

ST JOHN URGENT CARE CENTRES: COMMUNITY CONVERSATIONS

Cockburn: Tuesday 10 March 2020
Midland: Wednesday 9 September 2020

Presented by:



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WE WOULD LIKE TO ACKNOWLEDGE THE FOLLOWING

We acknowledge the traditional custodians throughout Western Australia and their continuing connection to the land, waters and community. We pay our respects to all members of the Aboriginal communities and their culture and to Elders past and present.

Thank you to the consumers and community members who attended the events.

WHAT IS THE CONSUMER AND COMMUNITY INVOLVEMENT PROGRAM?

The Consumer and Community Involvement (CCI) Program supports consumer and community involvement across the Western Australian Health Translation Network (WAHTN) partner organisations.

The CCI Program's vision is to improve lives by ensuring the community's voice is heard and understood in health research

The CCI Program's mission is enabling consumer and community involvement in health research by supporting and connecting community with researchers, partners and policy makers

In order to achieve our vision we:

- Are inclusive
- Trust, respect, support and value each other and those we work with
- Work as a team
- Are relevant and sustainable

so as to make a difference

WHAT IS A COMMUNITY CONVERSATION?

A community conversation is an event using an abridged version of the [World Cafe Method](#), known internationally as an easy-to-use format for creating open conversations around questions of importance to a specific topic.

To effectively capture what's discussed, around 6-10 community members are grouped at tables with a facilitator who directs the conversation. Specific questions relevant to the subject matter are discussed in an open and friendly environment.

All comments are written on butchers paper and used to develop a report from the conversation.

The benefits of using this method include:

- Everyone having an opportunity to answer all questions
 - Community members are encouraged to engage in conversations in a comfortable space
 - Having diverse perspectives which are valued and respected
 - Community members are encouraged to hear and explore different ideas
 - The opportunity to build a foundation of trust among community members and facilitators
-

WHAT IS A COMMUNITY CONVERSATION?

Sometimes the community conversation method is also used in conjunction with an additional tool known as a '[Dotmocracy](#)'.

This tool is used to help community members to vote on their chosen options using a limited number of dot stickers. This is a quick and simple method for prioritising a long list of options. Community members are given a set number of stickers and asked to vote by placing the dots next to the answers or ideas they believe are the most important. Community members can spread their stickers across multiple ideas or place all of the stickers against one item.

The options with the most stickers at the end of voting 'win'. This helps the researchers identify the community members priorities relating to the community conversation subject.

THE COMMUNITY CONVERSATION TEAM

Deb Langridge, CCI Program Head: Deb has worked in the public health and prevention space at all levels of government - Federal, State and Local - and the not for profit sectors to contribute to the health and well-being of communities. She has worked to capture the voices of all parts of the community including access and inclusion, Aboriginal and Torres Strait Islander people, Culturally and Linguistically diverse communities, children and young people, mental health and community services. Deb has been the chair of Advisory Groups both in NSW and WA connecting community, government and well-being and was a member of the NSW Commission for Children and Young People's work with the NSW Parliamentary Inquiry on Children and the Built Environment. She was also a representative for WA Local Government on the recent WA Sustainable Health Review.

Briony Williams, CCI Program Development Coordinator: Briony joined the team in 2017. Briony's role includes supporting the implementation of the CCI Program and contributing to the development and delivery of the Programs resources, including training workshops. Briony has a background in exercise and health promotion. She's been working in health research since 2012, with a particular focus on supporting researchers and community members to work together to improve the translation of health research into policy and practice.

Judith Finn, John Curtin Distinguished Professor: Originally from Adelaide, Judith has a clinical background as a critical care registered nurse and midwife, with postgraduate qualifications in education; public health; and clinical epidemiology. Judith's current research involves both the conduct of prehospital clinical trials and observational studies using St John Ambulance (WA) data.

John O'Toole, St John Urgent Care Medical Director:

Dr John O'Toole is a Medical Director of St John Urgent Care. He is a fellow of the Royal Australian College of General Practitioners and the holder of numerous awards for academic and clinical excellence. John has a special interest in orthopaedic and musculoskeletal medicine, and health system innovation. He is passionate about efficient medical systems which prioritise patient-centred care.

ABOUT THE ST JOHN URGENT CARE COMMUNITY CONVERSATIONS

St John WA is participating in a pilot study to evaluate the [Urgent Care Centre](#) model. They wanted to hear from community members who have used the service (Cockburn), and what community members need from a planned service (Midland).

On Tuesday 10th March 2020, 18 people from the Cockburn and surrounding areas, who had previously used the St John Urgent Care Centre in Cockburn, gathered at the Cockburn Health and Community Facility to participate in a community conversation. Community members were asked the following questions and then participated in a 'dotmocracy' to highlight the most important issue:

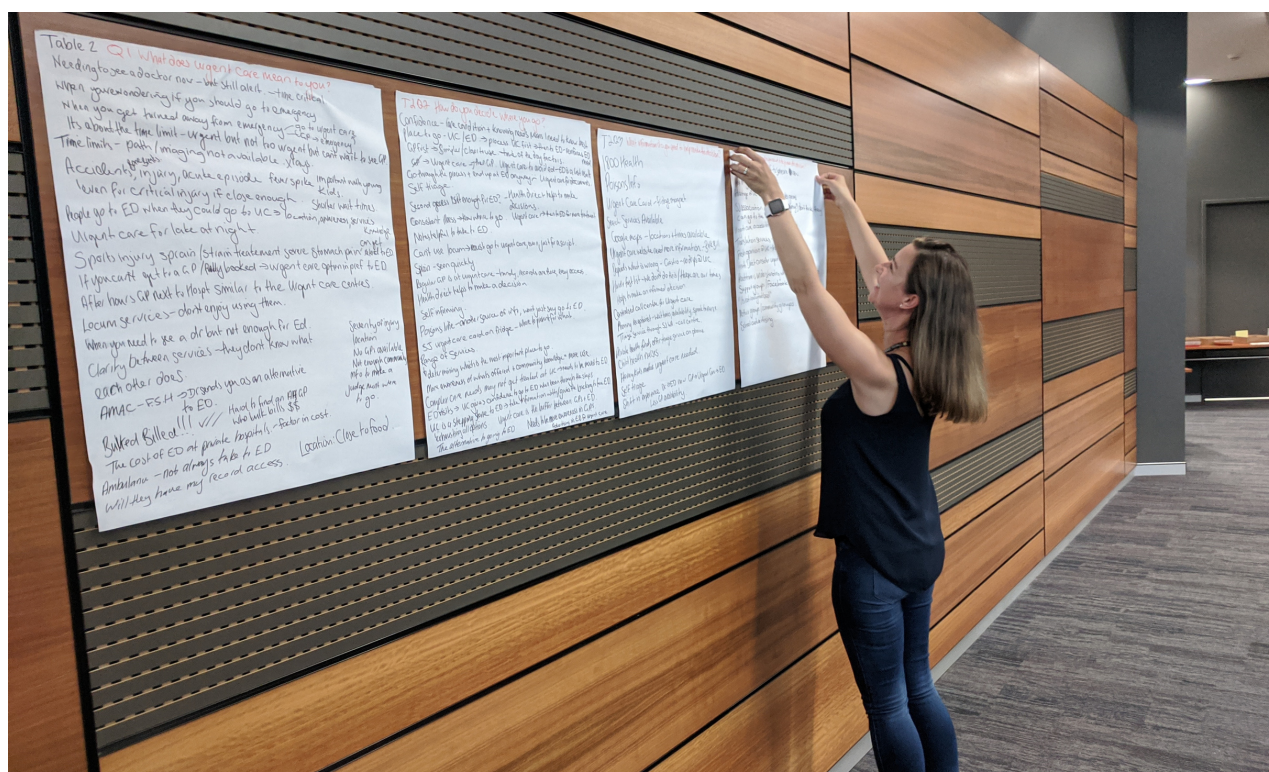
- 1) What does 'urgent care' mean to you?**
- 2) How do you decide where to go when you require urgent care?**
- 3) What information do you need to help make this decision?**

A similar community conversation was planned for the Midland area shortly after. The aim of this conversation was to hear what community members need from a planned Urgent Care Centre. Unfortunately this event was unable to be held in person due to the COVID-19 pandemic. Instead it was held online via Zoom on Wednesday 9th September 2020. 14 people attended this conversation, and they were asked the same three questions as at

the Cockburn community conversation. Due to limitations of using an online meeting platform, attendees at this event were not able to participate in a 'dotmocracy' process.

KEY THEMES OF THE CONVERSATION

- 'Urgent care' is considered depending on the severity of the condition
- Waiting times, distance to services and ease of transport, range of services available and the costs of services were also key considerations
- Urgent Care Centres are seen as the 'middle ground' between GPs and Emergency Departments
- Strong level of trust in the St John brand
- There is a need for greater awareness of Urgent Care Centres and what they provide





COCKBURN

1) What does 'urgent care' mean to you?

Attendees discussed urgent care in relation to the seriousness or severity of their condition. For example, most felt that Urgent Care Centres were appropriate for treating minor injuries or illnesses such as fractures or fevers. Attendees also commented on the importance of service providers having the facilities needed to treat them, for example x-ray machines or prescription services. Availability was also very important to attendees, and many commented that they attended Urgent Care Centres to avoid long waits at the Emergency Department (ED), or if their GP clinic was closed or fully booked. Attendees described Urgent Care Centres as the 'middle ground' between GP clinics and Emergency Departments.

2) How do you decide where to go when you require urgent care?

Similarly to question 1, attendees based their decision on where to go when requiring urgent care on the severity of their condition. Some used self-assessment to determine this, while others sought external advice to make the decision – many listed Health Direct as a good source of assistance, as well as the hospital switchboards, Poison's Line, pharmacists and Google. If there was uncertainty about the severity of condition, many opted to go straight to the ED. Attendees also described how their decision would be affected based on who was requiring care (for example if their child or partner was ill or injured, they may decide to go straight to the hospital).

The equipment or services thought to be required also factored into attendees decision making (for example diagnostics, prescription, translation services and hospital pre-screen). The service provider's ability to respond if the condition deteriorates was also important.

Availability was a big factor when deciding where to attend when requiring urgent care, and attendees discussed how the day and time could affect their decision (for example, they would avoid ED on a Saturday night). Urgent Care Centres were generally thought to have lesser waiting times. Location was also a consideration, and the ease of transportation to and from the services. The cost of services, too, was considered (for example the cost of a non-bulk billing after hours GP compared to a free service at ED).

Those with complex health conditions described the need for continuity in their care, and trust in services providers weighed heavily when deciding where to attend when requiring urgent care.

Personal preference for service provision was also a factor; some attendees did not enjoy using locum services, and many avoided the ED, describing it as an unenjoyable experience particularly when there were people there with substance abuse and/or mental health issues.

3) What information do you need to help make this decision?

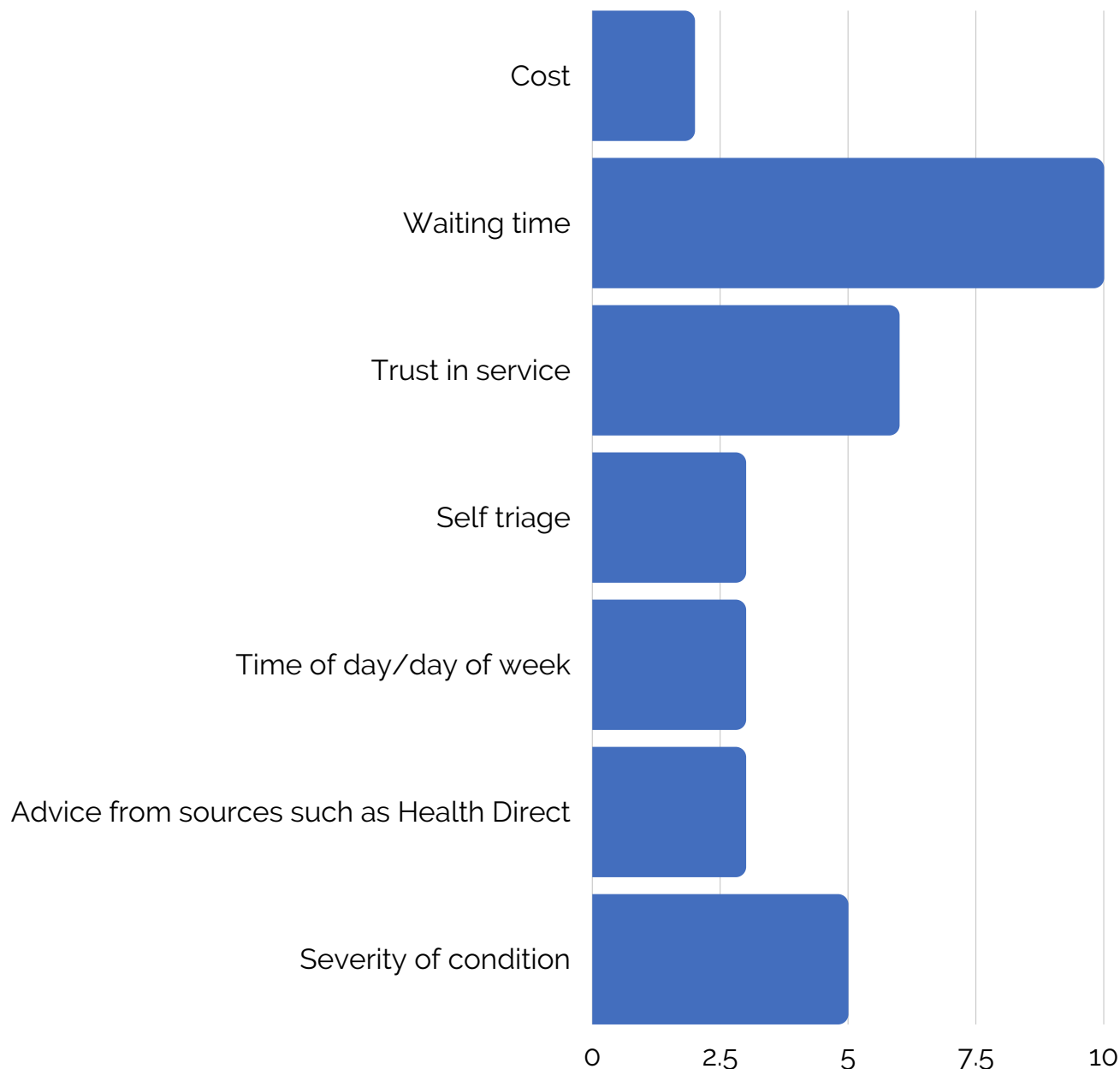
Attendees described how they often relied on external advice to make the decision on where to go to for urgent care. Health Direct was listed as a good source of information, as was 1800 Health and Facebook support groups. Information on wait times was seen as very important when deciding where to attend, as was information on the services available, and the cost of services.

Attendees discussed how they became aware of Urgent Care Centres – for many it was through word of mouth (i.e. from doctor, colleagues, community groups, schools). There was strong support for greater promotion of Urgent Care Centres, and it was suggested that more information should be made available on the Urgent Care Centres websites (such as cost and services available) or via an app. Accessibility on websites or apps was discussed and it was noted that screen readers and multiple language options is important. A campaign to raise awareness of the service was also suggested, with many attendees agreeing that the community needed to be educated on when to attend a GP, Urgent Care Centre or ED.



DOTMOCRACY

What are your key considerations when deciding where to attend for urgent care?



MIDLAND

1) What does 'urgent care' mean to you?

Attendees discussed urgent care in relation to the seriousness or severity of their condition – where you can't wait until the next day to see the GP, but you're not 'on your death bed' or in need of an ambulance either.

Conditions such as fractures or sporting injuries were considered appropriate to be treated at Urgent Care Centres. Attendees thought of Urgent Care Centres as the 'middle ground' between GP clinics and ED's.

Availability and avoiding long waits was very important to attendees. Some attendees agreed that they would travel further to ensure lesser waiting times, rather than going to a more local emergency department.

Attendees also commented on the importance of service providers having the facilities needed to treat them, for example x-ray machines. Attendees felt that having allied health professionals, such as physiotherapists, available at Urgent Care Centres would be beneficial. Attendees also believed that there should be more service provision for mental health at Urgent Care Centres – that people often needed help 'in the moment', and then referred for ongoing support. Urgent Care Centres should also be trauma informed so that mental health services are provided appropriately.

It was noted that there was an issue of people affected by homelessness were using the ED as shelter due to limited services, and that Urgent Care Services may be able to cater to these needs. Specialised paediatric services and pathology were also suggested for Urgent Care Centres.

2) How do you decide where to go when you require urgent care?

Attendees based their decision on where to go when requiring urgent care on the severity of their condition – some used self-assessment while others sought advice externally, such as contacting Health Direct, to make the decision. Those with children requiring care generally 'erred on the side of caution' and opted to go straight to the ED.

Wait time factored largely into the decision making process; attendees felt that a one to two hour wait in an Urgent Care would be acceptable (and quicker than what they currently wait at a GP clinic or in ED). Many commented on the difficulty getting a GP appointment so Urgent Care Centres were seen as a good alternative.

Accessibility, in particularly access to parking (free, ample, close to the service), was seen as important when requiring urgent care.

Cost was also a factor – it was understood that ED was a free service and was therefore preferred for many people, however there was some confusion of the cost of Urgent Care Centres.

The range of services also contributed to decision making (for example access to x-rays). Attendees commented on the quality of services and felt that doctors may be less stressed in an Urgent Care Centre, and therefore provide a better service. There was an association between St John Urgent Care Centres and St John Ambulance, and this resulted in a trust of the Urgent Care service. Attendees discussed an avoidance of ED.

Attendees noted that the proposed Urgent Care Centre in Midland would be close to the hospital but queried whether patients could be transported between the two, and at whose cost. Attendees were also unsure as to what the difference was with between the Urgent Care Centre and the local After Hours GP, and whether the After Hours GP would continue to be funded.

3) What information do you need to help make this decision?

Attendees noted that services such as Health Direct would be helpful to assist decision making. A telephone service directly connected to the Urgent Care Centre would also be helpful to get advice or even be able to do a telephone consultation with a doctor or a nurse.

Knowing about wait times was also seen as beneficial as well as the services provided at Urgent Care Centres, including what health professionals were available. Attendees suggested this information should be available on the Urgent Care Centres websites or through an app.

Attendees described a lack of awareness of Urgent Care Centres. The community needs to be educated as to what they are, and there were many suggestions to promote the service:

- Flyers/infomercials in GP waiting rooms
- Fridge magnets
- Notices on hospital boards
- Letterbox drop/local directories
- Advertising on rubbish bins, buses
- Information at chemists, shopping centres
- Local newspapers
- Community radio
- Advertisement at cinemas

Any information that is distributed needs to cater to the diversity represented in the community i.e. Culturally And Linguistically Diverse (CALD) and Aboriginal and Torres Strait Islander people.

SUMMARY REPORT

ATTENDEE FEEDBACK

Overall attendee feedback for both events was positive in regards to how useful, informative and participative the community conversation was.

Attendees commented on enjoying the opportunity to share ideas and experiences, and hearing a range of different opinions. They felt like they had a voice and were heard, and contributed to improving services in their area.

Attendees at the Midland community conversation (online) commented on the ease of participating from their own home, however internet connection problems were flagged as a minor issue.

SUMMARY REPORT

DO YOU WANT TO KNOW MORE?

Visit the Consumer and Community Involvement Program at cciprogram.org.

Where you can find us on social media:



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SUMMARY REPORT
