



**Submission to ACT Legislative Assembly
Standing Committee on Health, Community
and Social Services**

Inquiry into Calvary Public Hospital Options

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Background

Health Care Consumers' Association (HCCA) was formed over 30 years ago to provide a voice for consumers on local health issues and now provides opportunities for health care consumers in the ACT to participate in all levels of health service planning, policy development and decision making.

The Health Care Consumers' Association welcomes the opportunity to make a submission to the Standing Committee on Health, Community and Social Services. We have had extensive consultation with our members regarding the sale of Calvary Hospital since September 2009. We have drawn on input following those consultations in preparing our submission.

Summary of HCCA position

The Government has indicated that there is a need to enhance public hospital facilities on the north side of Canberra to accommodate the growing health needs of our population over the next 20 years.

The HCCA does not see that there is a need to replicate the Canberra Hospital in North Canberra and are yet to be convinced for the need of a third public acute hospital. We base this on the Government's Clinical Services Plan, as well as our knowledge of the health service plans and the Capital Asset Development Process

We believe the main focus of care needs to be in the primary health setting, and therefore that a **sub-acute facility**, supported by primary health care centres, would better meet the needs of the Canberra community.

We consider that such a **sub-acute facility**, rather than an acute hospital, should supplement the new enhanced primary health care centres. These centres are currently in the planning stages for Belconnen and Gungahlin.

We see great potential in building a sub-acute facility on the University of Canberra grounds to make useful connections with the Faculty of Health Science and providing clinical placements for students as well as meeting unmet need for our community.

Consideration of Government Options

We agree with the Government's assertion that the demand for public hospital services continues to grow but would like to see the forecasting and planning documents that indicate that we are reaching the physical capacity limits of our public hospitals and there is a need to heavily invest in additional bed capacity over the next decade to meet this demand. Ultimately, we want assurance that decisions regarding the planning and design of our health system are taken on sound advice, based on identified clinical need and community needs and sound economic judgement.

Health planning of the Government had previously determined that there is no need for the establishment of a third Canberra hospital. Last year the Government released advice from ACT Health that indicated that a significant increase in capacity would be needed with a projected increase in public hospital overnight admissions of up to 49 percent by 2022¹. An “assessment of ACT Health infrastructure demonstrated that the additional capacity requirements could be met by utilising the existing hospital campuses and therefore, a third hospital was not required at this stage²” and the decision was taken that major investment was required and this would be managed through the Capital Asset Development Program.

In putting forward Option 4 the Government has not indicated what their intention is regarding Calvary. If the Government has already determined that a third hospital is not required we can only surmise that Calvary Public Hospital will continue to play a role in the delivery of public services to the community and this will be complemented by a new facility on the north side. We support an Activity Based Agreement being developed between the Government and Little Company of Mary to provide necessary services at the Bruce Campus that complements services provided at The Canberra Hospital, Community Health Centres and any new hospital development.

We can see benefit to our community with the a **new sub-acute teaching facility** built on the University of Canberra grounds to provide clinical placements of students in areas including, but not limited to, nursing and midwifery, pharmacy, physiotherapy and psychology . This is consistent with forecasts we have seen that identify an increased need for rehabilitation services. This would complement the medical education that currently takes place in public and private hospitals in the ACT with the ANU Medical School.

University of Canberra is located to arterial roads and public transport, has sufficient area for dedicated parking, is close to the Belconnen Town Centre and is within easy travelling distance for people living in Gungahlin and the future Molonglo Valley development.

When the transfer of ownership, governance and control of Calvary Public Hospital at Bruce was proposed last year we found the evidence supporting the transfer to be convincing. We heard a wide range of views expressed by consumers. Many consumers saw the transfer as a win - win situation: an opportunity for more efficient public hospital services and enhanced private sector services. Others expressed anger in asking how a fair value can be put on a building which has been built and maintained with public money. Concern was also expressed that the sale would result in the loss of the Calvary ethos in the public health sector in the ACT. The majority consumer view was that the purchase of Calvary Public Hospital should go ahead as the results will be improvements in integration of services, the effective use of public money and improved conditions for

¹ Future ownership and governance of Calvary Health Care and Clare Holland House An ACT Government Information Paper, October 2009, p9.

² Ibid.

staff and better health outcomes. We are aware of similar range of community sentiments with the proposal of a new acute hospital.

We see that there is **considerable community support for the public ownership of hospitals**. One of the advantages identified last year was that a single governance structure would provide a single point of accountability across the two hospitals. The current situation of having two management and governance structures in a small jurisdiction is an inefficient use of public money. The proposal for a single management and administrative structure for public health services was supported as it would create a more efficient, integrated service. HCCA supports the ACT Government's careful management of public funds for the delivery of health care services.

We hold concerns regarding the efficiency of running two hospitals with different governance structures. While we are convinced that a new sub-acute hospital would provide a more efficient use of public money, reduce duplication and improve coordination with community based and ambulatory services, we recognize this would be improved by a resolution of the role of the existing Calvary Public Hospital.

We firmly believe the integration of the services across both the Canberra Hospital and the new hospital campuses will provide huge benefits, including improved staffing arrangements, integrated health care, clinical information and improved health outcomes

Identify and Evaluate Further Options

We accept that the Government has an opportunity to reconsider health services for Canberra in light of the recent changes including the announcements of **Medicare Locals** and **Local Health & Hospital Networks**, medical education and GP Super Clinics.

The Commonwealth Government has committed up to \$15 million for the establishment of an **ACT GP Super Clinic**, as part of funding for additional clinics provided in the 2010-11 Federal Budget.

The Super Clinic will go some way to increasing access to primary health care for many Canberrans. Given our chronic shortage of general practitioners, which puts pressure on the existing health workforce and hospital emergency departments, this is a welcome initiative. The Super Clinic does not necessarily need to be limited to general practice. Last year HCCA staff visited a Super Clinic in Melton, on the outskirts of metropolitan Melbourne and saw first hand that Super Clinics can provide a range of ambulatory services to complement general practice and the acute health care system.

Melton Health represents a new benchmark for enhanced Primary Health Centres and also provides excellent ideas for consumer-centred design. Melton Health is a Super Clinic and was established four years ago. Melton Health offers an extensive range of same day medical services, specialist clinics, pathology and radiology services to cater for the health and well being of a rapidly expanding community. It provides around 50,000 occasions of service per year and has greater capacity to provide up to 90,000 service

provisions in the future. The figures have shown growth each year but whilst there has been an 8% growth in population, there has been a far greater growth in users of the Centre.

Services were decided on by using population, Emergency Department access figures and Health Department statistics. The highest demand services were chosen and other services were not provided if there was not a critical mass to support them. A Community Advisory Group provided input into what services were provided and the structure of these services based on community consultation and research.

The Centre provides a vast array of services within the one highly functional and attractive environment. The services provided include: Urgent Care, Renal Dialysis, Oncology, Haematology, Gastroenterology, Chronic Disease Management, Day Rehabilitation, Orthopaedic Clinic, Endocrinology and Diabetes Clinic, Chest Pain Clinic, Respiratory Clinic, Nephrology Clinic, Dermatology Program, Stomal Therapy, antenatal clinic and classes, Infant Settling and Feeding Clinic, Paediatric Clinic, and an Audiology Clinic.

The **Ambulatory Care Stream** is similar to an outpatient clinic except with a multidisciplinary approach. At a planned visit, consumers can get back to back appointments with a number of staff. Some staff work across the multidisciplinary team whilst others are part of a specific team. Most doctors are contracted but some are salaried or casual. 5% of doctors rent a room and have their own practice. Recruitment of staff had not been a problem as many professionals wanted to be part of the new and effective system.

Melton also has an **urgent care stream** that is a walk-in service with no appointment required. It's provided on a non on-going, one off basis where consumers are referred back to their GP for further treatment when required. Interestingly, the local area is similar to the ACT, in that there is a shortage of GP's. Typically, consumers wait 3 - 4 days to see their GP. Since the opening of the Melton Health Clinic, there has been a statistically significant reduction in Emergency Department presentations. The Urgent Care service is both Nurse Practitioner and GP led, with lots of part-time staff working side by side. Discharge summaries are provided in a written format whilst all other medical records are electronic. They are working toward discharge summaries being electronic but at present encrypting taking too long. In discussion with the CEO, Mr David Grace, he reported that they would have very few code blue emergencies a month and 20% of patients referred to hospital go by ambulance.

The **Garling Report** identified that one of the causes of overcrowding of Emergency Departments in NSW is the large number of younger adults also presenting there, often with conditions usually treated by primary care doctors. He concludes that *"the patients in categories 4 and 5 should be channelled to Primary Care Centres which I recommend should be set up within the public hospitals and staffed by medical practitioners such as a*

hospitalist, Career Medical Officers (CMOs) or general practitioners who are prepared to work part-time in these centres”³.

HCCA is, in principle, supportive of this model expanding into community settings and we await with great interest the evaluation of the Walk in Centre. It may be that a Super Clinic and walk in centre could both be accommodated within the sub-acute facility on the grounds of the University of Canberra, taking pressure off Emergency Departments at Calvary and TCH.

A strong view emerged among consumers during our discussion on the future of Clare Holland House (CHH) in 2009 that a **second, secular hospice** should be an option considered for the ACT community. This is because of a concern that the only hospice is run by a religious organisation, which has moral and spiritual principles which means that it does not cater for all. There is also a view that palliative care should be provided by an organisation that is not operating on a for profit model of care. Further, the current location of CHH disadvantages people who do not drive or do not live within a reasonable distance.

It is important to note that we recognise that many consumers are satisfied with the support and care provided by LCM. However, as consumers we must have choices in the provision of palliative care support to us in the ACT. If a sub-acute facility is built on the University of Canberra grounds we would advocate for the inclusion of a palliative care service within it.

³ Final Report of the Special Commission of Inquiry Acute Care Services in NSW Public Hospitals, Overview, 1.158, p.25