



Community Services Plan 2016

Key findings

The 'cost of appointment' was a significant barrier to accessing services for the respondents, with nearly half (46.8%) stating that this prevented them from using healthcare when they needed it. The 'inability to make an appointment at a suitable time' was also a strong theme (36.6%) and 28.8% stated 'they were too busy with work or family commitments'.

There was strong support for the ability to access electronic health records (44.0%) and being able to use technology to communicate and consult with health professionals (37.9%). Both were the most significant factors that respondents stated would help them improve their health.

Over half of respondents (58.5%) stated the DHB needed to address waiting times followed by developing more services outside of hospital (41.8%). A stronger focus on preventive medicine with the DHB playing a more active role in promoting healthy lifestyles and lowering the cost were also raised.

Background

Waitemata District Health Board (DHB) is currently considering community based health services and what improvements could be made to respond to future growth, improve patient experience and outcomes for our population; and to better integrate health services between the community and hospital, ensuring the right services are provided in the right place

To help ensure that the community's perspective would be included in the development of the plan, an online survey was carried out. The survey was promoted through a range of networks such as:

- Health Link and other community newsletters / mailing lists / networks
- Social media
- Disability networks
- Posters in libraries

In addition, direct emails with the survey link were sent to:

- Existing WDHB-located members of the ADHB Reo Ora Health Voice
- People who opted in to be part of the WDHB new Reo Ora Health Voice during the recent Primary Birthing Unit consultation
- A sample of people from the Waitemata DHB patient database

In addition, discussions were held with the Waitemata Youth Advisory Group who were invited to complete hard copy versions of the survey during their monthly meeting.

The survey was initially open for feedback from 6 April to 1 May 2016 but this was extended a further week until 8 May due to a slight delay getting the patient database sample.

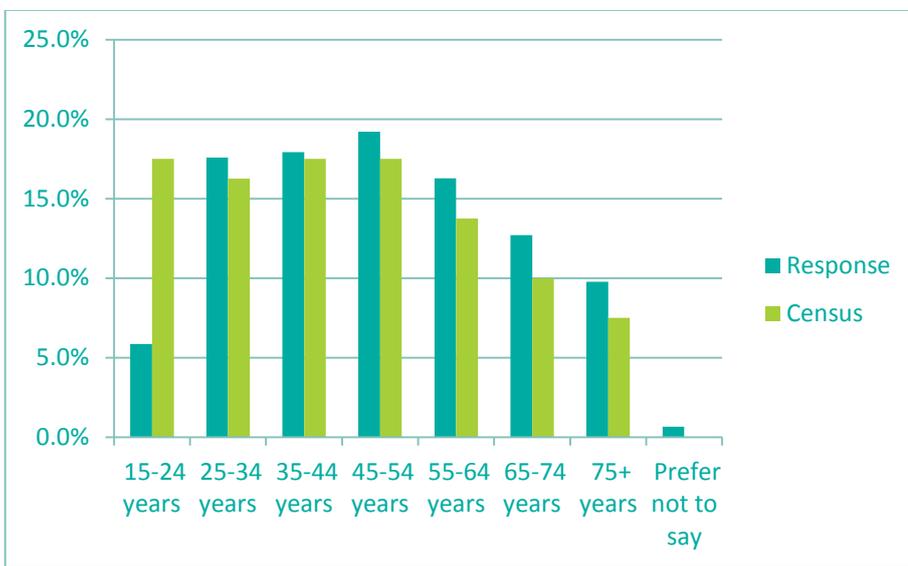
Who responded

A total of 301 responses were received. Survey responses came from a good cross section of the community with a good mix of age group, geographical location and ethnicity. However, there were more female than male responses (77% and 23% respectively). In addition, 20% of respondents identified themselves as having a disability.

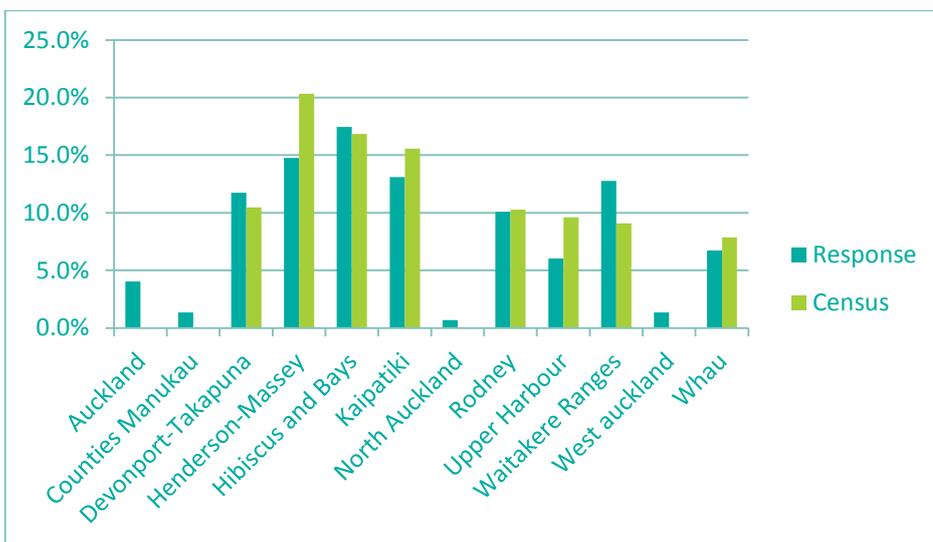
Response by ethnicity:

Ethnicity	Response	Census
European or other	85%	63%
Māori	10.5%	9.9%
Asian	9.3%	20%
Pacific Peoples	4.2%	7.1%
Prefer not to say	1%	

Response by age group – there was a good response across the age groups but fairly low response from the 15-24 age group (5.9% compared to a census rate of 18%).

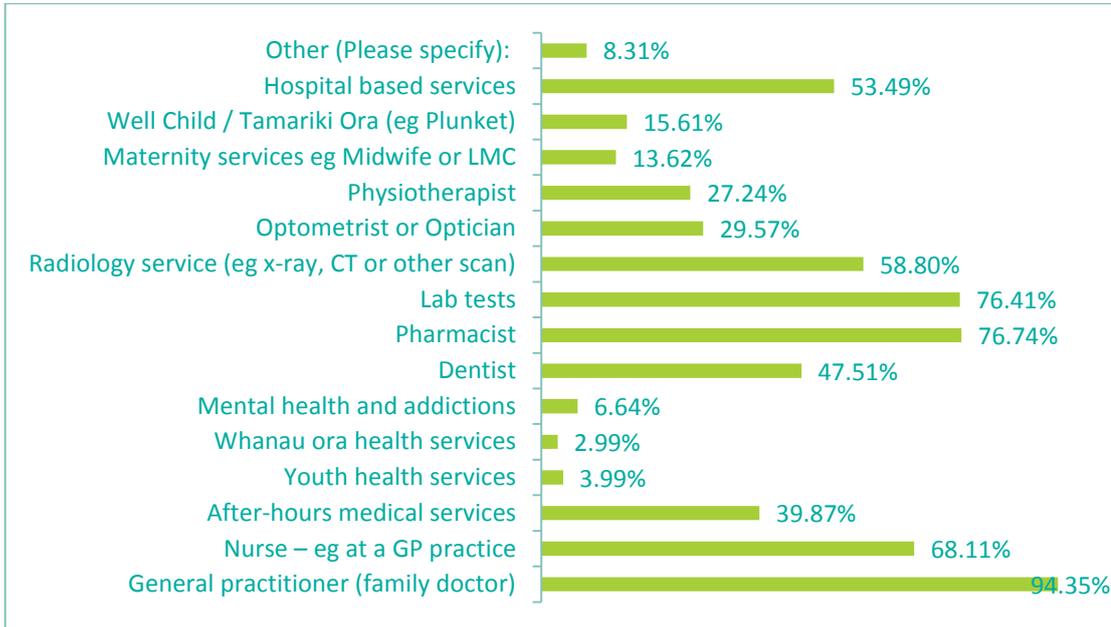


With respect to geographical breakdown of responses, there were some from outside of the Waitemata DHB area but a good spread of responses from across the region:



Feedback received

1. Which of the following health services have you used over the last year?



Other responses included chiropractor, osteopath, paediatrician, psychologist, mental health, retinal, massage, oncology, Starship and healthy lifestyle program.

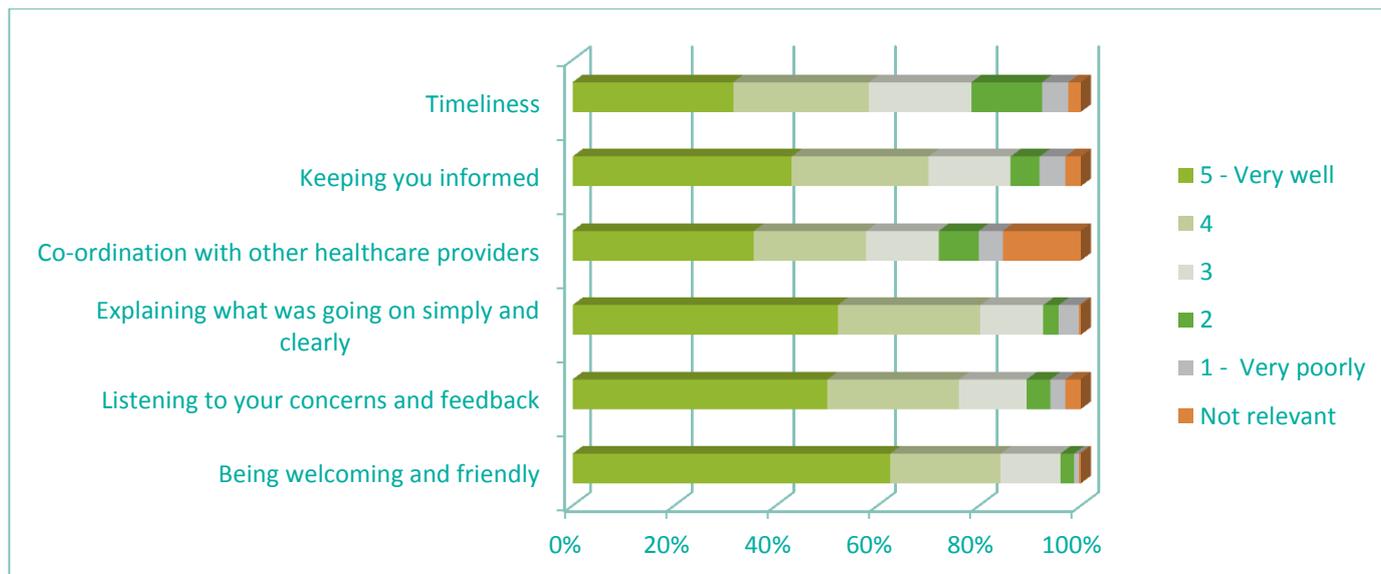
2. Are you enrolled with a GP?

Options	Percentage of respondents
Yes	99.3%
No	0.7%

3. Do any of the following prevent you from using healthcare when you need it?

The 'cost of appointment' was a significant barrier to accessing services for the respondents, with nearly half (46.8%) stating that this prevented them from using healthcare when they needed it. The 'inability to make an appointment at a suitable time' was also a strong theme (36.6%) and 28.8% stated 'they were too busy with work or family commitments'. A number of respondents commented on the length of time they had to wait to obtain an appointment with their regular GP, in some cases between three and seven days. Others stated that there was a shortage of clinics that operated out of normal working hours. It was suggested that having more would make it easier for those that worked to access services without having to take time off work.

4. Thinking about your most recent health care experience, use the scale from 1-5 to let us know how well managed the different aspects of your experience listed below were:



5. If it were to be made available, how likely would you be to use digital tools and technology to access health care information and services through either your smart phone or your computer:

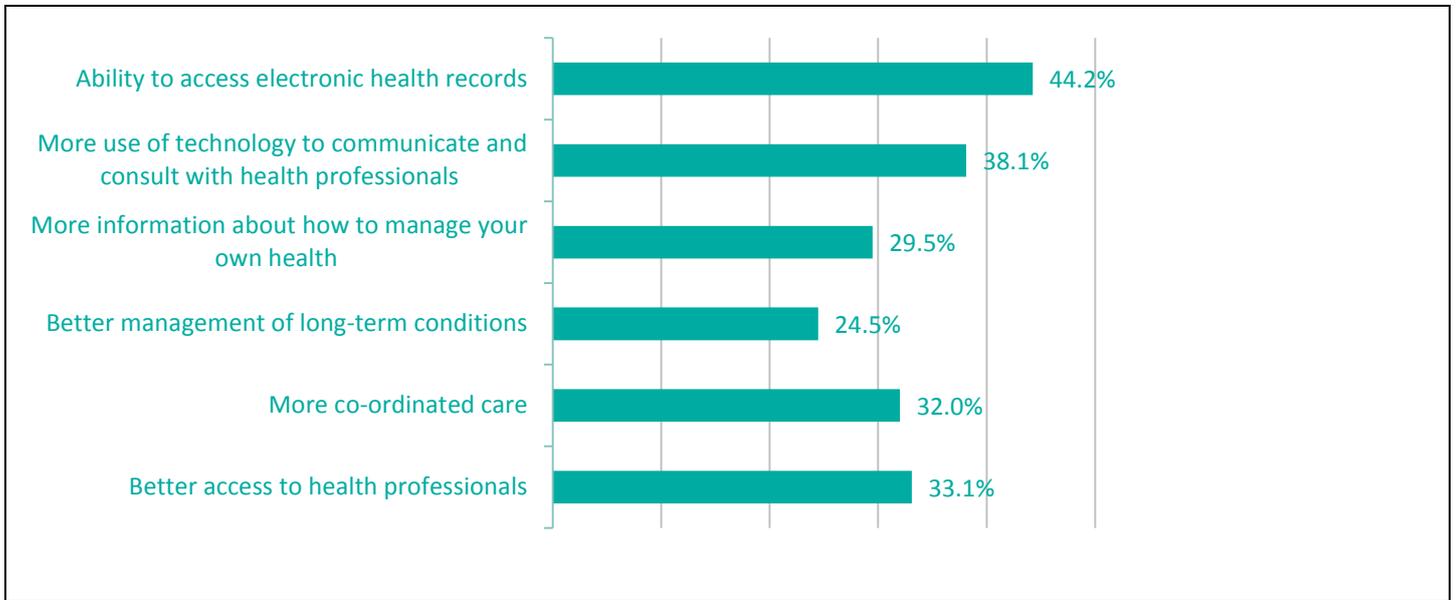
There was strong interest in the use of digital technology to access personal health records and for booking healthcare appointments, with 69.7% rating very likely to use digital technology to access health records and 64.5% very likely to book appointments. Respondents stated they would also be very likely to use technology and tools to remind them of appointments (55.3% very likely to use) and for accessing information to assist in managing their health (60.5% very likely to use).

Respondents were least likely to use digital technology to communicate online with their health care provider either via text or video. Based on free text comments, there was a preference towards a physical face to face contact and that there may be issues concerns with miscommunication.

Other free-text comments made relating to digital technology were that it would enable providers more access to information and make it easier to share with other providers involved with an individual's care. There were also concerns raised regarding the connectivity in some areas, particularly the rural areas of the DHB where some stated they do not have phone or internet coverage.

6. What one thing would help you, your family or whānau to improve your health?

There was strong support for the ability to access electronic health records (44.0%) and being able to use technology to communicate and consult with health professionals (37.9%). Both were the most significant factors that respondents stated would help them improve their health. Improving access to health professionals and more coordinated care also rated highly. Respondents also stated that lowering the cost would help them improve their own health and families' health.



7. What should Waitemata DHB focus on to improve health services for the Waitemata community?

Over half of respondents (58.5%) stated the DHB needed to address waiting times followed by developing more services outside of hospital (41.8%). A stronger focus on preventive medicine with the DHB playing a more active role in promoting healthy lifestyles and lowering the cost were additionally raised within this section. Developing after hours services and growing and developing the health workforce were also suggested as focus areas for the DHB.

There were concerns raised regarding the rapid population growth in Rodney and the ability of the services in the region to cope. Residents from the North also stated that it was unfortunate that so many services happen at the hospital where access to can travel can be difficult. It was suggested that community care should be used for a greater range of services therefore freeing up the hospital.

8. Other comments

There were a number of positive and negative comments made about the service provided within the hospitals including:

- negative feedback about the food, waiting times in particular for A&E, some areas of the hospital needing upgrading eg maternity in Waitakere, mental health services and parking costs;
- positive feedback about friendly and helpful staff, departments such as the Diabetes Clinic and Bariatric surgery

Some participants commented that they would like more patient involvement in planning services and initiatives and more patient-centred care with patients being seen as part of the health team.

There were a number of comments suggesting more training and support for GPs and nurses to be able to provide more services in the community.

In addition, there were several comments relating to prevention and suggestions that the DHB should work in partnership with other agencies to support healthy lifestyle programmes, communications campaigns and to lobby for government policy changes, for example a sugar tax.