

Reimagining the Future of Healthcare Consumer Driven Experience and Future Expectations -Workshop Summary

25 people attended the Consumer Driven Experience and Future Expectations Online Workshops between the 21 - 25 August 2023. Mentimeter, an online tool, was used to capture participant responses.

A thematic analysis of responses was completed, and a summary of responses is provided below.

1. What do you see as the biggest challenges for Consumer Driven Experience and Future Expectations?



2. How will the challenges/opportunities of Consumer Driven Experience and Future Expectations change your service delivery?

Theme	Participant Responses
Technology	Leveraging technology to improve access and timeliness of services
Person-centred practice	 Models of best practice Person-centred models and practices that empower consumers Consistent and timely delivery of care and standards Equity of access across regions Valued-based care Integration across the continuum of care, e.g. primary health care, community-based care, hospital, NGO's and the private sector Increased home visiting Improve consumer experiences and increase recovery Prevention - more cost effective than cure Grass root driven services Improved interactions and relationships with patients, families and carers Hours of operation for services meets the needs of consumers Strategies and programs for ED diversion that lead to less traumatising and safer responses Increased options for crisis responses



Collaboration,	Co-design in healthcare as a priority
co-design and	 Empowering consumers through the use of co-design principles and
consultation	practices that are in place from the beginning
	• Tailoring services to meet the needs of patients and consumers rather than
	what the service decides
	Increased consultation with a wide range of consumers and not limited to
	tokenism (single representative)
	A well-informed community
	 Improved collaboration with internal and external services in order to meet
	consumer needs
	Use of think tank strategies
	 Listening to patients and family's needs
	Acknowledgement of the community as assets in developing health care
Reducing stigma	Culturally sensitive and safe service provision
and increasing	Reduction of stigma, prejudice and discrimination relating to people with
support	mental health conditions and people with disabilities
	Disability affirming services
	 Services and staff are respectful of gender identity and gender affirming
	Increased understanding of the impact of trauma and trauma informed
	practice
Needs of diverse	 Services will better meet the needs of priority groups across the lifespan
populations	Health literacy strategies are prioritised
	LGBTQI services and strategies to address the needs of the population
	 Safe Havens are open longer to meet client needs
	Aboriginal health workers and peer support workers are needed
	CALD peer workers needed to response to people from CALD
	backgrounds
	 A separate response and support is needed for carers of people with
	mental health conditions – a carer driven team
	 Models for change are in place in mental health - Strengths training,
	PACER, trauma informed practice, Safe Havens
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Growth and	More service provision for growing LGA's
investment	
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	Ongoing and increased investment is needed
	Reduced financial impact
	 Budget constraints will change the models of care
	Changing the attitude, less imposing projects and services and more of
	developing services to meet needs and priorities
Flexibility	Flexible working and service delivery will be essential
Communication,	Broad and diverse communication strategies are in place
wayfinding and	
	Increased understanding of processes and how to access services
navigation	

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3. How should SWSLHD respond to the challenges/opportunities of Consumer Driven Experience and Future Expectations?

Theme	Participant Response
Collaboration,	The use of think tanks
and consultation	 Increase partnerships with community organisations
	 Genuine engagement of stakeholders and the community
	 Leadership and modeling from the top of the organisation for consumer
	consultation and engagement - the example needs to be set from the top
	 Better communication about service improvements that result from
	consumer engagement
	Building collaboration into standard practice
	 More collaboration with other LHDs
	Create more opportunities for internal staff consultation
	 Deeper and broader connections with the communities
	Consulting and working together
	 Communities need to be involved in the planning and designing of
	services
	 Invest in project teams dedicated to quality improvement for consumers
	Welcome consultation with proactive engagement with community
	 Consumer participation- inviting more consumers and carers to participate
	in programs, specific areas and feedback
Consumer and	Viewing complaints or criticisms as opportunities to improve services and
carer	responding to feedback in a positive manner.
experiences	Leadership ensuring staff collect feedback on experiences of services
	Carers survey and YES survey completed, people given opportunity
	People are scared of seeking feedback
	Feedback is usually positive
	Carer experience survey needed
	Provide adequate resources at the frontline to respond to feedback
Lived	Realise consumers have some really innovative ideas from lived
experience co-	experience
design	Use lived experiences
	Invite consumers into the clinical space to observe so they can develop an
	understanding of what limitations may be
	Make staff more aware of consumer engagement, and its benefits
	Co-designed services and programs
	Promote and include non-medical models such as social and human rights
	models of disability
	Embed consumers and their feedback in strategic management
	Work together, not with
	Participation is important
	Importance of lived experience
	Equal balance of clinician and lived experience
	Co-production principles
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Investment	Funding and resource allocation according to priority and need
	Invest in people
	Internal resources to build capacity to match the expectations of
	population serviced
	Invest financially
	Recognise the increased resourcing that being consumer driven needs
	Pooling resources as a District



Leadership	 District leadership Innovative thinking and delivery
Communication, wayfinding and navigation	 Implement health literacy strategies Better access to facilities for those with limited mobility including parking access Pathways to services are clear and accessible including phone contacts and referral criteria and exclusions Plain English language is prioritised Staff training is essential to soften our language and engage consumers, so they can respond to it "No wrong door" - assistance and support with navigating to the right service
Staff well-being	 Improve staff wellbeing Create resilience Create working environment to retain qualitive staff, provide career growth opportunities via TYE
Right time, right place	 Timely service provision Organisation needs to be flexible and creative in providing care to patients

4. What is an innovative approach you or your team could take to respond to the challenge/opportunity of Consumer Driven Experience and Future Expectations?

Theme	Participant Response
Technology	Keep abreast with changes and use of technology
Collaboration: informing service and project planning	 Research looking into people's experience and utilise this information in development of service models Inclusion of consumer feedback throughout project planning, implementation and evaluation stages Invite consumers to participate in - a day in the life of a health employee (corporate or clinical) Increase communication on service improvements involving consumer engagement Look to build better networks and connections with the community to improve the diversity of feedback Open conversations with individuals and communities Provide opportunities to skilled people from the communities to participate in taking on roles Patient and families involved all the way through a process
	 Partnerships and co-locating with community managed organisations - to improve relationships and service response for consumers and carers
Planning	 Review data from My Experience Matters, Bureau of Health Information or other surveys to inform operational plans within your own team Ne open to new ideas and be creative
Community diversity focus	 Focus groups in multiple languages with a wide range of our community More training to address the needs of priority groups such as disabled, including those who communicate differently
Care closer to home	Get out of the office and go to where people are.



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Lived experience	Executive are supportive of lived experience voice and peers workers – we just need more resources
Improving consumer and carer experiences	 Reduce experiences of stigma, discrimination and negative assumptions from staff and the system concerning people with mental health conditions or disabilities Incorporate lived experience into staff training Focusing on all feedback, both positive and negative from consumers Toolkit for staff to help them write for consumers and carers Good signage/messaging that includes acknowledging the importance of carers in consumer journeys Not sidelining carers Working better with carer peer workforce
Employment	Being an inclusive employer - not just in admin positions, but clinical and management positions