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6 October 2011

**Re: Independent Evaluation of the Nurse-led ACT Health Walk-in Centre**

The Health Care Consumers' Association of the ACT welcomes the opportunity to comment on the issues arising from the independent evaluation of the Walk-in Centre. The Walk-in Centre has been of strong interest to consumers within our membership and networks. We have drawn on the experiences and feedback from consumers in preparing this submission.

If you require clarification on this submission please do not hesitate to contact me at the HCCA office on 6230 7800 or via email at [darlenecox@hcca.org.au](mailto:darlenecox@hcca.org.au).

Yours sincerely,

A handwritten signature in blue ink, appearing to read "Darlene Cox", is written over a light blue horizontal line.

Darlene Cox  
**Executive Director**

## **Background**

The **Health Care Consumers' Association (HCCA) of the ACT** 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 respond to the *Independent evaluation of the nurse-led ACT Health Walk-in Centre*. Our comments are informed by the principles of consumer-centred care and the findings from our GP Interaction Survey, conducted in 2009.

### **Consumer-Centred Care**

We recognise that our health system is under pressure and cannot cope if policies and planning continue to focus on diseases rather than consumers. The inclusion of consumers is essential to improving our health system; our active involvement empowers us to understand our conditions, treatments and options. The better we understand health care, the more likely we are to adhere to treatments, make beneficial behavioural changes and better self-manage our health.

HCCA believes consumer-centred health care is the most cost-effective way to improve health outcomes for our community.

We support the common priorities that the *International Alliance of Patients' Organisations* has identified as critical to achieving consumer-centred health care at every level in every community. We believe all health care must be based on the following five principles:

1. Respect
2. Choice and empowerment
3. Consumer involvement in health policy
4. Access and support
5. Information

## Introduction

Our community needs health care that is accessible, clinically and culturally appropriate, timely and affordable. 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. There is also a well documented need for more community-based services to meet the primary health care needs of the community. General Practitioners (GPs) are critical providers of primary care but general practice has been unable to fully meet consumer needs.

The Consumers Health Forum of Australia (CHF) completed research into consumer expectations of general practice in the late 1990s.<sup>1</sup> This research identified structural access issues for consumers, including rates of bulk billing and affordable access, physical access, out-of-hours services, gender choice and good appointment systems for emergency and routine needs. The research also found that consumers prefer a holistic approach, including knowledge of, and referral to, other health and community resources. Most of the results of this research still stand.

At the suggestion of the GP Task Force, HCCA decided to test the findings of the CHF research with the ACT community.<sup>2</sup> The *GP Interaction Survey* highlighted consumer experiences and expectations of general practice in the ACT in 2009. The findings of the HCCA survey showed that – in the decade since CHF completed its research – there have been significant changes to general practice. These changes are the result of a shortage of GPs, practice closures, an increasing number of cases of chronic disease and the increasing focus on quality and safety of care.

One important change relates to many key tasks which, in the past, could only be performed by GPs, but which can now be performed by other health care professionals. For example, pharmacists can write sick leave certificates; allied health care professionals, such as nurse practitioners (NPs), can issue prescriptions; psychologists can access Medical Benefits Payments; and nurses can coordinate care for patients with chronic conditions. We welcome these changes, which should ease the work burden on GPs, and we must ensure that consumers benefit from them, through quicker, more efficient access to health care.

Additionally, a range of innovative strategies – which go beyond a dependence on GPs and emergency departments – are required to meet the challenges of the workforce shortage in the health system. We believe the Walk-in Centre provides consumers with an excellent alternative to access health care, and we congratulate the ACT Government for its innovative approach in addressing the health care needs of our community through the establishment of the Centre.

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<sup>1</sup> “Consumers’ Expectations of General Practice in Australia”, *Consumers Health Forum of Australia* <<http://www.chf.org.au/pdfs/rep/rep-195-expectation-of-gp.pdf>>, (April 1999) accessed 5 October 2011.

<sup>2</sup> The GP Task Force was established by the ACT Minister for Health on 26 March 2009, in response to community concern in the ACT regarding the recent closures of General Practitioner clinics and the well documented shortage of GPs.

## Discussion

The following paragraphs comment on issues of particular importance to consumers:

### **Accessibility - in terms of being clinically and culturally appropriate, timely and affordable**

One of the strengths of the Walk in Centre from a consumer perspective is that we can access appropriate and safe services at no additional cost. Co-payment is a significant barrier to consumers in accessing health care. Our feedback from consumers on limited incomes, who have used the Centre, has been overwhelmingly positive.

The Evaluation Report found that older patients were more satisfied with explanations, treatment and advice provided by nurses, and had a higher overall satisfaction with the service. This corroborates our own anecdotal evidence, which indicates a high level of satisfaction from consumers. We have heard of only two instances where the staff were dismissive or patronising, and this feedback came from younger consumers.

Consumers have expressed preparedness to use new models of care that are not GP-centred. Consumers want to be able to make a choice of health care providers in order to increase their access to primary health care.<sup>3</sup> HCCA believes it is important to raise public awareness about new models of care. We see that there is scope for the ACT Government to improve community understanding and we suggest this can be achieved by allowing suitably qualified nurses to utilise their skills through the development of care plans, provision of education and support, prescribing of continuing medication, conducting pap smears and relaying test results.

In the *GP Snapshot Survey 2009* there was support for Healthdirect taking a more prominent role in triage and in providing consumers with reassurance. Awareness of this service is limited. The results of the Survey showed that only 17.5% of consumers had used Healthdirect and only 8.7% had accessed the Healthdirect website.

We would like to see further development of the nexus between the Healthdirect referral process and the Walk-in Centre. Work protocols for nursing in the Walk-in Centre are clearly defined. We suggest it would be beneficial for Healthdirect staff to have access to these protocols, to enable them to refer consumers to the Walk-in Centre when appropriate.

The community needs to understand what kind of services the Walk-in Centre provides. Healthdirect, the Walk-in Centre website and the online Health Services Directory can play an important role informing the community. The Evaluation Report states that there is growing community acceptance and understanding about the

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<sup>3</sup> Rhian Parker et. al., *Health Care Consumers Knowledge and Opinions of the Role and Use of Nurse Practitioners in Australian Primary Health Care* (Canberra: APHCRI/HCCA, 2011) 8.

This is a key finding of the research HCCA completed this year in partnership with APHCRI into consumer perceptions of the role of nurse practitioners in primary health care. A copy of this report is attached to this submission. This work was funded by the Department of Health and Ageing.

Walk-in Centre, how it works and to whom its services are targeted. We think there is scope to enhance this further.

The Evaluation Report outlines:

*The Walk-in Centre KPI reports for example, show the top 10 types of conditions treated by nurses as Upper Respiratory Tract Infection (URTI) (separate numbers for common cold, tonsillitis, sore throat, sinusitis), wounds and lacerations (separate numbers for lacerations and abrasions), ear conditions/ear wax, ear conditions otitis media, gastroenteritis/diarrhoea and “other”.<sup>4</sup>*

We would encourage the Health Directorate ACT to communicate this to the public so that consumers understand precisely what services the Walk in Centre can provide. The large signs outside the centre are a positive step, but they rely on people being on the campus to see them.

### **Physical access and location of services**

Transport is a major access issue in the ACT. There is:

- limited public transport to many primary health care services;
- poor coordination and timing of public transport outside of peak travel times; and
- additional difficulties for those with limited mobility, or travelling with children, especially sick children.

The time taken to travel to the GP, especially by public transport, can be lengthy and difficult, particularly at night or at weekends. This is exacerbated, when travel involves a sick child or elderly person. Closure of local GP practices, with consequent centralisation of services, makes this a major access barrier for many.

The Evaluation Report states that

*the areas of the ACT closest to the hospital have both the greatest number of patients, and the greatest number relative to population. There are, however, patients from all areas of Canberra. Some of these may live elsewhere and work in Woden, others may travel from other parts of Canberra specifically to receive care at the Walk-in Centre.<sup>5</sup>*

### *Future locations*

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. To this end we encourage the Government to complete additional research to determine demand projections for this

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<sup>4</sup> Rhian Parker et. al., “Independent evaluation of the nurse-led ACT Health Walk-in Centre”, *Australian Primary Health Care Research Institute*

<<http://www.health.act.gov.au/c/health?a=sendfile&ft=p&fid=1313623070&sid=>>, (28 July 2011) accessed 5 October 2011, 41.

<sup>5</sup> Ibid, 37.

service so that future Walk in Centres can be located on well positioned sites that will increase access and lead to better health for Canberrans.

Extending the Walk in Centres to Community Health Centres and locating services closer to where people live, is likely to improve access. Our research in 2009 showed that consumers living in Belconnen and the Inner North are less likely to have a regular GP than those living in other areas. We believe there is a huge opportunity to enhance consumers' access to health services by establishing a Walk-in Centre in the Enhanced Community Health Centres. We also think there is potential for the Government to work with the successful bid of the new GP Super Clinic to see how a Walk-in Centre could complement the Super Clinic.

HCCA has previously declared our interests in the development of a health precinct on the north side, possibly on the grounds of the University of Canberra. We have acknowledged the Government has committed to an increase in the number of inpatient beds but we are keen to see an increase in services in the primary health setting. We would like to see consideration given to including primary health care services within the sub-acute facility or community hospital announced in the budget. One option for the extension of the Walk-in Centres is the establishment of a Centre within this facility.

The Evaluation Report concluded that it is likely that the overall impact of the Walk in Centre has resulted in a net increase in Emergency Department activity at The Canberra Hospital. We understand, from informal discussions with staff, that Calvary Emergency Department has also sustained significant increases in presentations this year. We would like more consideration of the reasons for the increase. We accept that the co-location of the Walk in Centre may have resulted in people going to The Canberra Hospital campus when they may not have otherwise done so.

### **Patient-centred and supportive of health literacy, self-management and individual preference**

Consumers have commented to HCCA that they feel that the consultations provided by staff in the Walk in Centre are thorough and that they receive comprehensive information helping them to better understand the symptoms they might be suffering and empowering them to devise strategies for self-management.

One of the key findings in our research into the role of nurses in primary health care was the consumer perception that nurses are good listeners and spend more time with patients compared to GPs, and that this is a trait that nurse practitioners bring to their role. Our research found that the willingness of ACT health-care consumers to be seen by a practice nurse in the ACT is encouraging and it is possible that consumers will become more accepting of the performance of these duties by nurses as they become more common.<sup>6</sup>

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<sup>6</sup> Christine Godden et. al., "What practice nurses do and what consumers are willing to let them do: An online survey of ACT health care consumers", *Health Issues* 104 (2010) 33.

A copy of this paper is attached to our submission.

### **Well integrated, coordinated and providing continuity of care, particularly for those with multiple, ongoing and complex conditions**

We believe this is an area where improvement is needed and look forward to working with the Local Hospital Network and Medicare Local to achieve this. We note that the Evaluation Report comments on the need for improved integration between the Walk in Centre and other services and HCCA is keen to see all the elements of the health system working together to provide a comprehensive, integrated service for our community. We support the integration of the Walk in Centre with other services in the Clinical Services Plan. This is particularly important if other Walk-in Centres are to be established elsewhere.

### **Better management of health information, underpinned by efficient and effective use of e-Health**

The Clinical Decision Support Software (CDSS) in the Walk-in Centre is a standalone system and was identified as problematic in the Evaluation Report. We would like to see the Walk-in Centre system included in any work on the Patient Master Index. We also want to see the system connected to ACTPAS so that if a consumer is treated at the Walk-in Centre, their condition deteriorates and then they present to an Emergency Department the clinicians will have access to their record from the Walk-In Centre. We are also concerned that a summary of the event is communicated to GPs by a manual procedure (i.e. fax) rather than transmitted by secure electronic means. We also see potential for pharmacies and other allied health services to improve connectivity. It would enable the nurse practitioners, who have the capacity to prescribe medication, to send electronic prescriptions to pharmacies.

### **Flexibility to best respond to local community needs and circumstances through sustainable and efficient operational models**

The Walk-in Centres in the United Kingdom have delivered improved access to health care, by providing an alternative means of obtaining professional opinion or treatment. We see that this is a strength of the Walk-in Centre model in the ACT.

The Walk-in Centre uses a new and innovative nursing role. HCCA completed research in 2010 regarding consumer perceptions of practice nurses and nurse practitioners in primary health care. The findings were very clear. We have attached these reports to our submission.

### **A focus on safety and quality of care**

We endorse the Report's finding which shows that the nurse-led Walk-in Centre provides a safe and effective service that is supported and valued by many members of the community.

The increase in community understanding mentioned previously in our response, is important for all health services, including the Walk in Centre. We are keen to see an increase in community understanding of the role of different health facilities. There are patient safety drivers behind this, as well as cost and efficiency. It is important that consumers present at the service that is most appropriate to their care needs.

In 2007 Professor John Dwyer wrote about the importance of role delineation in the context of community discussions around the Mersey Hospital in Tasmania; his comments are relevant in terms of all health services.

*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.<sup>7</sup>*

### **Skilled and supported workforce**

HCCA supports the important role of nurse practitioners in the ACT community. They are at the forefront of the many changes occurring in new models of care and we believe they are positively pushing the boundaries of healthcare both in hospitals and the community.

We are particularly pleased to see the enormous contribution made by NPs in the Walk-in Centre. HCCA has received positive feedback from our members who strongly endorse the continued use of NPs in the Walk-in Centre and other health care environments.

However, many NP positions are grant funded and this makes it difficult for tenure and building capacity as well as career progression. We are concerned that NPs could become demotivated, due to the uncertainty associated with non-ongoing employment, and decide to look elsewhere for more secure positions.

We would encourage the ACT Health Directorate to consider these concerns when developing the *Health Directorate Workforce Development Plan* and review current funding arrangements for NPs with a view to creating permanent jobs, enabling NPs to use the full scope of their skills and plan their career pathways.

### **Conclusion**

Our feedback from consumers is that they often experience difficulty accessing general practice in a timely way. Similarly, we hear from GPs who are frustrated that they are often unable to spend as much time with their patients as they would like to, because they are constrained by the time limits of running busy practices. We consider the Walk-in Centre a positive addition to the health care system, providing consumers with a timely, affordable and accessible health care service, while freeing up GPs to devote more time to their patients who need the services which can only be delivered by a GP.

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<sup>7</sup> John Dwyer, "Splintered healthcare, divided responsibilities" *Online Opinion* <<http://www.onlineopinion.com.au/view.asp?article=6430&page=0>>, (4 October 2007) accessed 30 August 2011.



At the time of writing, about 20,000 consumers had accessed the services of the Walk-in Centre. The majority of these were seen by a nurse or nurse practitioner. The Evaluation Report clearly reflects the positive levels of consumer satisfaction about the services provided by the Centre. The feedback from our membership and networks reflect this.

## References

Dwyer, John. "Splintered healthcare, divided responsibilities". *Online Opinion* <<http://www.onlineopinion.com.au/view.asp?article=6430&page=0>>. (4 October 2007) accessed 30 August 2011.

Godden, Christine; Kathryn Dwan; Julie Derrett and Darlene Cox. "What practice nurses do and what consumers are willing to let them do: An online survey of ACT health care consumers". *Health Issues* 104 (2010) 31-34.

Parker Rhian; Laura Forrest; Jane Desborough; Ian McRae and Teneille Boylan. "Independent evaluation of the nurse-led ACT Health Walk-in Centre". *Australian Primary Health Care Research Institute* <<http://www.health.act.gov.au/c/health?a=sendfile&ft=p&fid=1313623070&sid=>>. (28 July 2011) accessed 5 October 2011.

Parker, Rhian; Laura Forrest; Nathaniel Ward; Clare Scanlon; James McCracken; Darlene Cox and Julie Derrett. *Health Care Consumers Knowledge and Opinions of the Role and Use of Nurse Practitioners in Australian Primary Health Care* (Canberra: APHCRI/HCCA, 2011).

"Consumers' Expectations of General Practice in Australia". *Consumers Health Forum of Australia* <<http://www.chf.org.au/pdfs/rep/rep-195-expectation-of-gp.pdf>>. (April 1999) accessed 5 October 2011.