

Re-balancing the health system: Consumer perspectives

23 April 2020

Consumers and carers in Health Consumers Queensland's network were offered three opportunities to inform into discussions about rebalancing the Queensland health system: two on-line discussions and an on-line survey following the DG's Video cast, distributed by Queensland Clinical Senate and Health Consumers Queensland.

Below is a summary of what consumers had to say.

1. On-line discussions: Consumer perspectives

Consumers who joined our Community of Interest consumer conversation and HHS CAG Leaders consumer conversation provided a set of conditions that they believe need to be met before consumers would feel assured to continue to receive their needed health care.

| What does the easing of restrictions around elective surgery now mean for consumers? | | |
|--|--|--|
| THEMES | Detail | |
| Prioritising care for vulnerable consumers | Start looking after and prioritising care for all people who are vulnerable e.g. people who have chronic health conditions, people living with disability which require regular intervention and older people Broaden the definition of patients who are considered high risk to COVID-19 Broaden the definition of vulnerable in current polices, guidelines, programs and communications eg. who are over a certain age (50 for First Nations and 70 for the rest of the population) | |
| Communication | Still a lot of information gaps Particular concern around communication on safety measures, what healthcare is continuing, and what relaxing restrictions actually means Confidence in consumers making informed decisions | |
| Safety | The importance of maintaining physical distancing and allowing longer time for appointments for people with complex health needs Ensure there is enough PPE for everyone – staff and consumers – in hospitals, residential and home settings where care and support is required. | |
| Post op care and alternative ways of receiving care | Understand what post-operative care will look like. Where and how will people receive this care, as an in-patient or via Hospital in the Home, virtual care or community services Continue to offer people the choice to use telehealth. It has a real place beyond COVID-19 as it can save money, time and stress. | |
| Tailored conversations versus blanket-wide policies | Rather than blanket-wide policies, place emphasis on detailed, upfront and individualized conversations between consumers and their health care providers so that consumers can ask questions and make informed decisions about their ongoing care. | |

From the 25 consumers who participated, these were the main themes summarized.

| Private Health Facilities | Private health facilities are a valuable resource at the moment and we should be careful what is triaged into the private system. The value of continuity of care particularly those who have complex medical conditions |
|------------------------------|---|
| Financial costs for | If care has been delayed, will the health system have to play catch up on |
| consumers (and | treating people and financially what is that going to cost the health |
| health system) | system and the consumer if their condition worsens during this time? |

2. DG Video Cast Survey Summary - Consumer Responses

Г

From the 24 consumer responses to the DG's questions, these were the top themes summarized.

| How do we balance the | How do we balance the challenges described above with providing ongoing patient care? | | |
|--|---|--|--|
| THEMES | Detail | | |
| Consumer engagement | Understanding the needs of patients and families need is as important as understanding staff needs | | |
| Providing alternative ways of receiving care | Providing ongoing patient care through other ways so those are not disadvantaged Greater use of telehealth facilities starting with local general practitioners, greater involvement with government and private health | | |
| Building trust and increased communication | providers to share the burden There's a fear of communication, going digital, not having tech solutions, internet quality or at all Provide clear and transparent information | | |
| Reducing fear and anxiety | Provide and share information and resources, by providing positive stories, those who have recovered, highlight those HHSs who have low cases and how they're managing to keep communities going and business as usual | | |
| Safety and reassurance when accessing care | Manage the sense of fear which exists amongst consumers and staff Assuring consumers of the safety precautions taken in the facility as well as the staff they are seeing Information visible in the facilities. Seek to re-assure staff and patients re. reducing COVID-19 transmission. We need everyone to feel safe and protected and consumers and staff ensure adequate supply of PPE. Provide safety advice based on individual circumstances for eg. travelling to outpatient appointments, surgery, accessing the hospital entrances, the physical changes in the hospital, to keep COVID positive patients away from others, post discharge and safety | | |
| Effective triage and decision making | Make it a priority to work through the issues on how to make it happen should you get results Consistent application of a clear decision-making framework. Scaled modelling and analysing system Staff, Drs, medical supplies, capacity of hospitals vs patients and procedures and risk factors The reintroduction of procedures and treatments should also follow this type of system. Assigning hospitals, the ability to progress day surgery | | |

What considerations are important to you when balancing the risk of getting infected with the benefits of receiving ongoing care for your health condition? Please consider timing, safety, financial cost, cultural safety.

| THEMES | Detail |
|------------------|---|
| Understanding | Vulnerable consumers living with disability and multiple co-morbidities |
| alternative care | Telehealth would help prevent those to physically access health facilities |
| options | |
| options | What does that mean for integrated services, e-Scripts and home delivery of prescriptions from the Dearmany, how the system and technology works, hulk |
| | prescriptions from the Pharmacy, how the system and technology works, bulk |
| | billing and safety while also still connecting with their trusted health |
| | professionals |
| | Pros of alternative care options: Financial considerations - Transition to virtual |
| | care has impacts on costs consumers face eg. Travel to receive care, loss of |
| lufe was a d | wages, time, meals, costs of parking and transport |
| Informed | • Understanding the risk versus benefits so consumers can make an informed |
| decision | choice and acknowledgement of risk |
| making/health | • Accessing care for existing conditions versus the risk of getting an infection and |
| literacy | the consequences of it, to help make an informed decision on whether to |
| | proceed |
| | • Basing your decision on location. Eg. if the HHS you live in has very low numbers |
| | of positive COVID cases |
| | Transport, accessibility to medical treatment especially living in rural and regional areas, family support, financial parts, medical staffing layely |
| | regional areas, family support, financial costs, medical staffing levels |
| | Focus on short and long-term self-management |
| | Provide timely and transparent information about what we know about COVID- 10 at the time of area information chould be included in concern processes to |
| | 19 at the time of care. Information should be included in consent processes to provide reassurance that their safety is of utmost priority at all times |
| Pathology | |
| /imaging | |
| Communication | Understand the importance of imaging – suggestion, pop up clinics |
| Communication | Reassure patients prior to undertaking procedures and the process |
| | • Present evidence which shows that the risk of acquiring COVID-19 in the hospital |
| | environment is no different to acquiring any other hospital acquired infection |
| | • Giving information to families in a timely manner to reduce the fear and anxiety of accessing care at the risk of your children being infected |
| | Consistency in messages, avoiding a stop/start approach, local engagement, |
| | flexibility, positive media |
| Safety | Minimise waiting times at clinics. Ensure physical distancing can be done at place |
| Juncty | of care. Hand sanitizers and safety equipment must be made available to every |
| | patient and carer |
| | Receive preventative care to avoid progress to an unmanageable level |
| | Safe access is better than no access or delayed access |
| | Confidence in the service to maintain infection control and health service |
| | processes - health care providers tested for COVID to ensure they are safe, staff |
| | to provide duty of care for the safety of consumers with infection control and |
| | PPE |
| | Reassurance that infected patients are cared for in specific wards to alleviate |
| | stress and to enable business as usual care to continue |
| | Respecting cultural ways |
| | |

| Usual screening | Access to screening when needed and in a timely manner |
|-----------------|---|
| services | Ensuring safety when undergoing screening or tests |
| | Consider the extra financial burden on an individual to use private screening |
| Cultural | Cultural traditional medicines |
| practice | • Develop trust and understand the needs of people from Culturally and |
| | Linguistically Diverse communities, Aboriginal and Torres Strait Island |
| | communities and non-English speaking background. Develop trust. |
| | • Communication skills particularly when talking on the phone because there are |
| | no non-verbal cues |
| A responsible | Holistic care when receiving care so all needs are addressed as well as |
| health system | information and risk of contracting COVID -19 |
| Care for people | Avoid contracting COVID-19 while patients are out of their community and |
| in rural | practice physical distancing, hygiene and isolation to avoid community |
| communities | transmission on return |
| | Treatment at a facility with no or low COVID positive patients |
| | Safe travel and stay in hospital |
| | Safety Precautions up taken from staff |
| | Tested on arrival prior to admission |

| How do we best use the private hospital capacity which is now available? | | |
|--|--|--|
| THEMES | Detail | |
| Prioritising | Prioritising patients or procedures with highest risk areas eg. Those with chronic diseases, cancer patients, high risk patients who require procedures. Provide urgent elective surgery as well as any emergency dept. Utilise the private hospitals to take up the ongoing healthcare of public patients to continue treatment for those who need it. Eg. transplant, anaemic infusions, dialysis, chemotherapy, joint replacements, Allied Health services to help increase independence of chronic patients, especially Psychology and Dietitians | |
| Opportunity to shorten wait lists and overflow of Public sector | Utilise private hospitals to reduce waiting lists for urgent elective surgeries to reduce long wait times for patients and reduce the overflow from the public health | |
| Funding | • Work with private health providers to develop a cost sharing structure so more expenses is shared equitably. Patients need to know what they are paying for upfront. | |
| Non COVID-19 patients | Undertake priority non-COVID-19 treatments and surgeries. Allow the non-COVID patients to be treated in the facilities and make sure it is covered through the insurance. | |
| Other services | Use of Medical Imaging Departments, dialysis, After Hours GP services, Saturday medical imaging referrals, pathology requests | |