REVIEWING AND EVALUATING MENTAL HEALTH SERVICES

CAC RESULTS, AUGUST 2018

Gold Coast Primary Health Network (GCPHN) funds a variety of mental health services that are periodically reviewed as part of the GCPHN commissioning process. Community Advisory Council (CAC) members discussed the factors that come into play when reviewing these services and provided some recommendations on how GCPHN could review services going forward.

PERCENTAGE OF CAC MEMBERS WHO THOUGHT THE BELOW COMPONENTS WERE IMPORTANT OR VERY IMPORTANT TO CONSIDER WHEN REVIEWING SERVICES

93%	DATA, SUCH AS HOW MANY PEOPLE ARE BEING SEEN AND FROM WHAT DEMOGRAPHICS
100%	A PERSON'S MEASURED CHANGE IN WELLBEING OR OTHER HEALTH OUTCOMES
93%	A PERSON'S SATISFACTION LEVEL WITH THE SERVICES THEY ARE RECEIVING

CAC MEMBERS HAD AN IN-DEPTH DISCUSSION AROUND WHETHER THE ABOVE COMPONENTS DRAW OUT MEANINGFUL DATA AND OTHER FACTORS THAT SHOULD BE CONSIDERED WHEN GCPHN ARE ASSESSING THE EFFECTIVENESS OF A SERVICE.

CAC members discussed the need for service providers to remain **transparent** and **focused** on consumer rights, particularly when asking patients to complete pre and post treatment surveys. E.g. providers should advise patients surveys are not compulsory to complete so that patients do not feel pressured into submitting feedback.

- It was suggested that the surveys should be designed by researchers based on evidence and not designed by service providers. These would be more **effective** at identifying if a service is meeting the **needs** of the community.
- CAC members suggested using external audits and tools that are **appropriate** for the type of service. Whilst quality assurance audits were highlighted as ensuring a service is up to and adhering to standards, the downside would be the financial and administration costs and resources.
- CAC members **agreed** that information gathered on a patient's current state of health can, and should, be used by clinicians to **better target treatment**, **assess effectiveness** and provides details to the funder of how **effective and efficient** the service is.
- CAC members stressed the importance of providers and funders remembering that the service is there to **provide a service to the client** and is not about making sure staff get funding for following year. The funding that goes to overheads and directly to service delivery should also be considered.
- CAC members agreed that having the right person at the frontline of a service makes a difference to the consumer experience as it can offer **empowerment** to the patient and puts the health of the consumer first.
- CAC members discussed how outcome data from family members of a patient and their GP could provide more **accurate** information for people with mental health issues.
- If a contract states that a provider needs to **engage with vulnerable groups,** it is the service provider's responsibility to do this well. Providers should consider using different measures such as "failure to attend appointments" as an indicator, as opposed to "difficult to engage/hard to reach".

RECOMMENDATIONS FROM CAC:

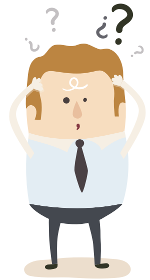
1. Satisfaction survey information should go directly from consumer to PHN, as an anonymous survey for more honest and accurate assessment.
2. GCPHN should have the courage to require changes to services/providers to ensure services meet expectations.

Gold Coast Primary Health Network
Level 1/14 Edgewater Court Robina QLD 4226
info@gcphn.com.au | www.healthygc.com.au | Ph: 07 5635 2455 | Fax: 07 5635 2466

phn GOLD COAST
An Australian Government Initiative

Beacon Strategies, a partner organisation of Gold Coast Primary Health Network (GCPHN), presented to the Community Advisory Council (CAC) on the draft Older Persons and Palliative Care Needs Assessments. CAC members gave their feedback on the data presented and provided some recommendations for inclusion in the Needs Assessments.

OLDER PERSONS (RESIDENTIAL AGED CARE)



CAC members discussed the need to clarify what qualifies as a **Residential Aged Care Facility (RACF)** as there can be variety in the levels of care.

CAC members discussed that there was a great **variability** of services, with some RACFs having good support and access to services such as **physio, speech pathology and general practice** and other RACFs where these services were not being delivered efficiently.

CAC members felt there are limited support networks for vulnerable people and more proactive engagement is needed to support this group. E.g those who are **widowed**, those on the **lower end of socio-economic scale**, those in **boarding house facilities**.

Older tourists who become unwell and require aged care services may end up in aged care facilities which adds extra pressure to the system. Along these lines medical tourism was also flagged as a possible future issue to consider.

There is sometimes **limited access** to more qualified staff and staff-to-patient **ratios could be improved**.

Nursing staff need more support for “hospital” type services such as **IV therapy and mobile x-raying**.

CAC members suggested that the needs assessment review should include a break down of:

- ➜ population data by gender
- ➜ single households for those 65+ years of age
- ➜ occupancy rates for both public and private providers
- ➜ people in RACF facilities for respite-related reasons
- ➜ evidence regarding social interaction and Alzheimer’s rates
- ➜ socio-economic statistics compared to the medications data

Gold Coast Primary Health Network
Level 1/14 Edgewater Court Robina QLD 4226
info@gcphn.com.au | www.healthygc.com.au | Ph: 07 5635 2455 | Fax: 07 5635 2466

PALLIATIVE CARE AND END OF LIFE CARE

CAC members discussed that while staff working in **hospices** are well trained in palliative care and end of life care, the same knowledge and experience was not always available in RACFs.

CAC members suggested that a **greater involvement from volunteers** working with palliative care patients and their families should be **supported**.

CAC members stressed the importance of staff working in RACFs to have **access to resources and assistance** that helps them deal with palliative care, as it can be a difficult role.

It was also suggested that talking about death at a younger age may also assist in making the topic less "scary".

CAC members agreed that **death cafes** are a great way to help prepare people and families for the process of dying, including making them **aware of their choices** and **taking away the taboo**.

A **clearer definition** of both palliative care and care at the end of life is needed.
Clearer definitions will lead to a **better understanding** with health staff, encouraging them to deliver the appropriate services at the appropriate times.

CAC members suggested the definitions should include wording such as "pain-free" and "dying with dignity".

CAC members stressed the importance of people having **early discussions** and **understanding** the use of **Power of Attorney** and **Advanced Care Directives**.

CAC members discussed future changes in the palliative care and end of life care space and suggested that the **introduction of euthanasia** will require new systems and support for people.

CAC members noted that the key elements of good palliative care in RACFs included recognition of end of life care, and included aspects such as:

- allowing staff the **opportunity** to work with family members
- staff and family being **encouraged** to become actively involved in the end of life care process
- having Chaplaincy, other religious persons, counsellors, social workers and cultural involvement available, with patients as well as their families being **informed of their options**.

RECOMMENDATION FROM CAC:

1. Feedback for Needs Assessments should be taken into consideration by GCPHN as the work progresses.

Gold Coast Primary Health Network
Level 1/14 Edgewater Court Robina QLD 4226
info@gcphn.com.au | www.healthygc.com.au | Ph: 07 5635 2455 | Fax: 07 5635 2466