## A. Entity responses

As mandated in s. 64 of the *Auditor-General Act 2009*, the Queensland Audit Office gave a copy of this report with a request for comments to the Department of Health.

We also provided a copy to the following for their information:

- · Premier and Minister for the Olympics
- Director-General, Department of the Premier and Cabinet.
- Minister for Health and Ambulance Services
- chief executives and board chairs, 16 hospital and health services.

This appendix contains the detailed responses to our audit recommendations we received.

The head of the entity is responsible for the accuracy, fairness and balances of its comments.

## Comments received from Director-General, Department of Health



Building on this knowledge in early 2021, a \$37.7 million investment was approved for the implementation of the Connecting Your Care program to reform non-admitted pathways to improve equity of access to care for all Queenslanders. A further \$15.8 million is to be provided recurrently from the first full year of operation. The program will focus on initiatives to maintain care in the community (where appropriate), facilitate better access to specialist care and transition patient care safely back to the community.

This program will build upon the Queensland Government's previous investments made to improve the patient's journey through the Specialist Outpatient Strategy. There are four pillars of the Connecting Your Care program:

- 1. Central Referral Hubs (established in the North and Central HHS partnerships);
- 2. Statewide Digital enablers: Smart Referral statewide and expansion of yourQH;
- 3. Care Coordination and priority patient dashboard; and
- 4. Statewide Clinical Foundations.

The Connecting Your Care program provides foundational level changes to improve efficiency, equity of access to care and equity of outcomes by:

- · improving visibility and access to community-based healthcare pathways;
- supporting primary care to manage care in the community and strengthen the relationship with primary care;
- improving access to specialist outpatient care where clinically appropriate;
- standardising processes, experiences, and systems across the patient journey including standardising care across pathways and ensuring proactive, highly reliable and consistent care:
- improving safe discharge of patients back to their home / primary care
- providing safe, cost-effective care closer to home to improve the health of patients; and
- integrating and coordinating care to better support people with complex care needs, with a priority on First Nations to improve equity of outcomes.

The key components of the reform include:

- a major expansion of Smart Referrals to ensure high utilisation across the majority of Hospital and Health Services (HHSs) by the end of June 2022;
- establishment of two central referral hubs in Metro North and Townsville HHSs to cover Central and Northern Queensland – this will allow great coordination and improved management of GP referrals;
- pilot of eConsultant model in Metro North to ensure that only appropriate referrals are made to the public health system and all others are pro-actively managed in primary care;
- further expansion of YourQH to improve patient communication and health literary in far North Queensland;
- establishment of care coordination in Cairns and Hinterland and Torres and Cape HHS to ensure the region's most vulnerable clients are supported to access care at the right time and right place; and
- a number of reforms to hospital processes to improve the efficiency and effectiveness of patient flow statewide.

The Connecting Your Care program is being guided by a diverse leadership group which includes clinicians, consumers, and healthcare representatives from across the state, and is overseen by the System Management Committee (SMC) which reports directly to the Director-General. Core functions of the SMC are to strategically plan, procure and manage the performance of services provided in the public health system.

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I believe with the work currently underway within Queensland Health, together with some further consideration of the findings and recommendations of the Audit Report: Improving access to specialist outpatient services, should support the sustainability of the Queensland Health system. I sincerely thank you and the audit team for their work on this matter and their consideration of the Department's feedback throughout the process.

Should you or officers of your Department require further information, the Department of Health's contact is

Yours sincerely

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Dr John Wakefield PSM Director-General 17/11/2021

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## Responses to recommendations

## Queensland Audit Office Better public services **Department of Health** Improving access to specialist outpatient services Response to recommendations provided by on 18 November 2021 Agree/ Disagree Timeframe for implementation Recommendation Additional comments (Quarter and financial year) We recommend that the Department of Health: 1. Queensland Health has commenced Work with Hospital and Health Agree 31/12/2022 the implementation of the Connecting Your Care business case which will Services to embed proven. innovative models of care and seek to ensure improved and consistent waitlist management, consistency in referrals and clear pathways and models of care with a focus on four more integrated health solutions across the state to help increase capacity and optimise benefits initial specialties: gastroenterology, orthopaedics, ophthalmology and Ear, Nose and Throat. New and expanded more broadly. models of care will include TeleOphthalmology and Virtual Fracture Clinics As part of implementing Connecting Your Care a range of initiatives to 2. Implement initiatives to stream 31/12/2022 Agree non-urgent referrals, where expand alternative pathways of care and, in so doing, early intervention are being implemented. They include: clinically appropriate, to alternate pathways to address priority pressure areas and early intervention. Pathways of care: Continued development and rollout of specialist the state, streaming of referrals to alternative pathways (such as General Practice with Specialist Interests and allied health), and improved discharge pathways • Care criteria: Further initiatives including the expansion of the Clinical Prioritisation Criteria (CPC) and newly developed Continuity of Care Criteria (CoC), to support timely discharge from specialist outpatient care increasing the capacity of the system to see new outpatients. Introduction of Central Referral Hubs to improve the standardisation of care across HHSs and provide a single point of coordination to review, triage and schedule referrals, connect care sconer and closer to home where possible, streamlining the entire referral process A synchronistic system of A synchronistic system of communication (eConsult) is to be piloted to enable GPs to access advice from a specialist on the most appropriate pathway prior to making the

<ul> <li>Health Networks to identify and deliver any required training and support needed to achieve more widespread use of GP smart referrals.</li> <li>Continued to achieve more widespread use of GP smart referrals.</li> <li>Continued to achieve more of the referral and appointment management, optimise alternate modes of service delivery and support greater integration across primary and secondary care. The rollout is underpinned by ongoing system enhancement guided by stakeholder determined priorities, targeted GP engagement strategies, and supported through the Primary Health Networks (PHN) Smart referrals community of practice.</li> <li>L Develop clear and measurable objectives for future projects, including the <i>Connecting your Care</i> project, to assess whether intended benefits have been realised.</li> <li>Agree Complete Given and Read and Remote Advisory Committees.</li> <li>In respect to the Connecting your <i>Care</i> project to the connecting Your Care program, a program board, reporting to SMC has been established to drive the program as outlined in the endorsed business case. Following implementation of the business case outcomes and benefits of the program as outlined in the endorsed business case outcomes will continue to be monitored via the normal performance management swith the</li> </ul>		Recommendation	Agree/ Disagree	Timeframe for implementation (Quarter and financial year)	Additional comments
<ul> <li>Health Networks to identify and deliver any required training and support needed to achieve more widespread use of GP smart referrals.</li> <li>Perender and the support of GP smart referrals.</li> <li>Continued collout of the Smart Referrals and appointment management, optimise alternate modes of service delivery and support greater integration across primary and secondary care. The rollout is underpinned by ongoing system enhancement guided by stakeholder determined priorities, targeted GP engagement strategies, and supported through the Primary Health Networks (PHN) Smart referrals community of practice.</li> <li>Develop clear and measurable objectives for future projects, including the <i>Connecting your</i> and evaluation. Tier 2 committees include the System Strategy. Policy and Reform, First Nations Health Improvement and Rural and Remote Advisory Committees.</li> <li>In respect to the Connecting Your Care program forward and ensure delivery of expected outcomes and benefits of the program soutlined in the endorsed business case. Following implements of the program soutlined in the endorsed business case.</li> </ul>					specialist outpatient appointment. "Statewide roll out of Smart Referrals (electronic referral management system) including enhanced service directory and CPC to enable faster processing of referrals to the most appropriate clinician in the nearest
objectives for future projects, including the <i>Connecting your</i> clear governance model to oversee project development, implementation, and evaluation. Tier 2 committees include the System Management (SMC), System Strategy, Policy and Reform, First Nations Health Improvement and Rural and Remote Advisory Committees.         In respect to the Connecting Your Care program, a program board, reporting to SMC has been established to drive the program as outlined in the endorsed business case. Following implementation of the business case outcomes will continue to be monitored via the normal performance management arrangements with the	3.	Health Networks to identify and deliver any required training and support needed to achieve more widespread use of GP smart	Agree	31/12/2022	continued rollout of the Smart Referrals solution across the State will enable better end to end referral and appointment management, optimise alternate modes of service delivery and support greater integration across primary and secondary care. The rollout is underpinned by ongoing system enhancement guided by stakeholder determined priorities, targeted GP engagement strategies, and supported through the Primary Health Networks (PHN) Smart referrals
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Hospital and Health Services.					expected outcomes and benefits of the program as outlined in the endorsed business case. Following implementation of the business case outcomes will continue to be monitored via the normal performance