SUBMISSION

CHS Consultation:

Canberra Health Services Clinical Services Plan

2 June 2021

Health Care Consumers' Association
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The Health Care Consumers' Association (HCCA) provides a voice for consumers on local health issues and also provides opportunities for health care consumers in the ACT to participate in all levels of health service planning, policy development and decision making. HCCA involves consumers through consumer representation, consultations, community forums, and information sessions about health services and conducts training for consumers in health rights and navigating the health system.

HCCA welcomes the opportunity to provide input into **Canberra Health Services (CHS) Clinical Services Plan**. In constructing this submission, we reached out to a number of our Consumer Reference Groups, specifically HCCA's Health Policy and Research Advisory Committee and Quality and Safety Consumer Reference Group. This submission is a reflection of the feedback we received.

1. General Comments

There were a couple of areas highlighted by consumers that would benefit from further development and elaboration, including in the data provided, but also in exploring existing and potential models of care:

- The relationship between ACT and NSW health care provision.
  This is mentioned in service direction and action 3.3 but is not really expanded on in the document. Particularly the existing models of care and their possible evolution, based on consumer needs and future projections.
- The relationship between Calvary Public Hospital and CHS.
  It is mentioned as a major partner (page 16) but given the importance of Calvary Public Hospital the relationship warrants further elaboration, particularly how the relationship currently functions and the impact of the plan on service provision.
- It was also raised that the plan needs to expand on the strategy for the University of Canberra Hospital (UCH).
  Consumers were particularly interested in hearing more about the models of care and the relationships between UCH and the broader CHS network particularly in the context of looking at expanding specialist pathways from GPs to access UCH therapeutic services.
- The lack of reference to the Disability Health Strategy, Data Strategy or the CHS Integrated Care Project run through the Reform Team, that is looking at chronic conditions management in the ACT.
- In the Executive Summary, the Clinical Services Plan states: "This Clinical Services Plan outlines the strategic directions and service priorities for Canberra Health Services to optimise service delivery and improve access to care for ACT residents". Without greater stakeholder engagement, particularly with consumers, it is unclear if this plan can truly identify the real

needs of consumers for clinical services in the ACT, into the future. What is gathered from the quantitative data about expected needs doesn't always tell the full story about what is needed, as well as what is most valued by consumers.

- There is very little reference to the ACT's Digital Health Record or My Health Record as potential enablers for improving communication and transitions of care across clinical services, for consumers here in the ACT but also those accessing care from NSW.
- Consumers were pleased to see that telehealth is noted as an important part of care delivery. However, there needs to be more information provided around how Telehealth will be used strategically in the provision of care. For some consumers and health professionals, telehealth is a dramatic shift, but there may be great benefits to both consumers and health services. We support inclusion of clear evaluation and quality improvement mechanisms built into clinical services to help ensure the best quality care for consumers.
- The concept of patient centred care is unfortunately limited in this document. Consumers feel that this needs to be addressed, as patient centred care must be at the heart of the provision of clinical services in the ACT. We suggest that more substantive consumer engagement around this plan may help rectify this issue.

2. Outpatients

There were several areas in the plan where model of care issues were touched on e.g. GP specialist pathways, and Territory wide waiting lists. Consumers were concerned that the model of care for outpatient services and their relationship to specialist therapeutic services was not explored. In general, the data on outpatients did not give a clear indication of areas of investment need. While it highlights the general overall lengths of waiting lists, this does not pinpoint the underlying issues. For example, the data shows that 1000 people were added to a list and 700 people taken off, so this indicates that the list is growing, but it doesn't show the relative list size (e.g. taking 700 off a list that was only 600 to start with is very a very different situation to taking 700 off a list of 6000). As subspeciality waiting times can vary month to month, it might be useful to include the yearly average for a number of years to indicate the areas where the wait times are lengthening. Importantly, this data will also show which areas need particular focus, where wait times are exceeding clinically recommended guidelines.

The outpatient data also highlights the need to look at different models of care as for some condition-specific treatment, services require a specialist referral or diagnosis. In these situations, consumers end up on the waiting list not because they specifically need to see the specialist, but because they need to access other therapeutic services that require a specialist referral. Developing models of care that

allow access to these services through GP referral or other pathways is a vital part of a more proactive preventative medicine approach and could help reduce waiting lists.

3. Document Accessibility

Consumers generally commented that the wording of the document needs to be clearer. When referring to specific terms or concepts, these either need to be clearly defined in the text or in the Glossary. For example, for someone who is not a medical practitioner, it may be unclear what the term 'maintenance care' (page 29-32) means. With regard to the glossary, we note that a space has been set aside for it at the beginning of the document, but the content appears at the end of the document. Moving this content to the dedicated space at the beginning of the document will help with readability as people can look at the terms before they encounter them in text.

There are a number of accessibility and readability issues in regard to the graphs throughout the document. The biggest issue is the use of similarly tonal colours in many of the graphs that make them difficult, if not impossible, to read for consumers with visual impairment relating to colour. Where possible, using pattern fills or differing line styles (page 39) can help reduce the reliance on colour as the sole differentiator. There are also readability challenges with a number of graphs and tables. Consumers found the following elements challenging to understand:

- Table 2 on Risk factors on page 21, the terminology around the risk factors is not clear. Specifically:
    - With the category "Obesity (obese classification)" do you mean BMI >40?
    - With "Physical Activity (>150min/week)" do you mean people who do greater than (>) or less than (<) 150 minutes of physical activity per week?
    - With "Meeting nutrition needs" do you mean that people are not meeting their nutrition needs?
- Figure 17 on page 40 the small "referred to another hospital" lines on the graph are mostly overlapped by the numbers at the end, making them difficult to see.
- The style of chart used on page 42 (Figures 19 and 20, see also Figure 26 page 49) is particularly difficult to understand. When looking at these charts it is not clear how to read them and in the case of figure 20, with the majority of elements having very small relative numbers, this makes the information particularly inscrutable.
- The information for the charts on page 43 is clear in the text, but the graphics don't provide a clear representation. The differing units (percentages and then

whole numbers), as well as the connected lines, confuse the information which in the otherwise clear text.

There are also a number of editing issues that need to be looked at, such as the reference to five service directions on page 63 or the typo in the date information on Table 5's source (page 25).

Thank you for the opportunity to review the draft Clinical Services Plan. We are happy to discuss our submission further.

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