

# Virtual Feedback

Consultation Feedback from the Take Every Opportunity Workshop virtual participants, 24 September 2020

Topics for discussion were 'What gives you hope?', 'What Opportunities do you see?' and 'What should we pay attention to?'

Common Theme	Feedback	Related Comments
<b>Technology &amp; Telehealth:</b> Leverage technology to build capacity, and improve access.	The importance of a team - especially around Telehealth.	
	Using technology e.g. interactive GP network.	
	Need to listen to families as the experts in their care - travel is hard - plan together - use technology more - personalising a service.	
	Telehealth - underutilised - specialist outreach to regional areas - holistic care for complex systems - not physically having to be there - change in practice - learn to feel comfortable - tokenistic at present - build capability and cultural shift.	
	Regional areas have used Telehealth but NDIS has fragmented the system and competitive nature has led to further fragmentation and competition - more interconnected - broadband not good enough.	
	In 10 years we will have consumer driven demand that pulls the care they need when they need it from their own home wherever possible, after school/work without missing out on access to valuable education time (Telehealth pull system on demand should be the universal system response).	
	STOP - creating queues, making people wait in waiting rooms for 4 hours for a 5 min consult, that requires no physical exam, I would rather wait in my home and make productive use of my time while waiting.	
	Do more: expanded scope of practice and increased utilisation of Telehealth.	
<b>Improved Patient Access to Services:</b> Timely, accessible, adaptable, equitable services closer to home	Accessibility at the time help is needed.	
	No wrong door.	
	Marked issues with accessing services such as early childhood social worker.	
	Is the new structure with separate boards making honouring of time spent waiting for services more difficult?	
	Children and young people can be lost in the system- very focused on ageing population.	
	Knowing how to find services I need- still find it difficult to find services that are appropriate, especially where services are urgent.	
	Complicated to navigate when within the system and even more so as a patient when you're not sure what you're asking for or need.	
	Available, better access in regional areas.	
	Get services where the people are: - getting clinicians to travel is challenging	

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	<ul style="list-style-type: none"> <li>- consumer engagement</li> <li>- consumers have the answers</li> <li>- need to listen and adapt</li> <li>- remember what is outside health</li> <li>- not good at looking outside what 'we' provide</li> </ul> <p>Another thing we need to pay attention to... Waiting lists! Need to improve access to services by reducing waiting lists and having adequate staffing to provide the supports that are required</p> <p>Actively manage statewide wait lists so families know what is happening and can choose to go elsewhere.</p> <p>Accessible and equitable health services for families and children.</p> <ul style="list-style-type: none"> <li>- Limited waiting times and being able to access clinically safe services closer to home</li> <li>- Reducing travel and cost pressures</li> </ul> <p>Provide safe reliable, equitable and quality care to families and children.</p> <p>Recognising the mobility of Aboriginal people and supporting continuity of care across multiple regions and disciplines.</p> <p>Timely access to expert service/s (best practice/evidence based) through single point services for all people.</p> <p>Resource the community and do less work in the acute system.</p> <p>Services as close the consumer as possible- keep things simple and move the centre back to the family and community.</p> <p>The whole Health sector needs greater resourcing in order to provide the best possible care. We have no rehab. beds at all in the South for those wishing to break addictions for example.</p> <p>Do children care if their care is provided by a public or private system? Do they care if they have a choice of fifty providers or just one kind provider?</p> <p>Timely services. OK to wait for non urgent but where time critical or urgent can be very difficult.</p> <p>Making families wait for assessment in CDU.</p> <p>Child injury - even as an informed consumer- we don't know where to start- where is the simple advice and navigation supports to help vulnerable families.</p>	
<p><b>Early Intervention, health promotion &amp; Prevention:</b> Early Intervention, promotion &amp; prevention, with accessible pathways for appropriate coordinated support</p>	<p>Childhood mental health difficult to access. Role of supporting families of children with mental health concerns. linking parents with appropriate support services. prevention through intensive support for families, early intervention.</p> <p>Early intervention &amp; parenting support.</p> <p>Start doing:</p> <ul style="list-style-type: none"> <li>- Identify families at risk of child protection.</li> <li>- We gather intelligence in EDs and hospitals and we don't reach out and support them.</li> <li>- We have an opportunity to do this.</li> </ul> <p>Doors and pathways that allow young people to talk about what worries them are essential - if they never present to a service we will never know that they fear suicide.</p>	<p>Where is the family in the journey? honour wait time, streamline services</p>

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	<p>Early intervention, entry into child protection systems, looking at whole family unit and coordinating services. Support for parents and siblings not streamlined with medical services for child with specific needs. Families unravelling as a result of time spent on wait lists. Timing of service access.</p> <p>Young men and women have the information before they are pregnant. Skill to learn and develop together. Care must happen in the community- focus on the family and not the convenience of the health system.</p> <p>If the top two issues for children are the environment and suicide, what can we do as health professionals to influence Government policy to take these into account and make some commitment to change these things for our next generation.</p>	
<p><b>System Integration:</b> Centralised and integrated system for service efficiencies and improved patient journey</p>	<p>Timeliness, centralised systems.</p> <p>How do we enact change at a statewide level:</p> <ul style="list-style-type: none"> <li>- Addressing issues as a state</li> <li>- Opportunity to find a pathway</li> </ul> <p>Stop - double handling patients.</p> <p>Stop - using multiple systems.</p> <p>Start - using unified systems especially for communication and information sharing e.g. SUNRISE</p> <p>Work better with DCP to meet urgent and complex family needs.</p> <p>Data systems must meet the interests of the client - child focused health record all in same place.</p> <p>Need to understand the NDIS context</p> <ul style="list-style-type: none"> <li>- The growth in the private sector that was hoped for has not happened</li> <li>- Health is filling the gaps</li> <li>- Disability is health and needs to be integrated into all our services</li> <li>- Gaps created by the disability sector</li> <li>- Must be holistic</li> </ul> <p>Health does have a role in the gaps but needs to be clearly defined - HOPE - all the consumer conversations - shared care plans etc themed across all the system - they are not unique to child and youth - many voices - we must move towards them - all of system reform</p> <p>Integrated systems - one stop shop for that family so they can smoothly go through all the transitions.</p> <p>Children and Family centralised hubs that includes health, housing, Mental Health, CPS.</p> <p>A good start would be an integrated data system for children's records from all Govt. departs with access logged and monitored to ensure safety.</p>	
<p><b>Service Improvement:</b> Use data to inform decision making and future investment</p>	<p>Hopeful about existing areas of best practice and great service.</p> <p>Definitely continuity of care plans.</p> <p>Better services for families with non-English speaking background.</p> <p>Decision making process in ED - not making assumptions.</p> <p>Find better ways within our systems e.g. letters on OACIS</p> <p>Balancing patient safety.</p>	

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	<p>Fund Aboriginal Health Services permanently and make better use of ACCHOs.</p> <p>What matters most:</p> <ul style="list-style-type: none"> <li>- Staff are experiencing vicarious trauma</li> <li>- Impacts on their life outcomes</li> <li>- Staff are not immune to these issues and need support and capability to manage this</li> </ul> <p>Important to me is that I can access the care my family needs, when they need it, preferably at a time that does not require missing school/work, tell my story once and know that it has been captured and will be appropriately communicated, to leave a health care experience with a copy of my family care plan in my hand that shows what the issue is, what the care plan is, who will do what when, what my role is and what I can expect to happen next.</p> <p>Do more of: invest in evolving models of service delivery, use data to inform decision making, recognise impact of unmet need.</p> <p>What should we stop - writing new targets and plans - start with a program and keep doing it until it is done - Fund programs permanently - the problem is not going to go away - grant funding is detrimental.</p> <p>Anne Marie's comments RE getting local governance right and decentralised were key. Providers from all sectors and consumers should be involved.</p> <p>Must reinvest in community.</p> <p>Agree focus should be on local based service delivery but some additional specialist services are still needed- intensive therapy for traumatised mothers, better support for abusive men, long term therapeutic foster care for very damaged children in commercial/residential care.</p> <p>Success: Universal and targeted services.</p>	
<p><b>Navigation:</b> Clear pathways, and coordination of care</p>	<p>A few thoughts we need to have clear systems of navigation. For some this will be information, while at the other end of the spectrum it will be direct assistance with care navigation. The aged care sector is doing this with packages, how do we do it.</p> <p>Central case coordination services for families who are already in the system, especially those with complex needs.</p> <p>Coordinated care is essential- planning for families to understand the system and how it interlinks with the private system to support families navigating.</p> <p>Coordination of Care</p> <ul style="list-style-type: none"> <li>- Liaising with metropolitan services</li> <li>- Liaising with rural and regional services</li> <li>- Tracking vulnerable populations who can be mobile</li> </ul> <p>Central location to work out where to find both public and private services- find out where to find services.</p>	
<p><b>Communication:</b> Sharing of information, listening and believing,</p>	<p>Open communication between services involved in a particular case must have open communication. Respecting privacy is one thing but people should not have to waste so much of their little energy on repeating their stories over and over again.</p>	

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	<p>How do we reorient the Health system to put truly put families at the centre and encourage better human connections.</p> <p>Stop short term programs, siloed approach.</p> <p>Absolutely agree that children of any age must be heard and believed.</p> <p>Being heard and believed.</p> <p>Listening and communication is essential- we must do that better, we are louder if we all listen and genuinely care in a holistic way.</p> <p>Start - work better with providers such as NGOs, NDIS, education. Difficult to get information from other agencies even where parental consent is provided.</p> <p>Continue formal communication with services such as child protection, communities of practice, ensuring opportunity for discussion across health networks across a range of health areas e.g. eating disorders</p>	
<p><b>Person-centred:</b> Respectful, holistic care</p>	<p>Our virtual team messages are:</p> <ul style="list-style-type: none"> <li>- Health is more than just a disease</li> <li>- Stop magical thinking be realistic</li> <li>- Success is measured by the persons experience who received the care</li> </ul> <p>I really heard the need to be seen as a person.</p> <p>In 10 years consumers feel listened to and respected when accessing services. In 10 years we have implemented better systems that support preventative strategies to improve health outcomes in children, this includes care in pregnancy.</p> <p>Acknowledge the reference to mental health - in chronic pain link the physical and mental health together - can't just treat an issue, need to consider the whole person. Strongly echoes by lived experience. Need to develop timely access and support services across health and disability.</p>	<p>Complex systems to navigate coordinating the whole person evolve with the client and demographics - recognise changing needs over time - services evolve</p>
<p><b>Workforce:</b> retention, competence, culture, communication &amp; trust</p>	<p>Education is definitely important not only about how to access services but also how to identify that your child may have a mental health issue. I was once told by a counsellor that children don't have mental illness!</p> <p>The things that make the most immediate difference are all behavioural, human skills, which cost nothing to improve.</p> <p>Focus on systems and structures is great but equally important is the focus on culture, behaviours and skills - I would love to see a bit more of a focus on these more interpersonal areas.</p>	<p>Agree, and we could rethink KPIs and what we measure along those lines too</p>

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	<p>When the team really trust each other. Opportunity: work with teams around culture/communication and trust.</p> <p>Looking out for care, communication and working together with patient as centre.</p> <p>Staff are polite and interested, clear communication between service providers.</p> <p>Continue - good training to people involved in healthcare.</p> <p>Training in expanded settings - better communication skills with families.</p> <p>Broader training for AHPs in regional areas for complex family and children's needs.</p> <p>Challenges Aboriginal community has - hope for Aboriginal Support Services to be permanent and properly funded so we can retain skilled staff.</p> <p>We need a sustainable workforce.</p> <p>More: increased investment in universal services in the first 3 years (less emphasis on specialist).</p>	
<p><b>Lived Experience:</b> peer support and assistance</p>	<p>I really think that the lived experience workforce is an opportunity. For a number of reasons and would have benefits across layers.</p> <p>Someone to "hold" this with me. A guide/concierge/help to navigate from someone who "gets" the system.</p> <p>Interim care and lived experience workforce support while on waiting list.</p> <p>"It is exhausting" was mentioned a number of times - would be good to help ease this load.</p>	
<p><b>Consumer &amp; Community Engagement:</b> Co-design, family-focused</p>	<p>Support for school counsellors as part of the mental health team - joined up approach - massive opportunity for early intervention.</p> <p>Important that the plan considers service provision from the consumer experience regardless of their location in SA – either rural or metro.</p> <p>Missing piece – co-design services with the family genuinely. Can be tokenistic.</p> <p>Then we need more humility from Health, to keep the decision making and key fulcrum as close to the consumer as possible. Very much back comment on putting resources at the front end.</p> <p>At SALHN we have a team of patient and family representatives to speak with patients in our Southern health facilities. We are able to clearly articulate what patients are telling us and report that up to the units within which we work to make changes. We now see the patient voice being heard and making a real difference.</p> <p>Co-design - What does this look like for Aboriginal South Australians?</p> <p>What have been your most successful strategies for engaging young people?</p>	
<p><b>Clinical Engagement:</b> Engagement with clinicians and GPs</p>	<p>Joining the dots - hearing consumer voices and professional voices. We wouldn't work in the area if we didn't want to make a difference.</p> <p>Start - before hospital care instigated by GPs.</p> <p>Start better conversation with GPs re: services that can be commenced prior to accessing CDU/specialised services.</p> <p>Better engagement with GPs.</p> <p>Identifying GPs with special interest in seeing children, especially those with a disability.</p> <p>Start thinking about the transition to adulthood - paediatrics to GP.</p>	

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	How to we include GPs, NGOs? Timely, accessible, clear direction	
	What is a 'warm' referral?	
Other	Making changes within the constraints of our systems.	
	The health of the environment also reflects human health and vice versa. You cannot separate the two.	
	Need to be better at advocating, having a voice for change. How do we speak the language of those who determine budgets.	Actioning change with facilitated support
	Affordability.	
	Continue to advocate for services to be in Adelaide.	
	Less focus on niche areas of practice being interstate.	
	Challenging re: SA population - lack of growth.	
	We need a sense of urgency and action - we have let communities down.	
	Real or perceived, conscious or unconscious, the impact of racism leads to poorer outcomes. What are children and young people saying about this and what would be your input in to the Plan.	
	Consumer panel was very informative and great to hear the lived experience.	
Upfront investment that is prepared to see long term outcomes that may go beyond an election cycle.		

## For more information

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