

# Section B

## Consultation and scrutiny reporting



## B.1 Community engagement

ACT Health has actively engaged with the community on a wide range of matters, as indicated in the table below.

Line area	Project	Consultation process (tools used)	Groups/individuals consulted	Approximate number consulted	Outcome
Allied Health Adviser Office of the Allied Health Adviser in alliance with the ACTDGP and two university research centres, the Centre for Clinical Governance Research (UNSW) and the Centre for Health Stewardship (ANU)	Interprofessional Learning (IPL) Project with ACTDGP, University of NSW (UNSW), ANU and ACT Health.	Letters of introduction about consumer involvement in the IPL project.	Self-help and advocacy organisations.	25 self-help organisations.	8 groups involved in development of IPL project.
Office of the Allied Health Adviser in alliance with the ACTDGP and two university research centres, the Centre for Clinical Governance Research (UNSW) and the Centre for Health Stewardship (ANU)	IPL project with ACTDGP, UNSW, ANU and ACT Health.	Questionnaire and Focus Group.	Self-help organisations: Lung Life, MS, Asthma Foundation, Cancer Council ACT, Heart Foundation, Kidney Health, Self Help Organisations United Together (SHOUT) and Health Care Consumers' Association.	40 consumers/ administrators of self-help organisations.	Input into development of IPL project.
Office of the Allied Health Adviser in alliance with the ACTDGP and two university research centres, the Centre for Clinical Governance Research (UNSW) and the Centre for Health Stewardship (ANU)	IPL project with ACTDGP, UNSW, ANU and ACT Health.	Two development workshops held.	Allied Health, consumers, community organisations, Disability ACT.	48	Input into IPL/Chronic Disease Self-Management (CDSM) workshops 'Community Development for CDSM'.
Office of the Allied Health Adviser in alliance with the ACTDGP and two university research centres, the Centre for Clinical Governance Research (UNSW) and the Centre for Health Stewardship (ANU)	IPL project with ACTDGP, UNSW, ANU and ACT Health.	Individual meetings.	Allied health professionals, people with chronic disease, Heart Foundation, Asthma Association ACT, Diabetes ACT, Arthritis ACT, OzeHelp, Beyond Blue.	11	Input into IPL/CDSM workshops 'Community Development for CDSM'.

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Office of the Allied Health Adviser in alliance with the ACTDGP and two university research centres, the Centre for Clinical Governance Research (UNSW) and the Centre for Health Stewardship (ANU)	IPL project with ACTDGP, UNSW, ANU and ACT Health.	Three 'Community Development for Chronic Disease Self-Management' workshops.	Senior medical academics, allied health professionals, people with chronic disease, Heart Foundation, Asthma Association ACT, Diabetes ACT, Arthritis ACT, OzeHelp, ACT Human Rights Commission.	120	Increased knowledge and skills on chronic disease self-management for community sector and people with chronic disease
Office of the Allied Health Adviser in alliance with the ACTDGP and two university research centres, the Centre for Clinical Governance Research (UNSW) and the Centre for Health Stewardship (ANU)	IPL project with ACTDGP UNSW, ANU and ACT Health.	Three Evaluation Events.	Senior medical academics, allied health professionals, people with chronic disease, Heart Foundation, Asthma Association ACT, Diabetes ACT, Arthritis ACT, OzeHelp.	30	Refinement of 'Community Development for Chronic Disease Self-Management' workshops.
Office of the Allied Health Adviser in alliance with the ACTDGP and two university research centres, the Centre for Clinical Governance Research (UNSW) and the Centre for Health Stewardship (ANU)	IPL project with ACTDGP, UNSW, ANU and ACT Health.	Development of 'Including people with chronic disease in community activities' Education Resource.	Senior medical academics, allied health professionals, people with chronic disease, Heart Foundation, Asthma Association ACT, Diabetes ACT, Arthritis ACT, OzeHelp, ACT Human Rights Commission, people with chronic disease, self-help groups.	150	Final draft of 'Including people with chronic disease in community activities' Education Resource.
Office of the Allied Health Adviser in alliance with the ACTDGP and two university research centres, the Centre for Clinical Governance Research (UNSW) and the Centre for Health Stewardship (ANU)	IPL project with ACTDGP, UNSW, ANU and ACT Health.	Two forums on Chronic Disease Self-Management.	Senior medical academics, YMCA, Heart Foundation, SHOUT, Chronic Conditions Alliance, RSI Support Group, allied health professionals, people with chronic diseases, ABC radio.	50	Increased knowledge on chronic disease self-management for general public, allied health professionals and community groups.
Office of the Allied Health Adviser in alliance with the ACTDGP and two university research centres, the Centre for Clinical Governance Research (UNSW) and the Centre for Health Stewardship (ANU)	IPL project with ACTDGP, UNSW and ANU. SHOUT and Health Care Consumers' Association ACT (HCCA ACT).	Consultation with relevant community organisations and individuals is ongoing.	SHOUT and Health Care Consumers' Association.	4 representatives of each of these organisations.	Endorsement of need to re-establish the Chronic Conditions Alliance.

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Office of the Allied Health Adviser in alliance with the ACTDGP and two university research centres, the Centre for Clinical Governance Research (UNSW) and the Centre for Health Stewardship (ANU)	IPL project with ACTDGP, UNSW and ANU.	Collaborative partnership and a Memorandum of Understanding (MOU).	SHOUT.	Affiliates and self-help organisations in the ACT.	Develop interactive website with links to other organisations and relevant sites.
Office of the Allied Health Adviser in alliance with the ACTDGP and two university research centres, the Centre for Clinical Governance Research (UNSW) and the Centre for Health Stewardship (ANU)	IPL project with ACTDGP, UNSW and ANU.	Email discussion group.	Self-help organisations in the ACT and HCCA.	50	Ongoing.
Office of the Allied Health Adviser in alliance with the ACTDGP and two university research centres, the Centre for Clinical Governance Research (UNSW) and the Centre for Health Stewardship (ANU)	IPL project with ACTDGP, UNSW and ANU.  HCCA and Consumer Health Forum.	Partnership to hold ACT consumer forum.	HCCA facilitating this workshop.	20 consumer registrants.	To be held in August 2010.
Office of the Allied Health Adviser in alliance with the ACTDGP and two university research centres, the Centre for Clinical Governance Research (UNSW) and the Centre for Health Stewardship (ANU)	IPL project with ACTDGP, UNSW and ANU.  HCCA ACT, SHOUT, Arthritis ACT, Lung Life ACT, RSI Support Group, People Living with HIV/AIDS.	Participation in planning days.	Consumer advocacy groups.	4 representatives from HCCA.	Ongoing.
Office of the Allied Health Adviser in alliance with the ACTDGP and two university research centres, the Centre for Clinical Governance Research (UNSW) and the Centre for Health Stewardship (ANU)	IPL project with ACTDGP, UNSW, ANU.  Chronic Consumer Alliance.	Participation in meeting.	Self-help organisations, SHOUT and HCCA.	10 representatives attended.	Chronic Consumer Alliance re-established.

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Office of the Allied Health Adviser in alliance with the ACTDGP and two university research centres, the Centre for Clinical Governance Research (UNSW) and the Centre for Health Stewardship (ANU)	IPL project with ACTDGP and UNSW, ANU.	Education Seminars—asthma, chronic obstructive pulmonary disease (COPD) and chronic kidney disease (CKD).	Health professionals—GPs and practice nurses in asthma, COPD, CKD, diabetes and heart.	120 professionals.	Ongoing.
	Chronic Conditions Clinical Development.				Updates of clinical learning.
Office of the Allied Health Adviser in alliance with the ACTDGP and two university research centres, the Centre for Clinical Governance Research (UNSW) and the Centre for Health Stewardship (ANU)	IPL project with ACTDGP and UNSW, ANU in collaboration with SHOUT.	Community CDSM Forum. Healthy Lives—Touch Feel See Do.	Consumers, health professionals, practice nurses, self-help groups, administrators, non-government organisations.	180+ participants.	Awareness of self-help groups and specific information to support people with a range of chronic conditions.
	ACTDGP and ACT Health with Flinders University Human Behaviour and Resource Unit. Conduct Flinders Chronic Condition Self-Management Training.	MOU with ACT Health.	Conduct Flinders Chronic Condition Self-Management Training.	12 health professionals in March 2010.	Flinders Certificate of Competence.
Office of the Allied Health Adviser in alliance with the ACTDGP and two university research centres, the Centre for Clinical Governance Research (UNSW) and the Centre for Health Stewardship (ANU)	IPL project with ACTDGP, UNSW, ANU.	Co-facilitation of Self-Management Peer Support Course.	‘Living a Healthy Life with Chronic Conditions’ (Stanford Model).	10 consumers with chronic conditions.	Techniques for self-management.
	‘Living a Healthy Life with Chronic Conditions’ (Stanford Model).				
Office of the Allied Health Adviser in alliance with ACTDGP	IPL project with ACTDGP, UNSW, ANU. Renal Services.	Renal Open Space Forum ‘How to improve the dialysis experience’.	Carers, dialysis and transplant patients, GPs, nephrologists, nurses, social workers, dieticians, administrators.	45+.	Priority setting and strategic planning for renal services.

Line area	Project	Consultation process (tools used)	Groups/individuals consulted	Approximate number consulted	Outcome
Government Relations, Planning and Development Redevelopment Unit	Temporary car parking arrangements at Canberra Hospital —on-street parking in residential streets.	A flyer was letterbox dropped to over 1500 households near Canberra Hospital informing local residents of proposed on-street parking arrangements for use by hospital staff and inviting them to a community information session on 25 February 2010. The flyer also directed readers to the ACT Health website, where a map of the proposed on-street parking locations could be accessed. The community information session, primarily for residents near Canberra Hospital, was also advertised in the local press. Additionally, a regular newsletter was produced for ACT Health staff to inform and consult on temporary parking arrangements. Information was also provided to unions representing ACT Health staff.	Local residents in Garran and east Phillip. ACT community. ACT Health staff, unions.	Over 1500 households near Canberra Hospital were provided with a flyer about the temporary parking arrangements. The letterbox drop and media coverage generated 25 emails to the 'Your health—our priority' email address from residents seeking further information and/or outlining concerns. Additionally over 5300 ACT Health staff were provided with regular updates on temporary car parking arrangements.	In general, local residents either have been supportive of the proposed temporary changes or have understood the hospital's temporary needs and have been accepting of them. Staff concerns about security and safety have been addressed through changes to access privileges and opening hours of the after-hours car park on the campus for night shift workers. On-street parking arrangements are expected to be in place from mid-2010 until the new multistorey car park is completed at the end of 2010.

Line area	Project	Consultation process (tools used)	Groups/individuals consulted	Approximate number consulted	Outcome
Redevelopment Unit	Adult Acute Mental Health Inpatient Unit Preliminary Sketch Plans.	Community and staff information sessions were held on 9 and 10 December 2009 to display and seek feedback on the preliminary sketch plans for the new Adult Acute Mental Health Inpatient Unit at Canberra Hospital. The information sessions were advertised via a letterbox drop to over 1500 local residents near Canberra Hospital; a letter to leaseholders/owners of units in the Brindabella Specialist Centre, Red Cross House and Woden Valley Child Care Centre; advertising in local press; and a whole-of-government message (email). The preliminary sketch plans were also made available on the ACT Health website.	Local residents in Garran and east Phillip. ACT community. ACT Health staff. Mental health stakeholders and user groups.	Ten people attended the public community information sessions and one staff member attended the staff information session. The web page received over 1000 hits.	Feedback on the preliminary sketch plans allowed architects to continue working with stakeholders and staff to refine the plans prior to the completion of final sketch plans and the lodgment of a development application.

Line area	Project	Consultation process (tools used)	Groups/individuals consulted	Approximate number consulted	Outcome
Redevelopment Unit	Women's and Children's Hospital Preliminary Sketch Plans.	<p>The first edition of a new newsletter titled 'Update on Construction at Canberra Hospital' was produced and delivered to over 2100 households near Canberra Hospital. The key article of the newsletter invited local residents to a community information session on 26 May 2010 to view and provide feedback on the preliminary sketch plans for the new Women's and Children's Hospital.</p> <p>A further information session was held on 27 May 2010 for other interested members of the public and women's and children's health stakeholders. The information session was advertised in local press; through posters throughout the existing Maternity building; a display in the Canberra Hospital main foyer; direct emails to key stakeholder and user groups; and a whole-of-government message (email). The preliminary sketch plans were also made available on the ACT Health website.</p>	<p>Local residents in Garran, east Phillip, Swinger Hill and O'Malley.</p> <p>ACT community.</p> <p>ACT Health staff.</p> <p>Women's and children's health stakeholders and user groups.</p>	<p>Over 2100 households near Canberra Hospital were provided with the newsletter. Over 50 stakeholder and user groups were informed of the plans. The letterbox drop and media coverage generated three emails to the 'Your health—our priority' email address from people seeking further information and/or providing comments. Four people attended the community information sessions and the web page received over 800 hits.</p>	<p>Feedback on the preliminary sketch plans allowed architects to continue working with stakeholders and staff to refine the plans prior to the completion of final sketch plans.</p>



Line area	Project	Consultation process (tools used)	Groups/individuals consulted	Approximate number consulted	Outcome
Redevelopment Unit	Community Health Centre Design Options—Gungahlin, Tuggeranong, City and Dickson health centres.	Public information displays were held in shopping centres in Gungahlin, Tuggeranong, City and Dickson. The information displays sought feedback and comment from interested members of the public about design options for the relevant local health centre. Presentations were also made to Woden Valley, Northside and Gungahlin community councils. Additionally, information about design options for the Tuggeranong Health Centre was displayed at the Cabinet in the Community meeting held in Tuggeranong.	ACT community.	It is difficult to determine how many people viewed the information displays in the shopping centres, although 80 people completed feedback forms. The website received over 1500 hits.	Community feedback on the design options will assist architects to develop preliminary sketch plans.
Health Services Planning Unit	Community-Based Health Services Plan.	Consumer and ACTCOSS representatives on the plan's Steering Committee. TNS Social Research was engaged to undertake a range of community consultation forums with ACT residents to gain feedback on the draft options paper for the ACT Health Community Based Health Services Plan (CBHSP). Feedback was sought on a range of key issues related to the draft CBHSP by investigating the understanding, attitudes and perceptions of the general population toward the potential changes to ACT Health funded services.	Two consumer representatives on Steering Committee. TNS consultation engaged. Parents of young children. Senior ACT residents (aged over 65). Disadvantaged ACT residents. Other ACT residents (mixed ages, including youth).	2 Steering Committee consumer representatives. 40+ consumers involved in TNS consultations.	Identification of general community understanding and awareness of response and reactions to strategic directions and proposed changes. Plan under development.

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Health Services Planning Unit	Rehabilitation and Aged Care Plan.	Consumer representatives on the plan's Steering Committee. Reference network established.	Two consumer representatives on Steering Committee.	2 consumer representatives on Steering Committee.	Plan under development.
	Renal Services Plan.	Renal Services consumers were consulted during development of draft plan prior to community consultation draft being published on the ACT Health website during March 2010. Community feedback received was incorporated into final plan.	Renal Services consumers. Renal Services staff. ACT Renal Advisory Group. Kidney Health Australia. Greater Southern Area Health Service.	Written responses to draft plan. Consumer groups represented on Steering Committee for plan development.	Plan released at Kidney Awareness Week launch on 27 May 2010 by Mary Porter MLA.
Government Relations, Planning and Development	New Emergency Department Model of Care Part 1 and Part 2, Your Health—our priority—Capital Asset Development Plan (CADP).	Two 'Model of Care' days have been held to collate information from staff and consumers' perspectives on emergency care requirements.	Consumers from HCCA were invited and attended these sessions along with medical, nursing and allied health staff from Emergency Department at Canberra Hospital.	30+ people made up of HCCA representatives, medical, nursing and allied health staff.	Community engagement has been a strong focus in the design and feasibility planning for an Emergency Department on the Canberra Hospital campus.
	New Emergency Department Model of Care Part 2, Your Health—our priority—Capital Asset Development Plan (CADP)	Community engagement has been a strong focus in the design and feasibility planning for an Emergency Department on the Canberra Hospital campus. Consumers/patients were randomly selected patients who had attended the Emergency Department.	Consumers were contacted for consent to describe the experiences of their journey in the Emergency Department.	10 consumers/patients.	Hearing the clients'/ patients' voices through patient journeys has contributed to developing the foundations for new models of care.
Health Services Planning Unit	Improving women's access to health care services and information: A Strategic Framework.	There were consumer and community-based service provider representatives on the plan's Steering Committee. The draft plan was published on the ACT Health website during March 2010. Community feedback received was incorporated into final plan.	Two consumer representatives on Steering Committee.	Written responses to draft plan. Consumer groups represented on Steering Committee for plan development.	Plan finalised in June 2010, to be launched on a date to be determined.

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<b>Human Resource Management Branch</b>					
Workforce Policy and Planning Unit	GP Marketing and Support Adviser activities—review of the ACT Area of Need process.	Revised application form circulated to key stakeholders for input.	ACT AMA, the ACT DGP and the Medical Registration Board of the ACT.	3 stakeholder organisations.	Feedback supported the revisions of the process.
Workforce Policy and Planning Unit	ACT GP Workforce Working Group.	Committee membership.	Key general practice stakeholders.	Representatives from 17 organisations are on the Terms of Reference. A range of additional stakeholders are also engaged in time-limited subgroups which have progressed the workforce agenda.	Input provided into rolling out the five GP Development Fund initiatives.
Workforce Policy and Planning Unit	GP Development Program—ACT GP Development Fund.	Two GP information forums on the ACT GP Development Fund application process. Fax to all general practices. Newspaper advertisement. Advertisements in local GP publications.	GP Workforce Working Group. Local GPs.	Approximately 34 attendees.	Information provided was well received; 47 applications were received in round 1 of the program.
Workforce Policy and Planning Unit	Revision of the Health Workforce Plan (ACT)—in progress.	Website presence on ACT Health website. Targeted emails to key stakeholder organisations seeking input. Development of a discussion paper now under way.	ACT Health staff and managers. ACT-wide health professionals.	In progress, not completed.	Will inform the revision of the local health workforce plan.

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<b>Information Services Branch</b>					
Information Services Branch	Neonatal Intensive Care Unit Webcam project (NICUCAM).	Planning phase—parents surveyed to determine access (i.e. virtual 'visiting hours'). NICUCAM Service/website feedback.	Parents of babies admitted to the Centre for Newborn Care. Consumer representative on Neonatal Intensive Care Unit (NICU) Webcam Steering Committee. Parents of Webcam babies.	18	Ongoing.
<b>Nursing and Midwifery Office</b>					
Nursing and Midwifery Office	Mechanisms to engage the professions of nursing and midwifery and the community.	Nursing and Midwifery website.	Available on the internet.	5000+	Open communication, timely promulgation of nursing and midwifery news.
Nursing and Midwifery Office	Mechanisms to engage the professions of nursing and midwifery and the community.	Nursing and Midwifery Newsletter.	Aged care sector, tertiary education sector, nurses and midwives, community members, professional organisations, private and public institutions.	600	Informed workforce and community.
<b>Nursing and Midwifery Office</b>					
Nursing and Midwifery Office	Australian War Memorial Remembrance Ceremony.	Memorial service held during International Nurses and Midwives week of celebrations.	Veterans, nurses and midwives, defence forces personnel, community members.	200	Respect and honour members of the defence forces who have served our country.
<b>Nursing and Midwifery Office</b>					
Nursing and Midwifery Office	Community representation.	Community representation on the Council for Nurses and Midwives ACT, the peak nursing and midwifery forum for nurses and midwives from all sectors across the ACT.	Consumer Health Forum.	Health Care Consumer Representation (x2).	Strategic workforce issues and professional matters were conveyed to Council for Nurses and Midwives; a community representative participates in decision making.
<b>Nursing and Midwifery Office</b>					
Nursing and Midwifery Office	Community service.	Nurse/midwife representation on community and non-government groups.	Our Wellness Foundation Board representation, external advisory committees (ACT GP Taskforce, CIT, universities, Industry Skills Commission).	250	Support to related health service providers and increased collaboration and understanding.
<b>Nursing and Midwifery Office</b>					
Nursing and Midwifery Office	Community Education Program.	Presentations to interested groups.	Health Care Consumers Association. Aged Care Forums.	30 50	Shared knowledge and understanding.

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Policy Division					
Aboriginal and Torres Strait Islander Health Unit	Aboriginal and Torres Strait Islander alcohol and drug residential rehabilitation service.	An Aboriginal and Torres Strait Islander Residential Rehabilitation Service Advisory Board first met on 29 September 2008 to progress the establishment of the service. Meetings are held every two months.  A site has been purchased in close consultation with advisory board members, and the ACT rural community has been regularly informed through newsletters.  A community consultation and communication strategy is in place to guide progress.	Sixteen members of the advisory board, seven ACT Aboriginal and Torres Strait Islander community organisations, three members of the former reference group as well as key ACT Government agencies.	Ten community organisations have participated to date, with participation by 19 people.	The advisory board has sought advice on developing an appropriate service model based on information gained through consultation workshops and site visits.  Preparation of a development application will be informed by an approved service model.
Aged and Community Care Policy	Home and Community Care (HACC)/Disability Network.	Monthly meetings.	Comprising HACC and Disability Service providers from the ACT community sector and relevant areas of the ACT and Australian governments.	Approximately 30 members per monthly meeting.	Ongoing consultation and communication on issues and activities affecting the ACT HACC/Disability sector.
Aged and Community Care Policy	HACC Sector Planning Day.	Annual event.	The HACC Sector Planning Day is an annual event bringing together executives, senior managers and coordinators from ACT HACC funded agencies and government.	There are between 60 and 80 attendees per year.	Future strategies and issues around a theme, pre-determined by the HACC-Disability Working Group, are discussed and planned.

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Chronic and Primary Health Policy Unit	The ACT Primary Health and Chronic Disease Strategy Committee oversees implementation of the ACT Primary Health Care Strategy 2006–2009, the ACT Chronic Disease Strategy 2008–2011 and other chronic disease and primary health initiatives.	Committee membership.	Consumers and community organisations are represented on this committee by representatives of the Health Care Consumers' Association and Winnunga Nimimityjah Aboriginal Health Service. Other representatives include ACT Division of General Practice, Pharmacy Guild ACT and ANU Medical School.	Health Care Consumers' Association and Winnunga Nimimityjah Aboriginal Health Service.	Ongoing. The committee responds as appropriate to issues raised by consumer and community organisation representatives.
Chronic and Primary Health Policy Unit	The ACT Palliative Care Strategy Implementation Steering Committee is responsible for implementing the ACT Palliative Care Strategy 2007–2011.	Committee membership.	Consumers and community organisations are represented on this committee by representatives of the Health Care Consumers' Association, Winnunga Nimimityjah Aboriginal Health Service, Carers ACT and ACT Palliative Care Society.	Health Care Consumers' Association, Winnunga Nimimityjah Aboriginal Health Service, Carers ACT and ACT Palliative Care Society.	Ongoing. The committee responds as appropriate to issues raised by consumer and community organisation representatives.
Chronic and Primary Health Policy Unit	The Diabetes Services Strategic Plan Transition Team is responsible for implementing the Diabetes Services Strategic Plan in a staged approach through the development of a Transition Plan.	Committee membership.	Consumers and community organisations are represented on this committee by representatives of the Health Care Consumers' Association, Diabetes ACT and ACT Division of General Practice (ACT DGP).	Health Care Consumers' Association, Diabetes ACT and ACT Division of General Practice.	Ongoing. The committee responds as appropriate to issues raised by consumer and community organisation representatives.

Line area	Project	Consultation process (tools used)	Groups/individuals consulted	Approximate number consulted	Outcome
Chronic and Primary Health Policy Unit	<p>The ACT GP Taskforce was established by the Minister for Health in March 2009 to investigate GP workforce issues in the ACT following sudden closures of several GP practices in Canberra.</p> <p>The Taskforce made recommendations to the Health Minister in the GP Taskforce's Final Report, 'General Practice and Sustainable Primary Health Care: The Way Forward', which was tabled in the Legislative Assembly in September 2009.</p> <p>The Minister tabled the ACT Government Response to the GP Taskforce's Final Report in the ACT Legislative Assembly on 8 December 2009. The ACT Government agreed or agreed in principle to all of the recommendations made by the Taskforce in its Final Report. Implementation of the recommendations is under way.</p>	<p>Website presence on ACT Health web site.</p> <p>GP Taskforce Discussion paper.</p> <p>Submissions to the GP Taskforce.</p> <p>GP Taskforce Final Report</p> <p>Facilitation of three public forums in Civic, Tuggeranong in late June and Belconnen in early July 2009.</p> <p>Facilitation of one industry forum for primary health-care members (July 2009).</p> <p>Presence and assistance provided to community-run forums.</p> <p>Presence at community/organisation-run forums.</p>	<p>The GP Taskforce consultation was extensive and covered the community at large including: the ACT Division of General Practice; ACT Australian Medical Association (AMA); Canberra After Hours Locum Medical Service (CALMS); GP Workforce Working Group; Health Care Consumers' Association; Coast City Country Training; Australian Government Department of Health and Ageing; Health Services Commissioner; West Belconnen Cooperative; Council on the Ageing (COTA); Pharmacy Guild; Tuggeranong Community Councils; ACT Land and Planning Authority (ACTPLA) etc.</p> <p>The legislative changes came out of the GP Taskforce recommendations based on the views of the community and health sector.</p>	<p>Approximately 80 people attended the community consultations and industry forum.</p> <p>Legislative changes were communicated to 400 GPs; 80 practice managers; the registrars of medical, nursing and midwifery and allied health boards for circulation to the board chairs and members; to all medical colleges, industrial bodies, peak bodies, advisory groups and councils, medical corporations and DONs of RACFs and to non-government organisations who are record keepers and funded by ACT Health and DHCS.</p>	<p>Data on general practice issues, including bulk billing, the presence of practice nurses and practices with open/closed books was collected from ACT practices and analysed providing an excellent resource for ACT Health.</p> <p>Well-informed public and record keepers.</p>

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Chronic and Primary Health Policy Unit — continued	<p>One of the recommendations included amending the Health Records (Privacy and Access) Act 1997. These amendments were passed on 20 March 2010.</p> <p>This recommendation also included the review of fees for access to health records. Consultation was undertaken and closed on 23 July 2010.</p>	<p>Extensive communication of changes to the Health Records (Privacy and Access) Act to health record keepers was sent by letter. E-letters and articles were posted in GP Action, the Canberra Times and ACT Health's Chief Executive Bulletin in April and May 2010. Articles have also been posted in the Canberra Doctor, Healthy Territory and the Nursing and Midwifery newsletter.</p> <p>Education sessions with the Health Services Commissioner will be offered in August and September 2010—closer to the commencement of the Act on 1 October 2010.</p> <p>A background paper and online survey seeking the views of health professionals and the general public about the fees for access to health records was posted on the ACT Health website in June 2010. A small group of the main stakeholders will then meet to discuss the feedback received prior to a recommendation being made by ACT Health to the Health Minister.</p>	<p>Communication of the changes to the actual legislative community at large including the ACT Division of General Practice; all ACT GPs and practice managers; all ACT general practices; ACT AMA; Health Care Consumers' Association; Health Services Commission; West Belconnen Cooperative; Council on the Ageing (COTA); Pharmacy Guild; NSW/ACT Branch of the Australian Association of Practice Managers (AAPM); medical colleges; private specialist practices through principals; medical professionals; medical peak bodies (non-GP); nursing and midwifery peak bodies through Chief Nurse; industrial bodies that govern health professionals; and other peak bodies; non-government organisations who are record keepers funded by ACT Health and the Department of Disability, Housing and Community Services (DHCS); ACT medical corporates; Calvary private and public hospitals; advisory groups and directors of nursing (DONs) of ACT residential aged care facilities (RACFs).</p>		



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Community Health Policy Unit	Consumer and Carer Participation Framework (development).	Guided by a steering group, consultation processes to date have included a combination of face-to-face and telephone interviews.	'Expert' consumers. ACT Health senior staff. Community sector organisation representatives from the ACT and interstate.	Approximately 28 to 30 people were consulted.	Framework in development.
Community Health Policy Unit	National Maternity Safety and Quality Framework for Privately Practising Midwives.	Meeting.	Australian College of Midwives, 9 Nursing and Midwifery Board, University of Canberra, Privately Practising Midwives, Australian Breastfeeding Association, PANDSI (Post and Ante Natal Depression Support and Information), Health Care Consumers' Association.	9	ACT perspective provided to development of the National Maternity Safety and Quality Framework for Privately Practising Midwives.
Mental Health Policy Unit	Review of the Mental Health (Treatment and Care) Act 1994. A consultancy has been created to carry out the review, with oversight by a Review Policy Management Team and Review Advisory Committee.	Public consultation on Framework for legislation and forensic options November 2009 to February 2010; four public forums and 15 submissions received. Policy Management Team and Review Advisory Committee meetings and workshops.	Members of the Review Advisory Committee include government and non-government mental health services, ACT Youth Coalition, ACT Division of General Practice, ACT Consumer Network, Mental Health Community Coalition, Carers ACT, Department of Disability, Housing and Community Services, Department of Justice and Community Safety and ACT Policing.	36 members of the Policy Management Team and Review Advisory Committee.	Ongoing.

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Mental Health Policy Unit	Mental Health Promotion Prevention and Early Intervention (PPEI) Working Group.	The evaluation and implementation working group continues to oversee the implementation and evaluation of Building A Strong Foundation—Promoting Mental Health and Wellbeing in the ACT 2009–2014.	The evaluation and implementation working group has met bi-monthly with representation from the community mental health sector, consumers, carers, ACT Health, ACT Department of Education and Training, Department of Justice and Community Safety, Department of Housing and Community Services and the Australian National University. Two workshops were held which included additional representation from relevant agencies in the community.	4 meetings with 4 participants 2 workshops with 19 participants.	Ongoing implementation and evaluation of Building A Strong Foundation—Promoting Mental Health and Wellbeing in the ACT 2009–2014.
Mental Health Policy Unit	ACT Suicide Prevention Working Group.	The evaluation and implementation working group continues to oversee the implementation and evaluation of Managing the Risk of Suicide—A Suicide Prevention Strategy for the ACT 2009–2014.	The evaluation and implementation working group has met bi-monthly with representation from Lifeline, Menslink, VYNE at Ozhelp Foundation, Carers ACT, Supportlink, MensLink, Australian National University, Mental Health Consumer Network, Mental Health ACT and Australian Government Department of Health and Ageing.	5 meetings with 15 participants.	Ongoing implementation and evaluation of Managing the Risk of Suicide—A Suicide Prevention Strategy for the ACT 2009–2014.
Population Health	Blue-green algae in recreational water management strategy.	Consultation meeting with community stakeholders held 10 December 2009. Ongoing consultation with stakeholders via email during development of the strategy.	Community groups (recreational water users), individuals who had previously contacted HPS about this issue and water body managers (National Capital Authority and Parks, Conservation and Lands).	Approximately 30 members of the public attended the community meeting and six people submitted comments to the revised strategy after the meeting.	Comments used in the development of the new blue-green algae in recreational water management strategy.

Line area	Project	Consultation process (tools used)	Groups/individuals consulted	Approximate number consulted	Outcome
Health Protection Service	Ongoing management of influenza in the ACT.	Multiple key stakeholder meetings conducted throughout late 2009 and 2010.	Various groups including: ACT DGP; Child, Youth and Women's Health Program; Department of Education and Training; ACT Ambulance Service.	Approximately 40 participants from various organisations.	Ongoing.
Population Health Executive Office	Local implementation of national reforms of the organ and tissue donation (OTD) sector.	Community representation on ACT organ and tissue donation governance committee (quarterly meetings).	Invited sector representatives.	3 participants (who represent various organisations in the ACT OTD sector).	Ongoing.
		Community representation on ACT working group established to implement the National Reform Package for Organ and Tissue Donation for Transplantation (monthly meetings).	Sector representative.	1 participant.	Ongoing.
Population Health Executive Office	Local development and implementation of new National HIV, Hepatitis and STI Strategies.	Stakeholder forum held to inform local input into the national strategies. The day covered issues relating to HIV/AIDS, Hepatitis and Sexually Transmissible Infections. Each session was 'sponsored' by a key agency in the local partnership and proposed a range of ideas to be fed into the national drafting process.	Representatives from 20 organisations in the sexual health and blood-borne virus sector and related enterprises.	45 participants from 20 organisations.	The forum proposed a range of ideas, which were fed into the national drafting process.

Line area	Project	Consultation process (tools used)	Groups/individuals consulted	Approximate number consulted	Outcome
Health Promotion Branch	ACT Healthy Workers—Preventative Health Program.	Stakeholder Forum held to discuss best approaches to the development of an ACT Workplace Health Promotion program. A discussion paper was also distributed beforehand.	Invited inter-departmental, non-government organisation representatives.	21 participants.	The forum informed the establishment of the ACT Healthy Workplaces Advisory Group and proposed a range of ideas, which fed into the development of the ACT Workplace Health Promotion program.
Health Promotion Branch	Healthy Workplaces Advisory Group.	Stakeholder representation on advisory group established to guide the development and delivery of the ACT Workplace Health Promotion program.	Representatives from government departments and NGOs.	6 non-government representatives.	Ongoing advice to the ACT Workplace Health Promotion Program.
Health Promotion Branch	Healthy Communities Initiative pilot project based in Inner North Canberra.	Community forum held to inform the development of strategies for the project.	Community-based organisations and community members from Inner North Canberra area.	32 participants.	The forum is an element of the community consultation and needs assessment process for the project.
Health Promotion Branch	Go for 2&5 social marketing campaign.	Community focus groups and paired interviews for Aboriginal and Torres Strait Islanders. A Computer Assisted Telephone Interview (CATI) survey for general community members.	Focus groups with representatives from Culturally and Linguistically Diverse (CALD), low socio-economic and Aboriginal and Torres Strait Islanders communities.	Focus groups and interviews with 55 participants. CATI surveyed 770 participants.	Information about the knowledge and awareness of fruit and vegetable consumption within the community and the efficacy of the Go for 2&5 social marketing campaign.
Health Promotion Branch	Health Promotion Grants Program.	Community representation within four funding round assessment panels.	Representatives from the community and non-government organisations.	Four participants.	Assessment of grant applications and input into the allocation of grants to community-based projects.
<b>Clinical Operations</b>					
Aged Care and Rehabilitation Service	Community Rehabilitation Team—SPICE Programs. (Parkinson's and Stroke).	Seek feedback via a survey.	Participants of the program.	21 plus carers.	Continuous improvement of program.

Line area	Project	Consultation process (tools used)	Groups/individuals consulted	Approximate number consulted	Outcome
Aged Care and Rehabilitation Service	Exercise Rehabilitation Service (ERS).	Site visits to gyms and health centres that ERS recommends to patients.	YMCA, Southern Cross Club, Australian Institute of Sport, Bruce CIT, Active Leisure Centre, Mpowerdome.	Approximately 20 people.	Opportunities for clients to continue maintenance exercise programs following discharge into the community and to be informed about the programs offered.
Aged Care and Rehabilitation Service	Clinical Governance Committee.	Development and implementation of the Children and Adolescent Diabetes program—recognised by the ACT Health Better Practice Award in May 2010.	Dietitians, Paediatric Endocrinologists and Diabetes Educators within ACT Health.	Approximately 15 people.	Identified a need for a program to address this population. Improved outcome measures in participants with a better understanding of how to make lifestyle changes.
Aged Care and Rehabilitation Service	Clinical Governance Committee.	Development of questionnaires relating to pre- and post-joint replacement surgery exercise programs. Committee membership.	Pre-admission clinic nursing staff at Calvary Hospital, ERS patients and the Patient Safety and Quality Unit (PSQU) within ACT Health. Consumer representative from HCCA.	Approximately 30 people including participants. 1	Exercise intervention produced improvements in outcomes for both pre- and post-joint replacement surgery. Consumer input into development, implementation and evaluation of quality and safety initiatives, risk management and policy development.
Aged Care and Rehabilitation Service	ACT Equipment Subsidy Scheme Advisory Committee.	Committee membership.	HCCA Representative. PWD (People With Disabilities) Representative.	2	Representatives continue to provide advice to committee on approval of high-cost applications and future service development.
Aged Care and Rehabilitation Service	Domiciliary Oxygen and Respiratory Support Scheme Advisory Committee.	Committee membership.	ACT Sleep Apnoea Association representative. HCCA ACT/Lung life representative. ACT Donate Life representative.	3	Representatives provide advice to committee on approval of extraordinary applications and future service development.

Line area	Project	Consultation process (tools used)	Groups/individuals consulted	Approximate number consulted	Outcome
Aged Care and Rehabilitation Service	Village Creek Centre Steering Committee.	Committee membership.	Consumer representatives, HCCA ACT CEO, President of People With Disabilities ACT, a representative from Disability ACT.	3	A coordinated direction for working groups and direct feedback to Aged Care and Rehabilitation Service executive.
Aged Care and Rehabilitation Service	Village Creek Centre.	Survey of consumers on service utilisation.	General public using services relocating to the Village Creek centre.	135	An indication of service utilisation.
Aged Care and Rehabilitation Service	Village Creek Centre.	Village Creek Project Working groups.	HCCA ACT.	2	Development of models of care and client service pathways. Equipment and technology requirements to meet best practice. Storage and space requirements to achieve service efficiencies.
Aged Care and Rehabilitation Service	Village Creek Centre.	Frequently asked questions/monthly updates.	HCCA ACT website, Disability ACT website, ACT Health website and intranet site.	Unknown	Inform of progress of the relocation of Aged Care and Rehabilitation Services to the Village Creek Centre.
Aged Care and Rehabilitation Service	Village Creek Centre.	HCCA, PWD and ACRS hosted two consumer forums and two site visits.	ACT Council on the Ageing, People with Disabilities, Women with Disabilities, HCCA ACT.	16	To inform and gain feedback on aspects of the transition e.g. access issues and solutions, proposed models of care, fit-outs, etc. and seek their feedback.
Aged Care and Rehabilitation Service	Aged Care Program.	Meet with the Department of Health and Ageing, Directors of Nursing.	Representation from residential aged care, Department of Health and Ageing, ACT Health—ACRS.	8	To support the discharge of bariatric people into residential care.
Aged Care and Rehabilitation Service	ACTDGP Aged Care Forum.	Meet to exchange information and undertake projects.	ACT Division of General Practice, pharmacists, residential aged care facilities, ACT Health, Department of Health and Ageing, HCCA ACT.	Approx 5	To support older people living in the community and identify issues impacting on their health develop quality projects.

Line area	Project	Consultation process (tools used)	Groups/individuals consulted	Approximate number consulted	Outcome
Aged Care and Rehabilitation Service	Canberra Hospital Campus Falls Committee.	Committee membership.	HCCA ACT, Canberra Hospital, Capital Cancer Region Services, Mental Health ACT.	30	Consumer input into development, implementation and evaluation of quality and safety initiatives, risk management and policy development.
Aged Care and Rehabilitation Service	Aged Care Assessment Team (ACRS)—Community Education on Aged Care Assessment Program.	Education sessions on the Aged Care Assessment Program for community groups.	Alzheimer's ACT Support Group. Community Aged Care Packages Providers. National Capital Private Hospital. Red Cross Services. Goodwin Aged Care. FAHCSEA Support Group. CALD Carers.	Approx 50 attendees Approx 20 attendees Approx 20 attendees Approx 20 attendees Approx 15 attendees Approx 25 attendees	Community groups informed of the Aged Care Assessment program.
Aged Care and Rehabilitation Service	Partners In Culturally Appropriate Care (PICAC)—Information on Cultural Competency.	Cultural competency training to staff from residential aged care facilities and community-based service providers.	Aged care facilities and community-based service providers across the ACAT region.	Approx 60 attendees	Improve the capacity of service providers to provide culturally appropriate care to clients.
Aged Care and Rehabilitation Service	Community Partners Program (CPP)—to provide information to CALD communities and service providers to CALD communities.	Seminars, information sessions and training workshops.	CALD communities, aged care facilities and community-based service providers across the ACT region.	Approx 40 attendees per session	Increased awareness of aged care services.
Canberra Hospital	Clinical Board.	Board consultation and the use of the ACT Health Consumer Representative Program through the ACT Health Consumer Engagement Team.	HCCA ACT.	1	Appointment of one consumer representative through the ACT Health Consumer Representative Program to ensure consumer input into development, implementation and evaluation of quality and safety initiatives.

Line area	Project	Consultation process (tools used)	Groups/individuals consulted	Approximate number consulted	Outcome
Canberra Hospital	Clinical Review Committee.	Committee consultation and the use of the ACT Health Consumer Representative Program through the ACT Health Consumer Engagement Team.	Health Care Consumers' Association consulted.	3	Appointment of three consumers (rotating position) through the ACT Health Consumer Representative Program to ensure consumer input into development, implementation and evaluation of quality and safety initiatives. The committee is convened weekly with the consumers.
Canberra Hospital	Clinical Ethics Committee.	Committee consultation and the use of the ACT Health Consumer Representative Program through the ACT Health Consumer Engagement Team.	HCCA ACT.	2	Appointment of two consumer representatives through the Consumer Representative Program. Committee convened bi-monthly. Consumers support health-care professionals in considering ethical issues and decisions related to clinical practice and help patients, relatives and advocates resolve concerns about ethical aspects of clinical practice.
Canberra Hospital	Medication Safety Working Group.	Clinical Board consultation and the use of the ACT Health Consumer Representative Program through the ACT Health Consumer Engagement Team. Emails and letters of invitation.	HCCA ACT.	1	Appointment of consumer representative through the ACT Health Consumer Representative Program to support health-care professionals in the consideration of medication safety issues and decisions relating to safe medication management during hospitalisation and on patient's discharge.



Line area	Project	Consultation process (tools used)	Groups/individuals consulted	Approximate number consulted	Outcome
Canberra Hospital, Women's and Children's Health	<i>Your health—our priority</i> Stage 1—New Women's and Children's Hospital.	User groups quarterly newsletter mail-outs, public meetings/consumer consultation for preliminary sketch plans stage of the project.	Women and Babies User Group. Paediatric User Group NICU User Group. Friends of the Birthing Centre. Australian BreastFeeding Association. Residents of suburbs adjacent to the Canberra Hospital. Kidsafe. Starlight Foundation. Ronald McDonald House. Other ACT agencies.	50	Input, feedback and decisions reflect the needs and requirements of all stakeholders who will use the new hospital.
Canberra Hospital, Women's and Children's Health	Paediatrics at the Canberra Hospital (PatCH) Consumer Network of Paediatrics.	Public fundraising activities. Newspaper articles, advertisements in local newspapers and newsletters. Re-forming the Paediatric Consumer Consultative committee into the PatCH Family Advisory Network to be more representative of the community.	Major commercial organisations. Consumers. Parents/relatives of current and former patients. Members of the community dedicated to paediatrics at Canberra Hospital.	20–30	Improved community awareness and support of PatCH with common vision, goals and problem-solving capacity.
Canberra Hospital, Women's and Children's Health	'How can we make the Dialysis Experience better'.	Mail-out followed by a public meeting organised by (RAM) and Renal Advisory Meeting.	Patients and carers, GPs, doctors, nurses, representatives from the HCCA ACT, members of RAM.	50	Improve the dialysis experiences for patients and their carers.
Canberra Hospital, Women's and Children's Health	Department of Neonatology—Development of web-based parent discussion forum for parents of former patients to be involved in the redevelopment of the Centre for Newborn Care within the CADP.	The current user group, which meets face to face, wished to encourage participation by a larger cohort of stakeholders. Letters were mailed out to individuals requesting their participation.	Members of the User Group of the Centre for Newborn Care, young mothers and fathers in the ACT, parents outside the ACT and various other stakeholders.	130.	To involve more consumers in the important decisions about the development of the Centre for Newborn Care within the CADP.

Line area	Project	Consultation process (tools used)	Groups/individuals consulted	Approximate number consulted	Outcome
Capital Region Cancer Service	Consumer Satisfaction Survey (ACT Health consumer survey).	Survey questions.	Targeted to clients and their families that use services covered by the Capital Region Cancer Service.	Survey sent to 776 people and received 330 responses.	Ongoing. Survey feedback being used to continuously improve services for patients.
Capital Region Cancer Service	Integrated Cancer Centre.	Committee membership (requested broader engagement through the HCCA ACT).	Consumer representatives from HCCA ACT.	2	Ongoing. Consumer input in the planning of the Integrated Cancer Centre. Currently in early stage with more consultation intended.
Capital Region Cancer Service	Cancer support groups.	Participation in meetings about specific issues.	Leukaemia Foundation. Prostate support group. Brain tumour group.	10	Ongoing meetings to communicate with cancer support groups.
Capital Region Cancer Service	Policy Steering Group.	Committee membership.	Consumer representative from HCCA ACT.	1	Consumer input into policy development.
Capital Region Cancer Service	Integrated Cancer Centre.	Committee membership.	Consumer representatives from Health Care Consumers' Association.	2	Ongoing. Consumer input in the planning phase of the Integrated Cancer Centre.
Capital Region Cancer Service	Cancer support groups.	Participation in regular meetings	Leukaemia Foundation. Prostate support group.	10	Ongoing meetings to communicate with cancer support groups.
Capital Region Cancer Service	BreastScreen Program Advisory Group.	Participation in quarterly meetings.	Consumer representatives from Breast Cancer Network Australia, Cancer Council and Bosom Buddies.	2	Ongoing. Consumer input into BreastScreen direction.
Capital Region Cancer Service	Cervical Program Management Committee.	Participation in quarterly meetings.	Consumer representatives from Health Care Consumers' Association, Cancer Council and Women With Disabilities ACT.	3	Ongoing. Consumer input into Cervical Program direction.
Capital Region Cancer Service	Breast and Cervical Programs Community Reference Group.	Participation in biannual meetings.	Representatives from Council on the Ageing, Cancer Council, YWCA, CWA, Migrant Youth Advocacy, Canberra Multicultural Community Forum, Bosom Buddies, Winnunga Nimmitjah AMS, HCCA ACT, Women with Disabilities ACT.	10	Ongoing. Consumer ideas and feedback on resources, and events to increase participation in the programs.

Line area	Project	Consultation process (tools used)	Groups/individuals consulted	Approximate number consulted	Outcome
Community Health	ACT Breastfeeding Network.	Focus groups, interviews.	Community agencies, consumer and target groups.	66	Community and consumer input into service planning.
Community Health	Child, Youth and Women's Health Program review of self-weight stations in maternal and child health centres.	Questionnaire.	Individual consumers completed the questionnaire.	800	Community and consumer input into service planning.
Community Health	Client Services ACT IPTAS Guideline Review.	Working group participation.	General practitioners. Consumer representative from HCCA ACT.	2	Input into ACT interstate patient travel assistance guidelines.
Health Performance, Improvement, Innovation and Redesign	Access Improvement Program Clinical Operations.	Walk-in Centres (WIC).	Public feedback to WfC Discussion Paper made available on ACT Health website. Public forums.	Nineteen forum participants. Eighteen submissions from community organisations, business and commercial organisations, four from individuals in the community and four from individuals in ACT Health in response to discussion paper.	Ongoing.
Mental Health ACT	Trans-Cultural Mental Health Network.	ACT Health provides ongoing secretariat support for this community network, which includes producing a bi-monthly e-bulletin. Mental Health ACT support the ACT TCMHN in coordinating stalls at various community events. ACT State Consultation, in conjunction with Multicultural Mental Health Australia	There are more than 130 individuals and organisations on the network's distribution list. Up to 20 members attend regular network meetings.	130—regularly through network distribution. 50 registered for State Consultation.	Ongoing.

Line area	Project	Consultation process (tools used)	Groups/individuals consulted	Approximate number consulted	Outcome
Mental Health ACT	Community consultation.	Consultations conducted on the preliminary Models of Care for the Secure Adult Mental Health Unit and the Adolescent and Young Adult Mental Health Unit.	A wide range of community groups and individuals were invited to participate in focused discussions on the draft model of care. A copy was posted on the ACT Health intranet and hard copies were also circulated. Formal letters of invitation to participate were extended and public notices were published in the print media.	Thirty community organisations were formally contacted for input into the model of care. Direct consultation meetings were held with six key community mental health organisations. Fifteen open public community forums were held across the ACT and meetings were also conducted at the request of individuals. All consultations conducted included context to the whole initiative planned under the Mental Health Capital Asset Development Plan.	Productive feedback was provided at all sessions on the draft model of care and this was incorporated into the final documents.
Mental Health ACT	Follow-up community consultation.	Consultation about the site selection for the new Secure Adult Inpatient Unit.	Follow-up to the primary round of consultations.	Meetings were held with the Old Narrabundah Community Council and residents of Symonston, Red Hill and Narrabundah Services and Southside Community Services.	Further information on the detail of the Model of Care was provided to these groups.
Mental Health ACT	Community consultation.	Consultation on the report on the review of the ACT Child and Adolescent Mental Health Service.	A formal letter and a copy of the report were forwarded to key stakeholders to provide feedback.	Key stakeholders were formally contacted for their input into the consultation process for the review of the Child and Adolescent Mental Health Service. Direct consultation meetings were held with relevant government and community agencies.	The feedback received has assisted Mental Health ACT in responding to and implementing the accepted recommendations.

Line area	Project	Consultation process (tools used)	Groups/individuals consulted	Approximate number consulted	Outcome
Mental Health ACT	Community consultation.	Consultations conducted on the preliminary Models of Care for the Secure Adult Mental Health Unit and the Adolescent and Young Adult Mental Health Unit.	A wide range of community groups and individuals were invited to participate in focused discussions on the draft model of care. A copy was posted on the ACT Health intranet and hard copies were also circulated. Formal letters of invitation to participate were extended and public notices were published in the print media.	Thirty community organisations were formally contacted for input into the model of care. Direct consultation meetings were held with six key community mental health organisations. Fifteen open public community forums were held across the ACT and meetings were also conducted at the request of individuals. All consultations conducted included context to the whole initiative planned under the Mental Health Capital Asset Development Plan.	Productive feedback was provided at all sessions on the draft model of care and this was incorporated into the final documents.
Mental Health ACT	Community consultation.	Consultations conducted on the preliminary Models of Care for the Secure Adult Mental Health Unit and the Adolescent and Young Adult Mental Health Unit.	Primary and follow-up consultations were undertaken with a wide range of community groups and individuals invited to participate. Notice was provided through public notices in the Canberra Times and the Chronicle as well as letterbox drops. Information was also placed on the ACT Health website.	Meetings were held with the Woden, Southside and North Canberra Community and Old Narrabundah Community Council and residents of Symonston, Red Hill and Narrabundah and public drop-in meetings were held at the Canberra Hospital and Southside Community Services.	The project managers have been able to use the extensive input provided into the site selection process by individuals and groups in the development of the site selection report with further information provided about the detail of the Model of Care following the announcement of the of the former Quamby site as the preferred site for the Secure Mental Health Unit.

Line area	Project	Consultation process (tools used)	Groups/individuals consulted	Approximate number consulted	Outcome
Mental Health ACT	Community education sessions.	The Mental Health Community Development and Education Officer continues to provide community education sessions as requested in the ACT community. Sessions are conducted within and outside the mental health sector for government and community groups. Community education sessions are normally delivered in partnership with mental health consumers.	26+ community education sessions held	500+	Community education responds to community requests.
Mental Health ACT	Community consultation on the discussion paper for the development of the Fourth National Mental Health Plan.	Consultation forums for Mental Health ACT staff and for the general community.	Three community consultations and two Mental Health ACT staff forums.	Five consultations with a total of 19 participants.	Feedback from the forums was compiled and submitted to the Australian Government.
Mental Health ACT	Review of Services for People with Eating Disorders in the ACT.	Consultation forums and interviews	Over 25 individuals were interviewed. A public forum and a forum for service providers were also held.	40	Those considered as having expertise or an interest in eating disorders, as consumers, carers or service providers, were encouraged to have input into the review. A report of the review was made available to ACT Health in April 2009.

## B.2 Internal and external scrutiny

### Reports

The following table summarises reports during the reporting year on aspects of ACT Health's operations.

Name of agency	Nature of inquiry/ report title	Recommendations/ outcome of inquiry	Response to the outcome of inquiry
RSM Bird Cameron	Asset Management Review—the Canberra Hospital Campus	Five recommendations were made relating to: <ul style="list-style-type: none"> <li>• the documentation of risk assessment of asset</li> <li>• the improvement of the coding of the assets to business units</li> <li>• the recording of asset additions into financial management system</li> <li>• the post-implementation review of amended policies and procedures.</li> </ul>	ACT Health agreed to the recommendations made in the report.
WalterTurnbull	Review of Workforce and Human Resource Planning— Stage 2	Four recommendations were made relating to: <ul style="list-style-type: none"> <li>• developing a capability framework</li> <li>• developing a Workforce Planning Information Management Plan.</li> </ul>	ACT Health noted the recommendations made in the report.
WalterTurnbull	Review of Clinical Governance Framework	Five recommendations were made relating to: <ul style="list-style-type: none"> <li>• information provided in annual reports of quality assurance committees</li> <li>• sharing of information between committees</li> <li>• relationships between Medical Appointments and Training Unit and Clinical Governance Unit</li> <li>• monitoring and overseeing of the implementation of Clinical Audit Committee recommendations.</li> </ul>	ACT Health agreed to the recommendations.
Oakton	Fact-Finding Inquiry—Dental Technician of the Dental Health Laboratory	Seven recommendations were made relating to: <ul style="list-style-type: none"> <li>• controls over attendance records and timesheets</li> <li>• workplace harassment training.</li> </ul>	ACT Health agreed to the recommendations.
Oakton	Administration of Dental Health Laboratory	One recommendation was made relating to: <ul style="list-style-type: none"> <li>• improvement of risk management and governance.</li> </ul>	ACT Health agreed to the recommendation.
RSM Bird Cameron	Review of Migrant Health Services	Three recommendations were made relating to: <ul style="list-style-type: none"> <li>• documentation of the delivery of service</li> <li>• controls over staff attendance and flex-time arrangements</li> <li>• development of policy, procedures and guidelines.</li> </ul>	ACT Health agreed to the recommendations.
Protiviti	Internal Audit Review of the Efficiency and Effectiveness of Manual Handling at the Canberra Hospital	Eight recommendations were made relating to: <ul style="list-style-type: none"> <li>• improvement of risk management and operational procedures</li> <li>• management of future costs of claims</li> <li>• mandatory manual handling training</li> <li>• safeguarding and custody of manual handling equipment</li> <li>• controls over weigh blocks</li> <li>• management of bariatric information</li> <li>• documentation of OH&amp;S inspection checklist.</li> </ul>	ACT Health agreed to the recommendations.

Name of agency	Nature of inquiry/ report title	Recommendations/ outcome of inquiry	Response to the outcome of inquiry
WalterTurnbull	Review of Leave Management	Twelve recommendations were made relating to: <ul style="list-style-type: none"> <li>• negative leave balances</li> <li>• coding errors in Chris21</li> <li>• management of excessive annual leave credits</li> <li>• access to staff leave balances</li> <li>• management of long service leave balances.</li> </ul>	ACT Health agreed to seven recommendations, noted two, partly agreed with two and disagreed with one.  The recommendation that was not agreed with related to the improvement of data accuracy from ARIES, which was subsequently replaced by the new human resources management system HR21.
WalterTurnbull	Review of Australian Health Care Agreement	No recommendation was made.	Not applicable
WalterTurnbull	Review of Recruitment and Appointment of Staff Specialist and Visiting Medical Officers	Nine recommendations were made relating to: <ul style="list-style-type: none"> <li>• the documentation of policies and procedures</li> <li>• maintenance and completeness of recruitment files</li> <li>• documentation of short-listing and selection panels</li> <li>• salary and other financial benefits negotiations</li> <li>• review guidelines on relocation allowance</li> <li>• roles and responsibilities for VMO contract management.</li> </ul>	ACT Health agreed to the recommendations.
WalterTurnbull	Review of Special Purpose Accounts and Private Practice Funds Associated with Capital Region Cancer Service	Seven recommendations were made relating to: <ul style="list-style-type: none"> <li>• development of special purpose accounts policies and procedures</li> <li>• improvement of the special purpose accounts governance framework</li> <li>• management of leave records and delegation of leave approval</li> <li>• review of private practice funds policies and guidelines.</li> </ul>	ACT Health agreed to five recommendations and noted two recommendations.
RSM Bird Cameron	Independent Living Centre Performance Indicator—ACRS	Six recommendations were made relating to: <ul style="list-style-type: none"> <li>• review of policies and procedures</li> <li>• improvement of data reporting processes</li> <li>• review of the methodology of the performance indicators.</li> </ul>	ACT Health agreed to the recommendations.
WalterTurnbull	Aged Care and Rehabilitation Services Investigation—SWAPS Occupational Therapist	Seven recommendations were made relating to: <ul style="list-style-type: none"> <li>• review of policies and procedures</li> <li>• improvement of recruitment processes</li> <li>• refinement of duty statements and job description</li> <li>• improvement of service delivery reporting processes</li> <li>• development of comprehensive orientation package for SWAPS Therapist.</li> </ul>	ACT Health agreed to the recommendations.



Name of agency	Nature of inquiry/ report title	Recommendations/ outcome of inquiry	Response to the outcome of inquiry
WalterTurnbull	Review of Licensing Processes— Health Protection Service	Seven recommendations were made relating to: <ul style="list-style-type: none"> <li>• controls over the compliance with Financial Instructions</li> <li>• inspection of premises</li> <li>• review of policies and procedures</li> <li>• delegation for renewal of registrations and issuance of radiation licences</li> <li>• documentation and file maintenance of issuance and renewal of licences.</li> </ul>	ACT Health agreed to six recommendations and disagreed with one recommendation.
Auditor-General's Office	Final Audit Management Report as at year ended 30 June 2009	Five recommendations were made relating to: <ul style="list-style-type: none"> <li>• review of bank reconciliations</li> <li>• documentation of third party monies</li> <li>• improvement of the financial report preparation procedures</li> <li>• disclosure note of the financial report</li> <li>• documentation of salary break-up reports.</li> </ul>	ACT Health agreed to the recommendations.
Auditor-General's Office	Performance Reporting	Eight recommendations were made relating to: <ul style="list-style-type: none"> <li>• comprehensiveness and use of performance indicators</li> <li>• improvement of the quality of performance measurements</li> <li>• compliance with reporting requirements of the annual report.</li> </ul>	ACT Health agreed to the recommendations.
Auditor-General's Office	Delivery of Budget Initiatives	Four recommendations were made relating to: <ul style="list-style-type: none"> <li>• development of project management framework</li> <li>• improvement of project management skills</li> <li>• development of project implementation plan</li> <li>• improvement of the monitoring and performance reporting system.</li> </ul>	ACT Health agreed to three recommendations and partly agreed to one recommendation.

## Consumer participation and feedback

The Consumer Engagement Team (CET) is an integrated function within the Patient Safety and Quality Unit. The team is responsible for leadership and coordination of consumer feedback and consumer engagement activities, including:

- consumer and carer satisfaction surveys
- Australian Charter of Healthcare Rights
- 10 Tips for Safer Health Care
- placement and support of consumer representatives on ACT committees
- assistance with consumer publications and fact sheets
- support for focus groups for Community Health, Canberra Hospital, Mental Health ACT, the Aged Care and Rehabilitation Service and the Capital Region Cancer Service
- consumer feedback management.

ACT Health values all consumer feedback (comprising compliments, complaints and comments/suggestions) as a service improvement tool. The Consumer Engagement Team is responsible for ensuring timely, fair and effective consumer and carer feedback management across all divisions and service areas and facilitates processes to ensure that consumer and carer voices are heard.

The Consumer Feedback module of the RiskMan database system has been customised so that it allows the CET to record, manage and report against all feedback received across ACT Health.

Implementation of the Consumer Feedback Management policy has improved the quality and timeliness of feedback handling across ACT Health and highlights potential trigger improvements in the quality and safety of ACT Health services.

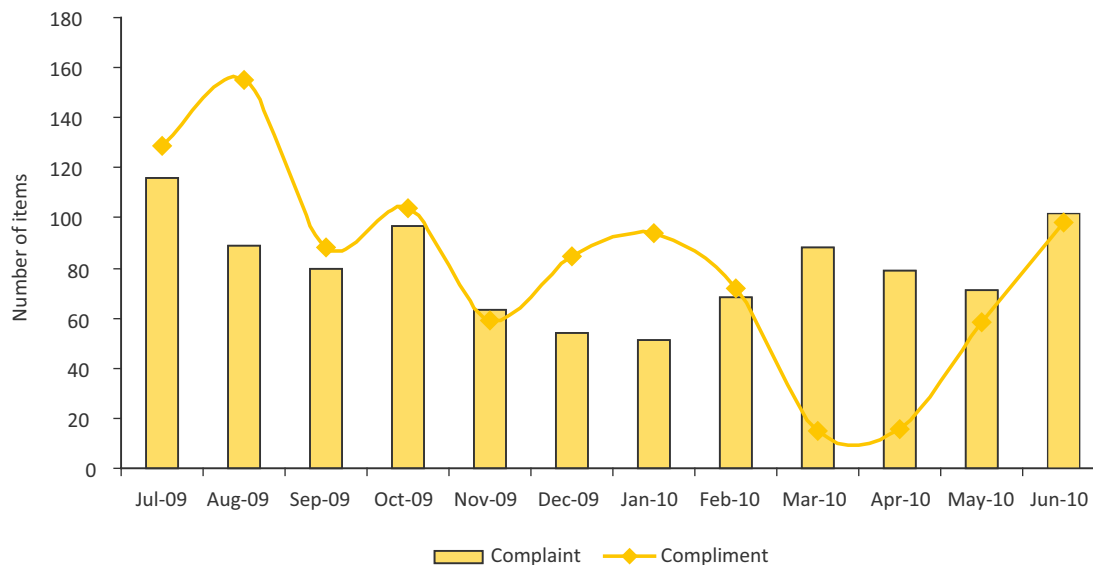
ACT Health has contracted with Ultra Feedback, a research company based in Victoria, to undertake ACT Health-wide consumer satisfaction monitoring. Surveying commenced in October 2009, with reports from the initial survey period, October to December 2009, being prepared for ACT Health in July 2010.

ACT Health’s Consumer Participation/Engagement Framework is a collaboration between ACT Health and consumer and carer groups of the ACT and is nearing completion. The framework will facilitate appropriate, effective and sustainable consumer and carer participation in a range of settings.

## Consumer feedback in 2009–10

From 1 July 2009 to 30 June 2010, ACT Health received 958 compliments, 973 complaints and 115 comments—a total of 2046 pieces of feedback. Last financial year, a total of 2790 pieces of feedback were received.

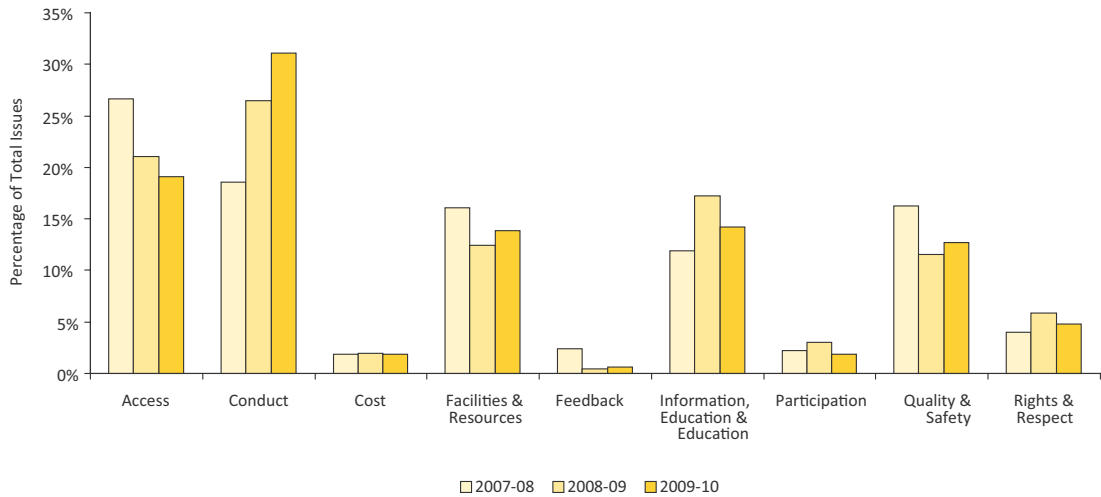
### Feedback (compliments & complaints) received by month



The issues highlighted by consumer feedback received by the divisions and streams of ACT Health are classified according to the following categories, which have been developed based on classifications used by the Australian Institute of Health and Welfare, the Picker Institute, ACT Health Clinical Review classifications and classifications used in other Australian states:

- access
- conduct
- cost
- resources/facilities
- feedback
- participation
- quality and safety
- information/communication/education
- rights and respect.

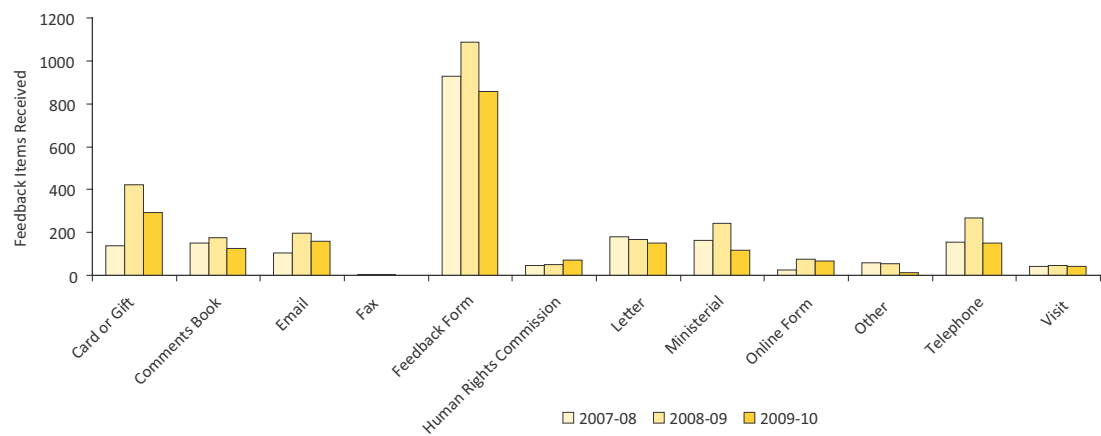
## Issues highlighted by consumer feedback



It should be noted that a consumer may raise a number of issues in one piece of feedback. Conduct, access and information/communication/education were the most important issues identified in complaints received by consumers.

A number of quality improvement projects have commenced as a result of consumer feedback, including the review of consumer information materials and resources.

## Consumer feedback mode of receipt



Consumer Feedback drop boxes are installed at over 80 sites across ACT Health. The feedback boxes and poster provide information for consumers and carers about how to lodge feedback with ACT Health. Forms are provided at each drop box that can be taken away and posted without charge into any Australia Post box in Australia. Feedback forms constitute to approximately 42 per cent of the feedback received by ACT Health.

ACT Health utilises key performance indicators (KPI) to monitor the outcomes of our consumer feedback processes, and performance against these indicators is shown in the table below.

KPI	2009–10	Target achieved
100% of feedback is acknowledged within 5 working days as appropriate	100%	✓
80% of consumer complaints are resolved within 35 calendar days	63%	✗

Regular reports with trended data are provided to all divisions and service areas of ACT Health. The data is presented to quality improvement committees for consideration and action as appropriate to the area.

Work is under way to identify any additional assistance and support that could be provided by the Consumer Engagement Team to areas in resolving complaints with consumers. This work will form part of the review of the ACT Health Consumer Feedback Management Policy, due for completion in December 2010.

This year, as a result of consumer feedback, program areas have undertaken improvements that include:

- policy reviews and ongoing policy development
- assistance with consumer surveying and consultations
- ACT Health-wide consumer satisfaction survey
- highlighting of specific issues raised in complaints received with relevant staff
- improvements to patient information brochures and questionnaires, as recommended through consumer feedback
- input into the content of consumer and carer education materials
- consumer representatives reimbursement policy review
- consumer representatives appreciation awards
- implementation of the Australian Charter of Healthcare Rights
- advice to ACT Health staff and committees on how to increase engagement of consumers and carers in the delivery of their services to improve the safety and quality of their services
- family meetings to ensure resolution of feedback
- liaison with peak consumer and carer groups and ACT Human Rights Commission.

## B.3 Legislative Assembly committee inquiries and reports

### Standing Committee on Health, Community and Social Services—Report No. 1—Report on Annual and Financial Report 2007–08

Report tabled in the Legislative Assembly in April 2009 and Government Response tabled in October 2009

Recommendation	Government response
<p>3 The Committee recommends that ACT Health provide more information, in future reports, about initiatives in relation to addressing the shortage of general practitioners in the ACT.</p>	<p><b>Noted</b>—The 2007–08 Annual Report notes the activities and initiatives undertaken against each of the objectives of the ACT Workforce Plan 2005–2010 to address the shortage of general practitioners in the ACT. The 2008–09 report will include a summary of general practitioner focused initiatives being undertaken to address ACT workforce shortages.</p>
<p>4 The Committee recommends that ACT Health provide more information, in future reports, on action being taken to address category 2 elective surgery patient waiting lists.</p>	<p><b>Noted</b>—Previous annual reports have noted the considerable efforts undertaken to increase access to elective surgery and reduce waiting times for care. ACT Health annual reports have provided details of initiatives undertaken to meet government commitments to reduce the number of people waiting too long for care as well as continuing to ensure that more urgent elective surgery cases are admitted to surgery within standard timeframes.</p> <p>The government’s commitment to reducing the waiting time for care has shown results over recent years. The number of people waiting longer than one year for surgery has dropped by 46 per cent over three years, from 1,085 in June 2006 to 586 in June 2009.</p> <p>Despite this, the number of category 2 patients with waiting times greater than the standard waiting time for surgery remains too high. The government will focus on this category of patients within its long waiting time reduction strategy during 2009–10. Reference to this will be included in the ACT Health Annual Report for 2008–09.</p> <p><b>Departmental implementation</b>—The number of category 2 patients with waiting times greater than the standard waiting time for surgery remains too high. The ACT Health Annual Report will also include details of our progress against new nationally agreed targets for access to elective surgery. Under the National Health Reform Program, the ACT has agreed to work towards a target of 95 per cent of elective surgery patients admitted for surgery within standard waiting times. At present, less than half of category 2 patients are admitted within the timeframe.</p>
<p>5 The Committee recommends that ACT Health provide further information, in future reports, relating to the strategies that will be adopted to meet the long-term target of an 85 per cent bed occupancy rate.</p>	<p><b>Noted</b>—Previous annual reports have noted efforts undertaken to improve bed occupancy rates, including the provision of the highest growth in bed capacity over the last five years since self-government.</p> <p>The main driver in reducing bed occupancy is the capacity to increase the number of beds quicker than the rate of growth in demand for services. While the government has increased the bed capacity of our public hospitals by 25 per cent over the four years to 2008–09 (Australian Hospital Statistics, Australian Institute of Health and Welfare), demand for inpatient services has jumped 21 per cent over the same period. This higher than estimated growth in inpatient demand has not enabled the government to fully deliver on its commitment of reducing bed occupancy to 85 per cent. However, despite the considerable increase in demand, the government has managed to decrease our bed occupancy rate from 97 per cent in 2005–06 to 89 per cent in each of the last two financial years. The government has committed additional funds in 2009–10 and across the forward estimates to further increase bed capacity as a means of reducing bed occupancy rates closer to the target of 85 per cent.</p>

Recommendation	Government response
	<p><b>Departmental implementation</b>—The 2009–10 Annual Report will include details of the additional bed capacity added to the public hospital system over the year. This additional capacity has enabled our public hospitals to reduce bed occupancy rates down to the target of 85 per cent. This is the first time since the government began regularly reporting this figure that we achieved the 85 per cent target.</p> <p>The government has provided funding for an additional 19 beds for our public hospital system over 2010–11. In addition, further capacity will be added to our hospitals through initiatives agreed between the Commonwealth and the ACT under the National Health Reform Program. These initiatives will help to ensure that we are able to maintain bed occupancy rates at the 85 per cent target level.</p>
<p>6 The Committee recommends that ACT Health provide further information, in future reports, on strategies that will be adopted to meet targets set for triage category 3 and 4 in 2009–10.</p>	<p><b>Noted</b>—Previous annual reports have noted efforts undertaken to improve waiting times for emergency department services, including the establishment of new services which relieve pressures on emergency departments and the provision of additional hospital capacity (through additional beds), which provides better patient flows out of the emergency department to other services. However, this information has not been presented with the performance information on emergency department waiting times.</p> <p>The 2008–09 report will include a summary of initiatives being undertaken to improve waiting times together with the emergency department performance information.</p> <p><b>Departmental implementation</b>—The 2008–09 report included a summary of initiatives being undertaken to improve waiting times together with the emergency department performance information.</p> <p>The annual report will include a summary of initiatives being undertaken to improve waiting times together with the emergency department performance information. The annual report will include commentary on initiatives agreed between the Commonwealth and ACT governments under the National Health Reform Program to improve emergency department waiting times. Governments across Australia have agreed to ensure that 95 per cent of emergency department presentations are assessed, treated and either admitted, discharged or transferred within four hours of arrival by 2015 (currently at 58 per cent for the ACT—2009–10). To achieve this target, ACT Health will work with clinicians to change the way in which services operate throughout the hospital to minimise waiting times and improve access to care.</p>
<p>7 The Committee recommends that ACT Health provide further information, in future reports, on category 5, non-urgent patients, that leave the emergency department before treatment is received, in particular any information that relates to emerging trends.</p>	<p><b>Not agreed</b>—It is not possible to accurately collect data in relation to people who present to an emergency department but do not wait for care.</p> <p>Any information on the reasons for not waiting for care would only be anecdotal as it is not possible to capture data for people who leave without being seen by a clinician (or advising administrative staff). It would not be appropriate to include such anecdotal information within the annual report.</p>

## Standing Committee on Health, Community and Social Services—Report No. 2—Access to Primary Health Care Services

### Report tabled in the Legislative Assembly in February 2010 and Government Response tabled in June 2010

Note—As indicated, this Government Response was tabled in the Legislative Assembly in June 2010; therefore, the comments are current. ACT Health will provide an update and/or further information relating to the Government Response in the 2010–11 Annual Report.

Recommendation	Government response
<p>1 The Committee recommends that the ACT Government work with the ACT Division of General Practice to develop ways of raising the profile of general practitioners in the community.</p>	<p><b>Agreed</b></p> <p>The ACT Government will continue to work with the ACT Division of General Practice to address GP workforce shortages in the ACT. The ACT Government and the ACT Division of General Practice commenced a nation-wide advertising campaign in 2008 showcasing the lifestyle benefits of living and working in Canberra as a GP, which also included a call to action to potential applicants to investigate GP employment opportunities in Canberra. In 2009 this campaign was expanded to include a direct mail-out to approximately 4000 GPs in inner Sydney and Melbourne locations and to target overseas locations, including New Zealand and the United Kingdom. 2010 will see the continuation of the national and international campaigns and include linkages with Live in Canberra for promotion of GP vacancies.</p> <p>The ACT Government has also provided funding of \$281,000 over four years for a marketing and support position to work in partnership with the ACT Division of General Practice to address GP workforce issues. ACT Health and the ACT Branch of the Australian Medical Association have also jointly reconvened the GP Workforce Working Group, which works to inform discussion, help set direction and facilitate research on the GP workforce and general practice workforce shortages in the ACT.</p>
<p>2 The Committee recommends that the ACT Government extend their marketing strategy for GPs over the age of 55 to include attracting and re-engaging recently retired GPs from across Australia, with particular attention to NSW and Victoria.</p>	<p><b>Noted</b></p> <p>There is an ongoing shortage of general practitioners in Australia, and a particularly severe shortage in the ACT. As noted in the response to recommendation 1, the ACT Government continues to progress a nation-wide advertising campaign that includes GPs in NSW and Victoria. The ACT GP Marketing and Support Officer will also continue to undertake generic marketing for general practice. This will encompass all general practitioners eligible for registration regardless of age. The ACT Government has also agreed to recommendation 8 of the GP Taskforce to increase the GP Marketing and Support Officer role to full-time.</p> <p>The GP Taskforce Final Report noted that many GPs see the ACT as an ideal environment to work across a portfolio of professional activities, offering diverse and interesting career prospects. The promotional campaign endeavours to leverage this strength and highlight the variety of employment opportunities and structures (such as part time) available to GPs in the ACT.</p>
<p>3 The Committee recommends that ACT Health collect and publish data on the number of overseas trained doctors recruited to the ACT, including their country of origin, the length of stay, and whether they return to their country of origin.</p>	<p><b>Not agreed</b></p> <p>This information is not collected by ACT Health or the ACT Medical Board. It is not clear what the benefits of collecting such data would be. Furthermore, the collection of this information is likely to present privacy and confidentiality challenges in part due to the small sample size in the ACT.</p>

Recommendation	Government response
<p>4 The Committee recommends that the ACT Government conduct a feasibility study on employing salaried general practitioners in community health centres.</p>	<p><b>Noted</b></p> <p>The ACT Government will continue to explore new models of primary health care delivery, of which salaried general practitioners in community health centres may be a component. It would not be feasible, however, for ACT Health to consider recommendations in this area until negotiations have been finalised surrounding the Commonwealth's National Health Reform Plan (as contained in the <i>A National Health and Hospitals Network: Further Investments in Australia's Health</i> paper), released on 12 April 2010.</p>
<p>5 The Committee recommends that the ACT Government examine the provision of financial and other incentives to small suburban general practices in identified areas of need, and to new general practices wishing to establish in those areas.</p>	<p><b>Agreed in principle</b></p> <p>The Australian Government already provides incentives to general practice in districts of workforce shortage, which corresponds with outer metropolitan provisions. The ACT Minister for Health has repeatedly asked for these provisions to be extended to the whole of Canberra and the Australian Government has declined to do so.</p> <p>The ACT Government has established the GP Workforce Program—an initiative available to all Canberra GPs. The GP Workforce Program will provide a total of \$12 million over the next four years to support and grow general practice support in the ACT. Included in this funding is an initiative called the ACT GP Development Fund. Under this initiative, ACT GPs, including those in small suburban general practices, will be able to apply for funds under a number of different categories.</p>
<p>6 The Committee recommends that the Minister for Health propose that the consideration of increased Medicare item numbers for allied health professionals be included for discussion at the next Australian Health Ministers' Conference.</p>	<p><b>Noted</b></p> <p>Increased Medicare item numbers for allied health professionals is a matter for the Commonwealth. The ACT Minister for Health will write to the Commonwealth Minister for Health communicating the Committee's recommendation regarding this issue.</p>
<p>7 The Committee recommends that the ACT Government consider ways of expanding health options for consumers by enhancing the provision of services provided by registered and accredited allied health professionals under the National Registration and Accreditation Scheme, in community health centres in the ACT.</p>	<p><b>Agreed in principle</b></p> <p>ACT Health has actively pursued pathways for new roles to become part of the health workforce, such as nurse practitioners and allied health assistants. ACT Health has also extended the scope of professional practice in a number of areas. For example, enrolled nurses who have undertaken additional training can administer medications, and physiotherapists are now working in the emergency department to help with the management of musculoskeletal injuries.</p> <p>The ACT Health Workforce Plan 2005–2010 sets the agenda for workforce redesign to ensure a sustainable health workforce into the future. Work aligned to the plan, such as establishing nurse practitioner roles within the ACT, has already expanded health options for consumers and been incorporated within the legislative framework of the ACT.</p> <p>Significantly, on 16 March 2010, the ACT Legislative Assembly passed the <i>Health Practitioner Regulation National Law Bill 2009</i> to enable the ACT to join the National Registration and Accreditation Scheme. The national scheme, which currently involves 10 health professions, including chiropractors, dental care practitioners, medical practitioners, nurses and midwives, optometrists, osteopaths, pharmacists, physiotherapists, podiatrists, and psychologists, will help health professionals move around the country more easily, reduce red tape, provide greater safeguards for the public and promote a more flexible, responsive and sustainable Australian health workforce.</p>



Recommendation	Government response
<p>8 The Committee recommends that the ACT Minister for Health enlists the assistance of all ACT federal members to lobby on behalf of the ACT, for the whole of the ACT to be considered a district of workforce shortage for GP services.</p>	<p><b>Noted</b></p> <p>The ACT Minister for Health has written and lobbied the Commonwealth Minister for Health on numerous occasions regarding this matter.</p> <p>While the Commonwealth have confirmed that the criteria regarding districts of workforce shortage for GP services will not be changed for the ACT, the ACT Government will continue to avail itself of every opportunity to outline to the Australian Government the reasons why all of Canberra should be considered a district of workforce shortage in relation to general practice until the supply meets the average number of GPs for a similar urban population.</p>
<p>9 The Committee recommends that the ACT Government consider the provision of financial assistance to small general practices to employ a practice nurse that demonstrate a need for a practice nurse but are unable to employ one.</p>	<p><b>Noted</b></p> <p>The Australian Government already provides incentives to general practice in outer metropolitan areas to support practices to employ a practice nurse. The ACT Division of General Practice also provides support to all general practices to assist with the engagement of a practice nurse. In addition, the ACT Division of General Practice provides a nursing in general practice officer, who is available to support all Canberra general practices. As noted in the response to recommendation 5, the ACT Government has also put in place a GP Workforce Program that will provide a total of \$12 million over the next four years to support and grow general practice support in the ACT. The ACT Minister for Health will write to the Commonwealth Minister for Health regarding these issues.</p>
<p>10 The Committee recommends that the ACT Government commission an independent evaluation of the walk-in centre at the Canberra Hospital after 12 months of operation, to examine the viability of establishing similar clinics in areas of greatest need.</p>	<p><b>Agreed</b></p> <p>The ACT Government has in place a governance model for new initiatives such as the Walk-In Centre that includes a cycle of review and improvement.</p> <p>The ACT Health Centre for Nursing and Midwifery Research, in conjunction with the Australian Primary Health Care Research Institute, are undertaking an evaluation of the Walk-In Centre. This will be done within the first year of operation.</p>
<p>11 The Committee recommends that ACT Health engage with the Pharmacy Guild to explore ways of better utilising the pharmacies in the ACT in the provision of primary health care services.</p>	<p><b>Agreed in principle</b></p> <p>The ACT Government will continue to explore new models of primary health care delivery and will continue to explore ways of improving access to health services by working closely with stakeholders, including the Pharmacy Guild.</p> <p>ACT Health intends to commence work with stakeholders once negotiations surrounding the National Health Reform Plan are finalised and the consequences for the ACT are fully understood.</p>
<p>12 The Committee recommends that the ACT Government monitor the progress of the West Belconnen Health Cooperative and, if it proves to be successful, provide information and support to community groups interested in establishing a health cooperative, or a similar model in their local community.</p>	<p><b>Noted</b></p> <p>The ACT Government does not routinely monitor the progress of private organisations. The ACT Government will continue to work with West Belconnen Health Cooperative to support this model as well as explore new models of primary health care delivery. It should be noted, however, that the outcomes of negotiations surrounding the National Health Reform Plan could influence how primary health services are delivered at a community level in the future.</p>

Recommendation	Government response
<p>13 The Committee recommends that the ACT Government conduct a community education campaign informing people about access points for health care needs, including general practitioners, allied health professionals and pharmacists.</p>	<p><b>Agreed in principle</b></p> <p>The ACT Government is in the process of developing a service provider directory. Once established, the directory will provide a platform to improve awareness of services. The Walk-In Centre campaign will also include clear public messages about where members of the community can go for particular levels of health care.</p> <p>healthdirect Australia also offers telephone information about health services available in the ACT and is developing an online health service directory.</p>
<p>14 The Committee recommends that the ACT Government trial a temporary shuttle bus service from Woden Town Centre and the Woden Interchange to the Canberra Hospital, and from an appropriate place at the Belconnen Town Centre to the Calvary Hospital, until such time as the Sustainable Transport Action Plan is implemented and public transport access to the hospitals is improved.</p>	<p><b>Noted</b></p> <p>The ACTION bus network already offers regular services from Woden Town Centre and the Woden Interchange to the Canberra Hospital, as well as from Belconnen Town Centre to Calvary Hospital. In total, there are 15 services to the Canberra Hospital: routes 3, 5, 6, 21, 22, 23, 24, 66, 67, 76, 77, 267, 720, 934 and 938; and four services to Calvary Hospital: routes 3, 73/74 and 900.</p> <p>Additionally, there are six ACT Regional Community Bus Services which provide flexible transportation for residents who are isolated because of lack of viable transport options. This community transport services residents in Belconnen, Gungahlin, the Northside (Dickson and surrounding areas), the Southside (Narrabundah and surrounding areas), Tuggeranong, and Woden. A shuttle bus could not offer round trips any faster than the current ACTION network, and would serve only as an expensive duplication of the current ACTION service coverage.</p> <p>The current utilisation of ACTION buses going to these hospitals is unknown, and further research may be warranted. ACT Health will endeavour to work with ACTION to increase consumer awareness of the available services.</p>
<p>15 The Committee recommends that ACT Health promote the use of interpreters to general practitioners and the broader primary health care sector to provide people for whom English is not their first language, with greater choice in accessing medical services and to reduce the burden on services that cater specifically for this population group.</p>	<p><b>Noted</b></p> <p>The Australian Government is responsible for both general practice and interpreter services. The Australian Government, through the Department of Immigration and Citizenship, provides the 'Translating and Interpreting Service National' for people who do not speak English and for English speakers who need to communicate with them. The ACT Division of General Practice is most appropriately positioned to promote this service to GPs and the broader primary health care sector. ACT Health will bring the Standing Committee's recommendation to the attention of the ACT Division of General Practice for consideration.</p>
<p>16 The Committee recommends that the ACT Government investigate ways of providing an in-hours locum service to cover general practitioners working in community-run health services that receive funding from the ACT Government, such as the in-hours GP Aged Day Service.</p>	<p><b>Noted</b></p> <p>The ACT Government, through ACT Health, provide funding to community-run health services such as the Junction Youth Health Service and Companion House, to provide specific services. Locum availability is a GP workforce issue. As noted in the response to recommendation 5, the ACT Government has put in place a GP Workforce Program that will provide a total of \$12 million over the next four years to support and grow general practice support in the ACT. The ACT GP Aged Day Service, which has recently gone out to tender, will provide GPs with emergency support for providing medical care to consumers who are house-bound and residents of residential aged care facilities. This service will provide in-hours locum cover to a clearly defined scope of clients.</p>

Recommendation	Government response
<p>17 The Committee recommends that the ACT Government investigate the feasibility of establishing a pilot project for residents living in residential aged care facilities in the ACT, such as the Proactive Aged Care program proposed by Healthcube, or a similar model.</p>	<p><b>Not agreed</b></p> <p>Whilst residential aged care is the responsibility of the Australian Government, the ACT Government is currently tendering for an ACT GP Aged Day Service to provide GPs with emergency support for providing medical care to consumers who are house-bound and residents of residential aged care facilities. This service will provide in-hours locum cover to a defined scope of clients. It would not be appropriate to consider modifying the model at this stage or running an alternative program in parallel until the GP Aged Day Service is established and evaluated.</p>
<p>18 The Committee recommends that ACT Health negotiate a cross-border agreement with the NSW Government for health services provided by Winnunga Nimmityjah Aboriginal Health Service, to NSW residents.</p>	<p><b>Noted</b></p> <p>Winnunga Nimmityjah Aboriginal Health Service (Winnunga) is a non-government organisation which receives funding from ACT Health for the delivery of a range of allied health programs. The ACT Government is not responsible for funding of general practice at Winnunga; this is a Commonwealth responsibility.</p> <p>The Australian Healthcare Agreement provides the framework allowing for cross-border arrangements between government agencies of jurisdictions on hospital services. However, there is no mechanism that allows for bilateral arrangements on primary health care services provided by government agencies, or between non-government organisations in one jurisdiction and government agencies of another. For example, services provided by ACT Community Health are not subject to any cross-border payment by NSW.</p> <p>While it would be inappropriate for the ACT Government to negotiate a cross-border agreement with the NSW Government on behalf of a non-government organisation, ACT Health will endeavour to contact Winnunga to clarify the issues and explore alternative options.</p>
<p>19 The Committee recommends that the ACT Government provide funding to Winnunga Nimmityjah Aboriginal Health Service to enable the employment of at least one full-time general practitioner position.</p>	<p><b>Not agreed</b></p> <p>This is a Commonwealth issue. The Australian Government, through the Department of Health and Ageing, is responsible for funding of general practice.</p> <p>ACT Health funded Winnunga Nimmityjah Aboriginal Health Service approximately \$1.34 million (2009–10) to deliver a range of allied health programs including: the Aboriginal Midwifery Access Program; Hearing Health; Dental Health; Mental Health; Dual Diagnosis; Youth Detoxification Support Service; the Opiate Program; and Correctional Health Services.</p>
<p>20 The Committee recommends that the ACT Government extend the Better General Health Program to general practitioners that provide ‘continuity of care’ to elderly patients and those with chronic and complex conditions to ensure they are financially agreed for the provision of that service.</p>	<p><b>Noted</b></p> <p>The ACT Government will continue to explore new models of primary health care delivery and will consider expanding the Better Health Program, formerly known as the Better General Health Program in its pilot phase, to cater for targeted populations in the ACT. The ACT Government notes that the Better Health Program had a budget of \$275,000 in 2008–09.</p>

Recommendation	Government response
<p>21 The Committee recommends that the ACT Government conducts appropriate consultation with all relevant stakeholders in the development of its e-health strategy.</p>	<p><b>Agreed</b></p> <p>The ACT Government recognises the value of effective community engagement, and strives to draw on the diverse range of skills, experiences and knowledge from within the community when developing policy and programs.</p> <p>Central to the ACT Government e-health strategy is the development of an Electronic Health Record (EHR). In developing the e-health strategy, ACT Health conducted an implementation planning study (IPS) into a clinical repository, which is a necessary pre-requisite to the development of an EHR. ACT Health consulted with a broad range of stakeholders during the course of the IPS. These groups included:</p> <ul style="list-style-type: none"> <li>• all divisions within ACT Health</li> <li>• the ACT Division of General Practice</li> <li>• the Southern General Practice Network</li> <li>• a sample group of ACT GPs</li> <li>• the ACT Division of General Practice Aged Care Focus Group</li> <li>• Health Care Consumers' Association</li> <li>• Capital Pathology</li> <li>• Canberra Imaging Group</li> <li>• the National E-Health Transition Authority.</li> </ul> <p>A key outcome of the IPS recommended that ACT Health broaden its governance arrangements of both the development and ongoing management of the EHR to include a wider range of stakeholders (public, private and consumers). ACT Health has adopted this recommendation and is currently considering the possible structural arrangements for the governance of the EHR. Other strategies to engage stakeholders include:</p> <ul style="list-style-type: none"> <li>• a monthly e-health meeting between ACT Health Information Services Branch and the Health Care Consumers' Association</li> <li>• representation by consumers and the ACT Division of General Practice on the ACT Health Information Management and Information Technology Committee</li> <li>• the employment of a full-time GP e-health liaison position</li> <li>• consumer representation on key e-health project steering committees</li> <li>• regular meetings with the ACT Division of General Practice and the Southern General Practice Network.</li> </ul>
<p>22 The Committee recommends that ACT Health widely promote the services of healthdirect throughout the community.</p>	<p><b>Agreed in principle</b></p> <p>It is anticipated that the healthdirect Australia service will be a fully national service by 2011. Given the national status of the service, any unplanned increase in call volume resulting from promotional activity in one jurisdiction has the potential to adversely affect service levels nationally. Consequently, promotional activities need to be undertaken in consultation with the operator of the service (National Health Call Centre Ltd) so that the service provider has time to employ and train any extra staff required to maintain contracted service levels.</p> <p>An intensive promotional campaign accompanied the launch of the service in the ACT in May 2001. Promotions, including newspaper and television advertising and distribution of flyers and fridge magnets, were undertaken. The promotional activity continued intermittently for the next year. When call volumes reached the anticipated target level of 10 per cent of population (i.e. around 30,000 calls per year) promotional activity ceased (though it should be noted that call volumes continued to increase well beyond national and international averages for such services, consistently remaining at around 13 per cent of population or more than 40,000 calls per annum).</p> <p>Recent promotional activities have included display ads on the side of ACTION buses (mid-2009) and display advertising in the Blue Book, which is a resource distributed to parents of newborn children in the ACT. Materials targeted at Aboriginal and Torres Strait Islander communities have been produced and have been distributed to Aboriginal and Torres Strait Islander Health Services.</p>

Recommendation	Government response
<p>23 The Committee recommends that ACT Health report on healthdirect activity, including generic information about the number and nature of calls and action taken, as part of ACT Health's quarterly performance reports. The Committee further recommends that the ACT Government examine the Western Australian healthdirect reporting model, with a view to its introduction in the ACT, if deemed appropriate.</p>	<p><b>Agreed in principle</b></p> <p>healthdirect Australia publishes both quarterly and annual reports on its website: <a href="http://healthdirect.org.au/go/publications">http://healthdirect.org.au/go/publications</a>. These reports are publicly available and provide the number of calls, the nature of calls and action taken. More detailed reports are provided to each participating jurisdiction, and the ACT Government will consider the feasibility of including this data in ACT Health's quarterly performance reports.</p> <p>Recommendation—ACT Government examine the Western Australian healthdirect reporting model, with a view to its introduction in the ACT</p> <p><b>Not agreed</b></p> <p>The healthdirect Australia service is a national service and provides regular reports via its website. The Western Australian Government has not provided a report since the 2nd quarter of 2008, and instead provides a link to the healthdirect Australia website, where, for example, the most recent healthdirect Australia report (3rd quarter 2009) can be found.</p>
<p>24 The Committee recommends that the ACT Government continue to monitor the innovations in primary health care delivery being trialled across Australia and overseas.</p>	<p><b>Agreed</b></p> <p>The ACT Government will continue to monitor innovations in primary health care, and will continue to actively engage in the national health reform process.</p>

## Standing Committee on Health, Community and Social Services—Report No. 3—Report on Annual and Financial Report 2008–09

### Report tabled in the Legislative Assembly in March 2010 and Government Response being prepared

Recommendation	Government response
<p>7 The Committee recommends that ACT Health enhance the RADAR program for the elderly to reduce the number of presentations to the emergency departments and to ease the stress on elderly patients by avoiding an unnecessary emergency department presentation.</p>	<p>Government response is yet to be determined.</p>
<p>8 The Committee recommends that ACT Health, in the 'external scrutiny' section of its annual report, provide more accurate reporting on relevant inquiries by Legislative Assembly Committees concerning the operation of the agency, and information on the implementation of Assembly committee recommendations that have been accepted by the government of the day.</p>	<p>Government response is yet to be determined.</p>

## Standing Committee on Justice and Community Safety— Report No. 1—Report on Annual and Financial Report 2007–08

Report tabled in the Legislative Assembly in June 2009 and Government  
Response tabled in October 2009

Recommendation	Government response
4 The Committee recommends that the ACT Corrective Services and ACT Health provide a briefing to the Standing Committee on Justice and Community Safety on the detoxification facilities and services available in ACT correctional facilities.	<p><b>Agreed</b>—All prisoners are assessed by a nurse upon admission to the Alexander Maconochie Centre (AMC) to determine their immediate medical requirements, including any detoxification services that may be necessary. Depending on the results of the initial assessment (which includes the determination of the seriousness of any substance withdrawal), the detainee may be moved to the remand or sentenced area, to the Crisis Support Unit or to hospital. The following withdrawal symptoms can be treated with the use of medicated detoxification at AMC:</p> <ul style="list-style-type: none"> <li>• opiate withdrawal</li> <li>• benzodiazepine withdrawal</li> <li>• alcohol withdrawal.</li> </ul>

## Standing Committee on Justice and Community Safety—Report No. 4—Report on Annual and Financial Report 2008–09

Report tabled in the Legislative Assembly in February 2010 and Government  
Response being prepared

Recommendation	Government response
28 That ACT Health examines the feasibility of incorporating information about persons authorised to exercise substituted decision-making powers on relevant electronic files being created for national and ACT e-health initiatives.	Government response is yet to be determined.

## Select Committee on Estimates 2010–11 on the Inquiry into the Appropriation Bill 2010–11

### Report tabled in the Legislative Assembly in June 2010 and Government Response tabled in June 2010

Note—As indicated, this Government Response was tabled in the Legislative Assembly in June 2010; therefore, the comments are current. ACT Health will provide an update and/or further information relating to the Government Response in the 2010–11 Annual Report.

	Recommendation	Government response
14	The Committee recommends that the Minister for Health provide the Assembly with quarterly updates about the National Health and Hospitals Network negotiations with the Australian Government.	<b>Agreed</b> —Noting the level of detail provided will be governed by the usual expectations of confidentiality surrounding intergovernmental negotiations.
15	The Committee recommends that the ACT Government build growth funding into the formula for mental health funding which is consistent with the reported growth in national mental health demand.	<b>Agreed in principle</b> —This government has a strong track record in increasing funding for mental health. The government has demonstrated responsiveness to demand and will continue to do so. While having medium to longer-term objectives in relation to mental health as a percentage of total health expenditure and the proportion of that expenditure delivered in the community sector, the experience is that a fixed annual increase is not the most appropriate approach. While the growth in national mental local health demand is a useful reference, the government makes annual decisions based on local need and priority and will continue to do so. It should be noted that this government has made strong commitments to mental health expenditure, including community sector agencies, purpose-built facilities such as the secure mental health service, the mental health assessment unit at TCH, the young adult mental health service and the new adult mental health inpatient unit, all of which are articulated in the ACT Strategic Plan for Mental Health Services.
16	The Committee recommends that the percentage of overall mental health funding allocated to community organisations be reported in the annual Budget Papers.	<b>Agreed</b>
17	The Committee recommends that the next ACT Government review of the interstate patient travel scheme is approached with a view to meeting real costs and providing an appropriate level of assistance where required.	<p><b>Noted</b>—The Commonwealth Government is currently working collaboratively with all states and territories towards a harmonisation of the schemes to ensure equity in access for all Australians. ACT reimbursement rates are equivalent to, or above, those paid by most other states or territories under similar schemes.</p> <p>The Commonwealth Government provides policy principles for states and territories. Administrative Principle 1 states that the schemes should provide a subsidy for travel and accommodation expenses to assist with access to specialist medical care.</p> <p>A ceiling against real cost recovery will always be required to ensure the government funds are being appropriately expended.</p> <p>The ACT Interstate Patient Travel Assistance Scheme (IPTAS) annually reviews the guidelines, eligibility criteria, and the levels of reimbursement payable under the scheme. From 1 July 2010, CPI indexation will be applied to all reimbursement rates.</p>

## B.4 Legislation Report

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The following is a list of all legislation that ACT Health was responsible for during the reporting period:

- Blood Donation (Transmittable Diseases) Act 1985
- Drugs of Dependence Act 1989, except section 123 and section 140
- Epidemiological Studies (Confidentiality) Act 1992
- Food Act 2001
- Gene Technology Act 2003
- Gene Technology (GM Crop Moratorium) Act 2004
- Health Act 1993
- Health Professionals Act 2004
- Health Professionals (Special Events Exemptions) Act 2000
- Health Records (Privacy and Access) Act 1997
- Human Cloning and Embryo Research Act 2004
- Intoxicated People (Care and Protection) Act 1994
- Medicines, Poisons and Therapeutic Goods Act 2008
- Mental Health (Treatment and Care) Act 1994, except part 3, part 8, part 9, section 141, section 142 and section 143
- Public Health Act 1997
- Radiation Protection Act 2006
- Smoking (Prohibition in Enclosed Public Places) Act 2003
- Supervised Injecting Place Trial Act 1999, except section 7, section 8 and section 13
- Tobacco Act 1927
- Transplantation and Anatomy Act 1978.

The Public Health (Prohibited Drugs) Act 1957 was repealed by the Medicines, Poisons and Therapeutic Goods Act 2008 in February 2009.