

Women With Disabilities ACT

Submission to the

Inquiry into

**Planning for the Surgical Procedures, Interventional Radiology and
Emergency Centre (SPIRE) and the Canberra Hospital campus and
immediate surrounds**

Standing Committee
on Planning and Urban Renewal

February 2020

C Moore
CEO WWDACT

Women with Disabilities ACT acknowledges and pays respect to the Ngunnawal and Ngambri peoples, the traditional custodians of the ACT Region, on whose land our office is located. We pay our respects their Elders past, present and emerging. We acknowledge their spiritual, social, historical and ongoing connection to these lands and the contribution they make to the life of the Australian Capital Territory.

Winner 2012 International Women's Day Award, Community Category

Winner 2015 ACT Chief Minister's Inclusion Awards, Excellence in Championing Human Rights

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About WWDACT

Women with Disabilities ACT (WWDACT) is a systemic advocacy and peer support organisation for women, girls, non-binary and feminine identifying people (hereafter referred to as women*) with disabilities in the ACT. WWDACT follows a human rights philosophy, based on the Convention on the Rights of Persons with Disabilities (CRPD) and the Convention on the Elimination of (all forms of) Discrimination Against Women (CEDAW). WWDACT is a Disabled People's Organisation, governed by women* with disabilities, and its proposals and recommendations to government are consistent with Article 4 (3), and Article 29 of the CRPD which outline the imperative for consultation with disabled peoples.

WWDACT, through its membership, has strong links to relevant ACT advocacy organisations such as Advocacy for Inclusion (AFI), People with Disabilities ACT (PWDACT) and the Health Care Consumers Association of the ACT (HCCA). WWDACT also has a close association with the Women's Centre for Health Matters and Women with Disabilities Australia (WWDA), the peak organisation for women with all types of disabilities in Australia.

Background

Health and the design of health systems is a major policy concern for Women with Disabilities ACT. Women* with disabilities often experience increased marginalisation in healthcare settings due to the multiplicative effects of institutional sexism and disability discrimination. Facility design, infrastructure planning and the associated models of care can be improved to promote better outcomes for our community.

In the 2015 Survey of Disability, Ageing and Carers, 26% of people with disabilities aged under 65 said they had visited the Emergency Department (ED) during the last year, compared with 10% of the general population. The survey also found that 38% of people with disabilities found it difficult to access the buildings of health services, including hospitals. Women* with disabilities may be more likely to visit the ED for care for a range of reasons, such as poor management of conditions due to costs, increased risk of violence, lack of access and support leading to accidents as well as their underlying health issues. The hospital environment needs to be safe, comfortable and accessible to promote better health outcomes, with consideration for the most marginalised in the community.

The Surgical Procedures, Interventional Radiology and Emergency Centre (SPIRE) is a project that will affect the way health services are delivered for all of Canberra over the next few decades. There is a time-limited opportunity to address the existing accessibility issues and consumer concerns in this project and the subsequent Canberra Hospital Precinct Master Plan. It is crucial that the facilities and services delivered are inclusive, person-centred, accessible and use the principles of universal design.

Considerations

1. Planning for the SPIRE Project

WWDACT encourages the Major Projects Directorate to look to the successes of the University of Canberra Hospital and the Walk-In Centres at Tuggeranong and Weston, where consumers were strongly involved in the projects and continue to help to improve services through their engagement in giving feedback. We particularly draw attention to the work of the Health Care Consumers' Association of the ACT, an organisation with which we work on a regular basis, who engaged consumers in these processes.

a. Site Selection

WWDACT acknowledges that the ACT government will not be reconsidering the site for SPIRE and would like to express our disappointment with this decision. There are a number of issues with the site that will need to be addressed in the future Master Plan, including:

- Distance from parking and public transport to the ED, especially for people with mobility issues.
- Accessibility and location of drop-off zones near the ED
- Impact on Hospital Road, including its impact on public transport.
- Integration with the rest of the Canberra Hospital Campus, including movement and patient transfer from wards in other buildings.

b. Consultation Processes

WWDACT is concerned that consumers including women* with disabilities have not been engaged during the early planning, design and site selection for the SPIRE project. The planning for this project has been underway since 2016, however consumer reference groups have only begun meeting since late 2019.

In acute care situations, women* with disabilities have reported adverse health outcomes due to systems that do not account for their existing health conditions and their other accessibility needs¹. Several WWDACT members and other community stakeholders have expressed dissatisfaction with the consultation process, feeling that their concerns have been dismissed regarding accessibility or decisions have already been made by the time they have been consulted. It is crucial that the voices of a diverse range of disabled people are central in planning conversations that consider accessibility. Generalised, narrow consultations often miss the mark for people who have multiple disabilities, invisible disabilities, or experience multiple intersecting forms of marginalisation, such as women* with disabilities. This means that it is important to capture intersectionality wherever possible in co-design processes.²

WWDACT would like to see Major Projects Canberra and Canberra Health Services commit to stronger community engagement, proportional to the long-term impact that this project will have on health services for all of Canberra. We recommend that more consumers are engaged to test designs and features during the planning process to ensure that the patient is at the centre of the project and reduce the need for upgrades further down the line.

c. Project Timeline

Concerns have been expressed to WWDACT that the project timelines for planning documents such as the updated Models of Care have overlapped with work already being completed on the designs which they are to inform. We are also concerned that the Master Plan is not being finalised until after the SPIRE project has begun works, which is not ideal for development of a cohesive Plan. These tight timeframes, sometimes only a few days, have meant that WWDACT and its members have had very limited input on the SPIRE project, and much of our feedback has been provided through other organisations, with little time to consult with our membership.

d. Vehicle access via Palmer Street and Gilmore Crescent to the Canberra Hospital

WWDACT has heard concerns from our community that the SPIRE project will cut off access to Hospital Road via Gilmore Crescent leading to changes in access to the main entry of Building 2 and possible modifications to drop off points and public transport routes.

¹ Contributing our voices, 2015 <https://www.wwdact.org.au/wp-content/uploads/2018/04/Contributing-our-voices.pdf>

² <https://wacoss.org.au/wp-content/uploads/2017/07/co-design-toolkit-combined-2-1.pdf>

The current layout of the Canberra Hospital campus is centered around Hospital Road, particularly for public transport, taxis and drop offs. Previous disruptions in access via Gilmore Crescent have caused major access issues for people with mobility and vision impairments. There are very few places on the Canberra Hospital Campus where a full sized bus can stop and provide level access to a footpath besides Hospital Road. If access is cut off via Gilmore Crescent, it will impact the accessibility of public transport for people with disabilities. Previously, buses have dropped people off on Yamba Drive or on Gilmore Crescent, both of which have steep inclines or long distances to get to the main buildings, creating a significant barrier for people with mobility issues.

g. Impact on existing hospital and emergency infrastructure and services

Work must be done to ensure that there is minimal impact on consumers accessing hospital services during construction. It is important to ensure that location and access changes for services are well communicated to patients via telephone, website and appointment letters. Similarly information about access for visitors must be widely available and readily accessible.

Where access to buildings on Hospital Road is interrupted, there should be maps available onsite and online indicating accessible routes to the main services on campus, such as Outpatient Clinics, Reception and Centenary Women's and Children's Hospital. To ensure easy wayfinding, there also needs to be clear temporary signage wherever obstructions may occur.

An Auslan inset should be included with all website information.

2. Longer term Planning for the Canberra Hospital Precinct Plan

a. Development of Master Plan and possible Canberra Hospital Precinct Plan

The SPIRE project only addresses the demand for acute and surgical services at the Canberra Hospital. As such, the Master Plan must be responsible for reshaping the rest of the Canberra Hospital campus for the medical and clinical needs of an increasing and ageing population. It is crucial for the long-term sustainability of the campus that the planning process is not rushed and takes into consideration the needs of every part of the Canberra community.

The current Canberra Hospital Campus is often reported to be confusing, inaccessible and hostile to patients and visitors. This is partially because there has been no coherent plan behind the development of the campus and patient journeys have not been considered in the set-up of the campus. Some of the considerations for the Master Plan should be:

- Logical co-location of all outpatient services such as clinics, pharmacy, pathology and pain management
- Easy access to main buildings, including Centenary Women's and Children's Hospital, from drop-off points and public transport
- More accessible parking options around the campus
- Universal design throughout all facilities, e.g. corridors with room for wheelchairs to turn, short desk heights at nurses stations
- Dementia enabling design features³, e.g. acoustic and lighting features to minimize patient disturbance, colour contrasting furniture
- Accessible wayfinding, including user-testing of signage, and use of up-to-date wayfinding technology, e.g. infrared beacons for navigation by blind people
- Safety on the campus at night

³ <https://www.enablingenvironments.com.au/dementia-enabling-environment-principles.html>

WWDACT would like to see a co-design approach taken with a diverse range of consumers included in the development of the Master Plan. The Master Plan should also consider the ACT-wide planning of Health Services to ensure a cohesive service offering across the Territory.

c. Safe Traffic Flow within the Canberra Hospital campus

The Master Plan must include capacity for buses to travel close to the main services on campus. This is so that community transport and public transport can drop patients and visitors off without forcing people to walk long distances or up the steep gradients from Yamba Drive or Gilmore Crescent.

It is important to note that while community transport or the taxi voucher scheme are available to assist some women* with disabilities, there are barriers to accessing these, including where you live, diagnostic barriers, lack of information and the restrictive timings of the services. These services should not be relied on to fill the gap where well planned public transport infrastructure could otherwise do so.

d. Traffic and Parking within the Canberra Hospital Campus

Parking is currently a significant issue for women* with disabilities at the Canberra Hospital campus. It is not uncommon for all the accessible parking spots to be taken in the multi-storey carpark, particularly from 10am to 2pm on weekdays. Some WWDACT members have said that they prefer to take public transport for this reason and are concerned that if SPIRE causes issues in access for public transport, they will have trouble accessing the hospital at all due to the lack of parking capacity and possible closure of Hospital Road. Other issues reported have included:

- Lack of parking near the entrance to the ED, particularly for people with disabilities
- Issues accessing the courtesy bus
- Lack of knowledge of the courtesy bus
- Poor signage, and a lack of accessible wayfinding tools
- Lack of seating along pedestrian routes between entrances, car parks and transport.

WWDACT welcomes the suggestion that offsite parking will be provided for staff at the old Woden CIT site to reduce parking stress during the project. However, a long-term solution for parking on or near the campus needs to be found. WWDACT members have expressed frustration with the confusing design of the existing multistorey carpark including poor wayfinding signage, bollards that physical accessibility, lifts that are too small, not enough dedicated disabled spaces, narrow access ramps, confusing layout and long walking distance from the entrance. We recommend that this design is not replicated elsewhere on campus.

Conclusion

WWDACT would like to thank the Committee for the opportunity to provide feedback on the SPIRE project and Canberra Hospital Precinct Master Plan. WWDACT and its members are keen to be involved in all stages of planning and development of these projects.