# **COMMUNITY ENGAGEMENT** SUMMARY























# WHAT WE HAVE DONE SO FAR

# FACE-TO-FACE ENGAGEMENT



6 Community engagement sessions



event

adverse weather

**278** Comments from engagement

Sessions were held the week of 30 September 2024 at:

- Te Whare Koa Marae, Ōamaru
- Brydone Hotel afternoon
   Ōamaru
- Kurow
- Palmerston
- The Oamaru Pacific Island Community Group
- Ōamaru Library

Cancelled due to weather:

Hampden



#### THE SURVEY

The surveys were available to be completed for a three-week period, from 16 September to 5 October 2024.



**737** Survey responders



**2,183** Comments from survey engagement





#### **PARTICIPATION**



**757** participated **3.3%** of the Waitaki population



**72.7% (513)**Over 45 years old



**11.4% (94)** Total Māori engaged overall



Māori responders compared with Māori living in Waitaki



**4.6% (60)**Total Pacific engaged overall



Pacific responders compared with Pacific I peoples living in Waitaki

## **PROJECT PROCESS**

The Project aims to improve coordination and access to health and wellbeing services for the people of Waitaki. It responds to recent clinical and financial instability.

Community engagement formed part of the discover phase of the project.

Discover phase



+

Local provider engagement



Local health utilisation data



Community demographics



Local patient journeys

Double Diamond Project Methodology

1. Discover

2. Define

3. Develop

4. Deliver

**NB.** All data was collected solely for the purpose of informing health service and system design as part of Te Waka Hauora o Waitaki Health Futures Project.

The Project is a partnership between Te Rūnanga o Moeraki, the Waitaki District Council & Health New Zealand. It is community-led, co-designed and system enabled.





## WHAT WE WILL DO NEXT

#### IMPLEMENTATION

The project is currently in a combined **develop** and **deliver** phase.

- Implementation has commenced for some immediate priority actions identified by community and local health leaders.
- Planning is occurring for Phase Two and further actions will commence in mid 2025.
- Planning for Phase Three will commence in early 2025.

# Implementation planning Implementation & monitoring Dec 2024 Jan 2025 onwards

#### **Development phases:**



#### Phase one: Do now

Implement locally identified immediate actions, streamline hospital services and fast-track delivery of existing initiatives. *Status: Implementation and delivery* (see below for examples of actions).



#### Phase two: Connected and coordinated care

Stronger networking between health services, combined clinical approaches to quality care and exploration of opportunities for service co-location. *Status: Scoping and implementation planning.* 



#### Phase three: Integrated health approach

Strengthened integrated system that includes primary, community and hospital services operating together in a single service approach across the continuum of care. Status: Scoping and implementation planning.

## DO NOW PRIORITY AREAS & ACTIONS

Local health and community leaders identified four priority areas that support the community responses and strengthens local patient journeys. Example actions are illustrated below.



#### **Navigation**

Improve information, communication and overall health literacy.

For example: Implement Medimap into ED at Oamaru Hospital to improve communication and patient care between Aged Residential Care (ARC) & ED.



#### Workforce

Improve local capacity and capability, ensure a flexible (mobile) workforce that is working at top of scope.

For example: Expand vaccination workforce in Waitaki to improve access to immunisation for priority populations, including Māori and Pacific under-twos.



#### **Access**

Simplify referral pathways and open boundaries, streamline and improve first specialist assessments, improve patient transport.

For example: Investigate changes to boundaries, such as opening referral pathways to Timaru Hospital.



#### Positive change

Positive change through reviews to improve service delivery.

For example: Transitional care pathway for older people to improve hospital to ARC to home transitional care for older people, ensuring more people are supported to receive care from home.





# WHAT YOU SAID

# Accessibility





#### Transport & travel

"A transport service to get to Dunedin. Missed appointments due to working age family needing to take time off work to drive me down to appointment."

"Having to travel to Dunedin [...] for a 10-minute appointment." "I liked the experience of being transferred to a bigger hospital with more experienced staff."

"Ambulance services that are well funded and not stretched to their limits '



#### Cost

"Not to have to pay nearly \$50 to visit a GP. This is prohibitive, especially if only to get a repeat prescription."

"Free and timely mental health support."

"We go to A&E as we cannot afford to see the on-duty "doctor." "The reasonable cost of GP visit at Te Kaika."



#### Booking

"Sometimes we've gone to an appointment at Dunedin hospital to find out it has been rebooked. Its too expensive for us to keep going down."

"If we have to travel good coordination of appointments is important. Not early morning or late in the day."

"Too often time is needed off work to attend 2 -3 appointments that could be grouped together."

"Being offered early appointments in Dunedin in middle of winter.'





"Access to a doctor who sees us regularly and knows our history instead of locums each time we visit."

"Better staffed Community Mental Health."

"Having a GP in or near the hospital to assist with ED [...] so ED can deal with the most serious cases."



## Safe & quality care

"Deliver services that are up to date with advances in medicine."

"For the Doctor to advocate and ensure that my whānau has access to high quality services and support."



## **Priority populations**

"I like accessing cultural responsive/safe services that are inclusive."

"Biases getting in the way of good Healthcare."

"Competent health & disability workforce."

"I haven't found any LGBTQ youth groups or supports for my family."



## Communication & respect

"Not having choice of practitioners when you don't connect and feel you are not being heard. Lack of communication. Not enough time to have proper explanations."

"Attitude and behaviours of some workers. They acted like it was a problem that we had come and asked for help."

"Delays, lack of communication about when procedures would happen, information not shared via [Manage My Health] app."

# **Availability**





#### Wellbeing

"Youth education, mental health support, physical activity programs [...] support for people with chronic conditions and programs to increase quality of life, more holistic

"Access to affordable quality fruit and vegetables and exercise spaces (accessed for low/no cost)."

"Would like to see more integrated medicine. E.g. Obesity, [...] to see a Dietician, Personal Trainer and point of contact for follow up."

"Heating. Insulation."



## Service availability

"Mental health team that is accessible in the weekend for emergency's [sic] rather than having to drive all the way to Dunedin."

"My GP is still in Dunedin because I can't get into one in Ōamaru." "24-hour availability at the hospital without having to wait too long."

"A hub that is for afterhours care."



## Waitlists & wait times

"My main issue is the Long LONG wait times for a specialist appointment. AND THEN the long wait times for subsequent action thereafter."

"I don't like how long one has to wait to see their preferred GP."

"Access to doctors quickly, with small children you cannot wait hours, days or weeks to see a doctor."

"Long wait lists for access to allied health services."

## WHAT YOU SAID

# Māori

Māori engagement included a face-to-face hui at Te Whare Koa Marae, with kōrero that included the pou of Kotahitanga, Wairuatanga, Matauranga, and Kaitiakitanga.

#### Accessibility 🧡



"GP Services – positive but took a while to get an appt. Pharmacy – very helpful always."

"Lack of understanding of our whānau as Māori. Difficult to get enrolled as a patient of a GP service. Long wait for ambulance service. Travel to receive services. Lack of health lifestyle supports."

"Long time to get in to doctor, dentist is expensive."

#### Acceptability



"The ability to access health supports that understand and respond to me as Māori."

"Different people every time, people who do not think having whānau support is important or who are so busy following the "rules" they forget they are dealing with real people."

"Connection to culture, identity, access to culturally responsive health services, to health services that are high quality, and timely"

#### **Availability**



"Rongoa Māori. Mirimiri."

"Not much traditional Māori medicine available or even traditional natural medicines available."

"More activities for our young ones, opportunities to access knowledge to ao Māori in the takiwa, such as te reo Māori etc, cheaper kai or courses to gain knowledge to grow and produce our own."



# **Pacific**

Pacific peoples engagement was led by Oamaru Pacific Island Trust (OPIT) and followed a Kakala framework. The survey was available in Tongan, Fijian & Tuvaluan.

## Accessibility 9



"To be able to see us without us having to choose buying kai over paying for a 60-90 dollar GP appointment."

"Expand consultation to more than 15 mins."

"In case of emergency, they always prefer to do appointment and not walk in."

"For Pacifica without GP, consultation, blood test and others is so expensive."

## Acceptability



"Competency, professionalism, correct up to date equipment."

"Staff members extremely stressed and under pressure, treated without empathy or compassion, no follow up."

"More cohesiveness in patient care."

"Oamaru Pacific Island group have good cultural services and can also refer me to the right people."

## Availability



"Good housing, affordable electricity, low-cost nutritious food."

"Need access to after hours services that isn't the ED. I finish work after the GP's have closed, I can't afford to miss work."

"Long waiting times to get an appointment with a GP."

"Need better activities that we can do as a community that isn't going to cost a lot of money."



## WHAT WE HEARD

#### Here's what you said was most important to you:



- 1. Reduced wait times for general practice appointments
- 2. Reduced wait times for specialist appointments
  - 3. Affordable health care, especially general practice
  - 4. Transport to & from Dunedin
  - 5. Wellbeing (ie. warm housing, good kai, exercise facilities)

Q1 What do you and your whānau need to stay well in the community?

Q2 When you or your whānau are unwell, what would you want from the health system to improve your health and wellbeing?

#### Here's what you said was most important to you:



- 1. Reduced wait times for general practice appointments
- 2. Reduced wait times for specialist appointments
  - 3. Safe & quality care
- 4. Good communication & respect
  - 5. Transport to & from Dunedin

#### Here's what you said was most important to you:



- Quality health care from a range
   of services locally
- 2. Health professionals that know us
- 3. Individualised care & patient choice
- 4. Support to stay well at home / in the community
- 5. Timely & coordinated care, including transfers out of district

Q3 Think about the health and wellbeing services you and whānau access - what have you liked about your experience?

Q4 Think about the health and wellbeing services you and whānau access - what didn't you like about your experience?

#### Here's what you said was most important to you:



- 1. Long wait times
- 2. Travel and/or lack of transport to/from Dunedin
  - 3. Poor communication & coordination of care
- 4. Inadequate quality and safety of care, disrespectful care
  - 5. Lack of continuity of care