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HCCA Submission on “Expanding hospital services in the ACT: an additional 400 Hospital Beds” Public Consultation and Discussion Paper

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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.

HCCA 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 of the need for a third public acute hospital. We base this opinion 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 or community hospital¹, supported by primary health care centres, would better meet the needs of the Canberra community.

We consider that such a community hospital, rather than an acute hospital, should supplement the new enhanced primary health care centres. Planning for these centres is well developed with the new centres in Belconnen and Gunghalin expected to be opened in late 2012.

We believe a sub-acute facility on the University of Canberra grounds is vital to meet the needs of our community. In addition it would create valuable connections with the Faculty of Health Science and provide clinical placements for students.

General comments

We are pleased that Option e) is included in the discussion paper. HCCA has been advocating for the establishment of a specialised sub-acute care facility for some time; this is reflected in our submission of November 2010 to the Government the Standing Committee on Health, Community and Social Services Inquiry into Public Hospital Options.

¹ Note: the terms 'sub-acute facility' and 'community hospital' are interchangeable in this submission

The community wants 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.

We are pleased to note Government's main focus is on patient centred care, quality and safety of services and accessibility, rather than the financial construction costs. We are also heartened by the Minister's comments that "*the global cost should not be the most significant factor*" in making the decision².

Role Delineation and Networked health service

We are supportive of role delineation and integrated, networked hospital services. However, we have concerns about the efficiency of running two hospitals with different governance structures. We are convinced that a new community hospital would provide a more efficient use of public money, reduce duplication and improve coordination with community based and ambulatory services. But we believe overall improvement in services would be further enhanced by a clarification 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.

We support the assertion made by Professor John Dwyer in 2007 when he wrote about role delineation in the Mersey Hospital in Tasmania:

*The community must understand that all hospitals cannot provide a full range of services. Their ability to offer services of quality and safety must be the major factors determining role delineation. The distressing level of misadventure in our hospitals is most often related to a mismatch between patient needs and the available skills. It is essential, therefore, that hospital services be networked ... Individual hospitals must no longer act as islands in an ocean of health care but rather be part of a network of hospital services where the role of each hospital is carefully delineated, safety and quality being major determinants.*³

Role delineation is part of the process which responds to the needs of the population, taking into account clinical needs within the Local Health Network (LHN). We believe this how it is proposed to work in New South Wales where LHNs will have responsibility for determining appropriate role delineation of services for health care facilities within the LHN network.

We believe that delineating the roles of these facilities allows the health system to operate more efficiently, by integrating support services, staff profile, safety

²ACT Legislative Assembly, Standing Committee on Health, Community and Social Services, Proof Transcript of Evidence, 16 March 2011 p.127

³ John Dwyer, *Splintered healthcare, divided responsibilities*, Online Opinion retrieved on 30 March 2011 <http://www.onlineopinion.com.au/view.asp?article=6430&page=0>

standards and requirements, thereby ensuring clinical services are provided safely and with appropriate support.

We share the Government's observations that where a hospital delivers both acute and sub-acute care, the urgency associated with acute care delivery will frequently result in priority given to acute care ahead of sub-acute care; and in resources being diverted from sub-acute care to respond to an increase in demand for acute service. This in turn impacts on the efficiency and effectiveness of sub-acute service delivery⁴.

We strongly support a networked hospital system. We encourage Little Company of Mary (LCM) to work constructively with the ACT Government in the best interests of the community to provide integration of the services across both the Canberra and Calvary hospital campuses. We believe this would lead to a significant improvement in health outcomes for our community, through improved staffing arrangements, integrated and consistent policies and procedures, sharing of clinical information and better communication. We would anticipate significant cost savings with more efficient use of public money, reduction in duplication and improved coordination with community-based and ambulatory services.

Site selection: University of Canberra

We see great potential in building a sub-acute facility on the University of Canberra grounds. As well as meeting the needs of our community, this would provide the opportunity for providing clinical placements for students and for developing a closer relationship with the Faculty of Health Science.

The selection of the site is very important; it needs to be accessible, which means close to major transport routes. 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.

Sub acute care

HCCA is supportive of the Government's proposal to construct a purpose-built, sub-acute or community hospital.

The Aged Care and Rehabilitation Service (ARCS) provides services ranging from acute medical services to sub-acute services (rehabilitation and GEM) at The Canberra Hospital and Calvary Public Hospital campuses. The services aim to maintain or improve independence and function, and assist both older people and people who have sustained traumatic injuries to live independently.

Sub-acute care is increasingly gaining recognition as an important level of care, offering cost savings and more focused patient care. It provides patients with the

⁴ ACT Health, Expanding hospital services in the ACT: an additional 400 Hospital Beds Health Service

opportunity to heal and recover without the high cost of an extended acute hospital stay. The National Hospital and Health Reform Commission identified that there is also an urgent need for substantial investment in, and expansion of, sub-acute services – the ‘missing link’ in care – including a major capital boost to build the facilities required.

Services to be included in Community Hospital

Feedback from consumers, and reports and documents in the public domain indicate there is a strong demand for certain services to be included in the sub-acute facility; these include the community midwifery program, palliative care, respite care and step-up and step-down facilities for older people.

Step-up and Step-down services

The Community Hospital could be designed, built and staffed to provide rehabilitation services for people recovering after an operation (e.g. a hip replacement), an illness (e.g. a heart attack) or an injury (e.g. a fall or car accident). This would improve the potential for recovery as less time would be spent in an acute hospital (ie, Calvary or TCH). The Community Hospital could also include geriatric evaluation and management services, transition care and other step-up or step-down programs.

Maternity services

It is important that women in the ACT and surrounding areas are provided with a range of birthing options. HCCA strongly supports the Community Midwifery Program (CMP) and similar models of midwifery-led care.

We hear, anecdotally, that consumers are unable to join the CMP because they find out about the program too late in their pregnancy, by which time the service is over-subscribed.

In its response to the Pregnant Pause report, the ACT Government supported the proposal to conduct an assessment of the level of unmet demand for the CMP. This was completed by KPMG in 2006 and the survey indicated that there was a significant level of unmet demand for the CMP service in the community. We would like the Government to consider building a Birth Centre within the Community Hospital for women who have low risk pregnancies. Women who are considered to be high risk could be referred to TCH Women and Children’s Hospital.

Subacute mental health

The community recognises that people with serious mental illness need access to a range of treatment and support services, connected across the spectrum of care. We believe there is scope to include this in the development of the Community Hospital in North Canberra. We encourage the Government to consider developing a mental health precinct that includes voluntary patients, a non-gazetted mental health unit, an older persons mental health unit and an adolescent and young persons’ mental health unit. This would complement the successful step up step down facilities.

Palliative care

The palliative care approach is highly valued as a response to end-of-life care in the ACT community. However, not all patient groups are adequately served because of limited resource availability (e.g. some cancer patients are mostly well cared for, but some people with other end of life conditions, such as motor neurone disease, are less well catered for).

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 there is concern that the only hospice in the ACT 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. Also, the location of CHH disadvantages people who do not drive or who do not live nearby.

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. We see that there is scope to include this function within the Community Hospital.

Before any transfer of ownership of the hospice can be undertaken, consideration must be given to the establishment of an independent review team made up of individuals with expertise to build a progressive case for additional resources, and to examine the current mix.

Issues of workforce

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. It might even extend to services provided in residential aged care facilities. 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.

The concept of a teaching hospital involving an educational partnership with the University of Canberra is an attractive option and may provide an interesting discussion in respect of a proposed site close to the University of Canberra campus as the university currently offers courses in nursing and midwifery, pharmacology, physiotherapy and other health-related fields.

Future of Calvary

We need certainty and to understand what LCM is entitled to and are supportive of the recommendation of the Standing Committee on Health, Community and Social Services Calvary Public Hospital Options for an independent arbitrator to be appointed to assist the parties to reach a mutually beneficial contractual arrangement in the event that the ACT Government and LCM Health Care are unable to reach agreement⁵.

We understand that an important element in the development of any additional hospital beds will be clarification of the role of the Little Company of Mary (LCM) in the provision of services to the Canberra community. We can see opportunities in Calvary Hospital being recognised as a private facility that is contracted by the ACT Government to provide public services. This could continue to include Emergency Department, medical and surgical patient services.

Activity based funding (ABF) is an important component of the national health reforms. The COAG Agreement for the establishment of a national approach to activity based funding (ABF) will undoubtedly influence the way public hospital services will be funded in future. Wherever possible, ABF will be on the basis of a national efficient price for each public hospital service provided to public patients. HCCA believes that the establishment of the national pricing authority and the healthcare performance agency that have been foreshadowed in the national reform agenda will necessitate the negotiating of a new Activity Funding Agreement (AFA) or long term contract between the ACT Government and the LCM for the delivery of cost efficient services in accordance nationally benchmarked standards. With goodwill on both sides, and inclusion of a properly benchmarked capital renewal component of any funding, this AFA would have the potential to resolve the anomalies in classification of services as public rather than private and hence may lead to more harmonious relations between the parties without resort to buy-back of facilities.

⁵ Standing Committee on Health, Community and Social Services Calvary Public Hospital Options
<http://www.parliament.act.gov.au/downloads/reports/7th%20HCSS%2005%20Calvary%20Public%20Hospital.pdf>

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