

2026

**THE LEGISLATIVE ASSEMBLY FOR THE
AUSTRALIAN CAPITAL TERRITORY**

ELEVENTH ASSEMBLY

**ACT Government Response to ACT Auditor-General's report No. 5 of 2025 -
Specialist assessment services for dementia and cognitive decline**

**Presented by
Rachel Stephen-Smith MLA
Minister for Health
February 2026**

<u>Recommendation</u>	<u>ACT Government Response</u>	<u>Comments</u>
<p><u>Recommendation 1</u> Geriatrics Medicine Unit Planning and Reporting CHS should ensure that the Geriatric Medicine Unit (GMU):</p> <ul style="list-style-type: none"> a) develops an annual unit work plan, in accordance with the requirements of the CHS Planning for Exceptional Care: Planning Framework 2021-2024, that aligns with and supports RACS divisional business plans; and b) as part of this process, and in accordance with the requirements of the Performance Reporting and Monitoring Framework 2022-2024, identify appropriate mechanisms for monitoring and reporting on performance against established performance measures. 	<p>Agreed</p>	<p>The ACT Government acknowledges the importance of planning and reporting. The Geriatric Medicine Unit (GMU) will develop annual unit work plans, including a 2025-26 plan. The plan will set out clear priorities, deliverables and outcomes. The work plan will be reviewed quarterly by the Rehabilitation, Aged and Community Services (RACS) Quality and Safety Committee to ensure alignment with divisional and organisational objectives, and monitoring. The annual unit work plans will align with Canberra Health Services' (CHS) overarching clinical governance framework, ensuring that outcomes are measurable and clearly linked to service-level performance indicators such as referral volumes, wait times, and patient satisfaction metrics. This will enhance transparency and accountability while supporting more accurate workforce and resource planning across the GMU including for specialist assessment services for dementia and cognitive decline.</p>
<p><u>Recommendation 2</u> Tracking of referral sources CHS should develop its information management and processing capabilities to monitor and report on sources of referral to the GGC, MAS and RADAR service.</p>	<p>Agreed</p>	<p>The GMU will develop and implement system and process improvements to strengthen the monitoring and reporting of referral sources, noting that some reporting on referral sources already exists. This will involve enhancing data and reporting capability across the General Geriatrics Clinics (GGC), Memory Assessment Service (MAS) and Rapid Assessment of the Deteriorating Aged at Risk (RADAR) service, supported by clearer and more consistent referral and data entry processes. As part of this work, CHS will consider what enhancements to the Digital Health Record (DHR) may be required to introduce mandatory fields to capture referral source and type for all new clients, supported by staff training and regular data quality reviews. These measures will enable more detailed analysis of</p>

		referral patterns and inform ongoing service planning and integration.
<p><u>Recommendation 3</u> Information on the HealthPathways portal CHS should liaise with the Capital Health Network to review and update the service-specific referral criteria that is published on the HealthPathways Portal for the GGC, MAS and RADAR service.</p>	Agreed	The GMU will review existing referral pathways and published referral criteria for the GGC, MAS and RADAR service, including what is currently published on the ACT and Southern NSW HealthPathways Portal. Discussions have commenced and are continuing with Capital Health Network and ACT and SNSW HealthPathways Portal team. Updated referral criteria will clarify thresholds for referral and documentation requirements, helping to ensure referrals are appropriate and patients access the most suitable service in a timely manner.
<p><u>Recommendation 4</u> Wait time data CHS and the Health and Community Services Directorate should collaborate to develop source system capabilities to monitor and report on wait time data for the GGC, MAS and RADAR service.</p>	Agreed in Principle	Work is underway to strengthen data capture through DHR; however, current system capabilities do not yet support automated wait time reports across the three services. CHS will work with the Digital Health Group in Digital Canberra to explore enhancements within existing systems and, where feasible, introduce an interim manual approach to track wait time trends. Collaboration between CHS, Digital Canberra and the Health and Community Services Directorate will assist to define the technical and resource requirements for a scalable reporting solution through DHR.
<p><u>Recommendation 5</u> Pre-appointment client letters CHS should review and improve information provided in pre-appointment client letters for the GGC, MAS and RADAR service.</p>	Agreed	The ACT Government acknowledges the importance of clear and accessible communication with clients and care partners. CHS will review pre-appointment communication processes with a focus on improving comprehension and accessibility. Letter templates and supporting materials will be reviewed and, where required, updates will be made to ensure information is clear, relevant, and easy to understand. The review may consider including information such as details of the clinical team involved, the purpose and types of assessment, indicative waiting times where

		feasible, appointment details, and practical information such as location, transport, and any items to bring to the appointment.
<p><u>Recommendation 6</u> Repository of information, resources and available supports CHS should develop and maintain a repository of information, resources and available supports that clinicians can easily access and provide to clients and care partners following a diagnosis of dementia or Mild Cognitive Impairment where appropriate.</p>	Agreed	CHS will work with ACT and NSW HealthPathways, Dementia Australia, and other local partners to develop a repository of resources and support materials containing current clinical and community-based information. This work will also strengthen engagement with local community, advocacy and support organisations to strengthen connections and improve the coordination and visibility of available supports. The repository will serve as both a clinician and client-facing resource, providing consistent information about follow-up care, support services, and wellbeing strategies that support cognitive health. The repository will be maintained through a regular review cycle to ensure accuracy and alignment with national frameworks for dementia care.
<p><u>Recommendation 7</u> Models of care CHS should develop and implement models of care for the GGC and MAS, and update the RADAR Model of Care as required, to reflect:</p> <ul style="list-style-type: none"> a) referral acceptance eligibility criteria in accordance with the requirements of the CHS Medical Specialist Outpatient Referral Acceptance (Adults and Children) Policy; b) a framework for prioritising accepted referrals; c) a formal process and protocols for managing and supporting clients and care partner(s) in distress whilst waiting for an appointment; d) minimum standards for communicating diagnoses, test results and next steps; e) protocols for the provision of a post-feedback follow up session 	Agreed in Principle	ACT Government acknowledges that a model of service delivery is the most appropriate mechanism to guide consistent and coordinated practice across the GGC and MAS. The model will set out clear processes for referral eligibility and prioritisation, communication on diagnosis and test results, client support and follow-up, management of clients and care partners awaiting assessment, and the provision of risk reduction information for people diagnosed with early-stage dementia or mild cognitive impairment. It will also align with the existing RADAR model of care, which will be reviewed and updated as required to ensure consistency across these related services. Development of the model of service will be informed by clinical expertise, operational input, and consumer perspectives to ensure it is practical, evidence-based, and responsive to client and service needs. This approach will support coordinated,

<p>and additional follow-up sessions, where it is identified by clinicians as required;</p> <ul style="list-style-type: none"> f) defined risk reduction information that is to be provided to clients diagnosed with early stages of dementia or Mild Cognitive Impairment; and g) a common approach for the delivery of risk reduction information across CHS' specialist assessment services for dementia and cognitive decline. 		<p>person-centred care.</p>
<p><u>Recommendation 8</u> Collection of referral and clinical information CHS should develop:</p> <ul style="list-style-type: none"> a) a standard operating procedure(s) for the collection and storage of referral information in the DHR relating to the GGC, MAS and RADAR service; and b) guidelines that specify minimum requirements, including the fields that should be used, to support the consistent collection of clinical information in the DHR. 	<p>Agreed in Principle</p>	<p>ACT Government acknowledges the importance of strengthening the collection and storage of referral and clinical information within DHR and will achieve this through a consistent, organisation-wide approach rather than separate procedures and guidelines for individual services. This work will be progressed through the development of an organisation-wide planned care procedure, which will establish standard processes for referral management and clinical information capture across specialist services. This will ensure consistency, data quality, and alignment with organisational clinical governance frameworks.</p>
<p><u>Recommendation 9</u> Consumer Feedback Management Policy CHS should review and update the Consumer Feedback Management Policy to:</p> <ul style="list-style-type: none"> a) clearly define roles and responsibilities for responding to feedback; and b) establish a process to confirm whether business units have appropriately addressed feedback. 	<p>Agreed</p>	<p>The Consumer Feedback Management Policy will be reviewed to clarify roles and responsibilities for acknowledging, investigating and resolving consumer feedback. The review will also confirm that effective mechanisms are in place to verify that feedback has been appropriately addressed and to support trend analysis for identifying systemic issues. This will support the appropriate escalation and actioning of recurring feedback.</p>