion, cooperation, collaboration and planning between LHHNs and Medicare Locals is consistent with the intention of the national health reforms, and would ultimately facilitate improved health service delivery and health outcomes for consumers and communities.</p>	<ul style="list-style-type: none"> (1) A network must use its best endeavours to agree on a protocol with local primary healthcare organisations to promote cooperation between the network and the organisations in the planning and delivery of health services. (2) A protocol must— <ul style="list-style-type: none"> (a) satisfy any requirements prescribed by regulation for the protocol; and (b) be published in a way that allows the protocol to be accessed by members of the public, including, for example, on the internet. (3) The network must give effect to the protocol in performing its functions under this Act.
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Other relevant amendments adopted in the *Health and Hospitals Network Act 2011* (Qld)

Area of the Act	Provision in the Health and Hospitals Network Bill 2011 (introduced June 2011)	Amended provision in <i>Health and Hospitals Network Act 2011</i> (Qld) (assented to by Queensland Parliament on 28 October 2011) (amendments in bold)
Object of the Act (section 5)	<p>(1) The object of this Act is to establish a public sector health system that delivers high quality hospital and other health services to persons in Queensland having regard to the principles and objectives of the national health system.</p> <p>(2) The object is mainly achieved by—</p> <p>(a) strengthening local decision-making and accountability and local consumer and community engagement; and</p> <p>(b) providing for State-wide health system management including health system planning, coordination and standard setting; and</p> <p>(c) balancing the benefits of the local and system-wide approaches.</p>	<p>(2) The object is mainly achieved by—</p> <p>(a) strengthening local decision-making and accountability, local consumer and community engagement, and local clinician engagement; and</p>
Transitional provisions	No provision in Bill (new provisions inserted in Act)	<p>317 When chief executive may decide service agreement</p> <p>(1) This section applies if the chief executive considers that there is not a reasonable time to negotiate and enter into the first service agreement with a network.</p> <p>(2) The chief executive may decide the terms of the service agreement and give the chairperson of the network’s</p>

		<p>governing council a copy of the agreement.</p> <p>(3) The term of the service agreement must not be longer than 1 year</p> <p>318 When consultation on health service directive not Required</p> <p>(1) This section applies if the chief executive considers that there is not a reasonable time to consult with a network on a health service directive that is to apply immediately after the commencement.</p> <p>(2) Section 48 does not apply to the health service directive.</p>
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