Metro South Health (MSH) 2021 Health Needs Assessment

Consumer prioritisation of health need themes

In order to prioritise among the 120 health needs and 31 health need themes identified as part of the MSH 2021 health need assessment (HNA) project, the Health Service Strategy and Planning (HSSP) team invited four stakeholder groups to rank the health needs, health need themes and a combination of both. These stakeholder rankings would contribute to reaching the top 15 health need themes for MSH to seek to act upon over the next two to three years.

Consumers were invited to participate in two workshops and to rank the 31 health need themes using an online survey platform. This document briefly describes the consumer prioritisation process and outcomes.

Summary of workshop 1

Consumers were engaged with the main purpose of providing insight and perspectives on the prioritisation of health need themes and specific health needs identified through triangulation of consultation, data analysis and literature review activities conducted by the HSSP team.

A workshop was held on Tuesday 22 February 2022 to brief consumers and provide background and context to the HNA project. This was attended by 22 consumers recruited through the MSH Consumer Network and Queenslanders with Disabilities Network (QDN). Several consumers who were unable to attend the workshop were provided with the materials discussed at the workshop to enable them to submit a response to the ranking survey.

At the first workshop, HSSP outlined that the four stakeholder groups whose views would influence the prioritisation process for MSH were: clinicians, First Nations, MSH executives and consumers. It was explained that the purpose of the prioritisation process was to formulate a short and robustly derived set of priorities that MSH would incorporate into its strategic, operational and clinical planning processes over the next two to three years. It would also assist MSH meet the Department of Health requirement to undertake a local area needs assessment every three years.

Another focus of discussion was that health need themes not ranked highly by consumers (or other groups) would not be lost to further action. They would be preserved in two key ways:

- the full list of rankings assigned by each stakeholder group would be considered during the synthesis of prioritisation outcomes and therefore the production of the overall MSH list of priority health need themes and highly rated specific health needs for action
- the rank ordering of 120 health need themes would enable rapid responses by MSH to opportunities that arise from time to time in the operation of the health system; in short, the identified needs and relative priorities between them that are not immediately adopted for action would underpin opportunistic responses.

Consumer ranking survey responses were received through the online platform, by email and by mail. Altogether 23 consumer advisors expressed their preferences. One submission was received after the deadline and is not included in the results below.

Survey results

Consumers were asked to rank the 31 health need themes, mainly via a Citizen Space online survey, which was open for response between 22 February and 3 March 2022. Responses were received from 24 consumer advisors. The results are shown in the table below.

Rank	Health need theme	Score
1	Hospital and specialist services	22.52
2	Disability and carers	21.43
3	Addiction and mental health	21.26
4	Ageing, care planning and end of life	21.17
5	Health workforce capacity and capability	20.96
6	Care coordination, communication and literacy	20.35
7	Innovation in funding and service delivery	20.26
8	Primary care	19.74
9	Community services	18.83
10	Prevention and health promotion	18.78
11	Cost	18.43
12	Cancer	18.17
13	Child and youth health	17.87
14	Allied health	17.65
15	Hospital infrastructure	17.52
16	Aboriginal and Torres Strait Islander health	17.43
17	Cardiac disease	17.09
18	Community and clinician engagement	16.39
19	Social determinants	15.70
20	Maternal and neonatal health	14.61
21	Diabetes	14.22
22	Cerebrovascular disease	13.96
23	Oral health	12.57
24	Cultural and linguistic diversity	12.43
25	Respiratory disease	12.13
26	Population growth	10.22
27	Obesity	10.09
28	Arthritis	9.91
29	LGBTIQ+ health	9.83
30	Renal disease	9.26
31	Prisoner health	5.22

As one survey response was provided after the survey closed, the results above do not incorporate the rankings attributed in that response.

Summary statistics

Measure	Score
Minimum score	5.22
Quartile 1	12.50
Median	17.43
Quartile 3	19.29
Maximum score	22.52

Summary of workshop 2

On Monday 7 March 2022, consumers were invited to a workshop where the results of the prioritisation survey were to be shared and deeper discussion of the highest ranked health need themes planned.

Given time constraints, the intention of the second workshop was to understand consumer perspectives on specific health needs within the top 4-5 ranked health need themes from the survey; that is, to isolate those that consumers saw as most clearly requiring active response by MSH over the coming 2-3 years.

Nineteen consumers attended workshop 2, along with two members of the HSSP team and one from the MSH Consumer Partnering team.

After acknowledgement of country and introductions, the first 30 minutes were spent presenting and discussing the results of the prioritisation survey. Major observations included:

- The relative rankings determined by consumers will be considered alongside those of the three other key stakeholder groups (i.e. clinicians, First Nations and MSH executive team).
- All 31 themes are priorities for MSH. The prioritisation process was intended to put these priorities into rank order. One implicit aspect of the process was identifying those themes that were not being as successfully progressed by MSH as others.
- Whether and with what intensity MSH acts on each theme that consumers ranked in the survey is not determined by this process alone. We have a considerable set of strategies and actions already underway in relation to many of the priorities that have arisen in the HNA project. Our work with clinicians, consumers, First Nations and executive stakeholders will help determine the themes on which we should take new or additional steps in order to improve the health of those living in and served by MSH.
- Considerable overlap and interaction exists between each health need theme; few themes are independent of all others; trying to organise health needs into standalone themes is in some ways an artificial process but is unavoidable when trying to determine priorities from a long list.
- Although ‘Aboriginal and Torres Strait Islander health’ is a discrete theme, it was remarked that many themes ‘cut across’ each other and there are aspects of Aboriginal and Torres Strait Islander health that should be considered in every other theme (e.g. cancer; addiction and mental health; and diabetes care for Aboriginal and Torres Strait Islander people). This is also true of the themes ‘Cultural and linguistic diversity’, ‘LGBTIQ+ health’ and some others. In responding to the overall priority list, MSH will seek opportunities to address some of the higher ranked themes which overlap with those ranked lower (e.g. community services (ranked 9th) for respiratory disease (ranked 25th)).
- It was observed the gap in ranking between ‘Aboriginal and Torres Strait Islander health’ (16) and ‘Cultural and linguistic diversity’ (24) was surprising given these are interwoven into most other themes.
- Several participants expressed surprise that hospital infrastructure was ranked 15th, given infrastructure is an essential ingredient in most services provided by MSH and population growth is exacerbating pressure on existing infrastructure.

- ‘Renal disease’ was ranked 30, which a number of participants remarked upon. This was felt an issue for those with diabetes and for Aboriginal and Torres Strait Islander people. Relatedly, access to dialysis in Metro South HHS was considered to be concentrated at Princess Alexandra Hospital and insufficiently distributed across the MSH geography. This access challenge was thought to have significant negative consequential impacts especially for those on lower incomes and with end stage renal disease, as well as people with substantial co-morbidities or disabilities.
- The proportion of the population affected by health need themes was noted as an important consideration, alongside encouraging greater personal responsibility for health and wellbeing. These factors should be considered when planning action and responses by MSH.
- Leadership and governance are key to making positive change; small changes in attitude and small actions to raise awareness and address key risks could markedly and positively influence the health of MSH patients and residents.

“Many of the themes that appear lower in the survey are probably due to the fact that these themes are already very public and appear to already receive considerable funding and assistance….I think many lower rated items are probably in their appropriate location on the list.” – Ross, consumer advisor.

“When looking at the ‘health workforce capacity and capability’ theme, it would be worth looking at increasing a workforce that has the skill and ability to meet the needs of some of the lower scored themes.” – MSH consumer advisor.

The majority of the workshop was dedicated to exploring the specific health needs comprising the themes ranked in the top 4, namely:

- Hospital and specialist services
- Disability and carers
- Addictions and mental health
- Ageing, care planning and end of life.

The discussion within each of these themes is described below in more detail.

Hospital and specialist services

- After-hours services for oral health are limited, and these issues often require emergency intervention.
- Variation in eligibility criteria for enrolment on elective surgery waiting lists seems to exist between different health services. Orthopaedic conditions may not often require category 1 care but can steadily decline into painful conditions that affect quality of life if not addressed within category 2 or category 3 recommended wait times.
- Health service access for residents of the Bay Islands is a key issue given the socioeconomic and cultural composition of the population.
- Some services seem more important to provide locally than others – dialysis which requires continuing frequent access is a crucial service demanding wide geographic distribution across MSHHS.
- Not all clinical services need to be provided in all locations. Some non-clinical services – such as improved transport across MSHHS – may enable much better access to specialised health services, even if available only in a single location, which can come with consequential benefits such as economies of scale and clinical quality.
- Emergency department capacity is undersupplied. Those with cardiac and respiratory concerns waiting for hours in EDs for definitive care can be life threatening.
- Intermediate lists for surgery in public hospitals may be a good way to balance limited public capacity and address health concerns more quickly for those who can contribute directly to the cost of care.

- Resourcing of prevention and health promotion is a strong driver of the 'hospital and specialist services' theme being ranked number 1.
- Governance is key to improving all aspects of care. Waiting list management, among other things, would improve with better governance.
- KPIs drive behaviour; as such, KPIs need to be aligned with strategic direction in order to achieve better outcomes.
- Innovation arising out of the COVID response should be a great lesson in how the organisation is capable of genuine change.

"COVID spending needs to be reduced radically and [a] return to improving elective surgery and other general services should happen immediately. Death from other illnesses is increasing and COVID is now negligible, so proportionally funding should be reviewed." – Ross, consumer advisor.

"Logan residents have struggles to access transport and health services due to poor routes and access availability." – MSH consumer advisor

"Accessibility is a BIG ISSUE." – Kevin, consumer advisor.

"Currently there is more emphasis in catching those who 'fall off the cliff'.' It is more cost effective to prevent the 'fall off the cliff'." – Jill and Peter, consumer advisors.

Disability and carers

- Services for people with disabilities are very fragmented and lack coordination, both within and beyond the QH/MSH system.
- Education for the health workforce is essential to facilitate better understanding of the needs of and challenges faced by those living with disabilities when accessing services in the acute health system and in other settings.
- NDIS system is a genuine and ongoing challenge – both for consumers and providers. Challenges are exacerbated for those with English as a second language where it may not be possible to find a provider who speaks the same language as the consumer. Age and place of birth are intentional, 'by design' barriers to access to NDIS that cause distress and inhibit people obtaining the support and care they need.
- Securing the evidence needed to substantiate a claim for NDIS support is sometimes cost prohibitive or slow (e.g. medical specialists to write reports describing disability and resulting needs). This extends to some allied health disciplines too (e.g. exercise physiologists). This results in avoidable hospitalisations in some cases.
- Inadequate respite for those receiving care means when carers require hospital services, it is often necessary to admit the person they are caring for, because there is nowhere else for them to go.

"Problems with healthcare for people with a disability are likely to lead to health issues not just for immediate carers but to other friends and family who supplement the care through stress and other flow-ons. Improving the health care for the person with a disability is likely to have a multiplier effect in also reducing health issues for these other people, so it is an excellent investment." – Alex, consumer advisor.

There is a "…separate issue of appropriate accommodation for the disabled or aged person when carer is in hospital; often the client is inappropriately admitted to hospital." – Kevin, consumer advisor.

"Training for all staff within the hospital system [on] more appropriate care [for people with disabilities] and also in more detail about disabilities. [The] evidence is that care has been not been good at all, so making disability education a priority will ensure better understanding and better care for people with disabilities." – Toni, consumer advisor.

Addictions and mental health

- Alcohol use/abuse and mental illness are closely related; health system responses to these should be better integrated. Currently these aspects of care are quite isolated from each other.
- Alternatives to emergency department care and early intervention programs for those aged 8-15 years could have significant positive impacts.
- Drug education/awareness/prevention campaigns targeted at young people are lacking; introducing these would likely reduce addiction and consequential mental health issues.
- Addiction to gambling is a type of addiction that contributes to mental illness and other adverse effects and should be considered in a health context.
- Some hospitals are clearly having greater success with suicide prevention and after-care approaches; successful programs need to be rapidly expanded across the system and MSH, which would increase cohesiveness and reduce unwarranted variation.
- Access to some mental health services (including for children) is predicated on threatened suicide or harm to others. Why is the threshold so high? This means opportunities for earlier intervention and better outcomes are lost.

"Addiction and mental health issues can lead on to other types of health issues from physical damage done by the drugs and possibly also self-harm – this can in turn feed into long term disability. Another area where concentration can pay a dividend in other areas of health care." – Alex, consumer advisor.

"Mental health leads to things such as poor diet and medications management which causes emergency demand and can be a problem when mental health causes problems of behaviour [for] emergency staff." – Kevin, consumer advisor.

"Not all psychologists or psychiatrists know how to deal with the severity of some mental health illnesses as many symptoms overlap with different diagnoses. If we can have a system where GPs know when to refer people to which organisations etc, then that would help the health system and for everyone to know that there is a mental health care plan available." – Leah, consumer advisor.

Ageing, care planning and end of life

- Aged care quality is a real concern and was highlighted by the Royal Commission. The provision of additional residential aged care places by MSH would be attractive to older people in Brisbane South.
- Palliative care in the home was expressed to be an important aspect of care at the end of life. This includes palliative care in the nursing home.
- Dementia education was highlighted as important to the quality of care for both patients with dementia, as well as their families and patients co-located in wards with patients with dementia.

"I think if we supported more in-home support and services as well as community services, we could reduce the costs of hospitals, including [the] emergency department. In other words, I think a lot of the issues facing ageing, care planning and end of life could be proactively addressed by other themes, e.g. community services, cost, primary care." – Ilan, consumer advisor.

"Home modifications can stop things like falls that put people into hospital, and which is followed by health decline." – Kevin, consumer advisor.