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# Phase one – consultation report

*Designing ACT health services for a growing  
population* YourSay survey

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12 January 2023

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# Contents

<u>Phase one – consultation report</u>	1
<u>Executive summary</u>	3
Introduction	3
Using health services	4
Coordinating care	4
Informing Phase 2 projects	5
<u>Background</u>	6
<u>Engagement approach</u>	7
<u>YourSay survey</u>	8
Promotion	8
Participation	8
<u>What we heard – YourSay survey</u>	10
Services	10
Access	11
Virtual health	14
Coordination of care	14
Urgent care	15
Quality and safety	16
New hospital	16
Integrated Care	17
Additional feedback	18
<u>Social media post feedback</u>	19
<u>Integrated Care Community Panel</u>	21



# Executive summary

## Introduction

A three-phased *Community Engagement Plan* was developed to explore the community's current and future perceptions of the ACT health care system.

The *Community Engagement Plan* was designed to get a broad understanding of public opinion on healthcare across the ACT in Phase 1; the outcomes of which will be used to inform the Northside Clinical Services Plan, northside hospital project, and the Integrated Care Program.

During Phase 2, the plan breaks into separated engagement streams outlining activities for both the Integrated Care Program and the northside projects. This allows deeper consultation to occur offering a deliberative style engagement approach for the Integrated Care Program and introduces a range of activities to socialise the northside hospital early design concept.

Phase 3 of the plan continues discussions around the Integrated Care Program and seeks to close the loop on the feedback received regarding the northside hospital early design concept.

Phase one of the *Designing ACT health services for a growing population* engagement program opened on 8 August 2022 for an initial 4-week timeframe - this was extended by one week to close on 16 September 2022.

Phase one was facilitated using the ACT Government YourSay platform and included background information, a video message from Minister for Health, Rachel Stephen-Smith, a link to the *Designing ACT health services for a growing population* survey and link to an expression of interest (EOI) survey to join the Integrated Care Community Panel. The YourSay page is at <https://yoursayconversations.act.gov.au/accessing-health-care>

In addition, hard copy surveys were made available at ACT public walk-in clinics and community health centres; they were also on-hand at the Junction Youth Health Service to reach into the community and provide an opportunity for those who may not access the survey online.

Information about engagement opportunities was promoted through various ACT Government channels and distributed by stakeholders through their networks.

The EOI process successfully recruited 30 members to the Integrated Care panel representing a diverse range of the community.

The YourSay survey (of 46 questions) received a total of 869 responses including 65 hard copy surveys. This meant 7.5% of surveys were received from those who may not have otherwise participated. There was representation across all population priority groups; this included Aboriginal and Torres Strait Islander peoples, people with disability, LGBTQIA+ community, people who speak a language other than English, older people (65yrs +), younger people (under 25), people with chronic or complex conditions, families with complex needs, and carers.

The purpose of the survey was to explore people's experiences in accessing ACT public health services (health services); it also sought to gain a high-level understanding of the community perception towards the health system and what they want and need from health services.

The survey covered a number of key areas including services, access, virtual health, coordination of care, urgent care, quality and safety, the new hospital, and Integrated Care.



## Using health services

People have a good general understanding about what ACT Government public health services are available and all respondents had used one or more of these services in the last 2 years; the majority of respondents had used these health services between one and 5 times during this period.

When thinking about the broader health system, most people are happy to receive care how and where it is recommended to best suit their health needs (approximately 60% of respondents indicated this). Survey respondents suggested they would like better access to paediatric (19%), mental health (15%), walk-in centre (8%), hospital (7%) and pregnancy (5%) services. People also advised they would like better access to services that provide safe and appropriate care for Aboriginal and Torres Strait Islander peoples, and better services for people with disability and LGBTQIA+ people. Cost and lack of access to bulk billing was a consistent theme throughout people's responses.

When asked about virtual health, the majority of people were in favour of having this available as an option (71%). However, results indicated that health services delivered virtually or over the phone, was the least preferred way to receive care, with only 10% of respondents indicating this was their preferred option. In-person care was identified by 56% of respondents as their preferred method of care.

Most people ranked urgency of care (74% of respondents), availability (73% of respondents) and wait times (69% of respondents) as the top 3 key factors that influence decisions about where to access health services broadly. Over 70% of respondents support another person to access health services, be that a child, parent, partner, or someone else; 28% of respondents, or the person they support, experience access issues attending health services in person.

For most people, when asked about what factors influence where they would go specifically for urgent care, location was the most important factor (75% of respondents identified this as an influencing factor). The next most common factor was quality of care, which was identified by 41% of respondents. ACT public walk-in centres are a popular option for non-life-threatening care with 70% of respondents having used this type of health service. The privately run GP after hours service was less used by around 32% of respondents.

The level of clinical service received, professional standards, wait times and good customer service are the most important factors that assure people of quality and safety when accessing health care.

## Coordinating care

When coordinating care with more than one service provider, most respondents indicated they organise health services themselves (87%). When asked what challenges influence their ability to arrange or coordinate health services, 51% said that wait times and availability of services was a key issue. This was followed by difficulties navigating the system (22%) stemming from a lack of centralised, digital tools; it also included not understanding what services are available for patients and providers. Lack of communication between service providers is also seen as a key barrier for many people (17%) and it was identified that this can create numerous flow-on challenges. These challenges are often compounded for people with additional considerations or barriers, those with complex issues, people with disability and people coordinating services for their children.

Other key issues raised relating to coordination of care include poor customer service (9%), location of services (8%), cost issues primarily accessing bulk billing or being able to afford private care in a timely manner (8%), and transport difficulties (3%).



## Informing Phase 2 projects

Two questions in the survey directly related to the northside hospital consultation and the community panel on Integrated Care. The feedback collated from these questions was used to inform Phase 2 consultation.

Survey respondents were encouraged to give a 'free-text' response about what they think is important when the government builds a new northside hospital. The most commonly recurring theme related to quality and safety, with 38% of responses under this theme. Of these responses, 49% referenced the workforce and 32% referenced wait times. The most commonly recurring feedback centred around the need to ensure adequate staffing levels to provide quality care and reduce wait times. Twenty-nine per cent of responses provided feedback related to clinical services, with the most common feedback relating to the emergency department and paediatric services. Twenty-three per cent of responses referenced user experience, and included feedback on amenities, parking, transport, wayfinding, and the look and feel of the new hospital. Feedback also emphasised that inclusion and accessibility are important (6%) and referenced the need for culturally safe care, disability access and sensory friendly spaces.

Other comments referenced location (2%), innovation (1%) and sustainability (1%) including the use of internal and external green spaces, and environmentally friendly building and design.

A question on Integrated Care was asked to gauge if respondents had heard of the term and what they thought it meant. Most respondents (69%) were unfamiliar with the term 'Integrated Care'. However, in a subsequent 'free-text' question that asked respondents what they thought it meant, 53% showed a broad understanding of what 'Integrated Care' means.



# Background

The ACT Government's vision is for a person-centered health system that is innovative, effective, and sustainable.

As Canberra's population continues to grow, investment in health services and facilities is vital to cater for this growth—and that means being prepared with a long-term plan across all facets of care. The *ACT Health Services Plan* is an 8-year roadmap for improving the way our health services work together in the ACT. The plan identifies ACT Government priorities for developing, investing and redesigning the ACT's public health services. Through the *Designing ACT health services for a growing population* engagement program, the ACT Government is exploring experiences and perceptions of healthcare across the region and identifying gaps in services and facilities.

The ACT Government is looking for ways to improve long-term health outcomes for the community, and make health services more modern, effective, and accessible. Community health options are expanding with walk-in clinics, telehealth, at home care as well as preventative and management programs. The ACT's public health system is transforming its approaches, systems, policies, and infrastructure with the aim to improve the lives and health outcomes for all Canberrans.

The *Designing ACT health services for a growing population* engagement program aims to understand what people want and need from public health services across the ACT and understand how they access public and private health services. It is framed around 'person-centred services; safe and effective care' and informed by the strategic goals of 'access, accountability and sustainability' consistent with the *ACT Health Services Plan*.

The engagement program is being undertaken across 3 phases:

- Phase one
  - *Designing ACT health services for a growing population* YourSay survey
  - EOI for Integrated Care Community Panel.
- Phase 2
  - Northside hospital community consultation
  - Integrated Care community panel meets and deliberates.
- Phase 3
  - Close the loop with the community
  - Provide outcomes of engagement.

This engagement structure aims to gauge public opinion on healthcare across the ACT through Phase one, then dive deeper into 2 separate engagement streams through phases 2 and 3. The first stream will explore potential Integrated Care service solutions through a representative, deliberative panel, and the second stream will engage with the community on the new northside hospital. Each stream will then conclude separately, with the presentation of Integrated Care and northside hospital outcomes to close the loop with the community.

This report summarises the outcomes of Phase one, with a summary of the recruitment for an Integrated Care Community Panel at section 4 and outcomes of the YourSay survey at section 5.



# Engagement approach

The approach to Phase one, was to obtain a high-level understanding of the community's perception of healthcare in the ACT through a YourSay survey. This initial phase focused on gathering information about people's experiences in accessing healthcare services and their views on what they want and need from the health system in the future. The Phase one activities sought to baseline some of this information and draw out community values associated with accessing healthcare in the ACT. The consultation outcomes informed Phase 2 engagement as well as other ACT Government health planning and infrastructure projects.

The engagement activity was undertaken over 5 weeks from 8 August to 16 September 2022. Commencement was aligned with the release of the *ACT Health Services Plan* on 8 August 2022.

This engagement builds on previous conversations with the community about healthcare. Members of the public were encouraged to provide additional feedback, even if they had participated in consultation on other health-related project/s.

The decision to focus this engagement on the broader community and not on specific key stakeholder groups has been made to acknowledge that many of these groups have already provided their views on these topics and will be further engaged in targeted ways.

Through the YourSay platform, engagement was undertaken via 2 key activities:

1. *Designing ACT health services for a growing population survey.*
2. Expression of interest survey for community panel on Integrated Care.

The YourSay conversation page is being used for the duration of the engagement program through to the end of Phase 3. It includes background and contextual information including a video from the Minister for Health, a map of public health services in the ACT, an infographic of an average week for healthcare services, and a timeline of related past and future consultation.

The *Designing ACT health services for a growing population survey* was designed using the following topic areas to provoke thought and feedback:

- Services
- Access
- Virtual health
- Urgent care
- Quality and safety
- Coordination of care
- Integrated Care
- New hospital.

We have already heard some feedback on these topics from the community through other health related consultations, including the Canberra Hospital campus, Canberra Hospital Master Plan, and the *ACT Health Services Plan*. This engagement builds on previous feedback and helps us to confirm and understand in more detail, community, and stakeholder views on:

- finding and accessing healthcare services
- attending healthcare services in person or virtually
- perceived gaps in the ACT's current healthcare service options
- ease of navigating healthcare services
- public expectations of and desires for healthcare services across the ACT in the future
- understanding of Integrated Care
- high-level feedback on a new hospital.

Outcomes from the Phase one consultation were used to inform Phase 2 engagement.



# YourSay survey

## Promotion

A comprehensive plan to promote the *Designing ACT health services for a growing population* survey was developed to encourage community participation.

Information was distributed through ACT Government and stakeholder channels to widely promote the opening of the survey, encourage engagement at mid-point, and to remind people the survey was closing. Channels included ACT Government, ACT Health and Canberra Health Services social media accounts, digital displays at Access Canberra Service Centres, posters at ACT libraries, ACT Government web content, ACT Health and Canberra Health Services intranet pages and the ACT Government General Notice email. Posters were also displayed at hospitals, community health centres and walk-in centres.

Targeted activities were implemented to improve reach to priority population groups and those in the community who may experience additional participation barriers. Posters were displayed at key locations and hard copy surveys made available at ACT public walk-in clinics and community health centres as well as at the Junction Youth Health Service. In addition, 98 key stakeholders, peak and community organisations received targeted messaging with information and collateral to distribute through their networks, further improving reach.

The opening of the survey coincided with the launch of the *ACT Health Services Plan* and leveraging this opportunity saw a significant amount of engagement occur. A social media post issued on the ACT Government Facebook account had a reach of 17,428, engagement rate of 10% and generated 97 comments. Given the substantial interaction with this post, this feedback has been analysed and included at section 6.

## Participation

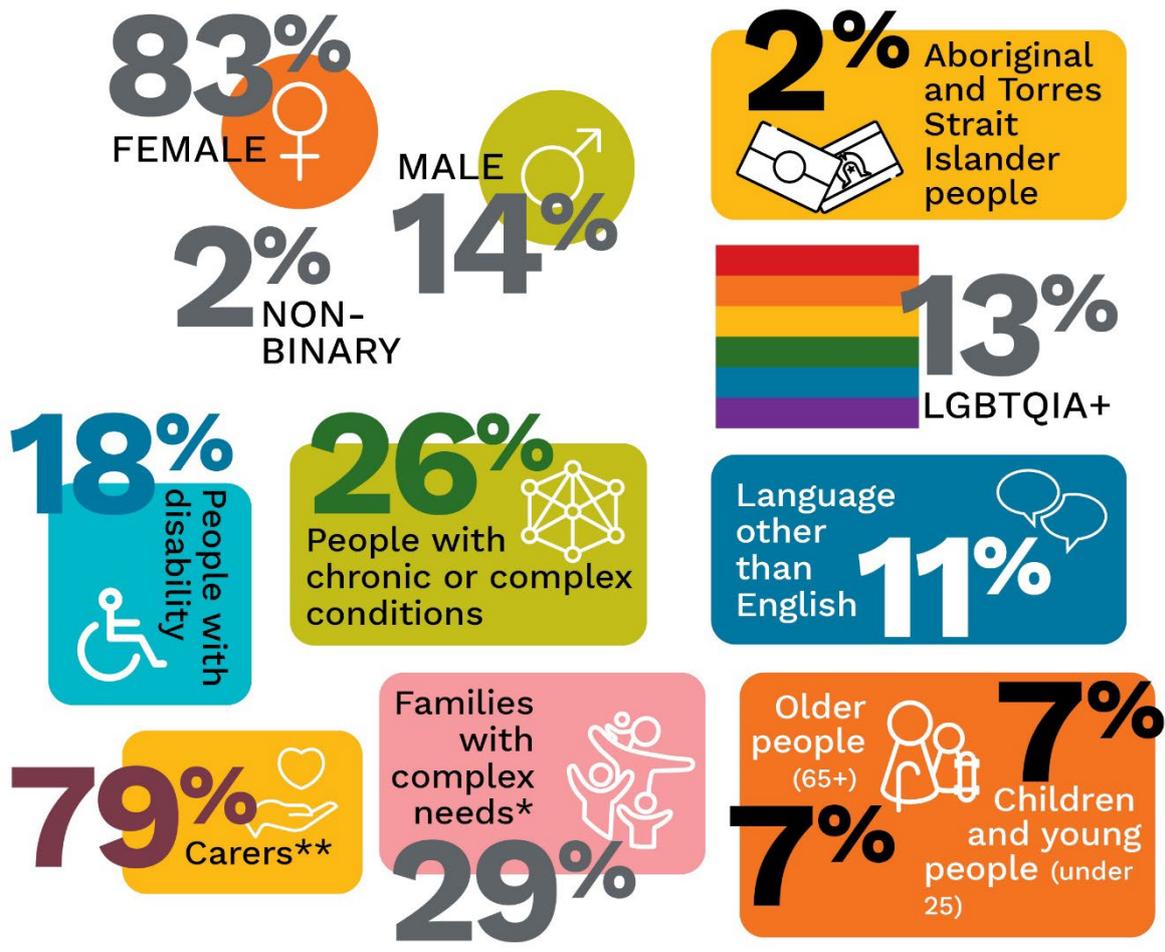
The survey was opened initially for 4 weeks from 8 August to 9 September 2022, then extended for an additional week to close on 16 September 2022. In total, 869 survey responses were submitted, 65 of which were hard copy surveys resulting in 7.5% of surveys received from those who may not have otherwise participated online.

The 65 completed hard copy surveys were received from:

- Tuggeranong walk-in centre (14)
- Belconnen walk-in centre (43)
- Weston Creek walk-in centre (5)
- Belconnen community health centre (2)
- email (1).

Figure 1 below details the demographics of the total survey respondents (869) by relevant ACT Health priority population groups.





\*Families with complex needs are identified as those who answered 'yes' to whether they have or care for someone with complex needs or a chronic condition and answered 'yes' to supporting a child in their care, parent, partner or someone else they live with to access health services.

\*\*Carers are identified as those who answered 'yes' to supporting a child in their care, parent, partner or someone else they live with, or someone else, to access health services.

Figure 1. Demographics of survey respondents



# What we heard – YourSay survey

The YourSay survey focused on 7 main areas as outlined in section 3 of this report. This section provides insights based on analysis of responses against these 7 areas.

## Services

Respondents were asked a range of questions about the ACT Government public health services they were aware of and had used or visited in the last 2 years. Percentages given in this section reflect the percentage of total respondents who indicated awareness or use of a service.

The top 3 services that respondents were aware of are: hospital emergency department (97%), walk-in centre (94%) and hospital in-patient (91%). The 3 least known health services include: counselling and social work (49%), care for older people (43%) and justice health (29%).

All respondents had used ACT Government public health services in the last 2 years. The top 3 most used services were hospital emergency department (66%), walk-in centres (64%) and pathology and pharmacy (43%). The 3 least used services were care for older people (1%), children's health (0.6%) and alcohol and drug (0.5%).

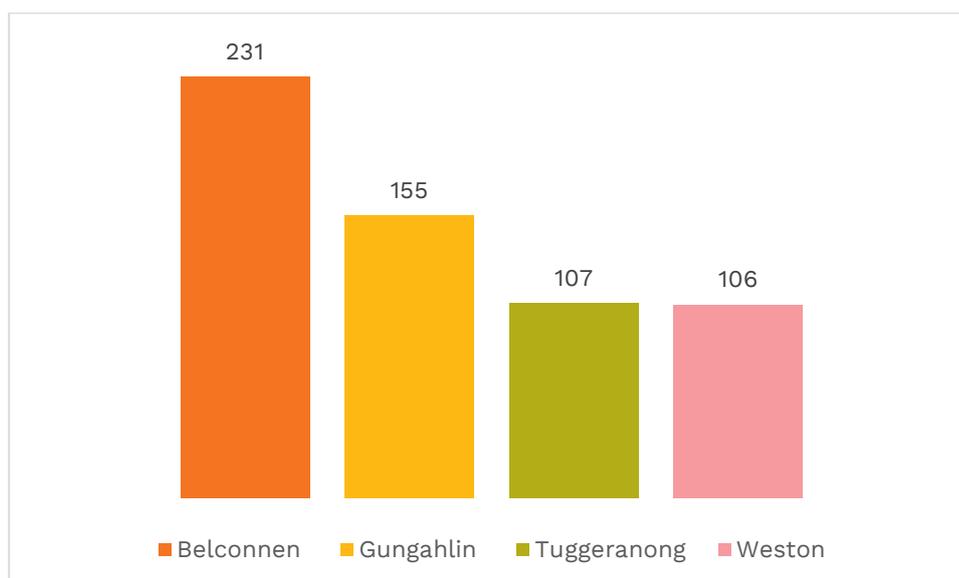
Respondents were asked about which hospitals they visited in the last 2 years. Table 1 details the percentage of respondents who used hospital services in the last 2 years, and which hospital they visited (shown as the number of people who responded to the question).

**Table 1.** Hospital services used in the last 2 years (by hospital)

	Inpatient (36%)	Outpatient (32%)	Emergency department (69%)
The Canberra Hospital	225	224	425
Calvary Public Hospital	130	92	305
University of Canberra Hospital	10	15	n/a
Queanbeyan District Hospital	9	4	24
Yass District Hospital	1	1	1
Goulburn Base Hospital	0	0	0

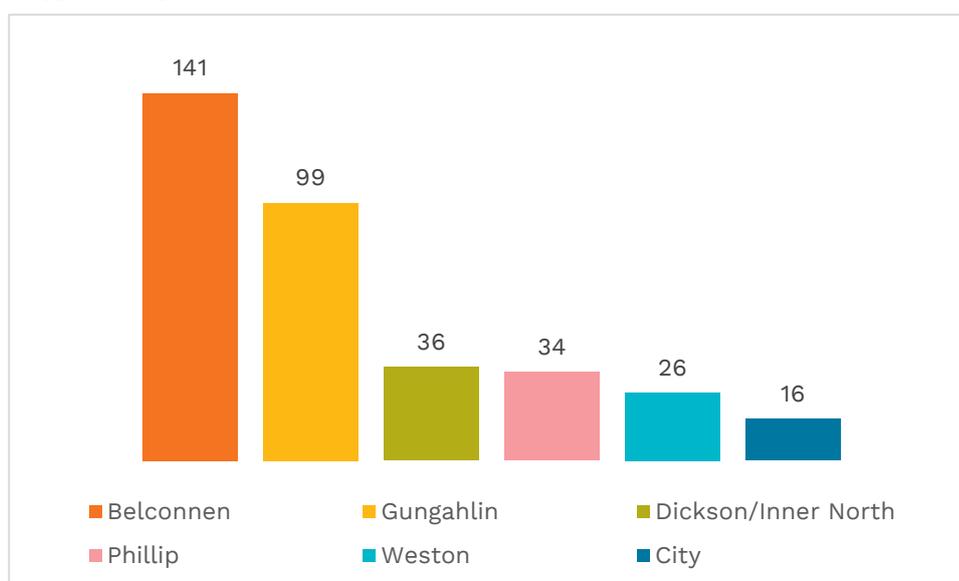
Respondents were asked if they had visited a walk-in centre in the last 2 years; 65% answered 'yes', with the locations ranked in order of most visits being Belconnen (231), Gungahlin (155), Tuggeranong (107) and Weston (106).





**Figure 2.** Walk-in centre locations visited in the last 2 years, shown by number of respondents.

Respondents were also asked about visits to Community Health Centres in the last 2 years; 34% answered 'yes', with locations ranked in order of most visits being Belconnen (141), Gungahlin (99), Tuggeranong (51), Dickson/Inner North (36), Phillip (34), Weston (26) and City (16).



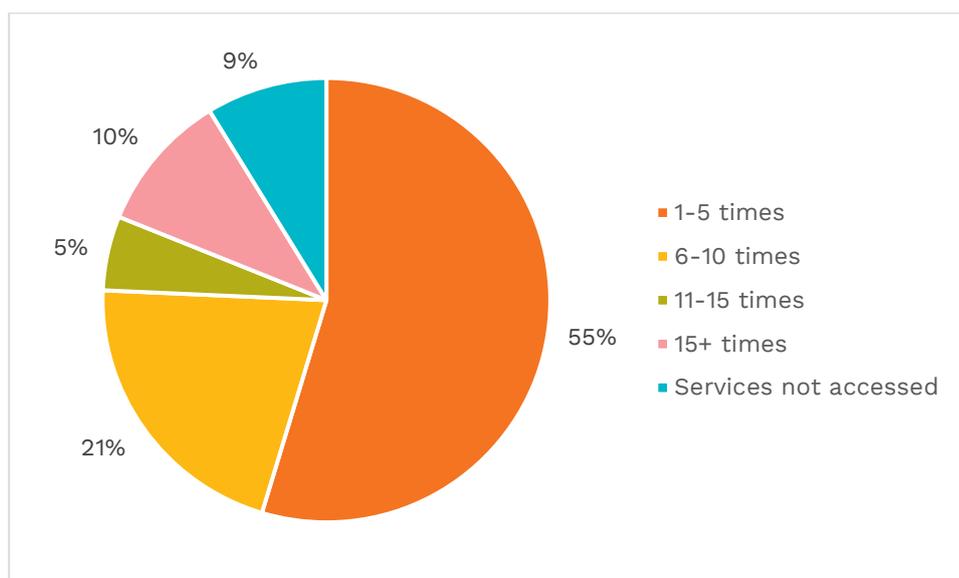
**Figure 3.** Community Health Centre locations visited in the last 2 years, shown by number of respondents.

## Access

Respondents were asked a series of questions about access to ACT Government health services, including how and why they access services, and their experience in supporting another person to access services.

Figure 4 below details the number of times respondents indicated they had accessed health services in the past 2 years.





**Figure 4.** Access to health services in the past 2 years, expressed as a percentage of total number of visits.

*“We need specialised paediatric, asthma and allergy care.”*

Respondents provided a range of responses when asked about services they would like better access to that are not currently available in their area. The most commonly mentioned services were paediatrics (19%) and of those requesting these services, 83% of respondents identified as having a child in their care. The remaining most commonly mentioned services that people would like better access to, were mental health (15%), walk-in centre (8%), hospital (7%) and pregnancy (5%). Other services requested included dental (4%), women's health (4%), imaging (3%), oncology (3%), allied health (2%), physiotherapy (2%), surgical services (2%), sexual health (1%), neurology (1%), pathology (1%), gastroenterology (1%), and hydrotherapy (1%).

Some respondents referenced other issues in their responses, including the need for bulk billing, community transport and services that support LGBTQIA+ people, people with disability and Aboriginal and Torres Strait Islander peoples.

When asked **how** they prefer to receive services, most indicated they were happy to receive services in whatever way is recommended to best suit their health needs (60%). When choosing between face-to-face or virtual health, 56% of respondents preferred in-person care compared with 10% who preferred services delivered virtually by phone or video. Some respondents indicated a preference but also said they were comfortable with the recommendations given to them; due to some respondents selecting multiple answers the percentage totals do not add up to 100. Further responses relating to virtual health is at 4.3.3.

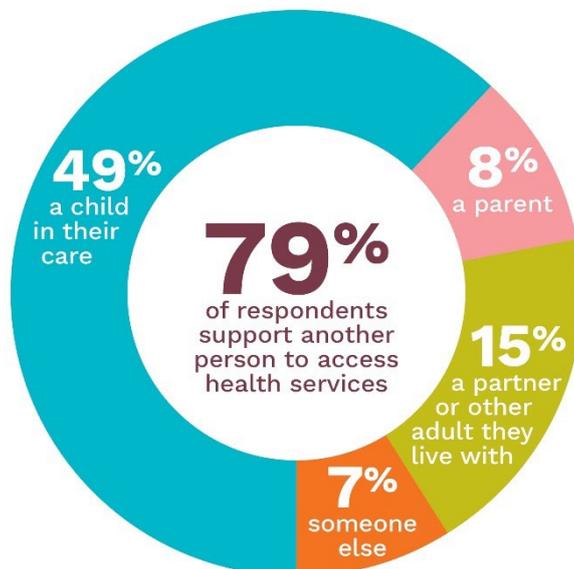
Similarly, when asked **where** they prefer to receive services, most respondents said they are happy to receive healthcare wherever it is recommended to best suit their health issue (59%), followed by as close to home as possible (39%), at a clinic in the community (24%), at a hospital (14%) and services in the home the least preferred option (9%).

*“I am Aboriginal and would like to seek medical services from an Indigenous medical service, but at this point Winnunga is the only provider in the ACT and surrounding region, I cannot drive to Narrabundah when unwell ... North Canberra is in desperate need of an Indigenous health service.”*



Respondents were also asked to rank the key factors that influence their decisions about where to access healthcare services (broadly) which resulted in 2 clear priority groups. The first included urgency of care (74%), availability (73%) and wait times (69%). The second included cost (57%), opening hours (54%), location as close to home as possible (50%), need to access specialist care (48%) and type of health provider (43%).

When asked if they support another person to access health services in the ACT, 79% answered 'yes'.



**Figure 5.** Respondents who indicated they support another person to access ACT health services and the types of people they support.

In the last 2 years, the frequency of support provided by respondents to another person was between one and 5 times (43%), 6 to 10 times (16%), 11 to 15 times (6%) and more than 15 times (9%).

Respondents were asked if they (or someone they support) experience access issues attending health services in person, with 28% answering 'yes'.



**Figure 6.** Percentage of total respondents who indicated access issues for themselves or someone they support



## Virtual health

Respondents were asked about virtual health services that are delivered via phone or video. The majority of respondents (71%) have used these types of virtual health services; 83% think virtual health should be offered as a standard service option when it is safe and appropriate to do so. Interestingly though, when asked for their preferred way to receive care, only 10% of respondents indicated virtual care as their preferred approach.

Respondents were asked what they think about virtual health, with 70% in favour of virtual health services. Nearly 50% of these indicated that this support could best be used at times when the service related to routine or minor ailments, script renewals and consultations not requiring a physical examination. Other reasons respondents gave for supporting virtual health, included the ease of access virtual health offers for people with disability, older people and those in rural or remote areas.

*“It’s a fantastic option to have and makes healthcare accessible.”*

*“I find it harder to discuss openly when not physically co-located with the health professional.”*

Some respondents (21%) expressed a negative opinion of virtual health services. Many cited that they prefer to receive in-person healthcare, or they feel that the service is impersonal or of a lower standard when delivered virtually. A small number (1%) cited technology access/skills and access issues (such as hearing/visual loss) as a barrier. Only 9% of respondents did not indicate a view on virtual health.

Views on access to virtual health services for people with children (2%) was mixed. Approximately 50% of respondents indicated they had experienced barriers with virtual healthcare

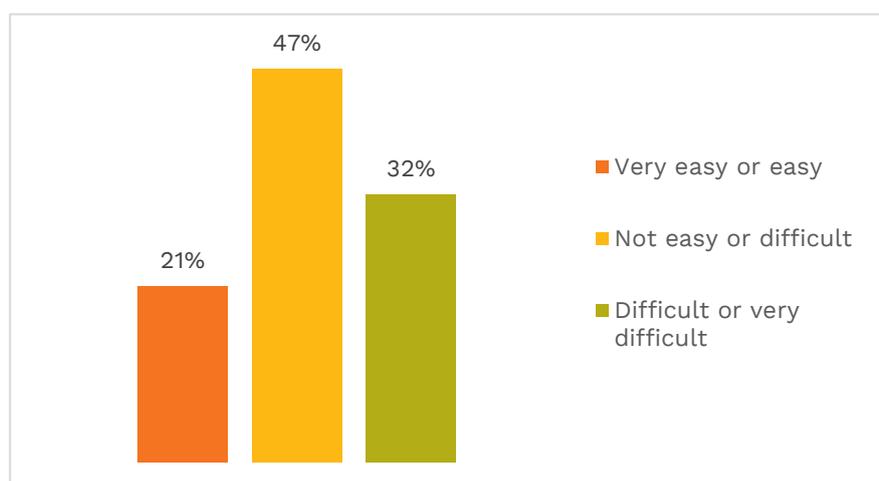
for children; the remaining 50% indicated that it was easier and more convenient for them.

Cost was raised (3%) as a factor to consider for virtual health. Most comments related to the high cost or lack of bulk billing for virtual care.

## Coordination of care

Respondents were asked about how they arrange or coordinate health services with more than one provider. Most people organise this themselves (87%), with a small number having services organised by their GP (6%) or organised for them by someone else (3%).

When asked how easy it is to coordinate health services, respondents were asked to select a response on a sliding scale of 1-5, from very easy to very difficult. People responded that it was not easy or difficult (47%), difficult or very difficult (32%), or very easy or easy (21%).



## Figure 7. How easy respondents find coordinating health services

Respondents were asked what challenges they have arranging or coordinating health services, and why. Fifty-one per cent of respondents cited 'availability of services' as the key issue when arranging or coordinating health services; this included issues around wait times and availability of suitable health services/providers.

Some people experience issues in navigating the health system to coordinate services (22%). This includes not knowing how to organise appointments across public/private systems, what to do when providers are unresponsive, and dealing with the volume of administration involved. This is often compounded when people have more than one provider to deal with, complex health issues, disability, or when coordinating services for their children.

Some people cited communication between health providers as a significant issue (17%) and the flow-on administrative burden and problems this creates. This includes delays in treatment, recurring visits to a GP for things like results and new referrals for the same service, having to follow-up with providers, lost results, retelling medical issues because communication has not occurred through providers.

Customer service was an issue for some respondents (9%), particularly when trying to access appointments and provide feedback. Some challenges identified by survey participants included unanswered phone calls, not receiving a call back and not being able to contact healthcare staff via email - this was particularly noted by those who are deaf or require more inclusive methods of communication.

Other issues included cost of services, lack of bulk billing and additional costs borne through travelling to see specialists. Location is also an issue with most of this feedback related to people travelling interstate to receive services either for services not available in Canberra or to access services sooner. For some people the location of a health service can be an issue because it may not be easily accessible via public transport.

*“Wait times to see specialists or a dietitian is unacceptable.”*

*“By the time you see a specialist for an issue that was in the preventable stage it's left that stage and become a chronic condition that has to be actively managed.”*

*“More practitioners to reduce wait times for child health issues... people have to go private and to Sydney to access services that should be standard within an acceptable timeframe.”*

## Urgent care

A range of questions focused on urgent care to determine if the type of care needed impacted respondents' behaviour. Responses indicated that for those seeking urgent care, location was the key influencing factor for 75% of respondents. The next more commonly suggested factors were quality of care (41%) and having access to a range of services in the same place (40%). Other suggested factors that impacted on decisions included wait times (5%), access to paediatric services (3%), access to other specialist services (2%) and where they were taken by ambulance (1%).

Most respondents (70%) have attended a walk-in centre for non-life-threatening care, 32% have attended a GP after-hours service, and 51% have used the Health Direct phone line.



## Quality and safety

Respondents were asked 'what does a health service need to have, to assure you of its quality and safety?'. Most people provided multiple responses, as below:

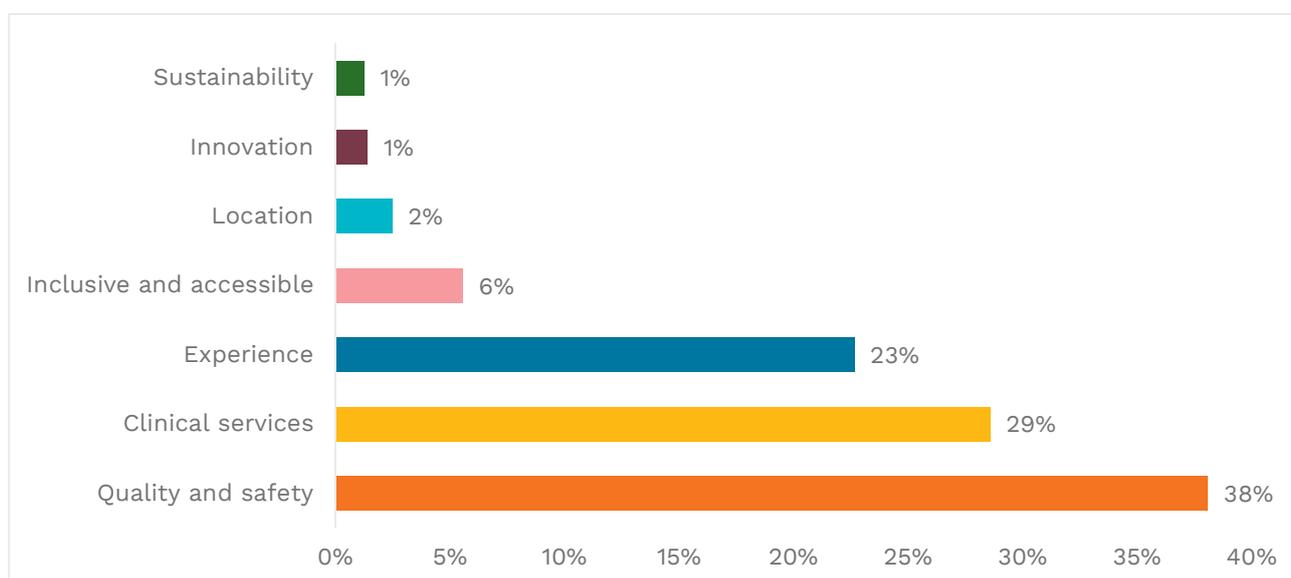
- Good customer service – how you are treated (84%).
- Wait times – you receive timely services (84%).
- Quality of service – the level of clinical service you receive (95%).
- Professional standards – services are safe and meet quality standards (89%).
- Culturally appropriate services (35%).

Respondents were also asked (on a scale of 1 (most important) to 5 (least important)) to rank what excellent healthcare looks like for them. The average ranking and subsequent order for these rankings is shown below:

1. Outcome (2.25 average ranking)
2. Experience (2.64 average ranking)
3. Wait times (3.03 average ranking)
4. Accessibility (3.21 average ranking)
5. Cost (3.46 average ranking)
6. Location (3.70 average ranking).

## New hospital

Respondents were asked about what is important to them when the ACT Government is building a new hospital; this 'free-text' section generated feedback across the following 7 themes:



**Figure 8.** New hospital response themes (showing percentage of total feedback received)

The most commonly recurring theme was quality and safety (38%). Of these responses, 49% talked about workforce, and 32% commented on wait times. This feedback often indicated that existing hospitals are understaffed and as a result, wait times are excessive. Respondents suggested that a new hospital requires adequate staffing levels to provide quality care. Other topics mentioned under



quality and safety included the level of clinical service received, professional standards and public safety.

Twenty-nine per cent of responses related to clinical services, including emergency, mental health, oncology, maternity, allied health and paediatrics. The most common feedback was that the new hospital requires an emergency department (65%) and a dedicated paediatric unit (23%).

Other topics mentioned under clinical services, related to people visiting the emergency department for non-emergencies (leading to excessive wait times). Many respondents would like to see more availability of allied health services at the new hospital, as well as dedicated mental health, women's, maternity and oncology units.

Responses about experience (23%) included feedback about infrastructure, amenities, access (parking, transport and wayfinding), and the look and feel of the new hospital.

Respondents expressed that the new hospital needs to be inclusive and accessible (6%) for it to meet their needs. This included requests for culturally safe care, support services, disability access and access to sensory friendly spaces. Other comments included the need for staff to be trained to look after transgender patients, requests for adequate disabled parking, and bulk billing where possible.

*“A focus on lots of disability parking which is actually close to buildings.”*

Comments under the theme of location accounted for 2% of the total feedback. Within this, 75% of respondents (13 people) indicated a preference for a new northside hospital to be built in Gungahlin and cited this was in response to the area's rate of growth and to reduce their travel. Some respondents suggested that having access to multiple services at the new northside hospital would be convenient and would reduce their need to travel for various healthcare services.

Responses under the theme of innovation related to research, technology and virtual healthcare, accounting for 1% of total feedback. Under this theme, suggestions were made for ways to reduce wait times using technology and virtual healthcare services.

Feedback on environmental considerations and green spaces were categorised under the theme of sustainability, and accounted for 1% of total feedback. Requests were made for the new hospital to include indoor and outdoor green spaces (including aquarium and gardens), and environmentally friendly building and design.

*“Make it pretty and visually appealing. Lots of natural light. Greenery inside the hospital... Floor to ceiling windows in rooms so patients have nice tree views.”*

## Integrated Care

A question on Integrated Care was asked to gauge if respondents had heard of the term and what they thought it meant. Most respondents (69%) were unfamiliar with the term. However, in a subsequent question that asked respondents what they thought it meant, just over 50% of

*“Healthcare services are connected and are the pieces of a puzzle, rather than separate and isolated.”*

respondents showed a broad understanding of the term 'Integrated Care' relating to multiple healthcare providers or communicating and working together to deliver the best possible healthcare to a patient. Most of these responses included terms like 'multidisciplinary', 'holistic', 'coordinated' or similar.

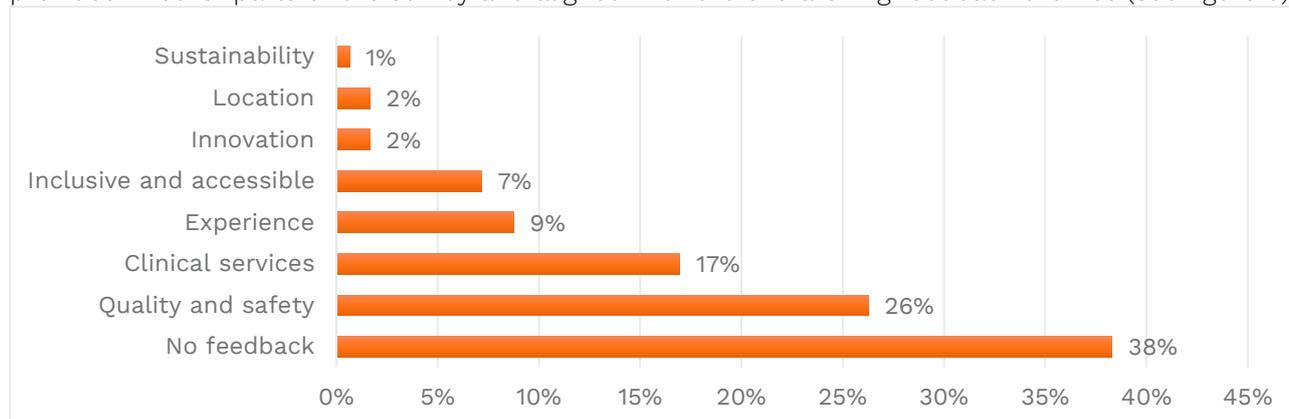
Analysis of the remaining respondents (47%) did not show an understanding of what Integrated Care means. Of these,



25% of answers included 'I don't know' or similar. A small portion (2%) of responses were unfavourable towards Integrated Care.

## Additional feedback

The final survey question was an optional 'free-text' field, inviting participants to provide additional feedback on the design of future health services. Seventy per cent of survey participants chose to provide additional feedback for this final question. Much of the feedback reinforced the themes provided in other parts of the survey and aligned with the overarching feedback themes (see figure 9).



**Figure 9.** Additional feedback aligned to overarching themes (percentage of feedback shown)

The most recurrent feedback in each theme is shown below:

**Quality and safety:** most of this feedback related to the need for a quality workforce and to reduce wait times, reinforcing points made in other parts of the survey. Additional feedback referenced the need to improve service quality through increased staff training and professional standards. Ensuring public safety was also mentioned.

**Clinical services:** The most common additional services requested were emergency and paediatrics, followed by mental health. A small percentage of comments requested maternity, oncology and allied health services.

**Experience:** Issues relating to parking, transport and wayfinding were commonly mentioned, as was feedback suggesting additional amenities and infrastructure that should be provided. Suggestions to improve the look and feel of health facilities was also made.

**Inclusive and accessible:** Feedback on this theme included culturally safe care, disability access, equitable financial access and provision of support services.

**Innovation:** Feedback relating to innovation centred around ensuring service provision keeps up with available technology. This included providing care and for bookings and administration, and the integration of virtual health services. This feedback also focused on the importance of ensuring that medical research drives understanding of patient needs and all staff are made aware of this.

**Location:** The majority of this feedback suggested Gungahlin as a preferred location (13 people). The remaining feedback suggested the location should be selected based on a site that could provide the greatest opportunity for co-location of as many services as possible.

**Sustainability:** Feedback supported the inclusion of green space and environmentally friendly design options for health service provision.

*“Staff are as important as infrastructure. A workforce that isn't physically and mentally supported to do their best work and care for patients to a high level of quality makes new infrastructure pointless.”*



# Social media post feedback

A series of social media posts was published to support the release of the YourSay survey and encourage participation. One post was issued on the ACT Government Facebook account, to announce the release of the *ACT Health Services Plan* and included mention of the northside hospital consultation activity. Of the 97 comments received on this post, majority of comments (75) were related to the northside hospital project; this feedback is summarised below with common themes identified in figure 9.

In their comments, some people (22%) remarked about both the existing health services and their thoughts on a new hospital. Paediatrics, including a specialised emergency department, was the most requested service for inclusion. This was followed by mental health, oncology, cardiology, geriatrics, eating disorder facilities, then bereavement services in descending order.

Some people commented solely on the new northside hospital project (20%). This feedback referenced possible locations and expected timeframes for the development. Also mentioned were considerations regarding future expansion, the inclusion of helipad, onsite childcare and police and fire stations.

Comments relating to access (13%) included the hope that this will reduce or eliminate the need to travel to other capital cities for services such as oncology and paediatrics. In terms of carpark design, comments mentioned ease of navigation, accessibility and the request for free parking. Nearby linkages to public transport were also considered a requirement for the hospital to be properly accessible.



Figure 9. Social media post

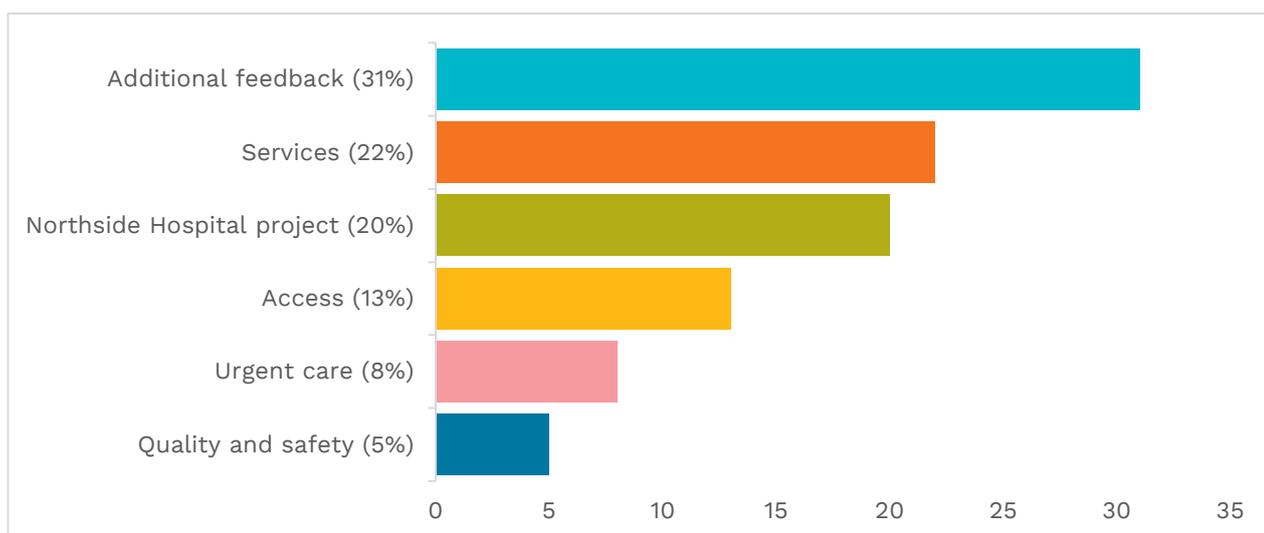


Figure 10. Social media post – feedback themes



Comments relating to urgent care (8%) addressed the need for a better triage system, reduced wait times and inclusion of an emergency eye clinic.

Quality and safety related comments (5%) included the use of artificially intelligent CCTV to detect patient falls. Other comments requested better hygiene practices and improved nurse behaviour. These comments also highlighted the importance of designing infrastructure to promote safe traffic conditions.

In total, 31% of comments were categorised as 'additional feedback'. This included short messages of support for the northside hospital project, as well as comments that were critical of current hospitals within the ACT. In this section, 20% of comments asked for support to be given to current hospitals within the ACT before a new hospital is considered. These concerns were mainly related to the current hospitals being understaffed, resulting in a declining ACT health system.



# Integrated Care Community Panel

Recruitment for an Integrated Care Community Panel to explore the provision of services closer to where people live, was undertaken via the YourSay conversations page.

An expression of interest (EOI) survey was made available via a call-out box and program update on the main YourSay page. It was promoted via email to 98 key stakeholders and ACT Government channels, including social media, website update and through community health centres. Interested members of the community could self-select to submit an EOI, sharing target demographics and why they had an interest in participating in the panel.

The EOI ran for an initial 3 weeks – 15 August to 9 September 2022 - and was then extended a further week, closing Friday 16 September 2022.

The opportunity was promoted via the YourSay page and to the broader ACT community via Canberra Health Services, ACT Health Directorate and ACT Government Facebook accounts. Participation was sought from the broader community and from across priority population groups, via direct communication to 98 stakeholders. These stakeholders were provided with a project background as well as content to share with their networks.

In total, 56 EOIs were received. A large proportion of these responses were from people identifying as female. There was also a lower number of responses received from younger age groups, 18-24 years. In consideration of the applications received, submissions were evaluated to ensure the panel included:

- as equal a gender split as possible
- even representation from across Canberra's 8 district areas
- age brackets falling between 18 and 75+ years in line with 2016 census data, the most recent available at time of engagement plan development
- representation of the cultural diversity in the ACT
- representation of First Nation's residents
- those identifying as having a disability
- those living with an ongoing illness or condition
- those who care for people with a disability or ongoing illness or condition.

Of the 56 received, 35 community members were invited to participate in the panel workshops with 30 confirming their participation.

