

# Community engagement summary report

This report provides a summary of the feedback received during the community consultative committee meetings for the period August – September 2020



## Point Cook Community Hospital Community Consultative Committee meeting

### Meeting details

Online via Microsoft Teams | Wednesday 23 September 2020

### Engagement purpose

Community consultative committees provide a forum for members of the local community to participate in the planning and development of the Community Hospitals Program through open dialogue and consultation.

The meetings provide a mechanism through which views of the community are heard, emerging issues are monitored, and concerns and priorities of the community are voiced.

### Session summary

This meeting presented the committee with the outcomes of the service plan for the Point Cook Community Hospital. Committee members also received an update on the progress of the project and had the opportunity to ask questions throughout the session.

The session provided an opportunity for the committee to reconnect after some months of being unable to meet due to the social distancing requirements associated with COVID-19. The meeting was held virtually using the Microsoft Teams video conferencing platform, and feedback was recorded using Mentimeter, an interactive presentation tool.

### Who was there

**Chair:** Jill Henessy State Member for Altona and Ingrid Stitt Member for Western Metro

**Foundation members:** Representatives from Wyndham City Council, IPC Health, and Mercy Health

**Guest Speaker:** Anna Burgess, Executive Director, Strategy and Planning, Barwon Health

**Community members:** Seven community members from the Point Cook area

**Staff:** representatives from VHHSBA Planning and Development, DHHS System Design, VHHSBA Communications and Engagement

## Community feedback, concerns and sentiment



Strong desire from CCC to **ensure service plan is finalised before a site is selected** and design work commences



Suggestions that the community hospital **should include a range of community and social wellbeing services**



Admiration for **Barwon Health North's Nurse practitioner model** and interest in if this could be applied in Point Cook



The committee has had an overwhelmingly **positive experience with Telehealth during COVID-19**, and expressed an interest in how this could be integrated in the service model



The CCC had suggestions about **expanding engagement with community organisations** such as Hobsons Bay Council and West Justice Community Legal



Suggestions that the Point Cook Community Hospital should **provide wrap around care**, with clear referral pathways for patients as they access different parts of the health system



Members **acknowledged that land is limited in Point Cook area**, however that any site selected should have adequate space for parking, be close to public transport and allow for future site expansion



Services that **support people (particularly young people) with a disability are also desired** such as speech therapy, community mental health, autism assessment and support

## What we heard

### Is there anything else you think we should consider for our land identification criteria?

- future growth across Wyndham
- close to arterial access
- I feel 5000 sqm is too small for this growing area
- ensure the land size includes room for adequate parking spaces
- proximity to Werribee Mercy, not too close. Need spread of urgent care facilities
- parking – clients need access and free parking facilities if possible
- access for emergency services i.e. ambulance bay
- I'm sure it already on the list, but public transport access (obviously)
- health planning catchment areas
- Melton is going to be a large hospital in the west
- is compulsory acquisition being considered?

### Reflecting on the drivers of health demand and population demographics, what are the priority needs of the Point Cook Community Hospital?

- in-home care for various allied health services
- mental health services
- dental services
- allied health
- services that support young people with a disability
- integrated family services
- family planning
- autism assessment
- dialysis, dental, early intervention
- culturally appropriate services
- rehabilitation
- 'wrap-around' services with clear referral pathways for families
- district nurses
- pre and post-operative care
- breast screening and women's public health
- services where there are already existing shortages
- important to leverage the wrap around services for family violence
- planned connections for things like pathology etc so patients aren't constantly referred.

### How might Point Cook Community Hospital integrate with other local services to enhance the patient journey through the health system?

- connected care
- governance and service coordination is key
- outpatient care
- develop clear and strong referral pathways between the hospital and external community services
- liaising with larger health services
- Pre and post-operative care
- connected services
- data sharing – don't want to fill out a new form every time repeating all the same info
- people who can help develop a care plan, especially where people are bounced around
- person-centred care. Wrapping services around the person
- what would the connection be with social services ?
- specialist bulk billing services
- connection – Parkville precinct has an excellent model of this
- Ensure joined-up care across the spectrum; from urgent care through to chronic care, etc. complementing the service delivery and practice already established in the community. Mechanisms to integrate new providers into the region to fill service need gaps
- diagnostics
- opportunity for government leaders to think about referral pathways between the Orange Door, early parenting centres and hopefully a future justice precinct!
- end to end services with hand offs to other providers
- flexible and adaptable spaces to meet changing needs
- nurse practitioner models - brilliant innovation via Barwon Health
- medical training and education as a partnership for new doctors with Point Cook Community Hospital.

**COVID-19 has demonstrated how telehealth could become a standard service delivery model. What are your personal experiences with telehealth?**

- My doctors call us regularly
  - Great experience
  - GP review of current conditions. Worked amazingly well
  - I have used telehealth during COVID-19 – I was in a vaccine trial and had some issues
  - Need a balanced approach – sometimes face to face, sometimes telehealth
  - Concern around cultural accessibility
  - Used it for vaccine trail complications; the doctors technology was hit and miss on their end
  - Zoom meeting does have limitations for accessing complex cases
  - Used it for MCH appointment. Great service but miss the ability to look over the baby
  - Learning from us has been the gap in the health and social service systems within Wyndham - very stretched and under-resourced to meet demand
  - Great for AOD and counselling
  - Called doctors surgery and they called back – you’re not waiting around or need to make appointments
  - Telehealth does have limitations
  - Excellent. Easy to use. Less waiting. Why didn’t we do it earlier?
- Less stigma
  - Ease of access
  - The option of face-to-face OR telehealth would be ideal
  - Much easier to get scripts
  - As a practitioner, telehealth is excellent. I have seen greater attendance at appointments from patients who might usually not turn up.
  - Great that scripts can be provided straight to the pharmacy
  - More personal care
  - Great for access for many people
  - It’s great not having to go back and spend an hour sitting in a waiting room to get a blood test result
  - Have had both specialist and GP telehealth appointments during COVID – all excellent. Prescriptions sent directly to local pharmacy. Seamless service
  - What does telehealth mean for people of different cultures? Would be great to ask GPs and culturally diverse communities this question - I’m sure you are!
  - Can young people better access mental health and reproductive health?
  - How do you have strong clinical governance in telehealth?
  - Telehealth provides a good outcome, and provides more time than if I was face to face.

