

### From the Minister



The ACT Government has a vision of a healthy community – a vision that is described in Setting the Agenda: Directions for Health and Community Care in the ACT.

Setting the Agenda recognises the need to develop a health system that is at the forefront in Australia in providing patient focussed services which are caring, accessible, innovative and integrated. Setting the Agenda also emphasises the importance of partnerships in achieving this aim.

A healthy community depends on strong social, financial, environmental and human capital. Social capital is built from partnerships between the community, business and government sectors, and the health sector is an outstanding example of existing and potential partnerships for success.

On behalf of the ACT Government, I look forward to working with you to build a better health system, and I trust that you find *Healthy Territory* a useful tool in developing and strengthening partnerships for the future.

### From the Chief Executive

### ACT Department of Health, Housing and Community Care



Our health system is large, complex, vibrant and constantly changing. It is a mix of government and non-government, private and community based. It encompasses consumers, policy makers, doctors, nurses, allied health professionals, support staff and facilities and equipment. It operates from a small office to a big hospital. And most importantly, it affects every person in some way at some stage in his or her life.

Perhaps more than any other, the health system relies upon cooperation and support – partnerships and working together. In order for us all to work together effectively, and to make the most of our strengths, we need a clear picture of the system in which we work and an ability to appreciate different perspectives.



It isn't possible to know everything that is happening in our health system – and I doubt that many people would even wish to. What *Healthy Territory* will do, however, is to try and fill an information gap about what is happening at the policy and planning level and to share information about key issues, directions and events within the health system in the ACT.

We all have many demands upon our time, but I hope that you find reading a *Healthy Territory* to be time well spent.

#### Penny Gregory

(Photo by Kym Smith, courtesy of the Canberra Times.)

## Financial boost for ACT organ donation

organ donation in the ACT received a \$120 000 boost recently when Health Minister Michael Moore handed over cheques to two local organ donation initiatives.

Mr Moore presented the newly formed ACT Organ Donation Awareness Foundation with \$50,000 to assist with its aim of enhancing the public awareness of, and raising funds for, organ donation

He also handed over \$70,000 to The Canberra Hospital's Intensive Care Unit to commence a coordinated organ donation program.



Michael Moore presents a cheque to Dr Imogen Mitchell for the Canberra Hospitals Organ Donation Program.

"People decide to be organ donors for lots of different reasons, but the most important part of this decision is to tell your family of your wishes." Mr Moore said

"Organ donation can be a sensitive topic to discuss, yet on current statistics, every Australian has a ten times greater chance of one day needing a transplant than of becoming a donor.

"Research shows that more than 90% of families would carry out a family member's wishes about organ donation – if they knew what they were.

"Hopefully, the initiatives we celebrate here today will raise the general awareness of organ donation and the fantastic community service it represents." said the Health Minister.

Around 2,500 Australians are currently on waiting lists for an organ transplant. A single organ donor can potentially help more than nine other seriously ill people.

Anyone who wants to know more about organ donation and the newly established National Organ Donor Register should telephone 1800 777 203 or pick up information from any Medicare office.

# New omnibus legislation for the regulation of health professionals

The Government has recently agreed to the preparation of an exposure draft of a Bill to reform and consolidate the regulation of health professions in the ACT. The proposed legislation would replace the 10 current health professional Acts.

Development of the policy underpinning the Bill has taken place in consultation with health provider and consumer groups, health boards, health associations and the Community and Health Services Complaints

Commissioner. The new arrangements will reflect best practice in health professional regulation.

Major features of the reform Bill will include:

- re-affirming that the central purpose
  of the legislation is to protect the
  public from the risk of harm by
  facilitating the provision of health
  services by persons who are fit to
  practice;
- renaming boards as councils to better reflect their role. Councils will also be given statutory independence and capacity to amalgamate or outsource their activities. The performance of councils will also be subject to review;
- enabling councils to review the continuing competence and professional development of registered health professionals;

- the term 'standard of practice' being introduced into the legislation and a list of conduct that would entail an unsatisfactory standard of practice;
- encouraging councils to be more inclusive of the general community through both having community membership and consulting with the community on the development of practice guidelines;
- the expectation that councils will develop and implement early intervention and rehabilitation programs;
- responsibility for the assessment of a report about a registered health professional will shared between the relevant council and the Community and Health Services Complaints Commissioner;
- the establishment of a judicially based Health Tribunal to inquire into all serious reports that might lead to the suspension or deregistration of a health professional.

It is anticipated that the exposure draft of the Bill may be available this month.

For further information on this project or to register your interest in this Bill please contact Rhys Ollerenshaw, Project Officer on 6205 0912 or by email at rhys.ollerenshaw@act.gov.au

#### New medical advisers

The ACT Department of Health, Housing and Community Care has appointed two new medical advisers.

Professor David Ellwood, of the Canberra Clinical School, has been appointed to advise the Department on hospital related issues.

Dr Clare Willington, a local GP, will be advising the Department on general practice issues.



## Health first 07 7777

#### Canberra's consumer access centre opens

ealth First, a consumer call centre and Internet based health information service, was launched in February by the Minister for Health, Housing and Community Services, Michael Moore.

Health First, fully funded by the ACT Government, provides a telephone and Internet based service available 24 hours a day 7 days a week. It offers the people of the ACT region a confidential, reliable and consistent source of advice on health care so that they can manage many of their problems at home or know where to go for appropriate care.

Health First is staffed by highly trained registered nurses. An internationally proven and locally approved clinical decision support system assists nurses in guiding callers to the most appropriate and convenient health services, as well as providing appropriate self care advice.

General Practitioners, medical specialists and other health professionals have reviewed the set of procedures contained in the clinical decision support system.

The service provides:

- nurse based telephone triage and advice for acute health problems focusing on the urgency of reported symptoms or concerns;
- general health and community services information including aged and disability services;
- specific information and advice on public health issues and campaigns;
- health promotion and education information; and
- self help/best practice advice on self care.

Health First does not diagnose or treat the problem over the telephone, however the service will offer immediate advice on what callers should do about their symptoms and how urgently they should do it.

The Health First phone number is 6207 7777

The Health First nurses will access an extensive database of ACT region health and community service providers. The database will also be available to the general community via Health First's web site.

At the launch of the new service, Joint Managing Director of McKesson HBOC Asia Pacific, Andrew Wilson said, "We are very excited about being able to assist the ACT Government realise it's vision of a Consumer Access Centre. The integration of telephone and Internet accessed health information and advice is a first in our region and will be keenly watched by other Government agencies interested in offering health advice to a regional population."

Health First has been developed with the active input of health professionals, primary care providers and health care consumers. It will help relieve the burden on our hospital Emergency Departments and, as an added bonus, has created 20 new jobs in the ACT.

The service is not designed or intended to replace the valuable relationships consumers enjoy with their general practitioners. It is not a substitute for the 000 emergency number, but rather will provide health advice and referral to appropriate levels of care for consumers when their GP or other health service provider is not available.

The service has been designed to be easily accessible to people with special needs including people with a hearing impairment or people with limited English.

Health First is run by McKesson HBOC, a firm currently running similar telephone based programs in Western Australia and New Zealand.

The service is available to all ACT residents and people in the surrounding region within the local telephone call area covered by Telstra Australian Area Code (02) 62.

Hearing impaired clients can access a telephone typewriter by calling 6207 7770

The Health First website can be accessed at www.healthfirst.net.au

For further information on Health First contact Helen Fowler on 6205 1101 3

## A word from the editor

Thanks for reading the first edition of Healthy Territory.
The newsletter is produced by the Communications and Marketing Unit of the ACT Department of Health, Housing and Community Care, with contributions

We plan to publish every two months and would welcome contributions, suggestions, letters to the editor and criticisms (gentle and constructive preferred). We do not accept advertising or advertorial

To enquire about contributing please contact the editor (Kath Denmead) on 6205 2105 or by email at kath.denmead@act.gov.au

## Hospital costs and the Commonwealth Grants Commission

There has been a great deal of debate in the ACT about how much our public hospitals cost to run, and whether we can reasonably compare our costs with other interstate hospitals.

To help shed some light on these matters, the ACT Department of Health, Housing and Community Care is preparing a report on factors contributing to hospital costs in the ACT.

The full report, which will be available within the next few weeks, will also help improve the fairness, meaningfulness and relevance of benchmark comparisons.

The report will include analysis of the Commonwealth Grants Commission's findings, which is in the process of a regular review of methodology due to report in 2004, as well as work published by the Australian Institute of Health and Welfare (AIHW) and the National Hospital Cost Data Collection (NHCDC).

Analysis of the Grants Commission findings over time has highlighted the huge rate of reduction in the Commission's assessments of the ACT's relative needs – from 25 % above the States in its first inquiry in 1984, to 20% below the States in it current reviews. Notwithstanding the high level of real change that has occurred, the Grants Commission assessments have led to a general perception that the ACT's relative position remains unchanged.

The AIHW data provides a guide but raises many issues about comparability and the work undertaken has attempted to identify these issues and understand their implications.

The NHCDC analysis has focussed on the issue of the variation in costs within the ACT, as well as between the ACT and peer hospitals. It highlights that comparisons of average costs between the ACT and the peer group can be very misleading and create the false impression that all ACT acute hospital services are high cost compared to peer hospitals. The work illustrates that many services are being provided at or near benchmark costs while highly complex and low volume services involve significantly higher costs compared to benchmarks.

Perhaps the most important issues are:

- the commonality of experience between TCH and Calvary Public;
- the need to dispel myths and preconceptions that have developed over many years that claim cost differences only reflect efficiency differences;
- the importance of quality and consistency in the ACT's own cost information, particularly in relation to measuring the effects of economies of scale and the extent to which costs may be outside the control of clinical management practices.

When finished, the work will be an important step in engaging all participants in an effort to improve the general understanding of ACT public hospital costs and to improve confidence in ACT hospital cost information.

For further enquiries please contact Neil Morgan on 6205 0655.

### Canberra – A WHO Healthy City



The city of Canberra was recognised by the World Health Organization as a Health City in June 2000.

To apply for World Health Organization Healthy City recognition, Healthy City Canberra had to provide the following:

- A written statement from the ACT government declaring its commitment to establishing a Healthy City project to improve health and quality of life for all Canberrans through a participatory process;
- Evidence of consultation with the people of Canberra on their vision of a more healthy future city;
- Evidence of the formation of intersectoral committees to achieve community goals;

- Evidence of an established Healthy City office;
- Baseline date of the city that characterises Canberra's physical and social environments, health status and health supporting facilities;
- Issues or areas of concentration for Healthy City activities;
- A Healthy City plan of action;
- A set of indicators and targets for the monitoring and evaluation of progress;
   and
- A communication strategy for disseminating information about the Healthy City program to stakeholders including the WHO and other Healthy Cities in the region.

The Healthy City Canberra office was established in 1998 by the ACT Minister for Health, Housing and Community Care, Michael Moore. The Healthy City Canberra staff had two chief goals in the beginning: to achieve 'Healthy City' status for Canberra; and to host a regional Healthy Cities conference in Canberra.

The WHO Healthy Cities movement developed in 1987 as a result of discussions at the First Global Conference on Health Promotion in Ottawa Canada in 1986.

The Healthy Cities movement embraces the idea that health can be improved by modifying the physical environmental, social and economic factors that affect or determine our health. Health status is often determined more by the conditions in these settings than by the provision of health care facilities. Examples of settings in a Healthy City project include "healthy schools", "healthy workplaces", "health promoting hospitals" and "healthy food markets".

Further information on the WHO
Healthy Cities movement or the
activities of Healthy City Canberra can
be obtained by contacting Healthy City
Canberra on (02) 6207 9525.

### Positive initiatives for health in draft ACT Budget



The ACT's draft Budget for 2001/02 includes a number of positive initiatives for health.

The Budget this year has three key themes – addressing poverty, early intervention and innovation – with most health initiatives falling under the early intervention category.

Draft health or health related initiatives include funding for reducing dental service waiting list, establishing a newborn hearing screening program, implementing a health promotion strategy, providing additional post hospitalisation services for older people, providing crisis accommodation and providing an integrated service for

victims of sexual assault. Funding will also go to additional drug and alcohol initiatives and a range of mental health services.

The final Budget was delivered on 1 May 2001.

More information on the Budget can be found at http://www.act.gov.au/government/budget/index.html

### Clinical Streams the way of the future

Health professionals from across the ACT portfolio recently attended a presentation by key clinicians and administrators from the Central Sydney Area Health Service on Clinical Streams.

Giving an informative and frank portrayal of their experience in implementing Clinical Streams were Dr Diana Horvath, Chief Executive Officer, Dr Peter Kennedy, Director of Health Services, Professor Jim Bishop, Clinical Director, Cancer Services and Associate Professor Brian McCaughan, Clinical Director, Cardiovascular Services.

In their experience the Clinical Stream model of care delivery has resulted in positive outcomes, including a stronger patient focus, more clearly focused staff and resources, a more effective structure and enhanced decision making.

The following principles guide the introduction of Clinical Streams:

- The use of evidence based care throughout the stream.
- The organisation of clinical services around patient needs rather than clinical or functional management structures.
- The planning and delivery of clinical care using a complementary as opposed to a competitive model.

Underlying these principles is the basic tenet of how the client would like to receive services rather than how they have traditionally been delivered.

The presentation provided a new insight into this emerging health care delivery model and will prove valuable in the planning and delivery of health services in the ACT.

Contact: Joan Scott 6205 0835

## Youth drug rehabilitation service opens

Ted Noffs Canberra, the ACT's first residential youth drug rehabilitation service opened its doors to clients on 6 February 2001.

Ted Noffs Canberra is a 10 bed facility which provides a three month residential program to teenagers with drug problems.

The program assists young people with life-skills, counselling and the re-establishment of links to the community, family and friends. It also includes an aftercare component which helps young people after their return to the community.

The service is run by the Ted Noffs Foundation and is funded jointly by the Commonwealth and the ACT Government. Assisting Drug Dependents Incorporated was a major force in supporting the initiative.



Guests at the opening of Ted Noffs Canberra

Services, Michael Moore, said the ACT
Government was particularly pleased to welcome a service focused on helping young people and their families.

"The service fills a major gap, as up until now our young people have not had a facility exclusively dedicated to their needs.

"With the opening of Ted Noffs Canberra we now have somewhere in the ACT where drug dependent youth can be supported and provided with the skills to move onto new things," said Mr Moore.

Ted Noffs Canberra is located in Watson.

For information on Ted Noffs Canberra please contact Mandy Eagle on 6123 2400.

### Promoting health in the ACT

The ACT Department of Health, Housing and Community Care, in consultation with relevant stakeholders, is currently working on a health promotion plan for the Territory.

The aim of the plan is to improve health outcomes through a strategic and coordinated approach to the planning, purchasing and delivery of health promotion activities across the ACT.

Ideally, the Plan will provide a framework for strategic direction for health promotion, highlight health promotion priority areas and help strengthen the capacity of health promotion purchasers and providers.

The Plan addresses the National Health Priority Areas (cardiovascular disease, cancer control, injury prevention and control, mental health, diabetes mellitus and asthma) and common risk factors.

The draft Plan will be released for public consultation shortly.

For further information contact Michael Sparks on 6207 2499.

# Consent to medical treatment legislation

The ACT Government, through the Department of Justice and Community Safety, has released for public comment draft legislation concerning consent to medical treatment and other health care.

The intention of the legislation is to assist those who deliver professional services in all areas of health care, including alternative therapies and fitness services, by clarifying the current law in relation to consent to medical treatment.

The Health Care (Consent to Treatment)

Amendment Bill 2000 also aims to establish standards through which health care providers can ensure that proper informed consent is given to health care, and protect themselves from legal or disciplinary action. In addition, the legislation intends to establish the rights of health care consumers

Comments on the draft legislation were sought from interested parties in March this year. The Government aims to introduce the Bill into the Legislative Assembly in the Autumn Sittings.

For further information please contact the Policy and Regulatory Division of the Department of Justice and Community Safety on 6207 0520.

# ACT Acute Health Services Plan – putting partnerships into practice

The ACT Department of Health,
Housing and Community Care has
recently released a draft of the Acute
Health Services Plan.

The draft Plan presents a framework for the development and reform of the ACT's acute public health services. It focuses on the public hospitals' roles in the Territory's health system, and reflects key directions outlined in the Government's blueprint for health, *Setting the Agenda*.

Following on from the 1998 release of the Acute Care Study, various committees, consultations and workshops have been involved in the development of the draft Plan. It proposes three broad strategies for a better planned and coordinated system of care for the future.

These strategies are:

- Role delineation where there is agreement regarding the roles of the two public hospitals for the effective and efficient allocation and use of resources.
- Establishment of practical partnerships with clinicians using two mechanisms:
  - The networking of some specialty services to maximise the expertise of a highly skilled workforce and promote a high standard of care for patients in both hospitals; and
  - Establishing ACT wide Clinical Streams for services such as Cancer Care and Maternity

Strengthening the strategic
 partnership with the NSW Southern
 Area Health Service in order to
 maintain clinical critical mass,
 maximise the use of the workforce,
 and provide certainty for current and
 future service delivery for the ACT and
 its surrounding region

The draft ACT Acute Health Services Plan has been distributed to stakeholders with wide consultations held during March and early April. Health professionals were invited to an evening workshop in March featuring clinicians and administrators from the Central Sydney Area Health Service who are well versed in the area of Clinical Streams (see article on page 6 for more on clinical streams).

All discussions have indicated the need for a longer consultation phase to further refine the proposed strategies. Watch this space!

Contact: Joan Scott 6205 0835.

## New ACT hospice officially opened

Care Holland House, the ACT's re-located hospice, was officially opened by Health Minister Michael Moore on the shores of Lake Burley Griffin in February.

Moved from its site at Acton last year as part of a Federal Government land swap, the \$4.7million facility sits on a site at Grevillea Park with water views from each of its 17 beds.

Amendments had to be made to the National Capital Plan for the move and there were high community expectations for a lakeside site that was both central and accessible.

The general consensus is that the original Acton site has been surpassed by the water views and tranquillity of the new Barton site.

Clare Holland House was finished on time and within budget and patients were transferred there in December with very little disruption.

Clare Holland House is named after one of Canberra's finest palliative care nurses and houses the hospice inpatient service, ACT Community Care's Home Based Palliative Care Service and the ACT Hospice Palliative Care Society.

Many of Sister Holland's family and friends were present at the opening, along with the wife of the Governor-General, Lady Deane and religious and health leaders.





A wide-ranging ceremony
was held for the opening of
the ACT's new hospice, Clare
Holland House. Hundreds of
invited guests looked on as
Archbishop Francis Carroll,
Bishop George Browning and
the Reverend Tich Quang Ba
blessed the site at Grevillea
Park (above).

The opening also took on an Indigenous tone with Ngunnawal elder Matilda House attending accompanied by a Didgeridoo player (below).

### Beating the blues

The ACT Government is contributing to a national initiative aimed at helping to prevent and better treat depression.

Recently the Minister for Health, Housing and Community Services, Michael Moore, signed an agreement with beyondblue Limited – a corporate entity established to turn the National Depression

Mr Jeffrey Kennett is the inaugural Chair of beyondblue and the ACT is represented on the Board by Ms Gwen Wilcox.

Beyondblue Limited will take a leading role, in partnership with all sectors of the community, in the education, prevention, treatment and management of depression in Australia.

Mr Moore emphasised the need for Governments to respond rapidly and decisively to the growing social problem of depression.

"The World Health Organisation has predicted that by the year 2020, depression will be the world's second largest health problem – second to heart disease

"In any given year, almost 800,000
Australian adults will experience a
depressive illness. Sadly, many of these
people will also experience stigma and
discrimination due to a lack of
understanding of their illness.

"The ACT is in no way isolated from the growing problem of depression," said Mr Moore.

Along with the Commonwealth and other States the ACT will provide funding to beyondblue until June 2005.

A Memorandum of Understanding formalises the ACT Government's financial commitment of \$70,000 per annum.



The World Health
Organisation has
predicted that
by the year 2020,
depression will be
the world's second
largest health
problem - second
to heart disease.

The Commonwealth Minister for Health and Aged Care, Dr Michael Wooldridge, announced the National Depression Initiative in March 2000

For further information on beyondblue Limited please contact Simon Rosenberg on 6207 1066. ACT Health Minister Michael
Moore and former Victorian
Premier and beyondblue
Limited Chair, Jeff Kennett
sign an MOU at the Legislative
Assembly recently. The ACT
Government is providing
funding to this national
initiative aimed at helping to
prevent and better treat
depression in the Australian
population.

## Cross border health service arrangements with NSW

Many people in the health system have heard the phrase 'cross border funding' without being sure of what it is or how it operates. The following article solves the problem by telling you everything you ever wanted to know (and more) about cross border funding.

### What is cross border funding?

Cross border funding is the money the ACT receives from NSW for treating NSW residents in ACT public hospitals.

Similarly, we exchange funding with other States for treating their patients, but the volumes are not very significant.

#### How does cross border funding work?

Cross border funding is underpinned by the Australian Health Care Agreement (AHCA) between the Commonwealth and the Territory. The current agreement, covering the period 1 July 1998 to 30 June 2003, is a key factor in financing and providing services in the public health care system.

Under the AHCA principles governing the provision of hospital services, eligible persons must be given the choice to receive free public hospital services as public patients with access to services based on clinical need and within a clinically appropriate period. This means that eligible persons should have equitable access to public hospital services regardless of their place of residence. Jurisdictions then charge each other for 'cross-border' patients.

### How does cross border funding affect the care of patients?

In line with the AHCA, services to be provided in the Territory's public hospitals must not distinguish between services provided to ACT residents and those provided to NSW residents. All must be treated according to clinical need. Each hospital is funded to provide a total volume of patient throughput, and the key issue for hospitals is staying within that total purchased throughput.

Within the total volume of patients, NSW patients are significant, representing approximately 25% of total activity. In some specialties, such as cardiothoracic and the neonatal intensive care unit, we rely on the patient volume from NSW to make our services clinically and economically viable.

### How is cross border funding negotiated?

Health Department officials from NSW and ACT negotiate the amount of cross border funding to be paid. The funding does not go directly to hospitals, but is part of the amount available to the Department to purchase services.

Cross border funding negotiations between NSW and the ACT have proved difficult for many years and the current funding arrangements for inpatient hospital services arise from an independent arbitration completed in April 2000.

The main features of the arbitrated arrangements involve price, contribution to capital costs and capped throughput.

### Does the ACT receive adequate reimbursement?

NSW now pays the ACT the same as it costs to treat patients in NSW public teaching hospitals (in respect of The Canberra Hospital) and major urban hospitals (in respect of Calvary). This is a major improvement on the previous 'national average' price paid by NSW. In 2000-2001, it is worth over \$9 million extra.

#### Is the NSW payment open-ended?

ACT/NSW cross border funding arrangements also include emergency department and outpatient activity. Currently, payments are based on an estimate of activity but steps are being taken to collect data on actual patient usage. A review is being conducted to determine an appropriate price for services provided.

Another significant feature of the arbitration is the requirement for NSW to pay a contribution to the ACT's capital costs. This recognises that 25% of our patient load comes from NSW, roughly the equivalent of Calvary Public hospital's total throughput, and involves significant capital costs to the ACT. Approximately \$3 million per annum is provided by NSW.

## Nurse practitioner trial begins in the ACT

The downside for the ACT is that the arbitration has capped the payment from NSW. This means that there is a maximum level of funding available from NSW. Once a certain number of NSW patients have been treated in the ACT (the cap is based on trend growth from the previous year), the Department will not receive further payment. The hospitals must continue to treat all comers, however, according to clinical need.

The onus is therefore on all to plan and consult in relation to any changes in service provision, which might affect the throughput from NSW. If more NSW patients come to our hospitals, the Territory may be subsidising NSW by providing free treatment.

In order to improve service provision and optimise the use of health care facilities, the ACT and NSW health departments jointly plan cross border health services under the umbrella of a joint planning committee peak body. This committee also oversights working groups covering critical care services, regional renal services, and trauma. There are a number of forums with linked planning which include representatives from the Southern Area Health Service.

For more information contact Liz Treglown on 6205 1927.



The ACT is conducting a trial of Nurse Practitioner positions. The ten month trial will investigate the value, safety and effectiveness of this advanced level of nursing practice and its contribution to the health system in the ACT.

A Nurse Practitioner is a registered nurse with advanced education and training. Nurse Practitioners practise within a specific clinical specialty and work as a member of a multidisciplinary health care team.

The Nurse Practitioner role may include the prescribing of a designated and agreed list of medications, the ordering of an agreed list of diagnostic investigations and the direct referral of patients to other health care professionals.

The role of the Nurse Practitioner is designed to advance autonomous nursing practice to better meet patient needs in a broad range of clinical settings.

Four nurses with advanced specialist skills and education have been appointed to the trial Nurse Practitioner positions in areas where an unmet need has been identified.

These positions are:

 an outreach sexual health Nurse Practitioner based at the Sexual Health Centre; Nurse practitioners Elissa O'Keefe, left, Sharon Jordan, Lorna MacLellan and Robert Davis are well into their ten month trials at the Canberra Sexual Health Centre, the Duntroon Medical Unit and Canberra and Calvary Hospitals.

(Photo by Peter Wells, courtesy of the Canberra Times.)

- a military Nurse Practitioner based at the Canberra Area Medical Unit at Duntroon:
- a Nurse Practitioner in wound care at The Canberra Hospital; and
- a mental health consultationliaison Nurse Practitioner based at Calvary Private Hospital.

All of these positions have a wide scope and potential for advanced nursing roles and will provide improved access to health care services for identified groups in the Canberra community.

The successful applicants for the ACT's Nurse Practitioner trial began work in March.

For further information on Nurse
Practitioners please contact
Professor Glenn Gardner of the
Research Centre for Nursing Practice
on 6244 2333.

### Medical indemnity in the spotlight

The ACT Government is working hard to introduce reforms in medical indemnity. The aim is to control the costs associated with medical indemnity and health care litigation and to help health care consumers.

Medical indemnity premiums have been rising for both doctors and hospitals, which increases costs for patients and diverts money from health services.

At the national level, the ACT is chairing a Commonwealth/States Jurisdictional Medical Indemnity Working Party examining the issues surrounding medical indemnity and health care litigation. The Working Party will focus on practical solutions which will minimise the human and financial costs associated with health care litigation, and provide greater security for consumers and providers. It aims to report back to Australian Health Ministers in July 2001.

The Working Party will:

- develop options for sustainable solutions that address long term care costs in health care litigation;
- develop draft medical indemnity industry standards;
- look at ways of reducing the administrative and legal costs associated with health care litigation; and
- develop a model for the collection of national data on health care negligence cases.

A Medical Indemnity Consultative Forum, which includes the AMA, consumers and other key experts, has also been established to advise the Working Party and consult with interested parties.

Ms Fiona Tito, of Enduring Solutions, has been engaged to assist in this work.

At the local level, the ACT Government has proposed a medical indemnity package which would use the combined buying power of the Government and doctors to negotiate a better solution. The package would be one that:

- provides premium security and coverage certainty for doctors;
- minimises the future risks to doctors of escalating costs for public patient treatment; and
- involves doctors in a tender selection process for the private practice insurance that best meets the needs.

Results of the negotiations with potential insurers are expected to be with the ACT Government soon. In the interim, the ACT Government has been providing medical indemnity cover for those medical practitioners who have expressed an interest in joining the scheme.

If you are interested in the developments at the national level contact Ms Fiona Tito on 6231 4221.

If you are interested in the ACT Government's Medical Indemnity Proposal contact David Ross of the ACT Insurance Authority on 6207 0268.



The ACT Department of Health, Housing and Community Care is responsible for health and housing policy development and planning and for purchasing health and housing services to best meet the needs of the ACT community



Authorised by Penny Farnsworth, Communications and Marketing for the ACT Department of Health Housing and Community Care

If you would like more information about this newsletter or would like to contribute articles please contact:

The editor: Kath Denmead

ACT Department of Health, Housing and Community Care GPO Box 825

Canberra City ACT 2601

phone (02) 6205 210 fax (02) 6207 577

web www.health.act.gov.au



© ACT Government 200

Print Post Approved PP 255003/05623

# ontents

From the Minister	
From the Chief Executive	
Boost for organ donation	2
New legislation for health professionals	2
New medical advisors	2
Health First	3
Hospital costs & Grants Commission	4
Canberra – WHO Healthy City	5
Health initiatives in Budget	5
Clinical streams	6
Promoting health	6
Youth drug rehabilation service opens	6
Legislation for medical treatment	7
ACT acute health plan	7
ACT hospice opened	
Beating the blues	
Cross border health with NSW	10
Nurse practitioner trial begins	11
Medical indeminity in the spotlight	12

Design Big Island Graphics

Photography (Masthand) Androw Total