

# HCCA Priorities for Investment 2020

As the peak consumer organisation in the Canberra region we have identified the following priorities for advocacy in the ACT Election 2020. The following priorities have been developed in 2020 with our membership.

Our priorities are based on the overarching philosophy that:

- decisions regarding health services for the people of the ACT and surrounding areas should be based on the best publicly available, evidence based, current information; and
- consumers and carers must be meaningfully involved in all facets of health service design, development and delivery and setting priorities.

We are calling on the parties to commit to:

- **Funding:** Increase the percentage of the overall ACT budget allocated to health to meet the needs of our growing communities. Demand for publicly funded health services continues to grow and funding to match population increase and the complexity of our health care needs.
- **Access:** Develop a strategy to continue funding support for a range of options for consumers to access health services, allowing the *right care* to be accessed at the *right time* in the *right place* and using the *right model of care*. This includes improving investment and support for services like telehealth, virtual healthcare, hospital in the home, walk in centres, GP Pathways etc.
- **Workforce:** Greater workforce investment, improving staff numbers, culture, career progression options and university pathways, with the aim to make ACT health services an attractive place to work. This in turn will help address the persistent issues relating to waiting times for elective surgery and initial appointments at outpatient clinics as well as staff retention and recruitment outcomes.

## Health Care Consumers' Association

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As part of our election platform, we have identified 10 priority areas to be addressed by political parties in the lead up to and following the 2020 Election and beyond:

- 1. Improve access to palliative care.**
- 2. Introduce geriatric streaming in emergency departments.**
- 3. Improve communication with consumers, patients and their families whose main language is other than English.**
- 4. Extend and expand the availability of the rapid access assessment team and cancer services.**
- 5. Explore a strategy for direct admission for patients with chronic conditions.**
- 6. Improve access to, and broaden the range of, mental health services in the ACT.**
- 7. Increased focus on patient navigation.**
- 8. Implement the recommendations from HCCA's final report on The Kids Interstate Shared Care Project.**
- 9. Improved transparency around quality and safety.**
- 10. Commit to development and implementation of a Disability Health Strategy.**

Authorised by:

Dr Alan Thomas, President, Health Care Consumers' Association.

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# HCCA's Ten Priority Areas for Investment

## **1. *Improve access to palliative care.***

Improve access to palliative care for those in Canberra Hospital and University of Canberra hospital and in the community. We want to see the establishment of an inpatient Ward at Canberra Hospital which would include providing dedicated medical, nursing, and allied health staff. While we welcome the expansion of Clare Holland House (CHH) we believe there is an identified need for a specialised service at Canberra Hospital.

Anecdotal evidence suggests it can be disruptive and often detrimental to the dying person to be moved to CHH in their final days which can be an impediment to a peaceful death. We recognise that CHH is beautifully situated, and the level of care is excellent. Our issue is not the quality of care provided but rather the disruption of relocating someone in their final days. We often hear from families that this was not worth the effort. We would also like to request as a matter of importance commitment to expanded and enhanced *after hours* palliative care for those who have chosen to die at home on the understanding that the need for care is not confined to daylight hours. Consumers dying at home need support with pain relief as well as nursing care.

## **2. *Introduce geriatric streaming in emergency departments***

We want to see a commitment to the introduction of geriatric streaming in Emergency Departments at Calvary public hospital and Canberra hospital. Persons 65+ made up approximately 19% presentations at the emergency department in the ACT in 2017-2018<sup>i</sup>.

Geriatric Streaming in emergency departments is considered to be international best practice, it is designed to help meet the different needs of our most frail and vulnerable community members. Geriatric Streaming has demonstrated better health outcomes and increased patient satisfaction, higher rates of post discharge independence, fewer representations, as well as lower admission and readmission rates.

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### **3. *Improve communication with consumers, patients and their families whose main language is other than English.***

We are seeking a commitment to a focussed campaign around communicating with consumers, patients and their families whose main language is other than English. This would include a targeted strategy for clinical and administrative staff on how to provide access to interpreters at all hours. We also want to see more health information in community languages so consumers can make informed decisions about their health. This includes knowing their rights in terms of accessing interpreters. It is vital that access to professional interpreters is provided in order to ensure safety and quality care across the total population.

### **4. *Extend and expand the availability of the rapid access assessment team and cancer services.***

Recognising that the reality of serious illness is that it does not follow business hours, we are advocating for support to extend the availability of the rapid access assessment team and cancer services to include evenings and weekends.

Following on from the successful introduction of the rapid access team in cancer we would like to see this approach expanded to other health priority areas for the ACT such as diabetes and heart failure.

### **5. *Explore a strategy for direct admission for patients with chronic conditions.***

We strongly urge that parties commit to explore a strategy that would facilitate direct admission to hospital for people with diagnosed chronic conditions such as diabetes, cancer and lung conditions. Direct admission offers benefits to consumers and to our health system. For many people with chronic and complex health issues waiting in the ED puts them at risk of poor outcomes. They are exposed to a harsh environment, exposed to infections and regularly face delays in admission before they can receive treatment from their treating team. Direct admission can reduce pressure on the emergency department and the reduce the completion of 'routine' diagnostic tests.

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## **6. *Improving access to, and broadening the range of, mental health services in the ACT.***

We are seeking a commitment for the investment in improving access to, and broadening the range of, mental health services available in the ACT. As with physical health care different models of care are appropriate at different times. Consumers need to be able to access the services that are appropriate to their needs. This would include greater investment in physical services for mild to moderate cases, peer support programs, improved mental health patient navigation information, better co-ordination of cross service discharge planning, youth mental health services, investment in non-clinical mental health safe spaces and improved mental health pathways.

## **7. *An increased focus on patient navigation***

We seek commitment to an increased focus on patient navigation and the introduction of a patient navigation service to support consumers in accessing services as well as building levels of health literacy as set out in the [HCCA report](#), *A model for patient navigation in the ACT for people with chronic and complex conditions*. This could form part of an expansion of the chronic disease management program across the territory.

## **8. *Implement the recommendations from HCCA's final report on The Kids Interstate Shared Care Project.***

We are calling on the newly elected government to commit to implementing all thirteen recommendations from HCCA's recent work on children and families having to access specialist care interstate. The need for parents to travel long distances to attain frequently prolonged and expensive care was recently highlighted in the ACT media. The emotional, physical and social costs to the young people and their families is considerable. This report was provided to ACT Health in May 2020.

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## **9. Improved transparency around quality and safety.**

Keeping in line with the ACT's commitments under the National Performance and Accountability Framework and National Health Information Agreement, as well as the ACT's own Proactive Release of Data (Open Data) Policy, we are seeking a commitment to improve transparency around the quality and safety of our ACT health services. Accurate, timely and high-quality data collection and analysis is fundamental to health policy, program development and assessment, it is also critical to patient safety and quality of care outcomes. We are asking for a renewed focus on improving open and timely reporting to the community on quality and safety of health services data across all facets of health service provision.

## **10. The development and implementation of a Disability Health Strategy**

We strongly support the development and implementation of a Disability Health Strategy that meets the ACT Government's human rights obligations under the National Disability Strategy. The Strategy must address the complex social determinants of health that result in poor health outcomes for people with disability, these include:

- economic disadvantage;
- diagnostic overshadowing (where a person's disability is treated as the problem rather than a person's presenting medical condition);
- poor attitudes;
- inadequate digital and physical infrastructure; and
- service gaps.

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## About HCCA

The **Health Care Consumers' Association (HCCA)** is a health promotion agency and the peak consumer advocacy organisation in the Canberra region. HCCA provides a voice for consumers on local health issues and provides opportunities for health care consumers to participate in all levels of health service planning, policy development and decision making.

HCCA involves consumers through:

- consumer representation and consumer and community consultations;
- training in health rights and navigating the health system;
- community forums and information sessions about health services; and
- research into consumer experience of human services.

We want to see that Consumers and Carers are involved in all facets of health service design, development and delivery including:

- Service Design, in planning, infrastructure and service delivery;
- Policy development, implementation, review and evaluation;
- Setting research priorities and having representation in research governance, not just as subjects of research; and
- Consumers are supported as partners in their own and loved ones' care.

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<sup>i</sup> Australian Institute of Health and Welfare (2018). *Emergency department care 2017–18: Australian hospital statistics*. Health services series no. 89. Cat. no. HSE 216. Canberra: AIHW.

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