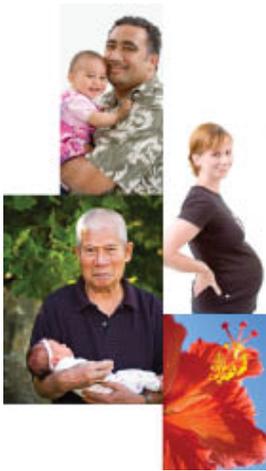


Summary of Child Health Improvement Plan Survey

Feedback form health and other professionals

June – July 2011



Introduction

This survey was circulated across ADHB provider networks to gather information to inform the development of the ADHB Child Health Improvement Plan. The results of the survey are reported under headings that reiterate the survey questions.

Summary of Results

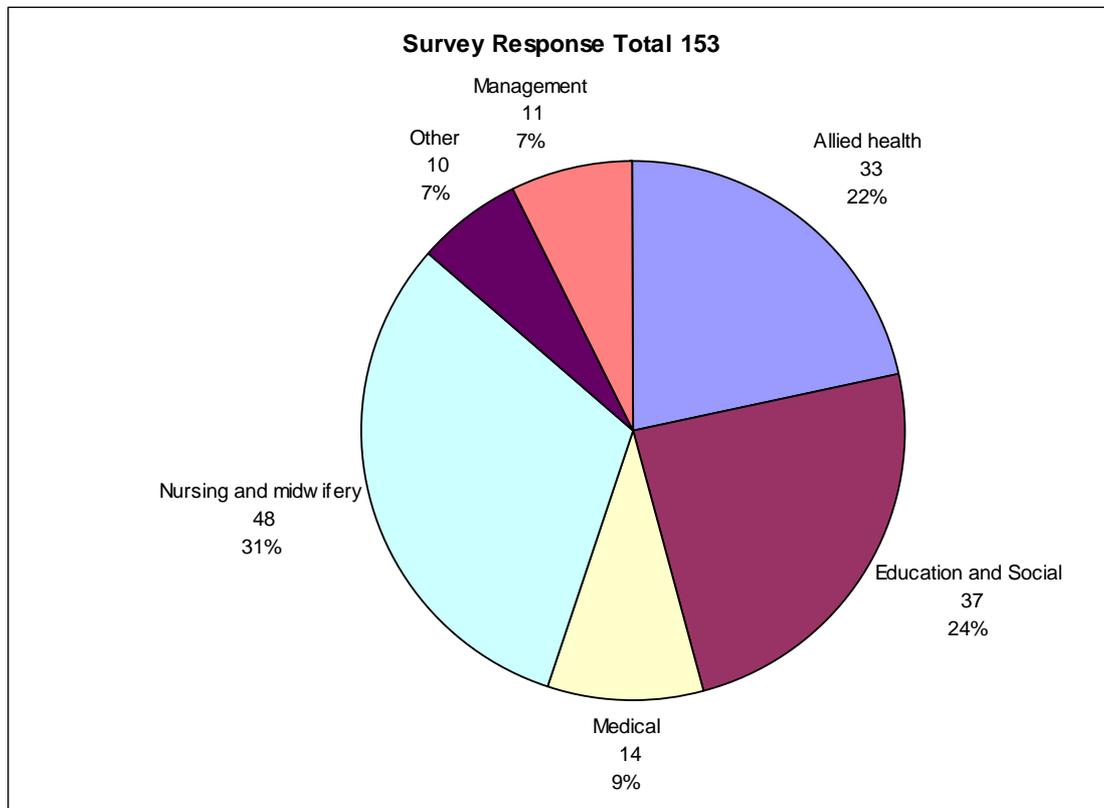
157 people who work in or have a professional interest in health completed the survey. The number of respondents to each question varied.

The respondents have been grouped into professional categories to aid comparison across the sample. The number of respondents to each question varied widely therefore note the “n” value of respondents to each question.

The results show differences of opinion across professional groups, including which areas of health sector activity are priorities and how well ADHB is performing in those areas of activity.

Overall, the respondents tend to agree that improving access, reducing the cost of primary care and after hours care, and health education are priority areas of improvement. The respondents were split almost 50-50 as to whether we were doing well at keeping children well and doing well at early detection and intervention. Dealing with psycho-social, emotional and behavioural issues was of particular concern. Following-up with families and monitoring at risk children was suggested as an area for improvement as was working better with other social-sector agencies to make that happen. Apart from the cost of getting treatment, which was seen to be a big issue, the respondents tended to be in agreement that we were doing well at providing day-to-day care and doing even better again at intensive treatment. Following-up and communication with families and other agencies were highlighted as areas for improvement. There was little agreement as to how well we were doing at (and what we were doing well in) rehabilitation and supporting children with chronic conditions to reach their potential, but there was some agreement that we could do better at supporting the families and the children that required these services.

Respondents characteristics



The total number of respondents to each question differs because all respondents didn't answer every question and some respondents gave multiple responses to one question.

Other characteristics of the sample are as follows:

Service/ Organisation	n	%
ADHB	59	39
An ADHB funded service	9	6
Another DHB	11	7
Primary care or PHO	13	9
Other (eg: Salvation Army ...)	73	49

Women	135	87
Men	20	13

New Zealand European	109	69
Maori	15	10
Pasifika	9	6

Asian	10	6
Other	20	13

Results

Which area is a priority?

	Keeping children healthy and well	Detecting illnesses, injuries or issues early	Children getting health care when they need it	Treating serious chronic health problems or injuries	Recovering or living fully with serious, ongoing health problems or injuries	Supporting children with a disability
	The below percentages show what proportion of the respondents that think the above category of health sector activity is a priority belong to each of the professional groups					
Medical 9% of sample	12%	7%	6%	11%	8%	5%
Nursing and midwifery 31% of sample	31%	28%	35%	37%	38%	36%
Allied health 22% of sample	22%	27%	24%	24%	24%	19%
Management 7% of sample	7%	8%	9%	2%	3%	5%
Education and social 24% of sample	22%	24%	19%	17%	22%	26%
Other 7% of sample	6%	7%	7%	9%	5%	10%
Total	100%	100%	100%	100%	100%	100%

The responses show patterns across groups within the sample.

‘Medical’ respondents: relative to other respondent groups, prioritised keeping children healthy and treating them when they were very unwell.

‘Nursing and midwifery’ respondents: relative to other respondent groups, prioritised three areas of activity: the middle and later stages of the care pathway; recovery and supporting children with chronic conditions to live well; and supporting children with disabilities.

‘Allied health’ professionals: relative to other respondent groups, prioritised detecting illnesses early

“Management” respondents: relative to other respondent groups, placed lower priority on the later stages of the care pathway and recovery and supporting children with chronic conditions to live well.

‘Education and social sector’ respondents: relative to other respondent groups, placed lower priority on the mid-late stages of the care pathway.

‘Other’ respondents: relative to other respondent groups, prioritised the later stages of the care pathway, less priority on supporting children with chronic conditions to live well but higher priority on supporting people with disabilities.

What are the 3 priority things ADHB should do so that children are nurtured, enjoy good health, and reach their full potential?

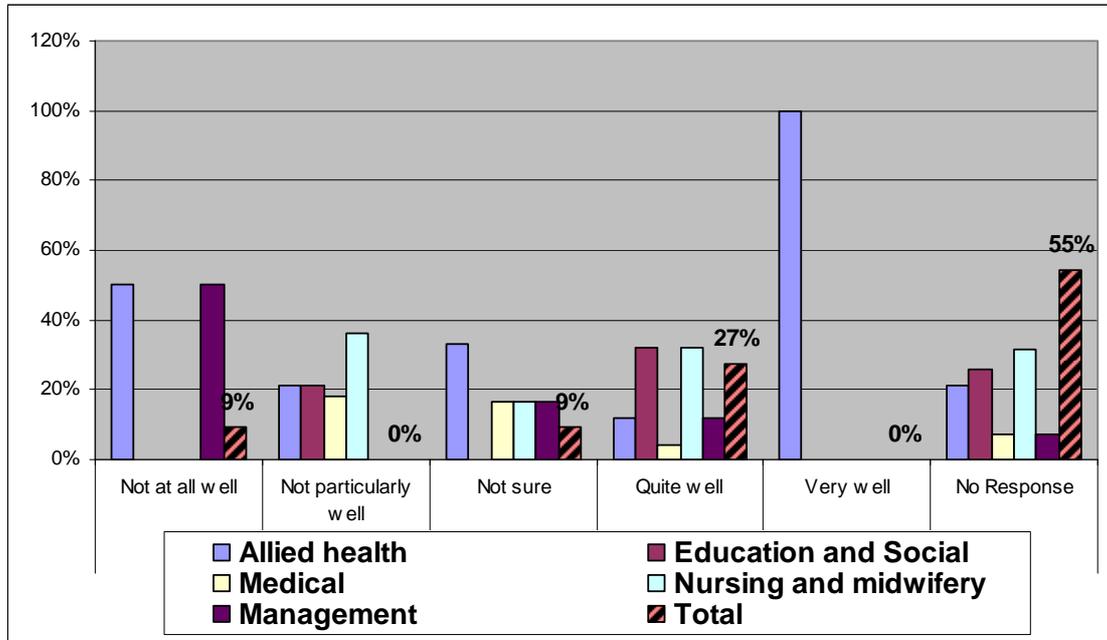
- **Parenting:** Parenting courses from pre-conception available free for all. Interventions in first years need to adopt a family-friendly focus, a focus that is inclusive of the family’s health needs.
- **Health education that is empowering:** Use well known people to educate and empower from a young age about every aspect of healthy living. Promote preventative measures and non-violent disciplining.
- **Improve access** - funding is crucial, especially for children’s visits to their GP where visits include education on diet, exercise and other healthy living topics.

What 3 things do ADHB do best?

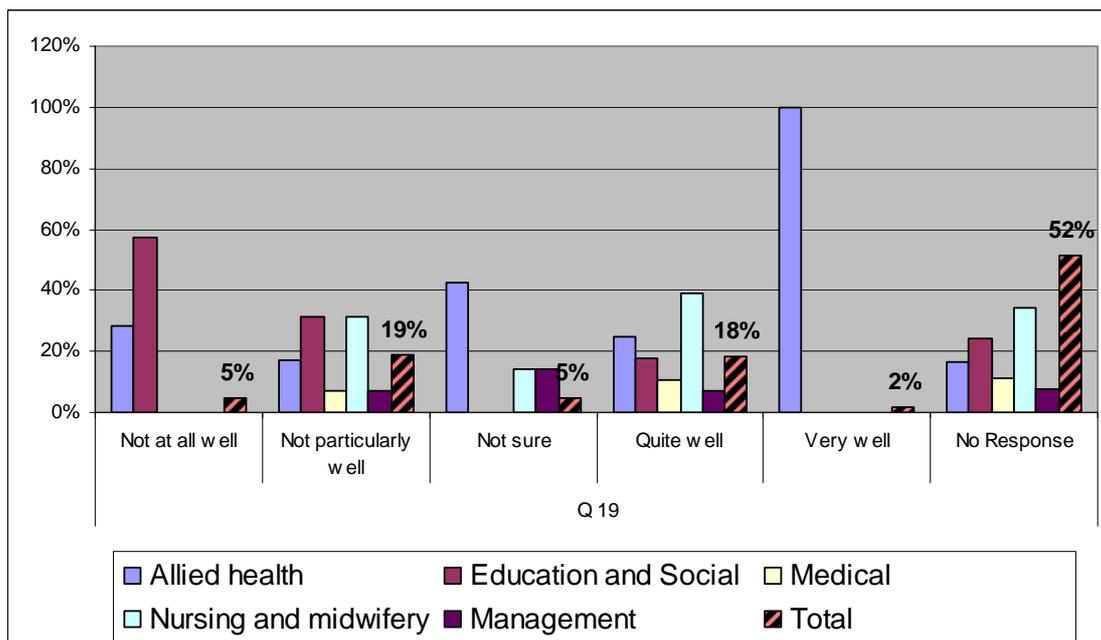
- **Provide free or subsidised services** (most common response by a clear margin)
- **Provision of specialist care/ Starship** (a clear second)
- **Fund/ deliver a wide variety of services with good facilities** (primary care, NGO and hospital)

KEEPING CHILDREN WELL [AND] EARLY DETECTION

Most children in our community are healthy. What is working well to keep our children healthy?



Thinking about detecting illnesses and treating children early, what do you think is working well?



The open-ended responses to questions about what is keeping our children well and early detection were similar. Therefore, the themes of response to the questions about the keeping children well and early detection and treatment have been reported together.

1.1 What is working well

63 people responded to this question. 5 stated they didn't agree with that most kids are well.

- **Health education:** This was by far the most common theme. Education mostly about parenting and diet, and schools including health in their curricula. Also about immunisation and available services and how to access them.
- **Affordable care:** Access to free care. Access to subsidised care, for those that can afford the surcharges
- **Families:** Families that have the inclination, knowledge and money for transport, healthy food, and getting the care they need
- **Immunisations:** respondents simply made the point that this was working well, without expanding further
- **Working alongside other organisations:** Especially schools

1.2 What do you think needs to change?

68 people responded to this. Of note is that much of what was working well should nonetheless be improved.

- **Following up** with parents where sickness and safety (eg: family violence) concerns are apparent. Including monitoring and services' ability to respond/ take-action where needed.
- **Social determinants:** the DHB's influence over initiatives to alleviate (the impact of) poverty and crowded housing
- **Health education:** diet, alcohol and drugs, exercise and health service info; in people's own language, coordinate messages from health promos through to clinicians
- **Working alongside other agencies** and other services cooperatively and transparently (eg: Edu for early identification of learning difficulties)

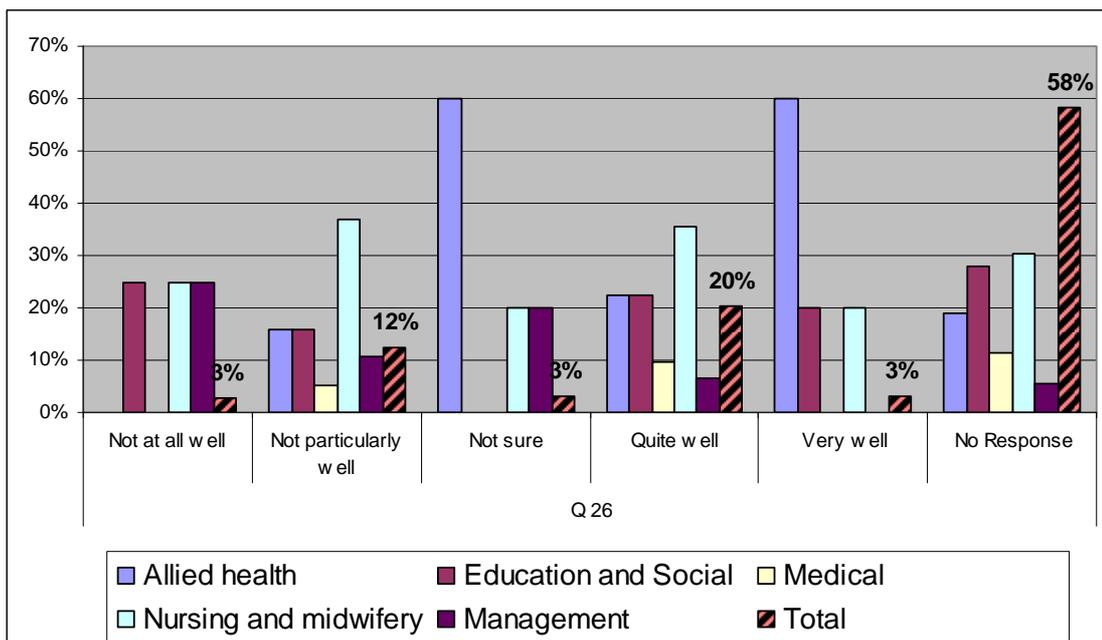
1.3 What is not working well?

63 responses. No one theme was a standout in terms of number of responses.

- **Cost of GPs**, especially for over 5s
- **Under and over diagnosis of mental, emotional and behavioural** issues: This was a complex range of content under this theme relating to over diagnosis of issues such as ADHD; not considering life circumstance when making diagnoses, heavy work loads/ not enough time to investigate context/ background properly (mental health and family violence); a general inability amongst educational professionals to see developmental and behavioural issues; early diagnosis of learning difficulties
- **Follow-up:** Once a diagnosis is made behavioural and emotional conditions (eg: alcohol and drugs) especially amongst adolescents are not well managed or followed-up; community support is fragmented; communication between departments and services contributes to this
- **Detection of mistreatment:** Screening of family violence as BAU; reporting of family violence.

ACCESS TO DAY-TO-DAY HEALTHCARE SERVICES

How well do you think access to day to day services and quality care is working?



2.1 What is working well?

47 responses

The most common theme was subsidised primary care but a lot of respondents also thought that primary care should be more affordable, especially for the over 5s. Given the amount of comment on either side of the debate (it is or it is not affordable), it is clear that there is very strong buy-in to the principle that primary care for children should be affordable.

- **Subsidised primary care:** many respondents qualified this with statements like “it works well as long as the family feels they have the money to pay” and “most children from affluent families don’t have a problem”.
- **Access to care:** Many dedicated programmes and services dedicated to ‘front-line’ child health related issues that can also arrange follow-ups and referrals; the involvement of schools strongly supported because “many children rarely see a health professional unless arranged at school”
- **Acute admissions/ walk-in:** CED open 24/7 and that some health care providers operate a drop in service to meet their clients needs

Another common set of responses to this question was

- **Not sure:** this set includes responses like “nothing stands out as particularly great” and “not a lot. It can be hard to get same day visits with subsidized GPs who don't charge extra”

2.2 What is not working well?

50 responded to this question and some responses to the previous question were included below.

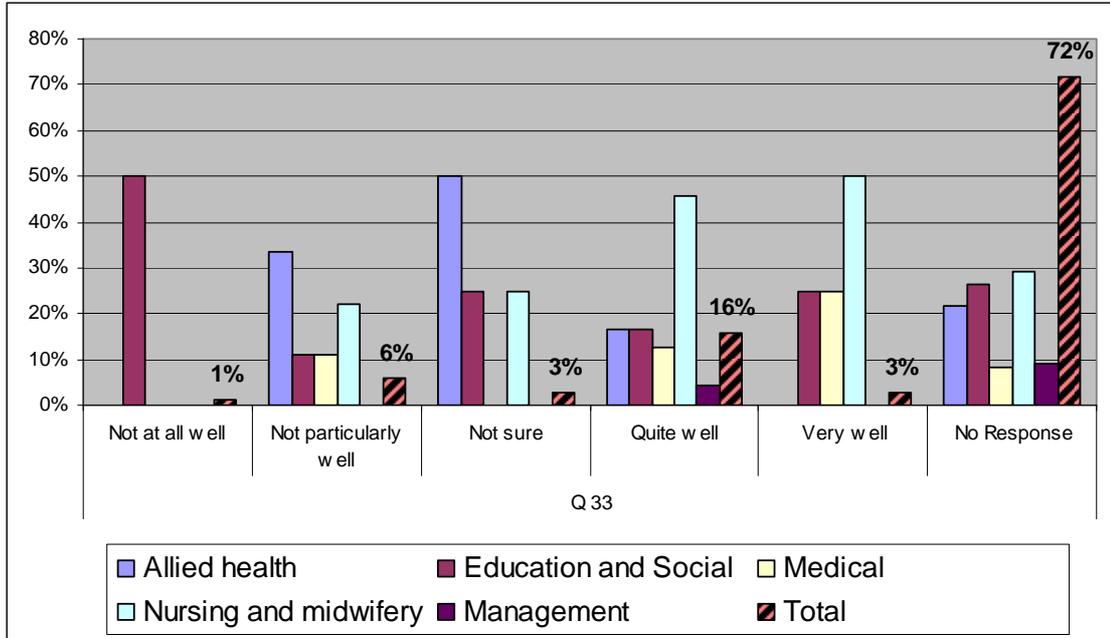
- **Cost of primary care:** a large majority of responses to this question were about this topic – “some medical community care is expensive for children esp at weekends and afterhours”. Some inferred that “free family medicine 24hrs in low decile areas might help free up EDs and increase access for low income families”

Other themes were:

- **Response time:** comments included waiting times; that GP appts are often the next day which is a problem for critical cases/ kids who really are sick leading to increased CED admissions; and that it takes too long to see specialists and support services. It can be “frustrating getting them into the system”.
- **Communication with and to parents:** Responses to this question raised parents being able to talk about any issues in the home, educating parents about day-to-day care, that experiences with doctors can be confusing and intimidating
- **Follow-up/ back-up:** the theme immediately above seems to stand in some ways as a counter-point to this one: “get rid of PC approach to speaking the truth – Police, CYFS back-up - anything to protect child”; advocacy, advising community agencies of children not attending outpatients for medical assessment. This theme also includes concerns about postnatal care and maternal mental health services
- **Professional education/ expertise:** Developing the paediatric skill-set of GPs and also expanding the scope of Nurses’ practice

INTENSIVE ASSESSMENT AND TREATMENT

How well do you think the treatment of children with more serious or chronic illnesses and injuries is working?



3.1 What is working well?

There were 29 responses to this question. The majority of responses to this question were about:

- **Hospital-based care:** There seems to be a common view that those living in Auckland with direct access to Starship Hospital are doing well. It's a friendly safe environment for children and once in the system, it's great.
- **Support in the community:** Positive comments about institutions such as Child Cancer Foundation and McDonald houses; Paediatricians move between hospitals making it easier to see a specialist.

3.2 What is not working well?

33 responses. The first three themes received the majority of comment:

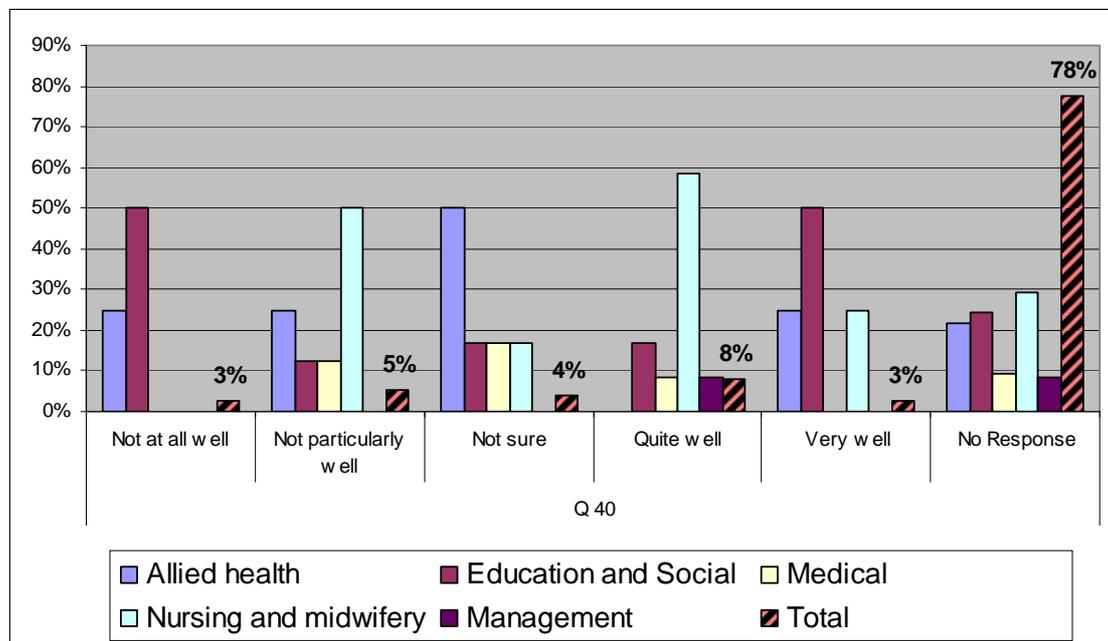
- **Coordinated care/ care planning:** continuity of coordinated care through referral/ / discharge and follow-up received a lot of the comment. The comment "Buck-passing between different clinical areas" sums up the finger-pointing that was apparent in the comments posted in response to this question: eg: "I the referring hospital still need to ensure the workup is started ...". Management plans that are transparent to all involved

in management of chronic disease are poor. Well documented care plan in their clinical notes to ensure care is understood and provided in a consistent and therapeutic manner in all health care interactions

- **Funding and equity:** Many comments pointing to hospital and community staffing, equipment and management being under resourced leading to limited care-time per patient and concerns for care safety; some point to apparent contrast in funding between services offered to children with different conditions where some services/ conditions seem to be favoured.

RECOVERING OR LIVING FULLY WITH ONGOING, SERIOUS CONDITIONS OR INJURIES

Thinking about the support and rehabilitation services available to children to enable them to live fully and reach their potential, how well do you think these are working?



21 respondents replied to the question “what do you think is working well” with regard to rehabilitation and supporting children to reach their potential. There was a wide range of response with no clear points of view in common. Instead, there were conflicting points of view on service availability, whether there was any one part of the system working well.

But in response to the question, “what is not working well – what do you think needs to change” there was a clear theme amongst the 21 respondents:

- **Family (and respite) support:** Improved support to young people and their families, including provision of equipment and supplies to maximise function and offer quality of life and keep them out of hospital.

SUPPORTING CHILDREN WITH A DISABILITY

Thinking about the support available to children with a disability, how well do you think this is working?

