SWSPHN Local Health Forum

Topic: Chronic Disease

Co-design summary report

phn
SOUTH WESTERN
SYDNEY
An Australian Government Initiative

SWSPHN Local Health Forum Co-design summary report

1. Introduction

South Western Sydney Primary Health Network (SWSPHN) facilitates two rounds of health forums a year. Each round focusses on a different health topic, such as chronic disease. Outcomes of these forums inform SWSPHN Health Needs Assessment which explores the priorities, service needs and gaps within the region.

Health forums are held across four locations: Bankstown, Campbelltown/Camden, Liverpool/Fairfield, and Southern Highlands.

Consumers and providers are invited to the forums as an opportunity to hear from the SWSPHN Executive team on strategic direction. All participants can provide input on the topic being discussed during the consultation phase of the forum.

Goals and objectives:

- To broaden the grassroots consultation base of SWSPHN
- To showcase SWSPHN programs/initiatives
- To understand the area of need to plan a service or find out where to invest funds
- To collect strong qualitative data to inform needs assessment
- To support other co-design projects that requires community consultation
- To determine the most appropriate commissioning method to best cater for specific populations

Local Health Forums round one Feb-Mar 2023

Consultation topic: Chronic disease

Chronic disease is prevalent in South Western Sydney (SWS) and significantly contributes to the disease burden in the region. For example, about one in two (49%)[1] of South Western Sydney residents reported having a chronic health condition such as cancer, cardiovascular disease, mental health conditions, chronic obstructive pulmonary disease, asthma and diabetes.

South Western Sydney residents are at higher risk of chronic disease due to on average having elevated rates of behaviours that have been linked to poorer health status and chronic disease prevalence. Additionally, this chronic disease burden is projected to increase due to the expected population growth, and growth in the number of people aged 65 years and older which will increase demand for chronic care provision in the region.

This chronic disease burden in South Western Sydney presents a significant health need and an associated gap in service provision. This local health forum was carried out to gain a better understanding of this gap to inform the development of health services.

2. Co-design methodology

Chronic disease survey

The survey was developed in Survey Manager and distributed via the SWSPHN Communications team through the following channels:

- Social Media - Facebook
- Direct email - Community Pulse subscribers, previous forum attendees
- SWSPHN website and HealthChat platform
- Direct access at forums via QR code.

Community consultations

The health forums were held at four locations between February to March 2023:

- Bankstown: Thursday, 16 February at Bryan Brown Theatre and Function Centre, Bankstown
- Campbelltown/Camden: Thursday, 23 February at Rydges, Campbelltown
- Liverpool/Fairfield: Wednesday, 15 March at Holiday Inn, Warwick Farm
- Southern Highlands: Wednesday, 22 March at Mittagong RSL

Timing

Each health forum was facilitated in the evening to ensure community service providers were able to attend. The forums were a two-hour session (30-minute presentation; 90-minute consultation).

Planning

- Communications plan was developed and executed by the SWSPHN Communications team
- Consultation was developed and facilitated by the SWSPHN Health Planning team
- Storyboard conceptualised and developed by the SWSPHN Communications and Health Planning teams
- Resources for participant information packs were approved by the relevant SWSPHN team

Structure

Presentation phase:

The Executive Team provided an overview of SWSPHN and the strategic goals; showcasing programs that focus on these strategic goals such as capacity building in chronic disease management. This was followed by a presentation on chronic disease statistics within SWS.

Consultation phase:

Participants were asked a series of 6 questions relating to chronic disease. Menti was used to record participant responses.

Attendees:

There were 73 attendees (Bankstown 10; Campbelltown/Camden 22; Liverpool/Fairfield 24; Southern Highlands 17). Attendees included community members, health professionals, service providers and academics. Overall, community member attendance was low across all 4 forums. At the Liverpool/Fairfield forum, there was no community representation. A total of 6 General Practitioners attended (Fairfield 5; Bankstown 1).

3. Co-design findings

Community survey

There were 27 respondents to the community chronic disease survey. The survey was available in the top 10 non-English languages spoken in SWS. Three respondents were not included in analysis as the respondents selected 'not applicable' to having one or more chronic conditions or being a carer for someone with chronic disease.

Health demographics

- 50% of respondents were living with one or more chronic disease
- 83% were female, 17% were male
- 29% were ≥ 75 years and older, 25% were 55-64 years old, 21% were 65-74 years old
- 10 respondents reported heart disease, 9 arthritis/ chronic pain, 6 asthma or COPD, 4 diabetes, 3 cancer, 2 kidney disease, and 7 reported other chronic conditions
- 50% reported co-morbidities. This was highest in the 55-64 years old cohort (25%)
- 42% take 1-3 medications for their condition/s, 21% 4-6 medications, 17% more than 6, and 21% of respondents were not taking medications for their condition/s

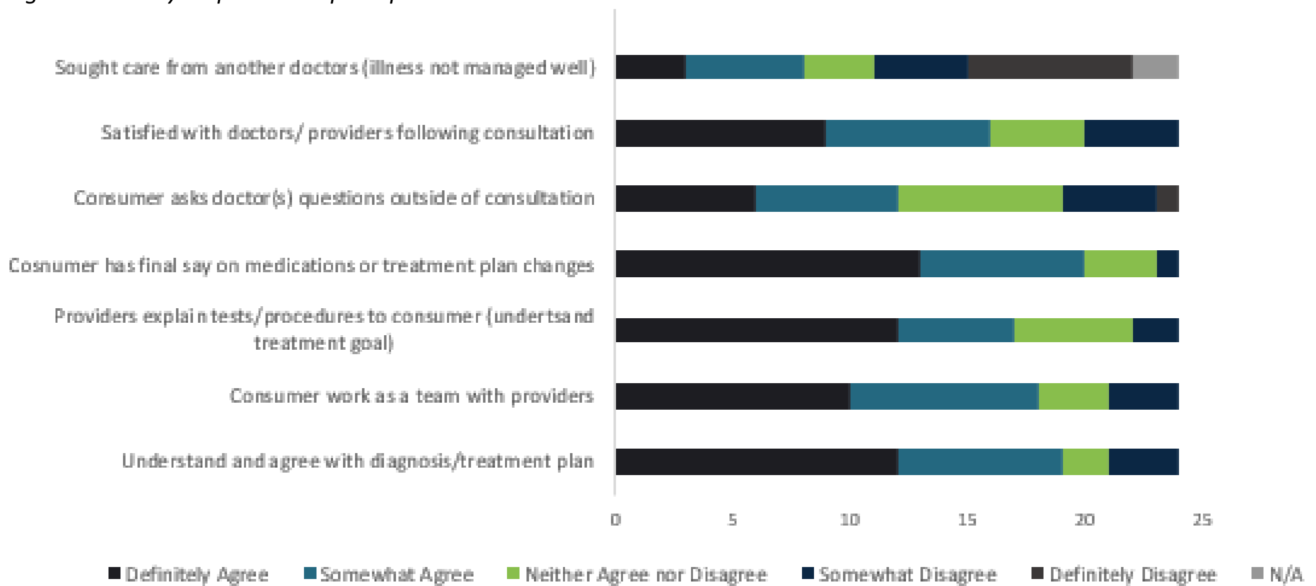
Access to healthcare and services

- 22 respondents reported a GP being regularly involved in their care, specialist/s (15), allied health (7) and nurse (1).
- 2 respondents did not have a GP being regularly involved in their care.

Perceptions of healthcare

- 5 respondents had presented to the Emergency Department (ED) within the past 3 months for their chronic condition
- 42% of respondents identified that their care was not currently managed well

Figure 1: Survey respondents' perceptions on healthcare



Challenges and barriers to healthcare

- 46% of respondents identified the key issue not being addressed by existing services was 'Issues with appointments.'
- 'Poor specialist support' and 'Service access' were seconded

Community consultations

There were six questions put forth for consultation:

1. What is needed to support people with chronic disease?
2. What are some of the challenges in supporting people with chronic disease?
3. What are the challenges in accessing chronic disease services?
4. How could existing services work better together to support people with chronic disease?
5. How could the existing workforce be better supported?
6. What are the priorities for chronic disease in SWS?

A total of 1,266 responses were received across all consultations.

Overall themes chronic disease consultations

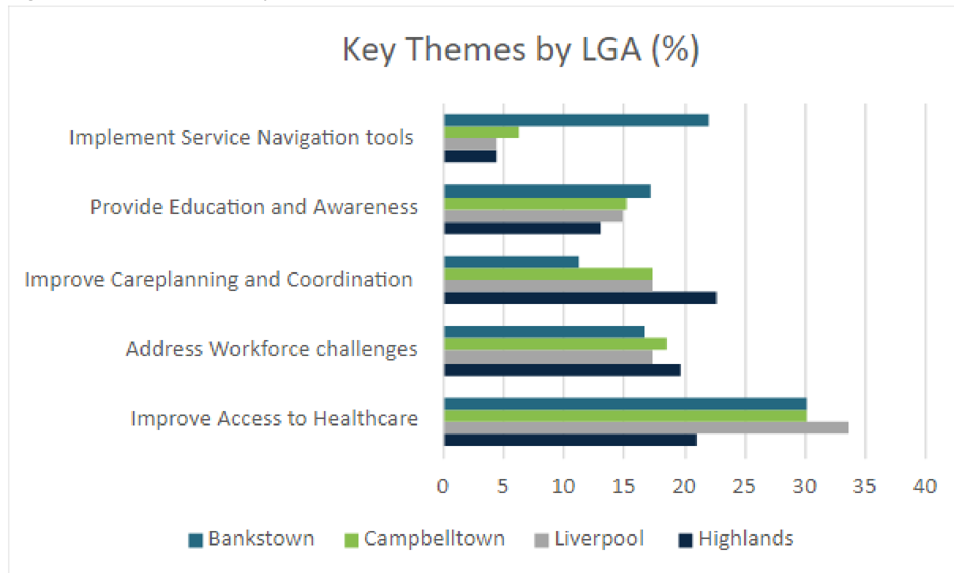
Table 1: Core group of themes for the chronic disease survey

The five main themes that arose from the chronic disease survey are outlined below. Each theme outlines a strategy to optimise chronic disease management in SWS.

Improve access to health care	Address workforce challenges	Improve care planning / coordination	Provide education and awareness	Implement service navigation tools
Allow telehealth/in home options	Training for health prof. on effective chronic disease management	Continuity of care, Improved discharge planning / handover	Health promotion campaigns about effective chronic disease management for providers and patients	Directory and help to use / central information hub for available services
Minimise long waitlists	Training and support to provide culturally appropriate care for CALD	Shared care model b/w specialist and GP for chronic disease (incl MH)	Culturally specific education about chronic disease management	Care coordinator / navigator to help transition between services
Subsidise transport to primary care/provide more transport options	Upskill current professionals to have a wider scope	Central info hub for GPs, health workers and public	Health promotion about health services, infrastructure and systems for community	GP to understand chronic care needs and relevant services to refer patients
Subsidise cost of primary and secondary care	Increase the number of health professionals to meet chronic health need	Data linkage between service providers	Education re: diet, exercise for community	Provide access to cultural services

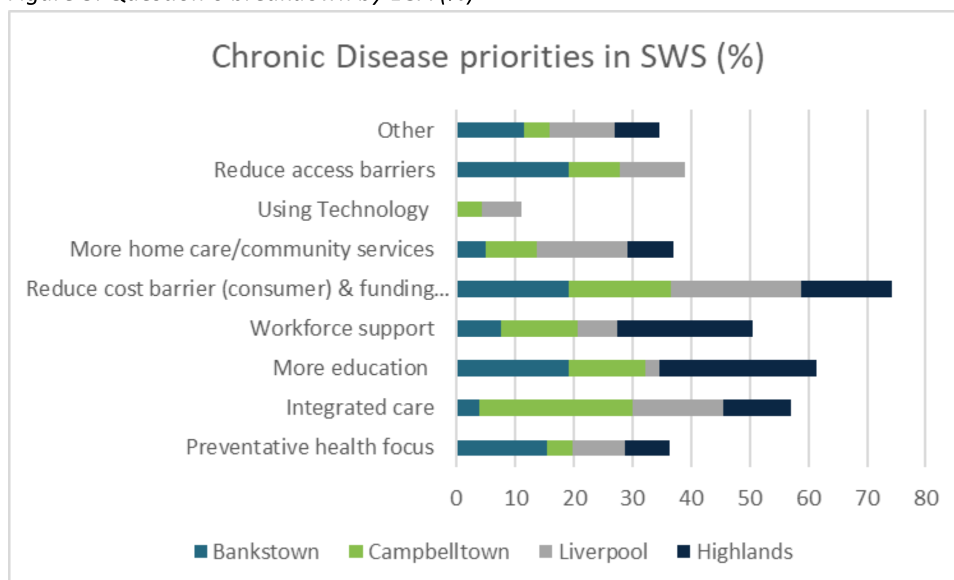
Analysis of the responses from Liverpool and Campbelltown Local Government Areas (LGAs) revealed two key themes: cultural focus and mental health support. For instance, both LGAs had a high response rate concerning cultural support, culturally tailored care, and culturally appropriate services. Additionally, both LGAs underlined the need for increased emphasis on mental health in chronic care services, considering the high rate of mental illness in these areas and the socioeconomic disadvantage of their residents.

Figure 2: Core themes by LGA (%)



The graph above shows the Key Theme breakdown by LGA as a percentage of the total answers per theme. Improving access to healthcare was identified as a key theme in majority of the LGA responses (Bankstown, Campbelltown, Liverpool). This was followed by addressing workforce challenges and improved care planning and coordination for Liverpool and Campbelltown responses. While Bankstown responses corresponded to implementing service navigation tools as a second key theme. Alternatively, the Highlands responses identified the main need as improved care planning and coordination followed by addressing workforce challenges and improved access to healthcare.

Figure 3: Question 6 breakdown by LGA (%)



The key priority areas for chronic disease management across the four LGAs are reducing cost barriers (consumer) and funding (providers) and increasing education. This is followed by integrated care, workforce support, and reducing access barriers. Bankstown and Highlands identified more education as a key priority area. 'More education' includes education for patients and providers about chronic disease management. While Campbelltown identified integrated care and Liverpool identified reducing cost barriers as key priorities. Notably, Southern Highlands reported workforce support higher than the other LGAs.

4. Evaluation

A total of 24 participants completed the evaluation survey via Survey Manager following consultation. Overall, the local health forums were well received by participants with ratings between fair to excellent; 67% reported location 'excellent', 58% reported quality and relevance of information 'excellent', and 62% reported facilitation 'excellent'.

Strengths of the consultation included the opportunity to network, good audience engagement and discussions, exchanging of views, and welcoming SWSPHN staff.

There are considerations for the next round of local health forums, including collapsing Bankstown into the Liverpool/Fairfield consultation, shorten time between questions to prevent overlap in responses, and allocated seating to improve collaboration between consumers and providers.

5. References

1. South Western Sydney Primary Health Network. (2019). *South West Sydney Our Health in Brief*. SWS Our Health in brief.pdf (nsw.gov.au)