Background Information

South Western Sydney Local Health District is developing a ten year Strategic Healthcare Service Delivery framework. The Framework will outline the development directions for Clinical Streams, clinical networks and facilities in South Western Sydney required to meet projected demand into the future. To support the development of the Framework, consultation occurred in February and March 2012 with approximately one hundred and ten residents through:

- five SWSLHD Community Participation Network meetings at Bowral, Campbelltown, Liverpool, Fairfield and Bankstown.
- three Mental Health Carers meetings at Bankstown, Canley Vale and Campbelltown.

Consultation Questions

The consultation considered the broad health system including general practitioners, other private practitioners, hospitals and community health and activities such as prevention. It sought to understand contentious issues in the community and ideas for how address these concerns. Feedback was sought on the following questions:

1. Consider any good experience that you have had with health services in the last few years. What made it good?
2. What are the main issues, problems or concerns that you have with accessing and using health services?
3. What can be done to improve health care provided in your community?
4. What do you think are the priorities for developing health services in South Western Sydney Local Health District?

This paper summarises the comments made by individuals and groups. Although some issues and actions were specific to one local government area (or health facility), most were generic across South Western Sydney. There were considerable differences in the experiences of SWSLHD Community/Consumer Network members and carers of people with mental health conditions and for this reason their feedback is separately considered. Sections One focuses on the experiences and views of SWSLHD Community/Consumer Network members and Section Two on carers of people with mental health conditions, with Tables 1 and 2 outlining potential actions. Section Three summarises the four priority actions identified by each group.

It should also be noted that while the comments by the carers of people with mental health problems were specifically about mental health services, the underlying issues discussed such as communication, information, interpersonal skills are similar to the experiences of all carers.

The comments obtained through these consultation meetings were accepted on face value as reflecting the views of participants and were accepted as such. The paper is intended to be used by SWSLHD clinicians and managers and the South Western Sydney Medicare Local to inform discussions about development priorities for the future and as such, it does not reflect the SWSLHD priorities at this time. While all due attention has been taken in compiling this report, care should be taken in interpreting the information as it contains information about
experiences obtained over the last few years and may not always reflect current circumstances.

Section One: The Views of SWSLHD Community/Consumer Networks and Other Residents

Almost eighty people participated in the network meetings, including current and former patients and carers and interested community members including representatives from local agencies, culturally and linguistically diverse and Aboriginal communities and young people.

a. Generic Issues

Interpersonal and Communication Skills

Clinician honesty, a thorough easy to understand explanation, good listening skills, kindness and professionalism were the qualities most valued by consumers, enabling the patient to feel that they were being listened to, that they were valued and respected and that their health problem was going to be addressed. Examples of good interpersonal skills included:

“at the local hospital, staff listened to the carer of a patient with dementia. The patient was more settled and the carer confident about leaving the hospital”.

“the staff at the local hospital called me and the members of the family by name, and kept me informed about what was happening with my father’s care. They also involved him in the discussion about his care”.

Concerns about poor communication and interpersonal skills included:

- **Verbal skills** including the use of medical jargon that patients can’t understand, incorrect information (e.g. indicating a two week wait when it’s likely to be 2 months), not providing a clear explanation, health professionals providing conflicting advice and a perception of “dishonesty” by staff when there is an error in care.
- **Listening skills** including not listening to or discounting patient or carer concerns.

  “My husband and I regularly go to our local GP but when we said my son had a mental health problem, he just wouldn’t believe us”.

- **Interpersonal skills** including poor eye contact, no acknowledgement of patients, lack of warmth or smiling, staff rudeness, arguments in front of patients and ageism by staff.

  “One night I heard two staff arguing loudly in the ward. No one stopped the argument. It made me very scared and afraid.”

- **Written information** including variable administrative policies e.g. requirements for referral letters to be sent only by email or only hand-delivered; and failure to consider poor literacy of patients in English or in other languages.

- **Inconsistent and untimely communication** between patients and staff, and with local GPs and other specialists.
“I was sent home from hospital …… and had to be readmitted. Three weeks after my discharge I went to see my specialist and he didn’t know that I had been readmitted”.

Hours of Service

Access to general practice and other health services beyond normal working hours were highly valued by participants. Specific issues included:

- Lack of 24 hour general practitioner (GP) coverage which encourages people to inappropriately use Emergency Departments (ED).
- Closure of GP services during Christmas holidays so that people had to access unfamiliar GP services or the local ED.
- Use of agency staff in GP clinics and local hospitals during holidays and after hours which impacted on continuity of care and communication including poor handover.

Personal Dignity and Privacy

Most people recognised the demands on local health practitioners and beds in local hospitals. Participants were concerned about:

- sharing bedrooms/bathrooms with another sex which was confronting, threatening, insensitive to cultural and religious needs and personal dignity, privacy and modesty.
- the difficulty women had in accessing a female GP or other health practitioner.
- sharing a bedroom with people with intrusive or confronting behaviours e.g. mental health problem, dementia, etc. which made people feel threatened.

Information about Local Services

Participants thought that information about local services was critical to improving their health and that GPs, health services, other support services and consumers needed to be aware of all relevant District services. The major concerns were:

- Lack of information about local health services, particularly for people from other cultures
- Lack of noticeboards in GP waiting areas.
- Gaps in GP knowledge about services available, resulting in out-of District referrals (using old referral relationships with metropolitan Sydney specialists and hospitals), referral to the wrong facility or no referral at all. This was particularly problematic for hospitals without all specialty services such as Bowral or Fairfield.

“A Bowral man went to Nowra for an MRI, Liverpool for a Pet Scan, Liverpool for Haematology, St George for a stent and Westmead for plastic surgery”.

- Lack of attention to the timing of information provision for people who are stressed and may not be able to remember what they have been told.

Personal Patient Information

Participants in the main were supportive of moves towards electronic medical/health records (eMHR) in hospitals and general practice. The NSW Health My Health Record (Red Book) was also identified as important in informing health professionals about health problems, treatment or aids. Concerns raised included:
inconsistent use of medical records or electronic record by health professionals to source information or review patients, with patients required to “repeat their story”.

incomplete or inaccurate information in the health record.

the impact of technology on privacy and confidentiality.

lack of integration of health records within hospitals, community health centres and GPs.

Transport Related Access

Travel to a health service is intrinsic to accessing health services and although the discussion revolved predominantly on access to local hospitals, travel is relevant to all health services and was the most frequently raised issue. The main concerns were:

• The cost of hospital parking (particularly at Liverpool and Bankstown hospitals) for patients requiring ongoing care e.g. cancer, dialysis, chronic health problems, mental health, aged care) and carers.
• Variable patient and staff awareness about the availability of discounted parking (on a needs basis) or taxi vouchers for those requiring support to get home.
• Lack of parking at Bankstown, Campbelltown and (cueing at) Liverpool hospitals
• Infrequent public transport and multiple transport changes, particularly for Wingecarribee and Wollondilly residents, but also in other parts of the District. Lack of public transport and taxi’s late at night and on weekends were ill-considered at discharge.
• Ambulance transport of acute patients with no return transport, particularly problematic for those transported at night (without day clothes or money), people without social supports or who are geographically isolated.
• Lack of Community Transport to services outside the District; for early morning or after hours appointments/discharge; and for patients who are undergoing chemotherapy. Although the Cancer Council bus transports Wingecarribee patients, it does not provide outlying transport. This means a 12-14 hour/day and a return home after 8 pm.
• Poorly located drop off, taxi waiting and bus stops, particularly at Liverpool where the buses cannot get to the main entrance.
• Lack of a helipad at Bowral necessitating road transport.
• Poor GP knowledge awareness about public transport options and specialist services within the District.

Supporting Carers

Carers help ensure that patients access health services and comply with health treatment. Residents indicated that their experience as carers was enhanced when health professionals listened to their views and opinions; respite services (supporting carers of people who are frail, have dementia, a disability or mental health condition) were important for maintaining carers health and wellbeing; and Carer’s groups provided “reliable information” and enable “understanding of the health system and services available”. Concerns were:

• Variability in the degree to which services listened to and consulted with carers.
• Poor understanding by carers about the health care system and how it operates.
• Undersupply of respite services particularly for people with dementia.
• Mistaken assumptions by staff that hospital care provides carers a break from caring roles.
• Lack of information about reduced parking costs for carers of “frequent flyers”.
Aboriginal People

Many Aboriginal people have difficulty using health services due to past policies i.e. separation of children and personal events e.g. death of family members in hospital. Poor education, employment and housing also impact on health outcomes. Examples of good care included Aboriginal specific health services and staff who provided culturally appropriate, flexible and holistic services with improved outcomes. Specific concerns were:

- The quantum of health problems in the Aboriginal community which are not met by existing primary health and specialist services.
- A lack of Aboriginal liaison positions at each hospital, but particularly at Bankstown and Fairfield to support Aboriginal people during and after their hospital care.
- Gaps in Aboriginal specific mental health services or lack of counselling for Aboriginal men to address past trauma.
- Poorer attention to Aboriginal women’s health as mothers put men and children first.

Culturally and Linguistically Diverse Communities (CALD)

The cultural diversity of the South Western Sydney population and the importance of appropriately accessing and using health services was highlighted in every consultation. Services such as the Health Language Interpreting and Translation Services, Multicultural Health Services and Refugee Health Services and bilingual health practitioners improved access and health care. Specific concerns identified were:

- Poor understanding, knowledge of and education about the Australian health care system which meant that services were rarely or inappropriately used. Examples include:
  - Inappropriate use of ED rather than the local GP for basic health problems
  - No understanding about involuntary mental health patients and the magistrate’s role
  - Inadequate knowledge about public dental services for children
  - Lack of knowledge about how to access health specialist services
  - No awareness and information about prevention e.g. vaccinations, warning signs for health problems e.g. when to call an ambulance.
  - Concern about eligibility for free health care for humanitarian and family arrivals.
- Undersupply of interpreters from newly emerging countries and under use of the Interpreter service by all health professionals (including GP’s) with:
  - Family members translating health information (reducing confidentiality and increasing misinformation)
  - Incorrect completion of admission forms including medical history
  - Poor GP awareness of Telephone Interpreter Services or non-use due to time commitment
  - Poor knowledge about interpreting services by administrative staff.
- A cultural gap between patients and staff (i.e. discrimination and stigma by health staff).
- Workforce issues i.e. bilingual GP’s who are in high demand and difficult to access (some however will not refer on to specialists due to fear of losing patients) and a staffing profile in public facilities which does not reflect ethnic diversity locally.

Geographic Isolation

Access to health services was particularly difficult for people in rural areas such as Wingecarribee. Availability of health services at a local level was a key issue reflected by comments that the service was unavailable or only provided on a monthly or fortnightly basis.
at Bowral. The ‘tyranny of distance’ means that rural residents in SWSLHD travel a minimum of 45 minutes by car (in non-peak periods) or 1.5 hours by public transport to access the wider range of services available at Campbelltown Hospital. Specific concerns focused on:

- Personal/physical effort required of people who are frail, have chronic health problems or disabilities or regularly attend a metropolitan hospital.
- Travel time and organisation for patients who can’t drive (co-ordinating Community Transport or a Carer, later scheduling of appointments, etc.).
- Financial costs of lengthy trips for people on low incomes and working carers.
- Lack of or infrequent specialist outpatient and surgical sessions locally.

**Emerging Health Problems**

Many communities saw that population growth in South Western Sydney would have a major impact on the demand for services. Specific health issues requiring attention were:

- obesity in all age groups.
- growing number of older people. Specific concerns included: more of older people who accept without question the advice of GP’s and other health professionals and do not seek help in community or hospital settings; need for additional support and information (including longer term housing requirements); “ageism” where health professionals treat older people differently; and impact of behavioural problems associated with dementia.
- prevention and treatment for people with Hepatitis B from Asian and Middle Eastern communities.
- community supports e.g. housing for women and children facing domestic violence.

**Health Outcomes**

Although not specifically identified during the consultations, a number of participants confirmed a positive outcome of their treatment. This ranged from having a problem diagnosed by the GP or ED or receiving appropriate treatment or rehabilitation for a health problem. Preventative approaches such as projects which addressed the food security of communities were also well regarded.

**b. Issues Specific to Primary Health Care in the Community**

**General practitioners** were cited as the first point for help and advice and there were many examples provided of good GP care. Patients were more likely to be satisfied when the GP or other provider was responsive to their needs, demonstrated a caring attitude, allowed adequate time to discuss the health problem, provided a broader range of services, knew their limitations and referred to local services as appropriate, advocated on behalf of their patients, sent reminders, and had good communication with practice staff and specialists. The following reflects comments made by many participants:

“My local doctor works in a single practice. It’s open 6 days week, he gives good personal care and gave me enough time for a thorough care plan at a time convenient for me. He’s also interested in improving his practice through new technology, being involved in research and quality improvement and having a range of other services available in the clinic”.

The major concerns identified in relation to GPs were:
- Waiting times due to GP workforce shortages and an aging GP workforce.
- Lack of after-hours and public holiday services which push people to ED services.
- Poor knowledge of GP/practice staff about local services e.g., ACAT, mental health.

  “My relative who had a hip replacement was seeing the GP weekly. The GP never told him about ACAT or other rehabilitation services available”.

  “The GP advertised that he was accredited to work with people with mental health problems but he never provided follow-up to my relative on discharge”

- View that some GP’s don’t refer to specialists fearing they will lose patients.
- Increased “factory-like” short consultations which do not meet the needs of those with complex health conditions, particularly in large medical centres.
- Solo practices which lack 21st century supports e.g., reception staff, computers, etc.
- Inability of GPs to access hospital electronic records on patients.
- Poor application of preventative medicine e.g., falls assessments for older people.
- Variable ability of GPs to influence admission to hospital.

The **cost of medical care** was raised as a specific barrier to access:

- Infrequent bulk-billing and the gap between the Scheduled Fee and GP/Specialists fees, particularly problematic for people on fixed or low incomes.
- Variable information from Specialists about surgery and anaesthetic costs when using private health insurance.
- Additional financial impost for geographically isolated people:

  “Patients from Wingecarribee go to Nowra Hospital for an MRI because it costs them $300 to go privately in Bowral”.

**Dental health services** were identified as a key service at most consultations with local public dental clinics and programs such as the Chronic Disease Dental Scheme (CDDS) critical to improved access for those who are eligible. Concerns were:

- Inadequate knowledge about public dental services available.
- Long waiting lists for public and private dental services and closure of local public dental services e.g., Miller and Bowral.
- The cost of private dental care and amount of private health insurance reimbursement impacting on people of fixed incomes. Poor use of EFTPOS technology to enable easy reimbursement added to this problem.
- Variable reliability in recontacting patients who are on the waiting list.
- Exclusion of dental services within Australian Universal Medicare System.
- Targeted programs e.g., CDDS which do not necessarily help those most in need.

**Community Pharmacies** were seen to support medication compliance and provide information about proper use and adverse effects of medication. Concerns were:

- Discontinuation of home visits by some pharmacies, impacting on less mobile patients.
- For geographically isolated people, additional costs for regular medicine

  “If I don’t go to Liverpool Hospital for my medication, the local private pharmacy in Bowral will charge me $200 for the same drugs.”
Community Nurses enabled care at home, however concerns focused on difficulty in ensuring adequate supervision and a high quality service in community settings.

Ambulance Services were generally seen efficient and timely. The major concerns were: that Ambulance services provided a one way trip with no attention given to the practicalities associated with a return journey; Ambulance staff who tried to prevent transfers by “talking patients out of going to hospital” when admission was required; and that patient’s essential equipment/aids should also be transferred.

c. Issues Specific to SWSLHD Hospital and Community Health Services

Speciality Services

Participants gave numerous examples of care where health outcomes had been good, including initiatives such as the Top 5 which ensured patient centred care and that carers are listened to; Bowral cardiac services and the Camden Metabolic Clinic which provide comprehensive care; hourly patient rounds; and staff who provided more personalised and responsive care. By specialty, concerns were:

Emergency Departments: Participants indicated they had received a good service when their personal needs were met e.g. “I was given a blanket while I waited” or “someone came out and checked on me”, there was timeliness of access, thorough testing, regular review, clear communication about investigation results and regular updates. The majority of concerns focused on waiting areas:

- Long waiting times which distress patients and family. Distress is heightened for mental health patients who become increasingly agitated “their behaviour was shocking for me with yelling at night ..... and older people in ED were in fear”.
- In some cases patients travel to another ED to avoid long waiting times or “give up” and go outside/leave the hospital and so “don’t get help when they need it”.
- A triage system that patients don’t understand e.g. where some are seen to “Jump the cue” and perceived variability in triage skills.
- Inattention to personal needs e.g. food, drink and medication.
- Exposure of children to adults who are intoxicated, agitated, infectious or in pain.
- Lack of facilities e.g. somewhere to lie down.
- Policies which require young patients over 12 years with mental health conditions (transferred from a SWSLHD hospital) to wait in Campbelltown ED to be admitted to the Mental Health Service.
- Lack of ample and appropriate places for mental health assessment.
- Poor coordination between ED and other wards.

Surgical Services: Participants were generally positive about the surgery outcomes. The main concerns focused on: waiting times to access surgical services; clerical errors which increased waiting times; withdrawal of preadmission allied health services which reduced length of stay and facilitated patient outcomes; and lack of ENT services.

Mental Health: The main issues identified were: the lack of appropriate facilities in ED to manage people with mental health conditions (particularly at Bankstown) and its impact on other patients; the lack of inpatient facilities and community mental health services including counselling, support for young people, etc. across the District; lack of mental health services for children and requirement for readmission through ED for adolescents transferred to
Campbelltown (noted above); and gaps in community supports such as housing, supported accommodation, and living skills programs.

**Aged Care and Rehabilitation Services:** Participants were generally very positive about their experiences particularly the information provided to families. The major issues identified were: the lack of specialised Aged Care and Dementia Clinical Nurse Consultants (e.g. Bankstown-Lidcombe); lack of attention given to long term rehabilitation; lack of inpatient facilities e.g. Bowral; and long waiting times for personal aids and equipment through HealthEnable.

**Cancer and Palliative Care Services:** Participants were generally very positive about the experiences. The major issues were: a lack of palliative care services e.g. Bankstown-Lidcombe and Bowral, and of haematology services at Bowral.

**Allied Health Services:** Allied health services were well regarded. The major concerns were: waiting times to access allied health services (e.g. Fairfield); and lack of pre-operative support at Bowral.

**Renal:** The major concern was the lack of renal chairs for people in Bowral.

**Pharmacy:** The main concerns focused on: variable policies on provision of starter packs on discharge from hospital; and the inconvenience of the closure of pharmacies during lunch hours in tertiary hospitals (i.e. Liverpool) which meant patients can’t leave the hospital in a timely manner or have to plan their visits carefully.

**Paediatric Services:** The main concerns were: the lack of a paediatric hospital in the District; the lack of separate waiting rooms and triage systems for infants and children in ED; and that there were no school teachers for paediatric inpatients.

**Discharge Processes and Transfer of Care**

Participants indicated that effective care planning involving staff, patients and carers ensured that patients were not discharged too early, that services were in place and that patients and carers knew what to do when problems arose. Specific concerns were:

- Lack of information to carers about timing of discharge, false advertising of the “10.00am discharge”, and late night/weekend discharge without support.
- Exclusion of carers from discharge planning (including mental health).
- Lack of information provided to GP’s about admissions and changes in medication.
- Poor coordination between brain injury, mental health and rehabilitation services.
- Inattention to the ability of isolated, frail, etc. patients to care for themselves post-discharge.

**General Health Service Issues**

Individual participants identified practices which required attention and made them less trusting of care provided. Concerns focused on:

- Hygiene e.g. inconsistent hand washing by staff (with patients reminding staff), increased incidence of golden staff post operatively, and general unclean facilities.
- Clinical errors e.g. incorrect administration of medication, mislaid pathology samples and mishandling of patients.
- Reduced response to people with extra support needs e.g. patients with dementia.
• Management of food e.g. potential malnutrition where food packaging can’t be opened by less able patients, lack of help to people who cannot feed themselves, and the cultural inappropriateness of food provided.
• Non-availability of newspapers and basic reading materials for patients.
• Non-management of disruptive behaviours of Methadone Program clients in the hospital.

Participants were also concerned about resourcing levels and potential effects on care e.g. fear of age cut-off for rehabilitation, beds or services unavailable when needed.

Health Facilities and Equipment
Although there has been a considerable investment in facilities in South Western Sydney in the last 30 years, there were concerns about:

• The impact of the growing population on the need for existing services to expand, meet modern standards and increase expertise.
• At Bowral Hospital, outdated difficult-to-renovate buildings. Specifically:
  - Physically small and relatively few single bed rooms (for infectious, private or bariatric patients) unable to accommodate the size of new equipment e.g. beds, lifters or TV’s
  - Poor visitor and carer facilities e.g. few toilets, no tea/coffee facilities, no waiting areas between surgery and wards and poor signage
  - Issues with access and flow into ED and the inpatient unit Milton Park
  - Outdated equipment e.g. gym equipment
  - Lack of meeting rooms for after hour access by support groups.
• At Bankstown-Lidcombe, no appropriate emergency area for mental health patients, too few acute and no sub-acute mental health beds and inadequate indoor and outdoor facilities e.g. dysfunctional outdoor areas, no patient gym, etc.
• At Fairfield, no available space to meet current or future demand including the need for a larger ED, no intensive care unit and no hospital based mental health services.
• Dated equipment e.g. non-adjustable beds at Fairfield, gym equipment at Bowral.

Workforce Related
The development of the University of Western Sydney was seen to benefit the local community and strengthen the workforce. Specific concerns included:

• Difficulty attracting and retaining staff.
• Inadequate numbers of resident medical officers and registrars.
• Missed opportunities to support training in local facilities e.g. no TAFE Enrolled Nurse and Aides in Nursing training in Fairfield.
• Lack of knowledge/information about financial support for nurses who want to retrain.
• Poorly developed clinical skills e.g. use of PICC line.

Consumer Participation
Consumer participation was seen to have an important role in supporting service development and providing advice on how services can be improved. Issues included:

• Financial impost on consumers attending health conferences or training.
• Poor involvement of consumers in the operation of GP practices.
d. Potential Actions

The table following identifies potential actions that participants believed would improve health service activity and health.

**Table 1: Potential Actions identified by Community Participation networks**

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<tr>
<th>Issue</th>
<th>Potential Actions Recommended by Community Participation Networks and other Community Members</th>
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| Interpersonal Communication    | • Implement a Customer Service Strategy to train staff and GPs in customer service  
                                 | • General managers/senior staff to model good communication, customer service and skills such as empathy, smiling, taking time, respect, honesty, etc  
                                 | • Undergraduate education to include communication (and modelled in student placements in hospitals/CHCs)  
                                 | • Use consumers in Undergraduate and Workforce communication education  
                                 | • Increase food security efforts  
                                 | • Promote a two way hospital culture - explaining about patient responsibilities/realistic expectations/entitlements  
                                 | • Provide information about health service roles and activities  
                                 | - information, signage and commercials on TV’s in hospital departments inc. ED in community languages  
                                 | - community information forums with GP support/involvement and use of volunteers. Consider topics such as navigating health for older people or CALD communities  
                                 | - Produce a video for release in local cinema’s and waiting rooms  
                                 | - Community Service Forums on services available and access  
                                 | - Distribute the SWSLHD Newsletter to the community (to address bad press) and provide positive news releases  
                                 | - Develop Community noticeboards in GP clinics  
                                 | - Better information from private specialists about all costs associated with private surgery and procedures  
                                 | • Work with councils, service clubs and Community Transport to implement site specific strategies e.g. developing local bus/shuttle/golf cart pickup services, relocating bus stops, time limited parking spaces and alternative parking areas  
                                 | • Work with the NSW Ambulance Service and Community Transport to identify District-wide strategies e.g. improved transport for frequent/debilitated patients, after hours transport  
                                 | • Lobby NSW Health to ensure affordable parking at hospitals  
                                 | • Inform GPs about public transport options to public health services  
                                 | • Provide patients in Emergency Departments with information about waiting times and check on patients who are waiting  
                                 | • Improve access to patient health and medical history by
## Issue

### Potential Actions Recommended by Community Participation Networks and other Community Members

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| Patient Coordination                       | - Establish one stop shops to improve coordination of care e.g. falls, day hospitals  
|                                            | - Develop inpatient case managers for targeted clinical services  
|                                            | - Change referral patterns by encouraging GPs to use local services rather than inner Sydney specialists and hospitals  
|                                            | - Strengthen referral networks between Bowral and Campbelltown and Liverpool hospitals  
|                                            | - Enhance social work services to improve patient coordination and support  
|                                            | - Work in partnership with other services such as Ageing Disability and Homecare, TAFE and the University of Western Sydney  
|                                            | - Increased access to computers for health staff  
|                                            | - Develop care plan policies which consider handover, agency staff and carers  
|                                            | - Improve service coverage over Xmas, New Year & after hours, particularly for chronically ill and people with mental health conditions |
| Discharge Processes and Community Based Support | - Use the term “transfer of care” not discharge  
|                                            | - Provide routine phone follow-up of patients following discharge  
|                                            | - Educate resource people within the community to address “what to do on discharge”  
|                                            | - Expand home based care services for chronic diseases to improve compliance and reduce ED attendance  
|                                            | - Develop a step down/transitional care facility for people who require post hospital support or supervision. Include life skills training for people who are homeless to avoid hospitalisation (potentially in a super clinic)  
|                                            | - Provide patients with discharge packs  
|                                            | - Link up and coordinate with community services e.g. meals on wheels  
|                                            | - Use information technology to establish an electronic link between GPs and SWSLHD records, and provide information to GPs on medications, test results, etc.  
|                                            | - Do not advertise “10.00am discharge” when it isn’t achieved |
| Cultural Sensitivity - Aboriginal People   | - Employ an Aboriginal Liaison Officer at Bankstown to provide education, follow-up and support for Aboriginal and Torres Strait Islanders and enhance communication with local community  
|                                            | - Provide more community based mental health  
|                                            | - Provide cultural training/education for staff and GPs  
|                                            | - Increase bulk billing for Aboriginal patients |
| Cultural Sensitivity -                      | - Use interpreters for assessment and consent in ED and other services  
|                                            | - Employ a broader range of interpreters (include newly emerging communities) |

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*A Strategic Plan for Health Services in South Western Sydney – Summary of Community Consultation 2012*
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| Culturally and Linguistically Diverse Communities | • Address hepatitis B in a planned and consistent way  
• Provide cross cultural training for staff and GPs, including consideration of issues of privacy and modesty  
• Make use of and link to multicultural centres and services  
• Familiarise CALD communities about hospital services particularly ED  
• Use overseas trained doctors to advise on culture  
• Seek Multicultural volunteers to support inpatients |
| Physical Facilities and Equipment          | • Redevelop Bowral Hospital by 2015 so that it had modern facilities, single rooms, helipad, etc  
• Ensure adequate rooms and space for mental health patients in ED (particularly at Bankstown)  
• Increase the number of acute and subacute mental health beds in all facilities  
• Provide access to meeting rooms to health support groups at all facilities  
• Undertake regular signage audits  
• Establish a public state of the art day surgery/procedural centre at Campbelltown for elective surgery (with a patient motel attached for follow-up of patients)  
• Purchase modern equipment for all facilities e.g. electric beds, Medicare EFTPOS terminals  
• Further expand/develop Fairfield |
| Patient Dignity                           | • Minimise the use of mixed wards and flexible ward design  
• Review the health workforce profile to ensure a balance in the sexes |
| Primary Health Care - General Practice     | • Increase the number of one stop clinics/practices which meet a variety of health needs  
• Education of GPs to be undertaken by Medicare Locals. Include education in GPs taking time and listening to patients  
• Increasing bulk billing by GPs  
• Provide GP mobile outreach to people’s homes  
• Establish a subsidized after hours GP service  
• Improve advertising of GP clinics and opening hours |
| Pharmacy - Community and Hospital         | • Establish a prescription delivery to homes for housebound people from private pharmacies  
• Support geographically isolated patients by maintaining chemotherapy drugs in stock in the Bowral Hospital Pharmacy  
• Ensure that the pharmacy rosters at the large hospitals include coverage over lunch time |
| Oral Health                                | • Expand Medicare to include a Universal Dental Scheme which includes people in residential facilities  
• Provide free dentistry for school children  
• Enhance dental services and reopen closed clinics to reduce waiting lists at public health services |
| Mental Health                              | • Ensure a greater focus on all levels of the services  
• Improve youth mental health services  
• Increase the number of acute and subacute beds, and employ more case managers for community patients  
• Provide immediate access to Campbelltown Mental Health Inpatient Units for young patients over 12 years transferred from other facilities |
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|                        | • Develop better communication between police, mental health and ambulance services and with other health services e.g. rehabilitation  
                          • Work with other services to enhance accommodation in the community for complex patients  
                          • In Bankstown, employ Aged Care and Dementia CNCs; an Aboriginal Liaison Officer; palliative care staff; and lobby for respite services  
                          • In Bowral, increase palliative care beds/services; visiting haematologist; longer term rehabilitation; surgery including urology, gynaecology/obstetrics; resident coverage 24/7; dialysis and public dentistry  
                          • In Fairfield, address ED capacity, ICU and operating rooms, X-ray and scanning, rehabilitation including allied health, extended GP Unit hours, dental care, and mental health crisis team and inpatient service  
                          • In Campbelltown, establish a paediatric hospital, with a paediatric triage (convert the urgent care centre into a paediatric triage) and provide school teachers for paediatric inpatients; a public dental health services  
                          • In Liverpool, increase public dental services.  
                          • Develop NSW Ministry of Health, SWSLHD and Medicare Local initiatives to attract and retain staff  
                          • Partnerships with TAFE to address Enrolled Nurse and Aides in Nursing training and student placements  
                          • Proactively encourage GPs to South Western Sydney  
                          • Provide better pay and conditions for nurses e.g. family friendly policies  
                          • Promote scholarships for nurses seeking re-entry to the workforce  
                          • Rural placements for undergraduate doctors to increase rural employment  
                          • Support undergraduate and workforce education on palliative care  
                          • Hand washing/hygiene education for all health staff and publicity and education for visitors  
                          • Plan and evaluate services (including community services) to address growing and ageing population  
                          • Lobby state and national conference convenors to provide consumers with free access to conferences  
                          • Use the feedback from this consultation to inform the work of the SWSLHD Community and Consumer Networks  
                          • Increase the involvement of young people and other community groups in consultation forums |
| Acute and other Services |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Workforce              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Infection Control      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Service Planning       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Community Networks     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
Section Two: The Views of Mental Health Carers

Thirty three carers of people with mental health conditions were consulted about their experiences of good health care, concerns with existing services and ideas to improve health care. They generally lived in the District and ranged from relatively new carers to those with more than 25 years experience in caring. With the exception of the first question on experiences of good health care (and where carers talked about a range of health services), participants mainly focused on mental health services and support services.

a. Generic Issues

Interpersonal Skills and Communication of Health Professionals

“I have found that my satisfaction with the service all boils down to the individual case manager or initial contact person when needing help. Some staff have a caring way about them, showing genuine concern and a willingness to help, while others are just there for the job ...... regardless of the policies, procedures... it is the staff involved who make the difference”.

Health worker attitude and approach in working with people with mental health conditions and carers was considered very important. Valued attributes included: genuine empathy, persuasiveness, compassion, gentleness i.e. “they sat down with our son and showed they understood the issue” and generosity i.e. “being treated as a real person”.

“As the carer of my husband who has a chronic health disease, I am fully involved in all aspects of his care and planning for services and there is an expectation that I will be involved. However as the carer of my son with a mental health problem, I am only involved (by staff) when there is a major problem. I am not involved in the care plan, I am not told when his medication has changed and I am not listened to when his mental health deteriorates at home”.

Carers support the person with a mental health problem in the community, identify a deteriorating condition, contact services for help and provide post discharge support. Effective and regular communication, honesty i.e. “they provided hope but was also realistic”, attention (and listening) to patient and carer concerns and follow-up via phone calls or emails was also highly valued. Concerns about communication were:

- Lack of involvement of carers in discharge and care planning.
  “My biggest fear was that my son will be transferred to another hospital without my knowledge” (a carer’s comment supported by all carers at one consultation).

- Variable approaches to confidentiality i.e. “no information to carers” but carers comments were fed back to patients.

- Difficulty getting and giving information to the right service
  “I was concerned my son wasn’t well....I rang the CHC and was told to ring the inpatient unit. I rang the inpatient unit and was told to ring the CHC. (I was) transferred to a pre-recorded message and left a message ... (there was) no return call, (I) faxed my concerns. I received a call ... too late for the doctor’s appointment”.

- Communication in inpatient settings.
“I find it hard to get information from mental health staff and the general hospital and have found it better to stay all day in the hospital so that I can be there to ask questions when doctors came.”

- Carers comments being valued and believed.
  
  “Staff don’t recognise or value the carer’s experiences or perspectives”
  
  “Our child will tell us how they intend to appear “well” with their health worker to stay out of hospital but we can see how they are. The patient is believed”.

**Responsiveness and Coordination**

Some services were responsive to an appeal for help. For example, the Crisis Mental Health Team had

“a good attitude to carers, sat down with the patient, showed they understood the issue and gave (the carers) a contact number”.

Another carer talked about the good communication and a thorough response of the Ambulance Services and Police when a family member died. However, within the context of a complex set of service arrangements in mental health, there were many comments:

“We waited ... days for the admission of our child with a mental health condition to hospital. Each day the staff said they just needed more time to coordinate the admission. When he finally got to the ED, he was held for..... hours in a small room with a little window as there was no psychiatrist or a mental health worker to admit him. It was so distressing for my family and for my son.”

“My husband ... rang the Mental Helpline but did not get help.......he saw the GP who gave him a letter for the ED ...he was escorted off by Hospital security ..... and went home with no assessment .... this was his first presentation.”

“There is misinformation and unless the patient is psychotic/suicidal, mental health services doesn’t come. This increases the length of time you have to cope”.

Concerns focused on slow response times, inadequate responses and poor service coordination.

**Information**

“It is difficult to access information ...with conflicting information. Patients and carers get the run around... adding to the anxiety and stress and not knowing how to help...... it is frustrating as the information is hard to understand.”

Accurate and timely information about the health problem, treatment, outcomes and supports available were important for carers and patients. One carer was positive about the support, information, skills and initiated referrals to other services her child received from a local drug health service and the NGO Wellways. All carers valued support groups for the information and support provided.

Some carers indicated it was important to think about when information was provided i.e. they may have been informed about support services when their relative was first ill, but were likely to forget as they were stressed and never received further information.
Supporting Carers

“If you have to jump through hoops to get the assistance needed, then that makes the experience so much worse”.

Carer support groups such as Carer’s Assist were valued as “a life line to new and old carers” and “a way of finding your way through the system, knowing how to help your relative and knowing what will work”. Concerns identified in supporting carers were:

- staff beliefs and attitudes to respite “When my relative is in hospital, the staff and services think that I am getting respite. They forget that I visit my relative at hospital everyday for 3-4 hours, that I bring home his clothes to wash and that when I am not doing this I am asleep in bed”.
- Inequitable access to respite compared with other Sydney suburbs or communities.
- Lack of general support to families under stress “There is no help to the family or carer if you appear to be coping... there is no help until you reach breaking point”.
- Need for greater flexibility in hours of operation of support groups e.g. after hours.

b. General Practitioners

Valued aspects of a local general practice were: knowledgeable GPs who provided personal, thorough, flexible and comprehensive care; a 6 day/week service; a comprehensive practice e.g. counselling, links to other services; a focus on improvement via technology, research and quality improvement; and adequate time for a thorough care plan “at a time convenient for me”. Concerns focused on:

- The dearth of GP’s available to take on new patients in the local District.
- The “GP Production Line” where patients receive short consultations which don’t identify the problem or provide effective treatments. People were particularly concerned about the approach to care (and effectiveness) of “Super clinics”.
- Poor GP knowledge about services available in hospitals and by specialties i.e. aged care, mental health, etc.
- GP’s who won’t treat people with mental health conditions as it would “disrupt the clinic”.
- GP’s who promote their Mental Health Accreditation but fail to provide appropriate follow-up to patients following discharge from a mental health unit.

c. Issues Specific to SWSLHD Hospital and Community Health Services

Emergency Department

Examples of good ED service generally related to assessment and treatment of medical conditions including regular attention and checks on patients, timely and thorough investigations and regular feedback. For example one carers indicated that her son’s service was good in that he was “well treated and the physical problem (unrelated to his mental health problem) was addressed”. Concerns focused on:

- Long waiting times and inattention to the health problem in the waiting room which upset and frustrated people. For example, one person with diabetes indicated she had no food or check on her medication while she waited.
- The increased agitation of mental health patients where the delay in ED builds on evolving mental health deterioration, at times a belated response in the community and the stress of Police and other service involvement.
Variable levels of coordination

“My relative was scheduled at the ED, was moved in ED and managed to abscond. There was no paper work, poor communication and coordination with Police, Ambulance, services and carers…. it took 8 hours to find him”.

Decisions to leave due to the wait

“Some people with mental health are not prepared to wait….they leave and get no treatment”.

Impact on other patients and other people waiting in ED.

“the wait is a trauma for everyone ………it was distressing for him, for me (the carer) and other patients and visitors in the ED”

Poor knowledge about avenues to directly admit patients into Mental Health Services rather than through the ED i.e. for readmissions.

Inpatient Care

One person spoke about the good attention she received for a medical condition with regular attention. Others acknowledged the demand on all health services. Concerns about inpatient mental health care focused on:

- Variable inpatient care and activity programs across SWSLHD with no encouragement of patient involvement in activity and therapeutic programs.
- Inadequate facilities e.g. too few acute and subacute mental health beds, no facilities to engage inpatients e.g. gyms.

“There is a difference between private and public hospitals. Public hospitals look drab and give patients nothing to do and no activities”.

- Security e.g. patients absconding, staff inaction if alcohol and illicit is brought into inpatient units.
- Variable management and treatment in the No Smoking Policy, perceived increases in patient distress associated with this policy and lack of evaluation.
- Lack of assessment of the medical health status of inpatients.

Community Mental Health Service

“A good case manager who had empathy, worked with the patient and the family …… (which) kept my relative out of hospital” (a statement supported by all carers at one meeting).

Good case managers were seen to be critical for patients and carers and positive outcomes. The major concerns were:

- Lack of and difficulty in getting a case manager allocated
- Poor communication was most frequently identified
- Long waiting times for local doctors and lack of information about bulk billing options.
- The quality of patient review by psychiatrists.
- Cancellation of appointments without notice.
- Good “centre based” treatment programs which lacked planned follow-up to enable generalisation of skills into the community.
• Considerable differences in the quality of care, communication, flexibility, consideration of the impact of life events, etc. between the Early Psychosis Service and Adult Case Management.
• The impact on new staff and changing relationships on continuity of care.

**Dual Diagnosis**

“I tried to get help from the Community Mental Health Centre about my son with a mental health problem who used drugs. I was told to call the Police as it was a criminal matter. My son was never taken to hospital. He was kept in the Police lock up and there was no consultation with the mental health services…. The Police are making clinical decisions and not letting carers know”.

Several carers were concerned about the health response with people with a mental health condition who used illicit drugs. Their concerns focused on:

• The inappropriateness of the Police response to this issue
• Drug health counsellor advice that patients needn’t attend again after one visit
• Inability to access drug rehabilitation for patients on high medication for their mental health condition.

**Other Issues**

Other issues identified during the discussions included:

• A lack of forums/meetings with SWSLHD Mental Health management (and senior clinicians) where carers can raise and obtain a response to their concerns
• Lack of regular information about local mental health developments e.g. Campbelltown
• Deficits in trained staff in mental health and the general hospital
• Difficulty accessing care and having experienced staff on weekends
• The cost and difficulty of parking at each hospital

d. **Issues Specific to Community Support Services**

“Patients are discharged from hospital with no employment, no friends and nothing to do, and are expected to improve”.

A range of community services enable people with mental health problems to participate in the community and have social contact. Key concerns identified were:

**Social, living skills and employment programs**: which are not available in all parts of the District e.g. less available in Bankstown; and are increasingly targeted to people with early diagnosis and less available to people with long term mental health problems without other social contacts.

**Accommodation including supported accommodation**: including the gap in supported accommodation locally; the lack of accommodation and support for homeless people, and longer term support when carers die.

**Emergency responses services**: including poor knowledge and understanding about mental health, and poor coordination and communication between services, particularly Police, Ambulance and health services.
Mental Health Interagency Communication: including the lack of a Bankstown Interagency to support effective communication

Roles of Central Agencies: including NSW Protective Commissioner decisions which are not discussed or negotiated with carers, have not been reviewed and don’t meet the client’s needs; and NSW Health Complaints which did not provide feedback to the carer about a complaint regarding a private psychiatrist.

e. Potential Actions

The table following identifies the potential actions that carers believed would improve care. Of note is that the actions almost exclusively focus on improving care for people with mental health conditions and supporting carers.

Table 2: Potential Actions identified by Carers of people with Mental Health Conditions

<table>
<thead>
<tr>
<th>Issue</th>
<th>Potential Actions Recommended by Mental Health Carers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Teamwork</strong></td>
<td>• An open approach to communication and interventions between staff, patients and carers with an “All on board patients/carers/professionals teamwork”</td>
</tr>
<tr>
<td><strong>Information</strong></td>
<td>• Verbal and written information for patients and carers about mental health problems, impact of medication and illicit drugs, treatments available, services and where to get help, suicide prevention and supports e.g. parking vouchers</td>
</tr>
<tr>
<td><strong>Admission Processes</strong></td>
<td>• Establish a direct route for mental health assessment, intervention and readmission to Mental Health facilities i.e. not via ED including</td>
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<td></td>
<td>- a Pre-crisis crisis team for quick early intervention (especially at weekends)</td>
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<td></td>
<td>- information for carers on who to contact if things go bad</td>
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<tr>
<td></td>
<td>- if patients have to go via ED, improve the facilities available (i.e. not a small room in Bankstown). Develop policies which limit the time patients are held in ED (i.e. not 24 hrs)</td>
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<tr>
<td></td>
<td>• Have mental health staff i.e. psychiatrist/nurse in ED 24/7</td>
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<td></td>
<td>• Use contact details in the Health record (rather than asking the same information at each admission)</td>
</tr>
<tr>
<td><strong>Inpatient Care</strong></td>
<td>• Improve mental health facilities specifically</td>
</tr>
<tr>
<td></td>
<td>- Increase acute mental health and sub-acute beds at all sites</td>
</tr>
<tr>
<td></td>
<td>- Provide suitable internal and outdoor areas (particularly at Bankstown), gyms and family meeting rooms</td>
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<tr>
<td></td>
<td>• Advise the community, patients and carers about new plans and developments e.g. Campbelltown</td>
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<tr>
<td></td>
<td>• Ensure a physical health status assessment of mental health inpatients</td>
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<td></td>
<td>• Establish comprehensive activity programs with a proactive approach to patient involvement. Involve volunteers to teach patients new skills</td>
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<tr>
<td></td>
<td>• Develop a discharge care plan which includes links to community services (developed in consultation with the Carer)</td>
</tr>
<tr>
<td><strong>Community Mental</strong></td>
<td>• Employ additional case managers and allocate to mental health patients on discharge (as part of the Care plan) providing</td>
</tr>
</tbody>
</table>
|                           |   - immediate follow-up (similar to post discharge services to mother’s
<table>
<thead>
<tr>
<th>Issue</th>
<th>Potential Actions Recommended by Mental Health Carers</th>
</tr>
</thead>
</table>
| Health Care           | with new babies)  
|                       | - periodic review/check-up > 20 minutes each month  
|                       | - assess/manage the physical side effects of medication e.g. increasing weight  
|                       | • Carer involvement in the care plan with a scheduled contact time with the carer post discharge  
|                       | • Require case managers to ring the carer, introduce themselves, listen to the carer and show genuine concern.  
|                       | • Establish an Assertive Response Service to operate 7 days/week  
| Community Support Services | Community support services in Bankstown LGA to achieve parity with other parts of SWSLHD  
|                       | • Further develop comprehensive community activity programs including:  
|                       | - community activities and social groups  
|                       | - stepped graduated programs of one-to-one and small group rehabilitation  
|                       | - work rehabilitation and supported employment  
|                       | - carer involvement  
|                       | • Develop a buddy system for people with mental health conditions (i.e. "Compeer Program" type places) and for carers  
|                       | • Develop local long term supported accommodation/housing including  
|                       | - support for homeless people  
|                       | - a service to care for person with a mental health problem after the carer dies  
|                       | - clustered units with a shared community room to reduce isolation/enable incidental review by Mental Health staff.  
|                       | • The Public Guardian to allocate a Client Services Officer for each patient  
| Carer Support         | Develop Mental health policies which require staff to  
|                       | - liaise with, listen to and have face to face communication with carers (supported by email/text messages)  
|                       | - acknowledge the Carers experience  
|                       | - involve Carers in care planning  
|                       | - provide carers with reasonable time to see Psychiatrist  
|                       | - ensure that on first admission all carers are seen by a social worker  
|                       | • Appoint Carer Advocates to inpatient units to provide information to families and carers  
|                       | • Provide training to staff on appropriately responding to phone contact by carers. Provide phone numbers for all services  
|                       | • Mental Health services to conduct carer education sessions about mental health conditions  
|                       | • Senior MHS staff to formally meet with Carer Support groups to discuss systemic problems  
|                       | • Increase Carer Respite and Support e.g. family counselling; short holidays for clients with those of similar ages enabling carers to stay at home  
|                       | • Hold Carer Assist programs in the evening (not just the day)  
| Interagency Cooperation | • Provide coordinated and integrated support  
|                       | • Establish an Interagency of Mental Health service providers to improve communication between services at Bankstown  
|                       | • Increase education for agencies about mental health (e.g. the NSW Police model) and include Mental Health first aid  
| Workforce              | • Increase staffing and ensure parity with other areas  
|                       | • Identify incentives to attract and retain staff |
### Potential Actions Recommended by Mental Health Carers

<table>
<thead>
<tr>
<th>Issue</th>
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<tbody>
<tr>
<td></td>
<td>• Increase university training places and consider vocational opportunities - start in ground level</td>
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<td></td>
<td>• Mentor local clinicians in GP clinics and public health settings</td>
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<tr>
<td>Management</td>
<td>• Cut bureaucrats and involve clinicians in the management of the hospital</td>
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<td></td>
<td>• Evaluate successes and promote and ensure accountability in service development and implementation of plans</td>
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<tr>
<td></td>
<td>• Enhance mental health funding and maintenance of the budget</td>
</tr>
<tr>
<td>Other</td>
<td>• Increase cleaning in hospital</td>
</tr>
</tbody>
</table>
Section Three: The Priority Actions Identified through the Consultation

At each meeting held, participants were asked to individually identify the four actions that they considered to be a priority action. The table following summarises the response to this request. Of note is the priority given to improved communication and teamwork with patients and carers by six of the eight groups.

Table 3: Priority Actions for each Group Consulted 2012

<table>
<thead>
<tr>
<th>Priority Issues</th>
<th>SWLHD Community/Consumer Networks</th>
<th>Carers of People with Mental Health Issues</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Bankstown</td>
<td>Bowral</td>
</tr>
<tr>
<td>Communication/ teamwork</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Transport related Access</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Dental Care</td>
<td></td>
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<tr>
<td>Health Service Expansion</td>
<td>✓</td>
<td></td>
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<tr>
<td>Better Information</td>
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<td>✓</td>
</tr>
<tr>
<td>Cultural Awareness</td>
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<tr>
<td>Discharge Packages</td>
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<td></td>
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<tr>
<td>Post discharge/step down follow-up facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hygiene</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Hospital</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Waiting time management</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Mental Health Services</td>
<td></td>
<td>✓</td>
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<tr>
<td> More case managers</td>
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<tr>
<td> Community accommodation</td>
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<tr>
<td> Pre-crisis team/early intervention</td>
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<tr>
<td> On 1st admission, Social Work consultation</td>
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<td></td>
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<tr>
<td> Inpatient &amp; community activity programs</td>
<td></td>
<td></td>
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<tr>
<td> Additional acute &amp; subacute beds</td>
<td></td>
<td></td>
</tr>
<tr>
<td> Increase and skill up the workforce</td>
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