



SUBMISSION

ACT Government: ACT Budget 2025-26

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Health Care Consumers' Association

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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.

This submission was prepared by HCCA staff based on feedback from HCCA members and the HCCA Health Policy and Research Advisory Committee.

Executive Summary

HCCA works across all areas of our complex health system. HCCA advocates for safe and high-quality health care that is accessible and affordable for everyone. We are committed to exploring innovative ways to deliver care that meet consumers' needs and that optimise resource use across our health system.

HCCA wants to see the 2025-26 ACT Budget address priorities in three key domains of health:

- improving consumer access to specific support and **health services**,
- improving the integration of care within the **health system**.
- Support for the **community sector** to meet demand for services.

Supporting information and detail of HCCA's proposed budget measures, listed here under the three domains, is included from [page 5](#).

Priorities for Health Services

1. Improve the experience of health care **services for older people and people with chronic health conditions** by:
 - a. Expanding community-based services to help older people stay out of hospital, including the GRACE, RADAR and Hospital in the Home programs.
 - b. Working with community organisations to provide specialised, community-based services supporting people to manage chronic conditions.
2. Improve the delivery of **palliative care services** in the ACT by:
 - a. Funding operation of the planned new palliative care ward and model of care at Canberra Hospital and fully funding Clare Holland House to ensure all existing beds are operational;
 - b. Providing additional funds to support an increase in the number of palliative care volunteers;
 - c. Introducing a 24-hour, 7-day telephone support service for consumers and families accessing palliative care; and
 - d. Implementing a *Virtual Care* model of care option for palliative patients.
3. Improving access to **outpatient health services** through the Planned Care work program including:
 - a. Convening a Citizens Jury to ensure that significant decisions are made in the interest of the ACT community; and
 - b. Expanding Virtual Care options

4. Increasing accessibility and timeliness of **public dental services** to the ACT community, particularly for those members of our community more at risk of poorer health outcomes.
5. Fund the completion of the recently disbanded or delayed **Room Service Pilot** at Canberra Hospital.

Priorities for the Health System

1. Work with consumers to identify practical, safe and equitable solutions to the **sustainability of the ACT health system** including through the Planned Care program of work.
2. Provide full support for the implementation and ongoing operation of **Voluntary Assisted Dying** in the ACT including:
 - a. Supporting broad and representative community participation in service design.
3. Develop **outcome and experience measures** for quality and safety including:
 - a. Identification and collection of relevant data; and
 - b. Timely analysis and publication of data and insights.
4. Fully implement the **Disability Health Strategy** in the ACT.
5. Provide adequate support for the **optimisation of the Digital Health Record**.
6. **Improve communication** with consumers and their families whose main language is other than English by:
 - a. Establishing a dedicated multicultural liaison unit in public health services to meet the cultural and practical needs of Culturally and Linguistically Diverse (CALD) consumers.
 - b. Funding to increase capacity for the translation of health information into community languages.
7. Support **individual advocacy** by funding a project to scope, pilot and evaluate a broad-eligibility consumer health advocacy service for the ACT to meet significant unmet community need.
8. Develop and implement a **Climate and Health Strategy** that addresses decarbonising the health system, which includes but is not limited to:
 - a. Electrification;
 - b. Waste reduction; and

- c. Identification and adoption of less resource or emissions intensive, evidence-based alternatives – including medications, treatments, equipment and practices.
9. Address the proliferation of **health misinformation** including:
- a. Strategic analysis of misinformation messaging and trends;
 - b. Resourcing community outreach to enhance trust, share information and address emerging issues;
 - c. Development and promotion of reputable sources of health information that meet the needs of the community, including providing a range of print resources on key topics;
 - d. Promote health literacy and misinformation identification and debunking skills.

Priorities for the Community Sector

1. Redress the chronic shortage of affordable and fit for purpose **facilities for community and not-for-profit organisations**.
2. Invest in a stable and **appropriately resourced community sector** by:
 - a. Implementing all recommendations from the [Counting the Costs Report](#) and committing to progressing issues identified in the Sector Sustainability Project.
 - b. Financially supporting community sector climate adaptation

While some of these proposed actions have been previously considered and have received some investment in scoping and planning for interventions, we have included them here to reinforce HCCA's belief that these should remain priorities for the ACT government into the future – to see through projects currently being scoped or underway and to provide ongoing investment in programs over the long term.

Please do not hesitate to contact HCCA if you wish to discuss any of the issues or proposals raised in our submission further.

Introduction

HCCA supports the ACT Government's provision of safe, high quality, and timely health care. We also support the delivery of a health system that is accessible, accountable and sustainable. We hope that innovations in planned care and careful work to identify and safely reduce provision of high-cost, low-value care, while ensuring the needs of consumers are met, can contribute to achieving these ideals.

We encourage the ACT Government's continuing investment in improving and supporting services like telehealth, virtual healthcare, hospital in the home, and Walk-In Centres. These models of care all offer efficiencies in service delivery while increasing consumer choice. These services are less resource intense while continuing to provide high quality, consumer centred care.

The 2025-2026 ACT budget must meet significant and increasing demand for many health, hospital, and community services. We firmly believe the budget can do this by driving innovation in models of care to meet the evolving needs of the ACT community in a fiscally responsible way. HCCA is committed to exploring innovative ways to deliver care that meet consumers' needs and optimise resource use across our health system. In this submission, HCCA suggests several opportunities for health services, health funders and consumers to work together to change the way services are delivered – with the aim of ensuring future sustainability and viability of the health care we value.

HCCA's priorities, as detailed in this submission, have been informed by our work with a wide range of health care consumers across the ACT and by HCCA's members in particular. This submission also draws on HCCA's [Strategic Plan 2025-2030](https://www.hcca.org.au/publication_type/strategic-plan/) (https://www.hcca.org.au/publication_type/strategic-plan/)

Details of key investments in each domain of health

Priorities for Health Services

1. Improve the experience of health care services for older people and people with chronic health conditions

Supports delivery of outcomes under Wellbeing Indicator [Overall Health](#), [Mental Health](#), [Access to Health Services](#), [Personal Wellbeing](#)

We need unique care pathways designed to help elderly patients reduce their risk of adverse health outcomes. We know that the community values the range of programs already in place that are designed to meet the specific needs of older patients. This includes programs such as Geriatric Rapid Acute Care Evaluation (GRACE), Rapid Assessment of the Deteriorating Aged at Risk (RADAR) and Hospital in the Home (HitH).

These programs are highly valued by the community and meet needs not addressed by other programs. We want these programs resourced and expanded to meet the extent of community demand – including operation from both the Canberra Hospital and North Canberra Hospital to ensure the benefits are available to all eligible ACT residents.

These programs keep older people safe at home, providing flexible care where they live or helping them transfer home after hospitalisation. This reduces older people's exposure to the risks of hospital admission and emergency department presentation, including delirium, while also reducing demand on emergency department and inpatient resources.

Similarly, we need community-based services in place to support people to manage their chronic health conditions. Chronic condition specific community organisations are uniquely placed to identify and understand support needs of people with chronic conditions. HCCA's Chronic Conditions Network has set out a range of important interventions that will support people to manage their own health in the community, reducing reliance on acute and outpatient services. These interventions are detailed in a separate submission drafted by HCCA on behalf of the Chronic Conditions Network.

2. Improve the delivery of palliative care services in the ACT

Supports delivery of outcomes under Wellbeing Indicator [Overall Health](#), [Mental Health](#), [Access to Health Services](#), [Personal Wellbeing](#), [Quality of Time](#)

The ACT Government has already taken active steps towards the provision of a dedicated, high quality palliative care inpatient model of care HCCA applauds the progress made on this issue but hold concerns around the delay in completion of the planned new ward and implementation of the associated model of care.

Accessible and timely palliative care is critical to providing ACT residents genuine end-of-life choice.

Our priorities for improvements to palliative care delivery include:

- Investing in palliative care volunteers and the integration of those volunteers into palliative models of care; and
- Implementing a Territory-wide telehealth support and information line for patients and carers, available 24 hours, 7 days per week;
- Implementing a Virtual Care model of care option for palliative patients; and
- Staffing all existing palliative care beds at Clare Holland House and the new ward established at Canberra Hospital.

Clare Holland House is currently only funded and staffed to operate 21 of 26 established beds. We ask that Clare Holland House be funded and staffed to utilise all existing beds. This is a straightforward way to increase capacity and ensure better access for those who need and want it without additional infrastructure investment.

HCCA believes that some of the significant demand for inpatient services may be mitigated by the establishment of a model of care to provide Territory-wide palliative care telehealth and a Virtual Care service that includes after hours operation¹.

We suggest this could include phone support via an information line for patients and carers. Similar services operate in other states in Australia². These phone support services are a way to provide accessible and timely specialist advice for health professionals as well as consumers, carers, and families.

End-of-life and palliative care support must be available twenty-four hours a day, seven days a week, to ensure consumers, carers, and health professionals who require access to information and support outside of standard business hours, receive timely advice. A service of this kind, if co-designed with consumers, would help to address some of the support gaps in the ACT palliative care system and help improve end-of-life quality of life for Canberrans.

We view proper investment in the full scope of palliative care as a crucial component of service design and model of care development for the safe implementation of the ACT's Voluntary Assisted Dying legislation in November 2025. Inpatient palliative care, and accessible supports for those at home, must be available to those who need it, when they need it.

Palliative Care must also be viewed as providing support to live well with a life limiting illness and not exclusively end-of-life palliation and the range of supports and interventions available expanded to meet the support needs of people with terminal conditions at all stages.

3. Improve access to outpatient services

Supports delivery of outcomes under Wellbeing Indicator [Overall Health](#), [Mental Health](#), [Access to Health Services](#), [Personal Wellbeing](#), [Sense of Belonging and Inclusion](#)

¹ Haydon HM, Lotfaliany M, Broadbent A, Snoswell CL, Smith AC, Brydon JA, Caffery LJ, Thomas EE. Telehealth-facilitated palliative care enables more people to die at home: An analysis of clinical outcomes and service activity data. BMC Palliat Care. 2025 Jan 24;24(1):22. doi: 10.1186/s12904-024-01622-0. PMID: 39856715; PMCID: PMC11759443.

² Namasivayam, P., Bui, D.T., Low, C., Barnett, T., Bridgman, H., Marsh, P. and Lee, S., 2022. *Use of telehealth in the provision of after-hours palliative care services in rural and remote Australia: A scoping review protocol*. Plos one, 17(1), p.e0261962.

HCCA believe it is vital that access to outpatient services is improved to enable early intervention and prevent deterioration of patients as they wait for access to outpatient services, including elective surgery.

Significant improvements could be achieved through:

- Proactive waiting list management;
- Expansion of telehealth and Virtual Care options to facilitate more efficient and economical access to care for more patients; and
- Making a greater number of appointments available to new patients.

We view the Planned Care work currently underway as having great potential to better target care to the patients who need it but recognise that the scale of system change involved is significant. This work must be undertaken in collaboration with ACT Health to contribute to broader health system sustainability and avoid duplication of effort.

Funding is required to complete substantive consumer and community consultation. Convening a Citizens Jury or other deliberative consumer and community consultation will ensure that significant decisions are made in the interest of the ACT community. It is important that the community participates in scoping the issues and designing potential solutions from the ground up.

Consumers experience the current system as siloed and inflexible³. It is important that solutions supporting the sustainability of the ACT Health system and enabling timely and equitable access to those who need it, recognise the need for integration of primary care and community supports as well as the need for multidisciplinary care.

We expect that a centralised, proactive and analytical approach to waiting list management will help to understand the issues preventing timely access to outpatient clinics as well as to elective surgeries. It will also facilitate investigation of supply and demand discrepancies and enable better forecasting of consumer demand for under-resourced clinics. This will have the benefit of enabling proactive responses to demand discrepancies, including putting in place agreed pathways with services interstate to address overflow. This is particularly necessary considering our evolving relationship with the NSW health system. The give and take of patients between the ACT and NSW health systems is a delicate balance that needs analysis and careful calibration. We view this process as requiring dedicated FTE for analysis and response.

The expansion of Virtual Care (and to a lesser extent telehealth) has the potential to streamline chronic condition management and reduce the time

³ Department of Health, 2023, Independent Review of Medicare Integrity and Compliance, <https://www.health.gov.au/resources/publications/independent-review-of-medicare-integrity-and-compliance?language=en>, viewed 28 April 2023

burden of patients who are engaged with outpatient services on a longer-term basis, freeing up clinician availability for new patients and those seeking care for acute illness. We want to see a priority placed on the establishment of virtual models of care.

We also view community organisations having a valuable role to play in supporting consumers to safely manage their chronic conditions without placing additional strain on outpatient services and reducing demand for emergency care when consumers struggle to manage their chronic conditions independently. The Chronic Conditions Network, facilitated by HCCA, has prepared a separate submission to the budget process setting out a range of recommended investments in support of people with chronic conditions that will reduce the burden on the health system and support people to manage their conditions safely, including while on outpatient waiting lists.

4. Increased accessibility and timeliness of public dental services to the ACT community, for those members of our community more at risk of poor health outcomes.

Supports delivery of outcomes under Wellbeing Indicator [Overall Health](#), [Mental Health](#), [Access to Health Services](#), [Personal Wellbeing](#), [Sense of Belonging and Inclusion](#)

Public dental services are a neglected but essential contributor to the health and wellbeing of ACT residents. A primary determinant of oral health in Australia is socioeconomic status. Low-income households are significantly more likely to suffer from poorer oral health than higher-income households.⁴ This disparity disproportionately affects Aboriginal and Torres Strait Islander people and those Australians who are eligible for public dental care. These groups experience increased rates of missing, decayed or filled teeth. For example, people who qualify for public dental care are nine times more likely to suffer complete tooth loss and five times more likely to suffer inadequate dentition.⁵

Poor oral health has flow on effects in the broader areas of physical health, nutrition, employment, self-esteem and mental health⁶. Adequate provision of accessible, public preventive oral health care has the potential to achieve savings in not only urgent and emergency oral care but also in other acute

⁴ Australian Institute of Health and Welfare, 2021, *Oral health and dental care in Australia*, <https://www.aihw.gov.au/reports/dental-oral-health/oral-health-and-dental-care-in-australia/contents/healthy-teeth>, viewed 25 February 2024,

⁵ Australian Institute of Health and Welfare, 2021, *Oral health and dental care in Australia*, <https://www.aihw.gov.au/reports/dental-oral-health/oral-health-and-dental-care-in-australia/contents/healthy-mouths>, viewed 25 February 2024

⁶ Spencer, A.J., 2001. *What options do we have for organising, providing and funding better public dental care?*, Australian Health Policy Institute, Sydney, NSW, <https://www.adelaide.edu.au/arcpoh/downloads/publications/reports/miscellaneous/spencer-options-paper.pdf>, viewed 25 February 2024,

health services, while also reducing demand for other social/emotional/economic support services.

The average wait times for public general dental care and denture care for the for public ACT patients continue to be longer than the recommended target time and has increased significantly compared to wait times pre-covid in 2018-2019.⁷ These lengthy waiting times for general dental health care can result in cases where preventive care is difficult to access, and minor dental issues escalate, requiring emergency care, preventable hospital admissions and more drastic treatments, such as tooth removal.⁸ As a demonstration of this issue, in 2022/23, there was 1,589 Potentially Preventable Hospitalisations (PPH) admitted to ACT hospitals due to dental conditions⁹. Reducing the rates of PPH due to dental conditions is one of the Key Performance Indicators of the National Oral Health Plan 2015–2024¹⁰.

We note that participants in consultation for the ‘new’ National Oral Health Plan, expected to be published in 2025, aspire to a situation in which ‘everyone in Australia [has] easy, timely and affordable access to oral health services’¹¹. We are a long way from achieving this in the ACT.

This consultation also identified a number of new priority populations including:

- people over 65 years old;
- people living with disability;
- people who experienced domestic violence; and
- people with mental health or complex medical conditions.

Public Dental care in the ACT can attract a co-payment per session (with a maximum of \$515 per course of treatment. However, this cap excludes root canal therapy, splints or denture work)¹². Given the eligibility criteria for public

⁷ Australian Institute of Health and Welfare, 2022, *Oral health and dental care in Australia*, <https://www.aihw.gov.au/reports/dental-oral-health/oral-health-and-dental-care-in-australia/contents/healthy-mouths>, viewed 10 February 2024

⁸ Verma, S. and Chambers, I., 2014. Dental emergencies presenting to a general hospital emergency department in Hobart, Australia. *Australian Dental Journal*, 59(3), pp.329-333; Brennan, D.S., Luzzi, L. and Roberts-Thomson, K.F., 2008. Dental service patterns among private and public adult patients in Australia. *BMC Health Services Research*, 8(1), pp.1-8.

⁹ Australian Institute of Health and Welfare, 2024, *Oral health and dental care in Australia*, [Oral health and dental care in Australia, Potentially preventable hospitalisations - Australian Institute of Health and Welfare](#) viewed 19 February 2025

¹⁰ Department of Health and Aged Care, 2015, Healthy Mouths Healthy Lives: Australia’s National Oral Health Plan 2015-2024, accessed 19/02/2024, <https://www.health.gov.au/resources/publications/healthy-mouths-healthy-lives-australias-national-oral-health-plan-2015-2024?language=en>

¹¹ [Building the evidence base for the next National Oral Health Plan](#)

¹² <https://www.canberrahealthservices.act.gov.au/services-and-clinics/services/dental-adult>

dental care, this could be financially onerous on the consumers, including members of these priority groups, who would use the service and may serve to delay consumers accessing treatment which would prevent further deterioration and the need for more intensive health services.

5. Fund the completion of the Room Service Pilot at Canberra Hospital

Supports delivery of outcomes under Wellbeing Indicator [Overall Health](#), [Mental Health](#), [Access to Health Services](#), [Personal Wellbeing](#), [Support of Multiculturalism](#), [Sense of Belonging and Inclusion](#)

Substantial investment has already occurred in a pilot program to test a room service model at Canberra Hospital, including equipping a test kitchen space. This model offers the potential for improvements in consumer experiences and health outcomes as well as improved sustainability through reduced waste and ongoing savings. We have recently been advised that this project has ceased in response to budget constraints.

Consumers want meal options that are not only appetising but also culturally appropriate and nutritious, and that prioritise the use of fresh foods. Consumers emphasise that they have often encountered issues with poorly coordinated meals, especially for individuals who need food at specified times (e.g., late at night after surgery or fasting, at the same time as certain medication, or when blood sugar is low). Parents with children who have anaphylactic food allergies have been offered allergenic foods in the hospital, despite ongoing attempts to communicate their child's specific allergies. At other times, these foods are removed from the meal tray and a suitable replacement is not provided, leaving the consumer hungry.

It is vital to regularly monitor food delivery and intake to ensure that consumers are appropriately catered for. Food services should be a better integrated part of consumer's health care - proper nutrition is central to care and recovery and not separate from medical care.

Consumer satisfaction with hospital meal services is higher the closer to mealtime they can make their order. Nutritional intake is also improved¹³. Ordering close to mealtime has also been noted to substantially reduce food waste, packaging requirements, and as a result, costs incurred by health services¹⁴.

¹³ Sally McCray, Kirsty Maunder, Renee Krikowa, Kristen MacKenzie-Shalders, Room Service Improves Nutritional Intake and Increases Patient Satisfaction While Decreasing Food Waste and Cost, *Journal of the Academy of Nutrition and Dietetics*, Volume 118, Issue 2, 2018, Pages 284-293, <https://doi.org/10.1016/j.jand.2017.05.014>.

¹⁴ Sally McCray, Kirsty Maunder, Rebecca Norris, Jessica Moir, Kristen MacKenzie-Shalders, Bedside Menu Ordering System increases energy and protein intake while decreasing plate waste and food costs in hospital patients, *Clinical Nutrition ESPEN*, Volume 26, 2018, Pages 66-71, <https://doi.org/10.1016/j.clnesp.2018.04.012>.

Consumers have been shown to benefit from the implementation of real-time digital food ordering systems and innovative kitchen and workflow design. A range of models of food service have been trialled at Australian hospitals in recent years with positive impacts on cost, nutrition, waste, and consumer satisfaction.

Getting the design of the kitchen and food service model for Canberra Health Services unique patient cohort and service mix right is critical to consumer nutrition and will have a positive impact on health outcomes. This pilot program is an important first step in improving food and nutrition at Canberra Hospital and contributes to the goals of the Sustainability Road Map.

Priorities for the Health System

1. Work with consumers to identify solutions to the sustainability of the ACT health system.

[Overall Health](#), [Mental Health](#), [Access to Health Services](#), [Personal Wellbeing](#), [Quality of Time](#), [Digital Access](#), [Sense of Belonging and Inclusion](#)

HCCA notes the increasing cost of providing public health care in the ACT, including the substantial year on year growth of patients moving through our public health system¹⁵. Recognising the challenge of sustaining public health services, and the need for significant change to achieve long term sustainability, HCCA would welcome the ACT Government undertaking a rigorous process that enables consumers, health professionals and funders to work together to identify practical, safe and equitable solutions to the service sustainability issues facing the ACT health system. We suggest the [Sustainable Health Review](#)¹⁶ conducted by Western Australia as a model for this work.

HCCA is supportive of value-based health care and believes the ACT health system can achieve more with less with an appropriate focus on reducing demand for low-value care and investment in access to evidence based care, including allied health services. A value- based health care system importantly focusses on the outcomes that 'patients most value'¹⁷

To achieve a safe and equitable outcome, it is important that decisions on systemic change, including changes to service provision, access and triage prioritisation are made with full consideration of impacts on consumers, workforce and health outcomes.

¹⁵ [ACT Government to tip \\$227 million more into hospitals to meet surging demand | Riotact](#)

¹⁶ [Sustainable Health Review - Final Report](#)

¹⁷ Gentry S, Badrinath P. Defining Health in the Era of Value-based Care: Lessons from England of Relevance to Other Health Systems. Cureus. 2017 Mar 6;9(3):e1079. doi: 10.7759/cureus.1079.

Public engagement, clinical leadership, and partnering with consumers are all essential to engender trust and a sense of ownership over the collective effort necessary to ensure the sustainability of the ACT health system.

This work must be completed collaboratively with Canberra Health Services to reduce duplication of work and ensure identified solutions are fit for purpose

2. Provide full support for the implementation and ongoing operation of Voluntary Assisted Dying in the ACT

Supports delivery of outcomes under Wellbeing Indicator [Overall Health](#), [Mental Health](#), [Access to Health Services](#), [Personal Wellbeing](#), [Quality of Time](#)

Voluntary Assisted Dying will be operational in the ACT from November 2025. It is important that the service structures in place at that time adequately meet community need and provide the necessary safeguards and support to engender the confidence of the community and the safe provision of VAD.

It is HCCA's view that to do this well requires significant and sustained consultation and partnering with consumers and community organisations. To enable community organisations to participate appropriately, they will require resourcing to meet the strict timeframes for delivery, including enabling consultation with their networks and appropriate consideration of the naturally complex and consequential issues involved.

3. Develop outcome and experience measures for quality and safety

Supports delivery of outcomes under Wellbeing Indicator [Overall Health](#), [Access to Health Services](#), [Personal Wellbeing](#), [Digital Access](#)

The recent launch of the ACT Health Service Data Dashboard is a positive first step in enhancing transparency around the safety, quality and accessibility of the ACT health system.

It is essential that the ACT Government builds on the limited data currently available via the dashboard. Timely publication of this data and relevant analysis will better enable consumers to partner in their own health care as well as fully participate in governance and service design processes, we must have timely access to data that provides an accurate view of health service outcomes, consumer experiences and community demand.

The process of data collection and analysis will also support better targeting of service improvement activities through earlier identification of issues and real time accountability to the community.

To achieve this, we must resource the identification and collection of relevant data, as well as timely analysis and publication of data and insights.

4. Fully fund and implement the ACT Disability Health Strategy First Action Plan 2024-2026

Supports delivery of outcomes under Wellbeing Indicator [Overall Health](#), [Mental Health](#), [Access to Health Services](#), [Personal Wellbeing](#), [Quality of Time](#), [Digital Access](#)

HCCA acknowledges the work done so far to deliver the actions set out in the ACT Disability Health Strategy First Action Plan 2024-2026¹⁸ (DHS Action Plan). Implementing the DHS Action Plan will enable the ACT Government to meet its human rights obligations under [Australia's Disability Strategy 2021-2031](#).¹⁹

HCCA urges the full funding of all the goals, focus areas and actions outlined in the DHS Action Plan. In particular, HCCA wants to see:

- The development of a case management and referral pilot (Actions 2.3) - This is increasingly necessary due to the loss of support for health-related services previously available via the NDIS. This loss includes the phasing out of support coordination, which means people do not have someone to support them to identify and set up the services they need.
- Establishment of a women's sexual health service (Action 2.4) - this action encompasses the scoping, development and implementation of a sexual and reproductive health service for women with disability. We believe there is significant need for this service and want the scoping study completed in close consultation with consumer groups.
- Development and implementation of a disability co-design framework and appointment of a lived experience advisor (Action 2.6) – this must include funding to ensure that Disability Organisations are able to resource full participation in co-design activities and other health system advocacy.

5. Adequate funding for optimisation of the Digital Health Record

Supports delivery of outcomes under Wellbeing Indicator [Overall Health](#), [Mental Health](#), [Access to Health Services](#), [Personal Wellbeing](#), [Quality of Time](#), [Digital Access](#)

The ACT's Digital Health Record and the MyDHR consumer access portal offer untapped potential to achieve greater efficiencies and improvements in care and communication. A comprehensive and functional Digital Health

¹⁸ https://www.act.gov.au/_data/assets/pdf_file/0006/2533929/ACT-Disability-Health-Strategy-First-Action-Plan-2024-2026.pdf

¹⁹ [Australia's Disability Strategy 2021-2031 | NDIS](#)

Record is key to achieving integrated care for consumers across sites and services.

Enhanced functionality of the DHR must be considered as an enabler for aspects of the Planned Care work currently underway and broader efforts to ensure the sustainability of the ACT health system.

To achieve innovations in how we access care that is planned in advance – such as facilitating online scheduling and regular communications with patients waiting for care, reviewing appropriateness of triage categories and monitoring patients on the waiting list for deterioration – we need to leverage the potential of the DHR.

If consumers, clinicians and administrators are to realise the full benefit of the system there needs to be ongoing investment in accessibility enhancements. This is particularly important in the context of the challenges faced by a range of ACT communities – including access to suitable devices and internet connection, digital literacy, health literacy, disability and language barriers.

This system interface is currently available in English only and this means consumers who do not have English proficiency may find using the system very difficult. People who primarily speak and read languages other than English must be supported to fully participate in the benefits of MyDHR.

To ensure that the broadest range of ACT residents realise the benefits of the Digital Health Record, we strongly encourage that consultation with a range of community organisations and consumers is continued in order to identify the unique needs of specific communities and to refine MyDHR to ensure it meets its potential and the needs of consumer users.

We seek a 2025-26 budget commitment to:

- Resource training and support for community organisations. Many community organisations provide practical support to their members who may not be able to navigate the system independently for a range of reasons (including people who have a disability, low literacy, or use a language other than English);
- Expedite development of alternative language options to provide access for CALD ACT residents. This is a specific example of the need referred to in section 6 (below), to provide funds for translated health information in ACT community languages;
- Expedite improvements to MyDHR to make the interface accessible for people with disabilities; and

- Support innovation in planned care by leveraging the capabilities of the DHR including data collection and access, scheduling, and virtual care.

6. Improve communication with consumers, and their families whose main language is other than English

Supports delivery of outcomes under Wellbeing Indicator [Overall Health](#), [Mental Health](#), [Access to Health Services](#), [Personal Wellbeing](#), [Support of Multiculturalism](#), [Sense of Belonging and Inclusion](#)

HCCA remains committed to advocating for effective communication with consumers, carers and their families whose main language is other than English or who are unfamiliar with the culture of the ACT health system.

HCCA views the improvement of communication with CALD consumers wholistically. It is not only a consumer's language or cultural background that determines their need for support to effectively access and communicate within the health system, but their language proficiency and awareness of the health system. There are cultural understandings of health problems and health care that require a nuanced cultural understanding underpinning the planning and delivery of care.

The [ACT Multicultural Primary Health Care Needs Assessment](#)²⁰ completed by HCCA with the support of Multicultural Hub in August 2024, identified a range of recommendations to address the needs of multicultural communities in the ACT including the need for:

- Enhanced System Navigation and Health Literacy Support;
- Investment in quality translation and interpreting services; and
- Cultural competency training for providers.

While these recommendations were targeted for the primary care sector, these interventions remain relevant to the delivery of public tertiary and secondary care in the ACT.

HCCA seeks funding for two specific strategies to help improve the health care experiences of consumers, carers and families whose main language is other than English by:

- Establishing a dedicated multicultural liaison unit in public health services to meet the cultural and practical needs of Culturally and Linguistically Diverse (CALD) consumers.

Public health services need an embedded, dedicated unit with

²⁰ https://www.hcca.org.au/wp-content/uploads/2024/11/ACT-Multicultural-Primary-Care-Needs-Assessment-HCCA_Final.pdf

responsibility for addressing the specific needs of CALD communities, including access to interpreters and translators, but more broadly acting as a conduit and intermediary between health service delivery and the cultural and practical needs of consumers. Examples of multicultural liaison units can be found in hospitals in NSW and Queensland.²¹ HCCA advocates for funding for units to be established in both the Canberra Hospital and North Canberra Hospital to meet the specific needs of CALD community members while receiving care in public hospitals in the ACT. Many of these functions were once provided by the Migrant Health Centre, which was disbanded in 2011.

- Funding increased translation of health information and commencing translation of information in MyDHR into community languages.

HCCA advocates for the provision of additional funding for the translation of health information into community languages to support CALD consumers making informed decisions about their health. Resources relevant to the ACT context are usually only provided in English, which means that consumers who do not speak English as a main language can miss out on critical health information, which impacts their ability to manage their own health, and the outcomes of their care.²²

HCCA would like to see funding to provide access to MyDHR in languages other than English to ensure equity of benefit from the Digital Health Record. As a first step, we would like to see the off-the-shelf language options available from Epic, that are relevant to the ACT community, made available to ACT users of MyDHR.

HCCA recognises that the barriers surrounding communication for CALD health consumers in the ACT are complex and multifactorial. However, the use of a multifaceted approach has the potential to address some of the barriers and contributes to increasing the quality and safety care for consumers who do not speak English as their primary language.

²¹ Western Sydney Local Health District, n.d., *Multicultural Health*, viewed 28 February 2022, <https://www.wslhd.health.nsw.gov.au/Multicultural-Health->; Metro South Health, 2018, *Showcase shines light on Multicultural team*, viewed 28 February 2022, <https://metrosouth.health.qld.gov.au/news/showcase-shines-light-on-multicultural-team>

²² Al Shamsi, H., Almutairi, A.G., Al Mashrafi, S. and Al Kalbani, T., 2020. Implications of language barriers for healthcare: a systematic review. *Oman Medical Journal*, 35(2), p.e122.

7. Scope, pilot and evaluate a broad-eligibility individual consumer health advocacy service for the ACT, to meet significant unmet community need

Supports delivery of outcomes under Wellbeing Indicator [Overall Health](#), [Mental Health](#), [Access to Health Services](#), [Personal Wellbeing](#), [Support of Multiculturalism](#), [Sense of Belonging and Inclusion](#)

Non-government services that currently provide individual health and disability advocacy in the ACT operate well over their capacity and must strictly limit eligibility criteria to manage excessive demand. There is a real and growing need in the community for health advocacy services.

HCCA is frequently contacted by consumers with individual advocacy needs. The number of consumers asking HCCA for this kind of assistance is significant and increasing. Consumers are bringing a range of very complex cases to HCCA, seeking an experienced advocate to help them navigate distressing and difficult issues with their health, health services and the health system.

HCCA continues to call on the ACT Government to address the significant unmet community need for individual health advocacy by funding a project to scope, pilot and evaluate a broad-eligibility consumer health advocacy service for the ACT.

An individual health advocacy service would support consumers to stay safe in the health system, access the services that will meet our needs, and fully participate in decisions about our own care and have our decisions and concerns acted on appropriately. This is a focus of the Australian Commission on Safety and Quality in Health Care's National Quality and Safety Health Service Standards,²³ and other health care standards including the Royal Australian College of General Practice's Standards for General Practice.²⁴ Organisations and professionals that engage positively with an advocacy service of the kind proposed in this submission will be well-placed to demonstrate their achievements against accreditation and professional standards.²⁵

²³ Australian Commission on Safety and Quality in Health Care, 2017, *National Quality and Safety Health Service Standards*, viewed 25 February 2022, <https://www.safetyandquality.gov.au/sites/default/files/migrated/National-Safety-and-Quality-Health-Service-Standards-second-edition.pdf>

²⁴ Royal Australian College of General Practitioners, *Standards for General Practice 5th edition*, viewed <https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed>

²⁵ Australian Commission on Safety and Quality in Health Care, 2017, *National Quality and Safety Health Service Standards*, viewed 25 February 2022, <https://www.safetyandquality.gov.au/sites/default/files/migrated/National-Safety-and-Quality-Health-Service-Standards-second-edition.pdf>

HCCA proposes an ACT model of an individual advocacy service which draws on and adapts the successful health advocacy model implemented for over a decade by the Health Consumers' Council of Western Australia.²⁶

HCCA currently provides *ad hoc* individual advocacy in a very limited number of exceptional cases but is unable to meet the significant level of community need we see through direct approaches from consumers seeking our help.

Over time we have seen steady growth in the number of people seeking HCCA's assistance as well as increasing complexity in the cases they bring to us. Many of the people seeking our support need help to access the care they need in a timely way and to have their health care concerns responded to and their health care decisions appropriately enacted by a complex system.

The current processes available across the health system prioritise feedback and complaints in the period after care is provided and do not account for the need for support to drive a change in care someone is receiving now, that have the potential to impact on health outcomes for someone currently accessing (or seeking to access) care. Nor do they account for the challenges consumers face in advocating for themselves and their needs in an unfamiliar system and in the face of significant power disparities.

Timely, knowledgeable advocacy has the potential to improve health outcomes for someone who is encountering complex issues with their care and who does not have the advocacy skills and systemic knowledge needed to resolve those issues.

8. Develop an ACT Climate and Health Strategy and funded implementation plan to meet the National Climate and Health Strategy goals and ACT government climate policy targets.

Supports delivery of outcomes under Wellbeing Indicator [Climate resilient environment and community](#) and [Healthy and resilient natural environment](#)

HCCA recognises the overwhelming evidence that climate change will have adverse impacts on human health, and these effects are projected to worsen if action is not taken.²⁷ There are substantial environmental costs of health care that need to be addressed. The health care sector is a significant contributor to greenhouse gas emissions, waste products and natural resource consumption. This threatens our present and future health.

²⁶ Health Consumers' Council (WA), 2020, *Annual Report 2019/20*, viewed 22 February 2022, https://www.hconc.org.au/wp-content/uploads/2020/12/HCC-Annual-Report-2020_web-v2.pdf

²⁷ HCCA, 20123, *Climate Change and Health and Wellbeing*, viewed 28 April 2023, <https://www.hcca.org.au/publication/climate-change-and-health/>

In Australia, health sector emissions are estimated at over seven percent of Australia's total CO₂ emissions.²⁸ We need health care to be delivered in ways that are both financially and environmentally sustainable.

We are very pleased that The Canberra Hospital will be the first 100 per cent renewable energy-powered hospital in the country, using electric heat pumps and no gas.²⁹ This is an achievement to be celebrated. We also note that the Health Directorate facilitated the ACT Government joining the Global Green and Healthy Hospitals Network.³⁰ We look forward to seeing further sustainability measures extended across public health care facilities.

Energy use is only one aspect that needs to be addressed. Health professionals and administrators also have a role to play. One part of this is reducing low-value care (care where the harms and risks of medical tests and procedures outweigh any benefits).³¹ Other initiatives that have the potential to contribute to sustainability in health care include: reviewing prescribing habits; expanding low-carbon models of care such as telehealth to reduce travel;³² reducing single use plastics in food preparation and delivery as well as surgery;³³ and reducing waste, particularly in operating rooms.³⁴ travel;³⁵ reducing single use plastics in food preparation and delivery as well as surgery;³⁶ and reducing waste, particularly in operating rooms.³⁷

We would like to see the Health Directorate work closely with the Zero Emissions Government Team (from the Environment, Planning and Sustainable Development Directorate) to explore practical, sustainable innovations to reduce the impact of health care delivered in the ACT. We want to see the unit adequately staffed long term and sufficiently funded to make real, innovative change in the way health services are delivered.

²⁸ Malik, A., Lenzen, M., McAlister, S. and McGain, F., 2018. The carbon footprint of Australian health care. *The Lancet Planetary Health*, 2(1), pp.e27-e35.

²⁹ Rattenbury, S (Minister for Climate Change and Sustainability), 2020, *ACT Government announces first all-electric public hospital in Australia (if not the world)*, viewed 22 February 2022, https://www.cmtedd.act.gov.au/open_government/inform/act_government_media_releases/rattenbury/2020/act-government-announces-first-all-electric-public-hospital-in-australia-if-not-the-world

³⁰ ACT Health Directorate, 2021, *Annual Report 2020-21*, viewed 18 February 2022, https://www.health.act.gov.au/sites/default/files/2021-12/ACTH%20Annual%20Report%202020-21_Accessible.pdf

³¹ Barratt, A.L., Bell, K.J., Charlesworth, K. and McGain, F., 2021. High value health care is low carbon health care. *Medical Journal of Australia*. <https://www.mja.com.au/journal/2021/high-value-health-care-low-carbon-health-care>

³² Purohit, A., Smith, J. and Hibble, A., 2021. Does telemedicine reduce the carbon footprint of healthcare? A systematic review. *Future Healthcare Journal*, 8(1), p.e85.

³³ Albert, M.G. and Rothkopf, D.M., 2015. Operating room waste reduction in plastic and hand surgery. *Plastic Surgery*, 23(4), pp.235-238.

³⁴ Wyssusek, K.H., Keys, M.T. and van Zundert, A.A., 2019. Operating room greening initiatives—the old, the new, and the way forward: a narrative review. *Waste Management & Research*, 37(1), pp.3-19.

³⁵ Purohit, A., Smith, J. and Hibble, A., 2021. Does telemedicine reduce the carbon footprint of healthcare? A systematic review. *Future Healthcare Journal*, 8(1), p.e85.

³⁶ Albert, M.G. and Rothkopf, D.M., 2015. Operating room waste reduction in plastic and hand surgery. *Plastic Surgery*, 23(4), pp.235-238.

³⁷ Wyssusek, K.H., Keys, M.T. and van Zundert, A.A., 2019. Operating room greening initiatives—the old, the new, and the way forward: a narrative review. *Waste Management & Research*, 37(1), pp.3-19.

9. Address the proliferation of health misinformation

Supports delivery of outcomes under Wellbeing Indicator [Overall Health](#), [Mental Health](#), [Access to Health Services](#), [Personal Wellbeing](#), [Support of Multiculturalism](#), [Sense of Belonging and Inclusion](#); [Trust in Other Institutions](#),

The proliferation of health misinformation is a significant and growing issue globally. HCCA recognises that the ACT cannot solve this problem but believe there are some actions the ACT is well placed to take to mitigate the issue locally.

As a small jurisdiction we are uniquely placed for effective outreach. We suggest the following outreach measures:

- Debunking health misinformation in the community – we propose conducting targeted analysis of misinformation trends (surveying and analysing a range of media and reaching out to communities inviting questions/concerns about health misinformation). Identified trends and specific concerns can then be addressed in a range of ways including blog posts, newsletter pieces for consumer organisations, radio spots, visits to communities and community organisations. This is time consuming and needs dedicated resourcing to be effective.

- Address diminished trust in government health information - work with community organisations to co-create and distribute quality health information that is culturally appropriate. We suggest looking to the work of the multicultural health team during COVID19 for examples. It is vital to build strong relationships between government (with reliable health information, expertise, and resources) and community groups and leaders with established community trust. We suggest that this will require resourcing of the participation of community groups to facilitate their participation.
- Assist consumers to find quality health information – it is important to curate a selection of reputable sources for health information, which specifically address the needs of the ACT's priority populations. These should be easily navigable from a redesigned landing page on the ACT Health website. ACT Health should also be producing up-to-date resources on key topics IN PRINT for older people and people with barriers to technology.
- Promoting health literacy and debunking skills – HCCA's [Community Health Literacy in the ACT Environmental Scan](#)³⁸ included a range of recommendations for action promoting health literacy. The Canberra Health Literacy Hub developed as part of this project, cbrhl.org.au, is an ideal resource to support this work. Funding will be needed to support individuals to develop the skills to recognise misinformation and address it in their own communities.

Priorities for the Community Sector

1. Redress the chronic shortage of affordable community facilities for community, not-for-profit organisations

Supports delivery of outcomes under Wellbeing Indicator [Trust in Other Institutions](#), [Connection to Canberra](#), [Sense of Belonging and Inclusion](#), [Levels of Volunteering](#), [Participation in Community Events and Activities](#), [Access to Services](#)

HCCA is concerned about the lack of availability of accommodation for lease for community organisations in the not-for-profit sector, particularly in central and north Canberra.

The already limited supply of premises suitable for community organisations has been worsened by the decision taken by ACT Property Group to expand the leased footprint of a private school in Maitland House in Hackett.

We understand that the ACT Government is making a strategic decision to prioritise education access over community groups due to growing demand.

³⁸ <https://www.hcca.org.au/publication/community-health-literacy-in-the-act-environmental-scan/>

However, we view it as concerning that community organisations have lost operational space to a private school with no local alternatives being provided for the organisations. A number of these organisations have relocated to properties on the southside, leaving the inner north under resourced.

Community organisations provide important support, advocacy and social services for ACT residents. It is vital that these organisations can operate from accessible locations. They need to be proximate to regular and efficient public transport and be accessible to people with disability.

Location and transport pressures can result in services being provided online only furthering the digital divide for marginalised communities who most need access to these services.

Most community organisations have limited capacity to lease safe and quality premises at commercial rates. Commercial rental prices in the ACT are out of reach for many of these organisations and if community organisations are forced into the private rental market, they would potentially be forced to reduce other expenditure though cuts to staffing levels and/or the range of services they provide.

Many of the buildings currently occupied by community organisations (usually managed by ACT Property Group) have reached their expected lifespan³⁹ and have not received proactive maintenance or investment over a sustained period. This can mean limitations to heating, cooling and internet access and even significant service disruptions from severe weather events impacting ageing buildings.

This issue extends to event spaces that are both affordable and physically accessible for community organisations. For example, the Salthouse Community Centre was supposed to be a purpose built, accessible venue (named as it was for Sue Salthouse, Disability Advocate). Venue hire is prohibitively expensive, and adaptive technology has been removed or is otherwise unavailable, ensuring it is not a viable option for Disability Organisations and other community groups with accessibility requirements.

The provision of adaptive technology in community spaces is not optional, but a necessity which enables access for many people.

Other community venues for hire are also prohibitively expensive and lack technology to support digital access – screens, internet connectivity etc – such as the Chifley Community Room.

HCCA urges the ACT Government to develop a comprehensive plan for ongoing provision of well maintained, appropriate and affordable accommodation and event spaces for community organisations.

³⁹ Australian Bureau of Statistics, 2012, *Australian National Accounts: Concepts, Sources and Methods*, viewed 17 April 2023, <https://www.abs.gov.au/Ausstats/abs%40.nsf/66f306f503e529a5ca25697e0017661f/A0E01DFDEF87524ACA2569A50026C4A5>

2. Investment in a stable and appropriately resourced community sector

Supports delivery of outcomes under Wellbeing Indicator [Trust in Other Institutions](#), [Connection to Canberra](#), [Sense of Belonging and Inclusion](#), [Levels of Volunteering](#), [Participation in Community Events and Activities](#), [Access to Services](#)

Community organisations provide a wide range of vital support services not provided by the public sector in the ACT. Our community is dealing with increasing levels of disadvantage, service users have increasingly complex needs, and community organisations report they are unable to meet evolving demand.⁴⁰ At the same time, the economic environment means increased costs for staffing and business overheads, which are not met by current funding models⁴¹.

These challenges are occurring at the same time community organisations have been expected to participate in substantial Government reform of the sector through commissioning⁴².

Not-for-profit, community organisations rely heavily on funding from government to deliver services. Advocacy organisations, like HCCA, who provide a vital voice for consumers in the development of government policy, are almost entirely dependent on government funding. This funding needs to be adequate and reflect the actual cost of delivering services.

There are ready recommendations for sector sustainability included in the [Counting the Costs Report](#)⁴³ and we urge that these be adopted. We also seek commitment to progressing issues identified in the Sector Sustainability Project⁴⁴.

⁴⁰ <https://actcoss.org.au/publication/factsheet-act-community-sector-snapshot/>

⁴¹ https://www.acoss.org.au/media_release/community-services-face-staffing-crisis-due-to-chronic-funding-shortages/

⁴² <https://www.communityservices.act.gov.au/commissioning/home>

⁴³ [Report: Counting the Costs: Sustainable funding for the ACT community services sector - ACTCOSS](#)

⁴⁴ [What's happened - Sector Sustainability Project - Commissioning](#)