| Proposed Permanent CSCF Change Notification Form (Hospital and Health Service summary sheet) |  |
| --- | --- |

This form is for use where the proposed change to a clinical services capability framework (CSCF) service levels are **permanent.** To complete this form please refer to the public hospitals CSCF established [CSCF Notification Process](https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/service-delivery/cscf/hospitals/public).

It is recommended that where significant changes to CSCF levels are proposed, the Hospital and Health Service (HHS) reviews and implements the relevant steps in the [*Guide to engagement and consultation on clinical service review*](https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/service-delivery/cscf/hospitals/public/guide-to-engagement-and-consultation-on-clinical-service-review) *or* [*the Maternity service review- engagement consultation guide*](https://clinicalexcellence.qld.gov.au/priority-areas/patient-experience/maternity-service-improvement/rural-maternity)

When the accompanying facility forms and this form have been completed (but not signed), you can email the forms for a preliminary review by the Department by emailing them to [cscf@health.qld.gov.au](mailto:cscf@health.qld.gov.au) A preliminary review by the Department may prevent the forms returning to be amended and signed again. When completed this form must be signed by the Health Service Chief Executive. A completed [*Proposed Permanent CSCF Change Notification Form*](https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/service-delivery/cscf/hospitals/public) *(facility)* is to be attached for each facility where a change to a service is proposed. Please email the final documents to: [cscf@health.qld.gov.au](mailto:cscf@health.qld.gov.au).

A self-assessment must be undertaken, and the Department of Health notified when a new health service is introduced, a CSCF module is updated and/or a new module is introduced. This is achieved through the [CSCF Notification Process](https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/service-delivery/cscf/hospitals/public).

Under the *Human Rights Act 2019*, [access for Queenslanders to health care and related goods (including essential medications and health services) must continue](https://qheps.health.qld.gov.au/csd/business/governance-and-compliance/human-rights) when a permanent change to a CSCF level is made.

The CSCF modules were developed by the CSCF Governance Committee. Feedback about the modules can be sent to: [Private\_Health@health.qld.gov.au](mailto:Private_Health@health.qld.gov.au)

*Note: Completion of this form, summary form (final page) and endorsement by the Department of Health, through the Notification Process is required prior to implementing changes to CSCF levels.*

| **Hospital and Health Service** | | |
| --- | --- | --- |
| **Is there an impact to funding?**  If additional funding is required, please identify which services require additional funding and a contact person and contact details for your HHS.  If funding can be reduced, please identify which services this relates to.  For additional information about funding please email:  [HPSP-Corro@health.qld.gov.au](mailto:HPSP-Corro@health.qld.gov.au) | | *HHS financial area to complete – please delete this commentary and insert a response* |
| **CSCF Matrix**  Do the permanent changes to the CSCF levels at each facility align with the HHS’s projected CSCF Matrix? If unsure, please check by emailing the Department’s Strategic Planning Branch: [SPB\_Strategic\_Planning@health.qld.gov.au](mailto:SPB_Strategic_Planning@health.qld.gov.au) | | *yes / no* |
| **Clinical networks**  For additional information about service level changes, please contact the relevant clinical network by emailing:  [QldClinicalNetworks@health.qld.gov.au](mailto:QldClinicalNetworks@health.qld.gov.au) | | |
| The HHS has considered how the change to the service/s provided may affect [human rights and has completed the attached human rights assessment tool](https://qheps.health.qld.gov.au/corro-templates) ([this link will take you to the page, the form is under the heading Guidelines)](https://qheps.health.qld.gov.au/corro-templates). [Please review the information in this link to discover more about human rights and patients.](https://qheps.health.qld.gov.au/csd/business/governance-and-compliance/human-rights)  *Rights that must continue, access to:*  *• information about the health and well- being of family members*  *• information and advice on family planning.*  *• health facilities, essential medication and services, especially for vulnerable or marginalised groups.*  *• health services for particular groups, including Indigenous Australians, people with disability, women and children.*  *• reproductive, maternal (pre-natal and post-natal) and child health care.* | *Yes / No*  *Please attach the completed human rights assessment tool to this form.*  *Where required, please discuss with your local HHS legal team for assistance in completing the human rights assessment form and tool, including to review if Human Rights have been affected and, if yes, appropriate rationale for the change. Please delete this commentary and insert a response.* | |
| **Other comments** | | |

| **Clinical Services Capability Framework version 3.2 Services** [**MODULES**](https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/service-delivery/cscf/modules) | **Insert facility name** | **Insert facility name** | **Insert facility name** | **Insert facility name** | **Insert facility name** | **Insert facility name** | **Insert facility name** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [Alcohol & Other Drugs](https://www.health.qld.gov.au/__data/assets/pdf_file/0023/444434/cscf-alcohol-other-drug.pdf) | | | | | | | |
| * Ambulatory |  |  |  |  |  |  |  |
| * Emergency |  |  |  |  |  |  |  |
| * Inpatient - adult |  |  |  |  |  |  |  |
| * Inpatient - child and youth |  |  |  |  |  |  |  |
| [Anaesthetic](https://www.health.qld.gov.au/__data/assets/pdf_file/0017/444320/cscf-anaesthetic.pdf) |  |  |  |  |  |  |  |
| [Anaesthetic-Children’s](https://www.health.qld.gov.au/__data/assets/pdf_file/0018/444510/cscf-anaesthetic-childrens.pdf) |  |  |  |  |  |  |  |
| Cancer | | | | | | | |
| * [Children’s](https://www.health.qld.gov.au/__data/assets/pdf_file/0018/444420/cscf-cancer-childrens.pdf) |  |  |  |  |  |  |  |
| * [Haematological Malignancy](https://www.health.qld.gov.au/__data/assets/pdf_file/0024/444750/cscf-cancer-haematological-malignancy.pdf) |  |  |  |  |  |  |  |
| * [Medical Oncology](https://www.health.qld.gov.au/__data/assets/pdf_file/0025/444580/cscf-cancer-medical-oncology.pdf) |  |  |  |  |  |  |  |
| * [Radiation Oncology](https://www.health.qld.gov.au/__data/assets/pdf_file/0025/444625/cscf-cancer-radiation-oncology.pdf) |  |  |  |  |  |  |  |
| * [Radiation Oncology-Children’s](https://www.health.qld.gov.au/__data/assets/pdf_file/0035/444869/cscf-cancer-radiation-oncology-childrens.pdf) |  |  |  |  |  |  |  |
| [Cardiac](https://www.health.qld.gov.au/__data/assets/pdf_file/0022/444271/cscf-cardiac.pdf) | | | | | | | |
| * Cardiac (Coronary) Care Unit |  |  |  |  |  |  |  |
| * Cardiac Diagnostic & Interventional |  |  |  |  |  |  |  |
| * Cardiac Medicine |  |  |  |  |  |  |  |
| * Cardiac Outreach |  |  |  |  |  |  |  |
| * Cardiac Surgery |  |  |  |  |  |  |  |
| * Cardiac Rehabilitation− Inpatient |  |  |  |  |  |  |  |
| * Cardiac Rehabilitation− Outpatient |  |  |  |  |  |  |  |
| * Cardiac Rehabilitation− Ongoing prevention & maintenance |  |  |  |  |  |  |  |
| [Close Observation Services - Children](https://www.health.qld.gov.au/__data/assets/pdf_file/0025/1084615/cscf-closeobservation-children.pdf) |  |  |  |  |  |  |  |
| [Emergency](https://www.health.qld.gov.au/__data/assets/pdf_file/0027/444276/cscf-emergency.pdf) |  |  |  |  |  |  |  |
| [Emergency−Children’s](https://www.health.qld.gov.au/__data/assets/pdf_file/0018/444501/cscf-emergency-childrens.pdf) |  |  |  |  |  |  |  |
| [Geriatric](https://www.health.qld.gov.au/__data/assets/pdf_file/0029/444269/cscf-geriatic.pdf) | | | | | | | |
| * Emergency geriatric care |  |  |  |  |  |  |  |
| * Geriatric acute inpatient |  |  |  |  |  |  |  |
| * Ambulatory |  |  |  |  |  |  |  |
| * Cognitive impairment |  |  |  |  |  |  |  |
| * Consultation liaison |  |  |  |  |  |  |  |
| * Geriatric evaluation and management |  |  |  |  |  |  |  |
| * Interim care |  |  |  |  |  |  |  |
| * Geriatric rehabilitation |  |  |  |  |  |  |  |
| * Ortho-geriatric |  |  |  |  |  |  |  |
| [Intensive Care](https://www.health.qld.gov.au/__data/assets/pdf_file/0025/444571/cscf-intensive-care-services.pdf) |  |  |  |  |  |  |  |
| [Intensive Care−Children’s](https://www.health.qld.gov.au/__data/assets/pdf_file/0024/444570/cscf-intensive-care-childrens.pdf) |  |  |  |  |  |  |  |
| [Maternity](https://www.health.qld.gov.au/__data/assets/pdf_file/0024/444273/cscf-maternity.pdf) |  |  |  |  |  |  |  |
| [Medical](https://www.health.qld.gov.au/__data/assets/pdf_file/0024/444264/cscf-medical.pdf) |  |  |  |  |  |  |  |
| [Medical−Children’s](https://www.health.qld.gov.au/__data/assets/pdf_file/0024/444435/cscf-medical-childrens.pdf) |  |  |  |  |  |  |  |
| [Medication](https://www.health.qld.gov.au/__data/assets/pdf_file/0023/444326/cscf-medication.pdf) |  |  |  |  |  |  |  |
| [Medical Imaging](https://www.health.qld.gov.au/__data/assets/pdf_file/0026/444374/cscf-medical-imaging.pdf) |  |  |  |  |  |  |  |
| [Mental Health−Adult](https://www.health.qld.gov.au/__data/assets/pdf_file/0022/444370/cscf-mental-health.pdf) | | | | | | | |
| * Ambulatory |  |  |  |  |  |  |  |
| * Acute inpatient |  |  |  |  |  |  |  |
| * Non-acute inpatient |  |  |  |  |  |  |  |
| Mental Health−Child & Youth | | | | | | | |
| * Ambulatory |  |  |  |  |  |  |  |
| * Acute inpatient |  |  |  |  |  |  |  |
| * Non-acute inpatient |  |  |  |  |  |  |  |
| Mental Health−Older persons | | | | | | | |
| * Ambulatory |  |  |  |  |  |  |  |
| * Acute inpatient |  |  |  |  |  |  |  |
| Mental Health−Statewide & Other Targeted services | | | | | | | |
| * Adult Forensic |  |  |  |  |  |  |  |
| * Child & Youth Forensic |  |  |  |  |  |  |  |
| * Deafness & Mental Health |  |  |  |  |  |  |  |
| * Eating Disorder |  |  |  |  |  |  |  |
| * Emergency |  |  |  |  |  |  |  |
| * Evolve Therapeutic |  |  |  |  |  |  |  |
| * Homeless Health Outreach |  |  |  |  |  |  |  |
| * Perinatal & Infant |  |  |  |  |  |  |  |
| * Transcultural |  |  |  |  |  |  |  |
| [Neonatal](https://www.health.qld.gov.au/__data/assets/pdf_file/0023/444272/cscf-neonatal.pdf) |  |  |  |  |  |  |  |
| [Nuclear Medicine](https://www.health.qld.gov.au/__data/assets/pdf_file/0022/444415/cscf-nuclear-medicine.pdf) |  |  |  |  |  |  |  |
| [Palliative Care](https://www.health.qld.gov.au/__data/assets/pdf_file/0022/444361/cscf-palliative-care.pdf) |  |  |  |  |  |  |  |
| [Pathology](https://www.health.qld.gov.au/__data/assets/pdf_file/0021/444270/cscf-pathology.pdf) |  |  |  |  |  |  |  |
| [Perioperative](https://www.health.qld.gov.au/__data/assets/pdf_file/0024/444372/cscf-perioperative.pdf) |  |  |  |  |  |  |  |
| * Acute Pain |  |  |  |  |  |  |  |
| * Day Surgery |  |  |  |  |  |  |  |
| * Endoscopy |  |  |  |  |  |  |  |
| * Operating Suite |  |  |  |  |  |  |  |
| * Post-Anaesthetic Care |  |  |  |  |  |  |  |
| * Children’s Post-Anaesthetic Care |  |  |  |  |  |  |  |
| [Persistent Pain](https://www.health.qld.gov.au/__data/assets/pdf_file/0008/1020050/cscf-persistent-pain-services-module.pdf) |  |  |  |  |  |  |  |
| [Rehabilitation](https://www.health.qld.gov.au/__data/assets/pdf_file/0024/444363/cscf-rehabilitation.pdf) |  |  |  |  |  |  |  |
| [Renal](https://www.health.qld.gov.au/__data/assets/pdf_file/0028/444187/cscf-renal.pdf) |  |  |  |  |  |  |  |
| [Surgical](https://www.health.qld.gov.au/__data/assets/pdf_file/0023/444263/cscf-surgical.pdf) |  |  |  |  |  |  |  |
| [Surgical Oncology](https://www.health.qld.gov.au/__data/assets/pdf_file/0023/444263/cscf-surgical.pdf) |  |  |  |  |  |  |  |
| [Surgical−Children’s](https://www.health.qld.gov.au/__data/assets/pdf_file/0025/444436/cscf-surgical-childrens.pdf) |  |  |  |  |  |  |  |
| [Trauma](https://www.health.qld.gov.au/__data/assets/pdf_file/0028/1178380/cscf-trauma-services.pdf) |  |  |  |  |  |  |  |
| * Emergency |  |  |  |  |  |  |  |
| * Perioperative |  |  |  |  |  |  |  |
| * Surgical |  |  |  |  |  |  |  |
| * Intensive care |  |  |  |  |  |  |  |
| * Acute inpatient |  |  |  |  |  |  |  |
| * Rehabilitation |  |  |  |  |  |  |  |
| * Specialist outpatient |  |  |  |  |  |  |  |
| * [Persistent pain management services](https://www.health.qld.gov.au/__data/assets/pdf_file/0008/1020050/cscf-persistent-pain-services-module.pdf) |  |  |  |  |  |  |  |
| * Dedicated trauma service |  |  |  |  |  |  |  |

**Summary of changes table**

This summary sheet should include a list of all changed levels for the facilities listed above. Please adapt by adding in additional rows.

This summary table assists HHSs and the Department review and check that the data entered above is accurate and why the change has occurred.

This prevents delays in the processing of self-assessments.

**Please check the data above by cross-referencing this HHS summary sheet with the facility sheets before submitting them to the Department:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Facility** | **CSCF service** | **New level** | **Current level** | **Reason for change**  **Please limit responses to a paragraph. If further information is required, it will be requested.** |
| *Name Hospital (example)* | *Maternity (example – remove when completing)* | *2 (example)* | *3 (example)* | *Example: On review, it was recognised the facility did not have the supporting services to justify Level 3 and has always been operating at Level 2.* |
| *Name MPHS (example)* | *Medical imaging (example – remove when completing)* | *2 (example)* | *1 (example)* | *Example: A need was identified and we applied for and received funding and new equipment.* |
|  |  |  |  |  |
|  |  |  |  |  |

**Approved by:** (Health Service Chief Executive)

|  |  |
| --- | --- |
| Name: |  |
| Position: |  |
| Signature: |  |
| Date: |  |