|  |  |
| --- | --- |
| Canberra Health Services_RGB | **Consultation Feedback Summary**  Title of Document for Consultation: Acute Palliative Care Ward Transition  Division or work area responsible: Cancer and Ambulatory Support |

Consultation must occur with all individuals or groups affected by the policy document being developed. Consideration needs to be given to both internal Canberra Health Services and external stakeholders and consumer groups.

**Consultation Feedback must include:**

* A summary of the feedback received and how this was considered and/or dealt with in the document.
* A lack of feedback should be noted as a ‘nil response’, where feedback received is ‘no comment’ then this should be recorded as such.
* As appropriate, evidence of a second consultation cycle where, as a result of feedback from the first cycle, there have been substantial changes made to the document.

**Suggestions for Additional Consultation:**

|  |  |
| --- | --- |
| * Consumer Consultation * Health Care Consumers Association (ph 6230 7800) * Patient Experience Team (ph 5124 9583) | * Impact and consultation advice for vulnerable populations (including Aboriginal and Torres Strait Islander people; culturally and linguistically diverse populations; LGBTI people; people with disabilities; and survivors of Family Violence and Sexual Assault) should be considered.   Contact the National Standards and Policy Team for assistance on [policyathealth@act.gov.au](mailto:policyathealth@act.gov.au) |

| **Name** | **Title and Area** | **Date Feedback Received** | **FEEDBACK**  Please provide a description/summary of the feedback received | **ACTION**  Please provide information on how the feedback was incorporated or reasons for not incorporating |
| --- | --- | --- | --- | --- |
| (of person/s; groups consulted, including area represented) | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Action Officer Details:** | **Name:** | **Phone:** | **Position:** | **Division:** | **Branch:** |