Mr Michael Walsh
Inquiry into ACT health system, data, demand and processes

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HCCA Submission:
Inquiry into ACT health system data, demand and processes

Thank you for the opportunity to contribute this submission to the inquiry into ACT health system data, demand and processes.

While this submission approaches the terms of reference with a relatively broad lens, we felt it was important to contextualise the issues and the impact these have on the consumer experience of care in the ACT.

We appreciated meeting to discuss our perspectives with you and your team on 19 December 2025 and look forward to discussing the issues again with you in early 2026 as your work progresses.

Yours sincerely,

Linda Trompf
President

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HealthCare Consumers

SUBMISSION

Inquiry into ACT health system data, demand and processes

December 2025

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About HCCA

The **Health Care Consumers' Association (HCCA)** is a health promotion charity and the peak consumer advocacy organisation in the Canberra region.

We speak up for people who use health care.

We work with **community members** to:

- Help people understand how to use health services and get the most out of them.
- Become health care advocates and speak up for themselves, their families and their communities.

We work with **health services** to help them:

- Understand the needs of people who use health care.
- Make services work better for consumers.
- Communicate better with consumers.

1. Introduction

HCCA is a member-based organisation and we draw on the views and experiences of our membership and networks to advocate for consumers of health care (all of us!).

In preparing our response to this Inquiry we have drawn on the knowledge and experiences of our members and community. This submission was prepared by HCCA staff based on our extensive experience advocating for consumer-focused improvements to the ACT Health system and on direct feedback which has been collated and contextualised to address the Inquiry's Terms of Reference.

The ACT community wants a health system that:

- Provides safe and high-quality care, where every patient receives care based on the best available evidence.
- Is consistent and fair, ensuring access to good care does not depend on which clinician, service, or hospital a consumer receives care from.
- Is accessible, timely and coordinated so consumers feel their care is well organised and connected, not fragmented or delayed.
- Commits to transparency so that decision-making is open, and consumers can see that policies and procedures (including those guiding clinical decision making) are designed in their and their community's best interests.
- Makes evidence based, value-driven decisions, where public resources are used efficiently to deliver the outcomes that matter most to consumers.

Good value, high quality, accessible and fair public health care requires strong collaboration between consumers, clinicians, and government (political and administrative). This collaboration requires transparency and candour in the sharing of data and analysis, and good faith consultation on options for impactful intervention.

We know that there are hard decisions to be made in the current environment and urge that the community needs to brought along by decision makers as they re-shape ACT public health care.

2. Health Data

The ACT community deserve to have a much clearer picture of their health system, what it does well, what it does badly, but most importantly what it can (or will) and cannot (or will not) do for them.

If we want consumers to partner in our care and actively manage our own health (and we do!), consumers need to know what support we can reasonably expect from our public health system. This enables us to make informed decisions about where and how we access the care we need.

The system needs to have a better view of where people are accessing care and why and the outcomes and implications of relying on alternatives to traditional care pathways.

This includes developing a more robust picture of where and how the community sector intersects with and is contributing to health care in the ACT.

Improved public reporting is essential for informed decision-making and genuine consumer and community partnership.

We recommend:

- Improved public transparency, especially for specialist and elective surgery wait times and availability.
- Inter-jurisdictional comparisons of publicly funded health service data.
- Centralised publication to ensure consistency.
- Better data presentation enabling longitudinal tracking and segmentation.
- Systematic understanding of care pathways, including where people go when they leave waitlists (private, interstate, or forgo care), and the burden on primary care when specialist access is blocked.
- Analysis of the systemic intersections and potential efficiencies working with community sector health services.
- A focus on robust and transparent evaluation of programs and services.

Consumers report deep mistrust in ACT Health data processes:

> *'This will need to be strictly monitored… Canberra Health's track record with twisting and cherry-picking data… they will endeavour to not present the full picture.'*
>
> *'The punitive management style means even staff who welcome transparency will be mindful of the ire of those above them.'*

There is a perception among many consumers that the ACT Public Health System is deliberately obstructive when it comes to data transparency and that embedded cultural issues prevent staff from engaging constructively with data.

3. Cultural norms

Administrative and managerial leadership is essential for equitable, evidence-based care. Good oversight should:

- Support consistent guidelines and care pathways.
- Monitor outcomes and reduce unwarranted variation.
- Resource evidence-based practice and improve access.
- Coordinate care across services.
- Ensure transparency, clear governance, and responsiveness to consumer feedback.

Consumers want decisions made openly, guided by evidence and community values—not by habit, crisis, or media narratives.

> *'Probably needs to be a more collaborative process rather than each 'side' retiring into their own closed meetings.'*

> *'Clinicians should be able to justify decisions… some balance is necessary." "TCH seems to suffer from very poor and weak systems… reactive, time-wasting, and demotivating.'*

Oversight must strike a balance: enabling clinicians, ensuring equity, and using limited resources for maximum community benefit. The guiding test should be: does it improve patient access, outcomes and experiences? If it does, then it strengthens, rather than interferes with, the delivery of 'exceptional care' in the ACT public health system.

Organisational culture has long impacted Canberra Health Services' capacity for innovation and reform. Adversarial relationships within the health service and an ineffectual approach to change management have left attempts at structural and cultural reform at the mercy of entrenched clinical staff. Ongoing capitulation to obstructive tactics has left management without recourse when trying to make substantive change. Decisions are regularly made out of fear. Differences in approach are prosecuted in the media without appropriate contextualisation and this is damaging to the cause.

Appropriate administrative oversight can improve consumers' confidence that care and the allocation of care (through triaging, prioritisation, resourcing decisions) is guided by strategic analysis, science and quality standards, not crisis driven, clinician preference or established habit. We can also be assured that the quality of evidence-based care we can expect is supported by systems, monitored, and – perhaps most importantly - consistent across public providers.

Consumers value openness and fairness in how care decisions are made.

Administrative and political oversight can strengthen trust by:

- Setting clear governance structures that define who is responsible for which decisions and the basis on which those decisions are made.
- Publishing performance and outcome data, showing how the system is performing and where the issues lie or improvements are being made.
- Providing avenues for consumer feedback and ensuring that raising concerns leads to action.

This oversight helps protect consumers and clinicians against arbitrary decisions or unchecked unwarranted variation and ensures the system learns and improves over time.

Consumers are aware of cultural issues within Canberra Health Services and that this may negatively impact on staff and as a result the quality and safety of care.

> *'There is a growing body of research which shows that organisations that demonstrate respect, consideration and care for staff reduce a range of organisational risks'[1].*
>
> *'Governance is a challenge. TCH culture (and maybe service-wide too) is secretive and antagonistic toward health service users. This closed-building attitude leads to very internalised thinking and decision-making. Nothing from outside gets in.'*

4. Planned Care Reforms

Consumers report being left without clear information about expected wait times, how to challenge a triage decision, or more timely alternatives such as interstate care. Some waits are extreme, as one consumer noted:

> *'I know someone whose child… is listed at Category 1, and has been waiting for more than 12 months… It seems very concerning that patients in the most urgent category are unable to be seen in the ACT, and not informed about wait times or alternate pathways.'*

Another described the difficulty of accessing public orthopaedic care for scoliosis:

> *'It ended up being practically impossible to see someone in Canberra… timing is imperative… we had to look into private specialists… It is very frustrating when you cannot access the care that you need.'*

Canberra Health Services' Planned Care program has streamlined referrals through a single form and clearer criteria, but has made little progress on triage, waitlist management, or public communication.

Canberra Health Services nominally recognises the importance of consumer and community involvement but has struggled to implement genuine and substantive consultation and inclusion in its program of reform. While HCCA has been funded to convene a Planned Care Consumer Reference Group, there has been little engagement of the group by decision makers. Throughout, consumer and community involvement has been largely tokenistic, with changes prioritising service needs over broad consumer interests. We have seen this in the decision not to pursue a genuinely pooled referral system (one of the originally intended actions of the Planned Care Program), removal of consumers from waiting lists without consultation or advice on alternative services, and failure to proactively engage with community as part of decision making. This lack of transparency and genuine partnership limits effective reform; consumers must be engaged meaningfully at both individual and system levels.

The Planned Care reforms have also suffered from a lack of clear direction and mandate for change. Extensive reform needs to first scope and articulate the problem and understand the extant environment – why are things the way they are? This helps build the evidence base for action and to sell change to consumers and staff.

At present the Planned Care reform is being undertaken in an ad-hoc manner and lacks a clear step-by-step, staged plan that ensures the integration of reform across the service is mapped and set out as achievable milestones. Critically, the reforms also need to account for change management processes to ensure successful implementation that also provides long-term, sustainable benefits to consumers and the health services.

We want to see development of a clear, agreed strategy and phased implementation plan, including documentation of the change management approach. The plan needs to set clear objectives to ensure robust evaluation of the program and outcomes.

5. Digital Health Record

A transparent, outcomes-focused evaluation of the Digital Health Record (DHR) is long overdue. Since go-live, consumers have been largely excluded from any meaningful assessment and have not seen evidence of whether the system is delivering on its promises. Consumers want answers to simple questions:

- Has the DHR improved our care experience?
- Is information more accessible?
- Has safety or quality improved?
- Has coordination increased?

No public evaluation has been conducted to answer these questions. The publicly available 2024 KPMG report focused narrowly on governance rather than outcomes.

The DHR also needs to be assessed against its seven original Program Principles, including patient-centred care, enhanced clinician effectiveness, willingness to change, leveraging the system fully, and safe handling of historical data. In reality, duplication, manual workarounds, fragmented workflows, and limited MyDHR functionality suggest gaps between design intent and operational reality. Some Epic capabilities remain unimplemented or underused, and it is unclear whether rushed timelines contributed to decisions now affecting clinical usability.

Evaluation should also consider privacy, data-sharing, and digital safety: whether current legislation supports real-time information sharing, whether consumers can meaningfully access their data, and whether governance frameworks adequately manage digital clinical risk.

Clinician and consumer experiences indicate both promise and significant unrealised potential. Some consumers told us:

> *'Only a fraction of the DHR is currently being used… it's causing work rather than saving it."*
> Others note improvements:
>
> *'patients being able to access their own info and test results is a vast improvement'*

…but most consumers shared experiences of encountering persistent barriers to effective use of the DHR.

Our recommendations include:

1. A formal benefits-realisation evaluation against the Business Case and refined framework.
2. An outcomes-based assessment of the DHR.
3. A gap analysis of Epic functionality purchased vs implemented vs used.
4. A review of support tickets mapped to intended benefits and principles.

5. A clinical-safety audit of workarounds and manual processes.
6. Updates to privacy, data-sharing, and digital safety oversight.
7. Publication of all evaluations.

The ACT community has invested heavily in the DHR. It now needs clear, evidence-based answers about what has been achieved, what has not, and what must change to deliver safer, more coordinated, more person-centred care.

6. Resourcing

An effective forecasting model for the ACT public health system must recognise long-term shifts in population health. Health systems everywhere need to adjust baseline chronic-disease prevalence and account for demand created by the multi-system impacts of post-COVID conditions, climate change, and economic pressure. These will all drive changes in population health and health service presentation patterns.

We already know more people are presenting at our Emergency Departments, but we also know that a proportional number of presentations are being admitted, suggesting an increase in sickness, not an increase in help-seeking. Developing a forward-looking, system-wide forecasting model is essential to enable proactive and accurate planning for capacity, workforce, and other critical health-system investments or policy amendments.

It would be beneficial if the factors contributing to evolving demand and the modelling assumptions used in planning services were communicated to the public to explain the issues consumers are encountering with access to care and explaining how the system is changing to accommodate emerging demand profiles.

Consumers are concerned that planning is conducted in ad-hoc ways and does not consider the movement of consumers through the system. They told us:

> *'Pipeline issues seem to be creating bottlenecks e.g. lots of new operating theatres in TCH, and the new ward made to support them (the EDSU). But apparently that was not planned to be an overnight ward, yet many patients spend the night there... Patients end up being inserted into unsuitable locations around the hospital. [This] Indicates very narrow thinking when planning is being conducted rather than whole-of-service, and also looking at knock-on effects as patients progress through the system.'*
>
> *'They seem to be handling future resourcing quite poorly. When Ward 14a was opened, it became over-subscribed very quickly. There seems to be little near-future planning being done.'*
>
> *'They seem to use what data they have in quite limited ways, and often this seems to over-shadow information from others such as consumers. I see little evidence of them using data with other information sources to form a more rounded picture.'*

This 'more rounded picture' must also consider the role community-based services play in delivering holistic health care, setting out where and how these services intersect with the public health system and the role they play in primary health and post-acute care and psychosocial support. Community health services are expert and highly cost-effective contributors to health care in the ACT and their role and capacity needs to be considered in decisions around changes to public health service delivery and funding.

7. What can we do differently?

What we need to be thinking about now is what can be done differently - how can we proactively identify and address the evolving health needs of our community with the resources we have? Accessing support for both acute and chronic health issues is a challenge in the ACT. Families tell us about their challenges navigating limited services, lengthy wait times, weighing up the benefits, challenges and costs of seeking care privately or seeking care interstate.

Beyond enhanced transparency and analysis of our acute care system, HCCA urges consideration of innovative models of care and service structures (including more proactive use of community organisation services and expertise) to meet community need for health care in a more timely and integrated way.

The ACT is a unique, single provider environment. This *should* make us agile to try new and innovative approaches. We have done this before with the establishment of Walk-in-Centres.

Anecdotally, consumers highly value the Walk-in-Centres. But once again we wonder if the model currently in use is achieving what it set out to do and if we are maximising the impact of the allocated resources. We have not seen rigorous evaluation of the Walk-in-Centres, their impact on demand on the Emergency Department and primary care services, health and experience outcomes for consumers or the satisfaction of staff working in the model.

With the impending opening of a federally funded Medicare Urgent Care Clinic in Woden, now is the ideal time to evaluate Walk-in-Centres to facilitate comparison and refinement – or even multi-disciplinary expansion of the model. HCCA would like to see conduct of a full evaluation of Walk in Centres to ensure that they are operating as effectively as possible and to consider how they may compare to or be impacted by establishment of a Medicare Urgent Care Clinic and how they might better integrate with other services.

Consumers have responded positively to previous expansion of services offered by WiCs (such as medical imaging available at Weston Creek). We find the potential for improving multidisciplinary team care appealing, hoping that this could help reduce pressure on limited primary and acute care services, and improve consumer access to allied health services without out-of-pocket costs, at a time when cost of living increases have been significant.
Consumers told us:

> *'There may be many other better options to ensure people have their health care needs better met. e.g. Community Health Centres, based on a Winnunga Nimmityjah integrated care model; places where people can access allied health services in the community, using and improving existing models or places like the Walk-in Centres; a Rehabilitation Service facility.'*

8. Conclusion

The ACT community highly values our public health system. Consumers are rightly concerned about their ongoing access to high quality public health services.

We know change is needed, but first the community must feel confident that the issues driving increasing pressure on the public health system, and resulting from that pressure, have been identified and that the measures proposed to address these are innovative, efficient and are targeted appropriately - as fairly and safely as possible.

> *'Proper investigation of the situation must happen before changes are made. The current system can't continue and this needs to be made clear.'*

It is essential that consumers are included in a meaningful way to identify issues, as well as to plan and implement effective change. This is the only way to ensure reforms are designed to meet the needs of the community AND the health services.

The community must be assured that the public health system, despite significant stress, will continue to meet the health care rights of ACT residents as enshrined in the Australian Charter of Health Care Rights[2] through strategic and thoughtful reform.

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[1] Moore, Andrew & Cassidy, Tracy & Theis, Michael & Rousseau, Denise & Bauer, Daniel & Moore, Susan. (2018). Balancing Organizational Incentives to Counter Insider Threat. 10.1109/SPW.2018.00039. https://ieeexplore.ieee.org/document/8424655

[2] Australian Charter of Healthcare Rights (second edition) - A4 Accessible | Australian Commission on Safety and Quality in Health Care