

NORTHERN NSW COMMUNITY ENGAGEMENT CONFERENCE EVALUATION 2015



This year the second Annual Northern NSW Community Engagement Conference hosted by the Northern NSW LHD and North Coast Primary Health Networks Community Engagement Advisory Council (CEAC) was held on the 3 and 4 December 2015 at the Ballina Surf Club.

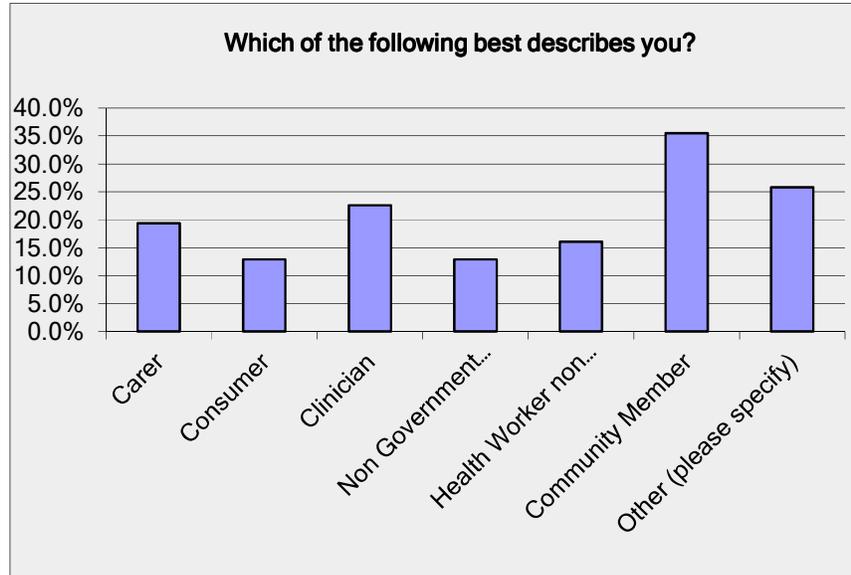
A highlight of the two days was the Keynote Address by Laila Hallam Patient Advocate which set the tone for the rest of the conference. A range of presentations and interactive sessions from Community Members, NNSWLHD, NCPHN, North Coast Institute of TAFE and Health Consumers NSW were provided over the two days.



Sally Cusack, Laila Hallam, Mark Humphries, Stephen Manley, Leisa Hoffmann and Helen Byrnes

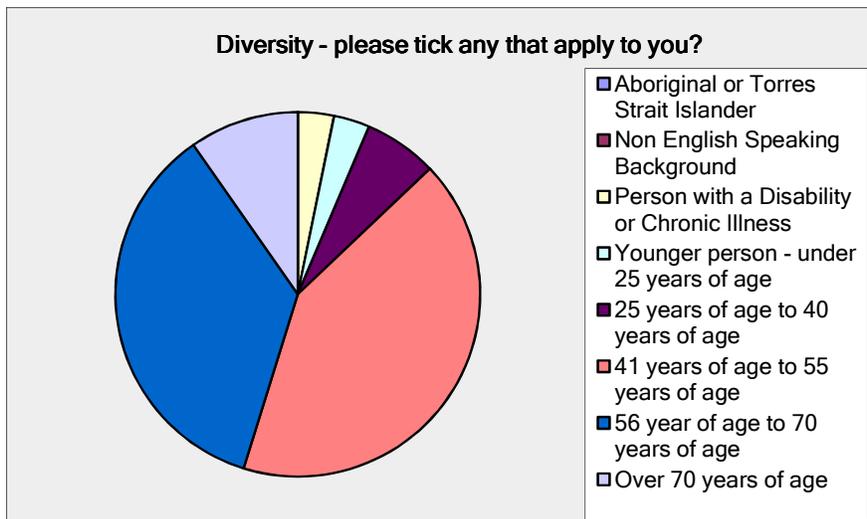
WHO ATTENDED?

Fifty four participants: Patients, Clinicians, Advocates, Community and NGO representatives, attended over the two days to hear and contribute to a range of presentations relating to Patient Experience and Integration of Care. Thirty two Evaluation Forms were completed.



Other:

- | | |
|--------------------------|-------------------------------|
| Community Representative | University academic |
| Education provider | Everyone uses health Services |
| Primary care nurse | Health educator |
| Neighbourhood centre | Government |

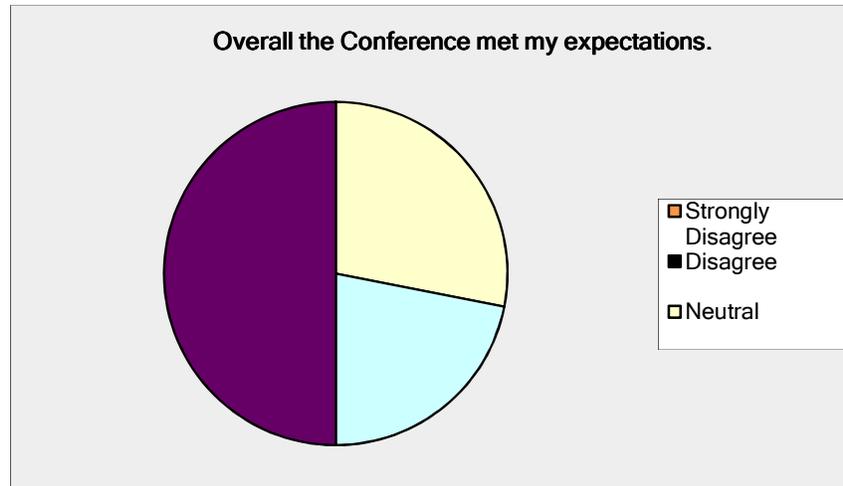


Comments:

- Provide in home care for a 90 year old
- Mother of 5, Health Worker, Education Provider, Consumer of Services, First responder in rural area.

EXPECTATIONS

Fifty percent of attendees felt the conference strongly met their expectations and another 22 percent felt their expectations were met, all other responses were either neutral or recorded as neutral as no response was provided.



Comments:

- Where are the general practitioners? The PHN is based on an assumption of GP at Centre of Primary Care but none present.
- Far surpassed them

BEST, WORST AND WHAT CAN BE IMPROVED

What was the best?

Responses to this question highlight the Keynote Speaker, patient stories, presentation on Trauma Informed Care and general mix, relevance and variety of presentations as being best.

- All good
- All the patient experience stories
- Being inspired by speakers
- Diversity of topics
- Great food
- Great presentations - good mix of topics and presenters
- Keynote address / Stephen Manley / Mim Weber / Manpreet Kooner / Vicki Rose
- Keynote speaker
- Laila and Leisa's stories, venue, food, Trauma Informed Care Day 2 excellent
- Laila's story - wow - Please keep telling this to clinicians - especially in ED's to work past band aid treatment and into sourcing root cause of problem and then appropriate fix
- Loved the stories
- Mental health / cancer system
- Mental health patient story
- Comfortable
- Mix of clinician and community/consumer input
- Networking
- Networking, patient stories, inspiring LHD projects and stories
- Peoples experiences, Mim Weber

- Really worthwhile as a consumer
- Relevant speakers
- The first presentation by Laila was very powerful
- The whole 2 days went very well
- Topics covered
- Trauma informed care
- Trauma informed care and patient experience: access and entry
- Trauma informed care excellent
- Variety of speakers and Punctuality (kept to program times)
- Variety of topics
- Less tables, more chairs, increase interaction, increase inclusiveness
- Venue, trauma informed care

What was the worst?

Responses to this question did not generally highlight any themes.

- Access and entry presentation
- All was well done
- Hard chairs
- I could not be here day 1
- None
- None all very informative
- Not being able to attend day 2
- PHN Commissioning
- Some noise distractions
- Time management of session on day 2

What could have been done better?

Varied responses including: more consumers attending, more clinicians attending and request for more interaction and discussion.

- All presentations were good
- Great as it is
- Longer time e.g. 2 1/2 days or 8.00 am to 5.00 pm
- MBS changes could be presented better, too much emphasis on slides rather than speaking to topic
- MBS talk
- PHN Commissioning presentation - it really killed the mood of consumer/patient experience, perhaps make presentations like this at the end of the day discussion time because those who want a say will stay...
- Window cleaners distracting
- More clinicians attending to gain these perspectives/experiences on the health system
- More consumers attending
- More discussion
- More interaction among participant and working towards increased collaborative ventures,
- Screens and sound - perhaps not ideal location
- Slides need to be bigger impossible to read print
- Teach people how to use a microphone
- The room set up
- Timeliness of presentations
- Was only there for part of second day so would not be fair to comment on this

SUGGESTED THEMES FOR FUTURE COMMUNITY ENGAGEMENT CONFERENCES

A range of suggestions including Aboriginal Health, implementation of consumer input and examples of integration of care were provided.

- Aboriginal Community Development
- Aboriginal Medical Service presentation
- Aboriginal presentation around Chronic Health Care / Diabetes
- Any projects which have been developed as a result of strong community input - e.g. Mental Health post-acute unit at Byron
- Break down into specific areas: e.g. oncology, paediatrics, aged care etcetera
- Breakout sessions - smaller groups for area of interest
- Building active partnerships for improved community health and well-being.
- Changes to room set up
- Clinical trials occurring
- Clinicians reaction to a consumers demand to direct their own care
- Communication, information sharing and language used in health
- Encourage senior people presenting to actually attend not just speak and go not an approach that demonstrates genuine interest and willingness to engage - will assist them to link their presentations to others and the comments in the room.
- End of life planning - Advanced Care Directives?
- Establishing frameworks for community based Research, using Appreciative Inquiry etcetera, to collect a lived experience evidence base, to feed current information into the system and publish continually via the web.
- Examples of integration with allied health professionals keep working till all professions are able to share (good example with Social Worker/Speech Pathology which would have been strengthened by a patient story.
- "Doing more with less" "Groups and how to make them work" "Working partnerships" "What goes well? What goes wrong? Pitfalls to avoid?"
- Experience of one or two community members on a hospital (MPS) quality care and committee
- Focus on how to implement - focus maybe on areas that may have done/implemented a program that can be learnt from or replicated - even from outside the area
- Getting health into schools
- How to be effective in representing your community
- I feel some more presentations from clinicians who are actively engaged in projects aimed at community engagement in the acute settings
- Language of Medical Professionals e.g. acronyms
- Looking at ways to better implement the suggested ways to work with people
- Maybe even consider work-shopping issues to show how different perspectives could contribute to age old issues
- Meeting with Health Consumers NSW Representative or ACHS Surveyor to explore how to better provide evidence for Standard 2 Partnering with Consumers
- More of a forum with space for discussion
- More of the same
- New graduate nurses attending this would also be very powerful
- North Coast Ageing Strategy - workforce, population, what are we doing about this.
- Patient or client stories describing experiences with a feedback time from different service providers to offer comment re service delivery perspective

- Repeat of Dr Mim Weber and the application of this model across the total health service, Trauma Informed Care to be a priority for all of Local Health District and Visiting Practitioners.
- Something about building stronger links between health and non-health universal service NGOs
- Staff development
- Substance abuse - PHN ICE presentation or Riverlands presentation
- Target more consumers - too many health professionals
- Technology / healthy net and integrated care
- Working together MNCLHD and NNSWLHD - what can we do together?
- Youth Issues

WOULD YOU RECOMMEND ATTENDING A FUTURE CONFERENCE TO A COLLEAGUE?

Of the thirty two responses twenty eight answered yes or affirmative to this question and four respondents did not answer.

- Yes (x 18 responses)
- Definitely have never attended a conference with Clinicians and Consumers very interesting and engaging.
- yes more from community organisations would be good
- absolutely
- absolutely
- The impacts on health in communities from social issues would be interesting more holistic
- yes definitely
- Yes definitely
- yes definitely would be great to see more health service attendees
- yes try to reach out to more organisations and community groups
- yes very informative and motivating - guest speakers were excellent, engaging and passionate
- Yes. Given the degree of discussion about NGOs - would be good to have more representatives there - especially neighbourhood centres/ other providers of front line services.

CONFERENCE AUDIENCE



The majority of attendees supported the approach of bringing Community, Clinicians, and NGOS together to discuss issues in relation to community engagement and integration of care.

Comments:

- "Bring in other Human Service Sector to interact
- Feedback re MNCLHD videos on Patient Stories - it would be good to lose the background music with the patient story - you lose the impact of the story. The first presentation in the patient's story was really good in comparison
- Great to establish links
- Have CALD/Refugee model projects showing Best Practice integration"
- Have more Youth specific presentations and interactions
- Invite Indigenous Best Case Projects to present
- Involve more on the floor clinicians
- More clinicians to hear messages from community members
- More community members would have been good
- Need a balance and in this conference more consumers
- Need more consumers
- Need to change language, but yes
- So many yes I have taken away so much that will improve me as a clinician directly as a result of community participation
- Well organised, informative, worthwhile
- Would like to hear more from consumers.

PRESENTING

If a presenter would you recommend presenting to a Colleague.

Nine presenters answered 'yes' to recommending presenting to a colleague.

Value of presenting

Comments:

- All presenters were informative and connected well with audience
- Feel more involved
- Get the word out everywhere.
- Lanyards tags with first names and roles
- Ripple effect of informing community and colleagues
- The opening of the conversations
- Think about your area of expertise and bring it together with what about it is of interest to the audience value to them

Please provide any other comments, information or feedback

- "Invite folks from totally different worlds to share about different world views"
- 1 Day with breakout sessions (stream)
- Bring overseas best case presenters who can share on \$ benefits of Community Partnerships"
- Businesses need to hear this and engage in a way that acknowledges the benefit to them of having a fully community engaged health system
- Consistency of delivery over time - shock of the new for consumers who find the pace of change confusing - even though the changes are very good
- Excellent
- Fantastic initiative
- Food was great
- Food, venue was excellent and the presenters were very good. It was also a good chance to network.
- Great conference
- Great couple of days, Thank you for inviting me.
- Great venue
- Great venue, good healthy food and lots of networking.
- Great venue, good master of ceremonies, friendly engaging people, good parking, good accommodation. Well done Murray!
- High quality presentations – most impressive and inspired me to return to workplace and incorporate Quality Activities with consumer participation
- How do I keep in touch with the community engagement team @ LHD. In future I would enjoy an opportunity to present on my profession.
- I really enjoyed the theoretical presentation then supported/applied/demonstrated in patient story. Perhaps when inviting a speaker ask that speaker if they know a patient willing to share their story as to why the topic of the presentation is relevant.
- Inclusion of AMS and aboriginal health issues
- Invite DOH managers to come expecting to collaborate for future Partnerships ie more pre work setting the ground work for agreements on site.
- Look at in the future more information on early intervention and prevention in health

- Please present this conference again. Move it around the Northern Rivers e.g. Lismore, Tweed, Byron, Kyogle.
- Slides / presentations could be improved - some too busy to read - too much information on slides - some handouts on subjects would be good when you need to provide feedback to others not in attendance
- Sound (microphone) at times difficult to clearly hear all of the presentation.
- Sound on video could have been better but good work all around
- Thank you
- Thank you for the excellent food but prefer plunger coffee to coffee bags although they are better than instant
- Thank you. I am leaving feeling inspired to continue gathering patient stories and with ideas for future projects. Well run, good location and great food.
- This kind of education is very important as its focussing on patient care models.
- Timing at a not so busy time of year could work better
- Well done for organising. Sorry I could not be more involved.
- Would be good to have more clinicians - difficult to attend during week - many academic conferences are on weekend - just a suggestion
- Would be happy to present some time e.g. role of NGOs in Mental Health System Health Referrals or about Neighbourhood Information Centre
- Would like to see more health professionals including GPs.

SUMMARY

Overall positive feedback and support for this being held annually with a number of suggestions for future conferences. Strong support for inclusion of patient stories/experience with suggestions of having presentations showing where patient experience or community engagement has led to implementation of changes to service delivery.

Whilst there were some opposing comments there was overwhelming strong support for bringing health consumers, Clinicians, Health and NGO Staff together with suggestions to target GPs and Health Managers for future conferences.

Presenters would be happy to recommend presenting at this conference to their colleagues.



Participant testimonials at <http://nswlhd.health.nsw.gov.au/about/northern-nsw-local-health-district/community-and-clinical-engagement/conference-2015/>

Murray Spriggs
 Manager Community Engagement
 11 December 2015