Maldon Hospital
Hearing from our community

A summary report of community engagement 2018
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Executive summary.

Maldon Hospital is committed to improving the health and wellbeing of the Maldon and surrounding area population and improving access to services that support local needs. The Hospital wants to support a socially connected, well and thriving community.

As part of its strategic planning cycle, Maldon Hospital undertook community engagement mid-2018. The objective was to consult with residents of Maldon and surrounds to understand health services the community wants Maldon Hospital to deliver in the future and how access to current services can be improved.

Larter Consulting was engaged to support the three phases of the community engagement activity:

- **Information** - consultations with Community Consultative Committee, Board and Volunteers recruitment of community engagement advocates; engagement materials developed, distributed and promoted, including posters, emails, media and social media campaign

- **Consultation** - hardcopy and digital survey distribution; community conversation events; street stall; individual consultations and interviews

- **Reporting** - This final report is to inform the Board in developing its new strategic plan.

In total, 195 people completed the survey and 20 people participated in community conversations – a total representing 13 percent of the local population.

The following provides a summary of key findings to emerge from the engagement process. More detailed discussion available in the complete report.

**Service needs**, participants reported, in order of priority:

- Improved access to general practice: accessible, sustainable and high-quality general practice services are considered vital.

- Additional health support services in order of priority: dental services, physiotherapist, optometrist, podiatrist, psychological supports, including counselling, and drug and alcohol services.

- A stronger focus on health promotion and preventative health care, including holistic services.

**Access to existing** Maldon Hospital services, participants reported, in order of priority:

- Among general community members, there is a lack of familiarity and awareness of Maldon Hospital services (in particular, the urgent care centre, health promotion and community services).

- Lack of clarity about eligibility for Maldon Hospital services which includes eligibility for patient bus service, Urgent Care and hospital admission.

- Maldon Hospital has a strong and significant reputation in the community. Residential aged care services are very highly valued and the care delivered is highly praised.
About this report

As part of its strategic planning cycle, Maldon Hospital undertook a community engagement strategy in mid-2018. The objective was to assist the management and Board to consult with residents of Maldon and surrounds to find out what health services the community wants Maldon Hospital to deliver in the future and how access to current services can be improved.

Larter Consulting was engaged to support the three phases of the strategy (information, consultation, reporting). Key information phase activity included: consultations with Community Consultative Committee, Board and Volunteers; dissemination of marketing posters; email promotion; print media placement. Key consultation phase activity included: community roundtable events; street stall; hardcopy and digital survey distribution; individual consultations and interviews. Reporting phase activity included this final report to inform the Board in developing its new strategic plan, a presentation to the 2018 AGM and a community-facing report summarising findings.

Context: Our Maldon community.

Like many regional areas, the population in Maldon and surrounds is increasing in number and ageing. There are a greater proportion of older residents than other parts of regional Victoria. Almost one in five people live with a disability and there are also more people living alone with living expenses continuing to increase. By 2031 the population of the Shire is expected to rise by 25 percent.

A demographic snapshot of the Maldon community from the 2016 ABS census is summarised here:

- Largest age bracket is 60-69, older than the Victorian average
- Almost 1 in 6 people are under 20 years old (13.5%); almost 1 in 4 people are over 70 years (23.87%)
- 35.4% of families have both parents not working
- 24.6% of single parents are male
- The socioeconomic profile for the whole community is rated ‘average’ (while the socioeconomic profile at the primary school is ‘high’)
- Communication & accessibility: 21.2% of households have no internet access
- Higher than state average community connectedness score, meaning that more people participate in community activities
- Only 3.3% households speak a language other than English at home (Dutch, Vietnamese, French, Italian, Hungarian)
- 0.4% identify as Aboriginal and/or Torres Strait Islander; median age 43
- Almost 1 in 5 people live with a disability
- Up to 11% of the population is sex and gender diverse (LGBTI), based on the known Australian data
Our community consultations, summarised below, indicate that health and wellbeing is important to the community and that changing community demographics and increasing expectations present new challenges to Maldon Hospital as a key health service provider.

As part of its strategic planning to develop a vision of healthcare for Maldon, Maldon Hospital is reviewing ways to deliver new health services to the community to better meet local healthcare needs. Maldon Hospital is seeking to ensure that the current services are meeting the needs of the community and that it will be in a position to ensure that future demand is met. In order to do this, Maldon Hospital is working directly with the local community to make sure local issues and needs are meaningfully considered.

The two current areas of enquiry for community engagement:

- what health services are needed in the community
- how access to existing Maldon Hospital services can be improved.
Context: A snapshot of changing health and service access needs in Australia.

The demand for health services in Australia continues to increase and with the population ageing and people wanting to live at home for as long as possible, communities need access to a broader range of community health services including health promotion and prevention services. Health service providers have an increasing role in keeping populations healthy and providing better long-term care for the increasing number of older Australians who live with complex and chronic conditions.¹

In terms of access to health services in rural Victoria, these changes usually indicate that

- Community expectation of what could or should be provided locally is growing
- Older people that live in the community are presenting to health services with more serious conditions that require ongoing management
- Communities need greater access to service providers who support self-management. This includes but is not limited to GPs, district nurses, counsellors, and allied health services such as physiotherapy and podiatry, diabetes support and weight loss management.

Direct challenges for the health system continue to be these changing health profiles, increasing demand for services and rising health costs. Changing health needs in Australia are the product of increasing rates of chronic disease and an ageing population.

Mental health and psychological issues (such as depression, mood disorders, anxiety) are the most common reasons Australians visit a general practitioner. Weight gain/obesity and respiratory and musculoskeletal illnesses are the other core work of GPs.

Increasing rates of chronic disease

- Chronic diseases are the leading cause of illness, disability and death in Australia, accounting for 90% of all deaths. Four disease groups (cardiovascular diseases, cancers, chronic obstructive pulmonary disease and diabetes) account for three-quarters of all chronic disease deaths.
- Four key behavioural risk factors contribute most to this disease burden: smoking, physical inactivity, poor nutrition and harmful use of alcohol. Three in five adult Australians are overweight, almost 60% don’t exercise enough and less than 10% are eating enough vegetables. By 2025, it is estimated that 75% of women and 80% of Australian men aged 20 years and over will be overweight or obese, as well as one-third of 5-19 year-olds.
- Half of all Australians aged between 45 and 64 have one or more chronic diseases and almost one in four (23%) of Australians have two or more.

An ageing population

The ageing of the population is exerting considerable pressure on health services, with particular concern about rising health cost and the ability of the system to meet the increasing health needs. Older people are higher users of health services with many health conditions and associated disability increasing with age.

There are four key challenges:

1. The number of older ageing people (over 85, or ‘senior seniors’) in the community is rapidly increasing, which is increasing the typical age-related health problems (for example, arthritis, dementia and cancer)

2. The number of ageing people (over 65, ‘junior seniors’) with lifestyle-related diseases such as type 2 diabetes is increasing

3. The next generation of older people will have increased health literacy (e.g. greater understanding and awareness of health issues and greater expectations of health services)

4. Older people are experiencing multiple long-term health conditions. For example, 49% of people aged 65–74 have five or more long-term health conditions, increasing to 70% of those aged 85 and over (ABS 2010).

For older Australians living at home, the most common long-term health conditions (excluding short- and long-sightedness) are:

- Arthritis (affecting 49% of those aged 65 and over), hypertensive disease (38%) and hearing loss (35%)²
- Just over 1 in 5 older people (22%) report having heart, stroke and vascular diseases, just under 1 in 6 (15%) had diabetes, and 1 in 14 (7%) have cancer
- Age-related vision problems that are likely to be disabling include cataracts (affecting 10% of those aged 65 and over), glaucoma (3%), macular degeneration (5%) and blindness (2%).

The need for dementia support services and community-based palliative care is also increasing rapidly. The way forward is to invest in cost effective preventive health and ensure our ageing population has access to high-quality community-based healthcare. This needs to include a focus on technology in planning to meet the needs of the more ‘savvy’ older population with higher expectations. The recent CSIRO Future of Health 2018 report emphasises home-based and community services, and technology to support self-care underpinned by care coordinators/navigators³. As a minimum, communities like Maldon should be using telehealth and promoting online mental health self-management resources.

Many older Australians consider themselves to be in good health and manage to live independently for a long time. Good health is a community resource which enables older people to contribute socially, culturally and economically.

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² Australian Health Survey (ABS/AIHW)
Access to primary health care

- General practice remains the frontline of healthcare: GP referrals are necessary to access many kinds of funded services, and GPs are the first point of contact for most Australians seeking medical attention, with more than 87.8% of the population seeing a GP at least once each year.
- We know that on average:
  - More than four out of five patients (84%) report visiting their GP multiple times a year
  - 12% report seeing their GP 12 or more times
  - People visit GPs more frequently as they get older.
- Having a ‘usual GP’ is important to ensure continuity of care particularly for those with chronic illness, and most Australians report wanting (and having) a usual GP. The majority (74%) also report that they can always see their preferred GP when needed.
- Many of the health conditions typically experienced by community members are identified and managed by GPs in their early stages. Delayed access to a GP can risk deteriorating of conditions, which can require more extensive and more expensive treatment. This increases the burden on both individuals and the healthcare system.

Our community engagement approach.

Stakeholder engagement and public participation are integral in developing, designing, implementing and evaluating services and policies to optimise health outcomes for communities. Maldon Hospital’s IAP2 community engagement objective is to involve the community, with a commitment to:

- working with the community to ensure issues and needs are understood and considered
- using the community’s feedback to inform decision-making and shape the outcome of services to be delivered.

This approach places people at the centre of service development and strengthens local relationships.

The principles underpinning Maldon Hospital’s community engagement methods are: a commitment to being inclusive, representative, accessible, meaningful, co-designed/participatory, and collaborative.

The goal was to reach ten percent of the local population of approximately 1600 residents.

1. Initial consultations were completed with Maldon Hospital Community Consultative Committee, Volunteers, and some Board members to shape the design of the approach. Key themes identified was the local value of community strength and participation; use of community-centred language (that is, language and communications that speak to the value of community participation); and the community’s understanding of health service availability.

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2. The key messaging developed for the campaign is:

Maldon Hospital is your partner in health. Partner with us and have your say.

Maldon Hospital is looking towards the future and exploring the community’s health care needs and how we can improve to better meet those needs. We want to hear from the Maldon community about healthcare and invite you to complete our brief survey.

3. Community engagement advocates were engaged: Community Consultative Committee, Volunteers, Staff.

Local partners and stakeholders

- Neighbourhood Centre, Maldon Inc, Football/Netball Club, Baringhup Hall
- Castlemaine Health, Castlemaine District Community Health, Mt Alexander Shire Council

4. Engagement materials were developed, distributed and promoted, including posters, emails, media and social media campaign. Community surveys were distributed hardcopy and online.

5. Community conversation events were held at Neighbourhood Centre, Maldon Hotel, Baringhup Hall, Maldon Main Street, Maldon Market. Conversation starter topics comprised:

- What does good health mean to you?
• What are your priorities for your health care or your family’s health care?
• How can we improve the health and wellbeing of our Maldon community?
• What does holistic health care mean to you?
• What does prevention mean to you?
• What are the challenges to living a healthy life in Maldon?
• What are the top health needs in our community?
• Tell us about the sort of health services we should have access to in Maldon?

6. In order to ensure engagement with community members that are representative of the Maldon demographic, a focused approach was taken to encourage access and participation from the following groups:
• People living with disability
• Isolated / hard to reach people
• Youth
• Sex and gender diverse people (LGBTI)
• People living with mental illness
• Aboriginal and Torres Strait Islander people.

Local stakeholders were engaged to promote participation including Neighbourhood Centre, RDNS, Mount Alexander Shire Council youth team and social isolation team, advocacy groups, Aboriginal liaison worker, and some community leaders.

Examples of other population cohorts who were targeted included: primary and secondary school parents, older seniors, younger seniors, culturally diverse peoples, new residents, volunteer firefighters, farmers, single parents, and carers.

Hearing from our community: summary of engagement activity.

Community participation
The Maldon Hospital community engagement was completed July-September 2018. Who did we hear from?

• 195 people completed the survey and 20 people participated in community conversations (representing 13 percent of the local population)
• Survey respondents comprised:
  o 59% female, 39% male, 2% undefined
  o 17% live with a disability
  o 1.5% identified as gender diverse
  o 1.1% language other than English first language at home
  o 0.5% self-identify as Aboriginal and/or Torres Strait Islander.
Figure 3: Survey participation by age

Figure 4: Survey participation by area

- Tarnagulla 3551: 3
- Glenhope 3522: 1
- Eddington, Dunnolly 3472: 1
- Carisbrook 3464: 4
- Maldon, Baringhup 3463: 151
- Newstead, Welshmans...: 15
- Guildford, Yandoit 3461: 10
- Muckleford 3451: 2
- Castlemaine 3450: 4
- Kyneton 3444: 1
- Meredith 3333: 1

0 20 40 60 80 100 120 140 160
About local health service needs

This section summarises the key themes which emerged during conversations with the community.

Improved access to General Practitioners

Patient access to General Practitioners was identified as one of the greatest priorities for the community. Seventy-four percent (74%) of survey participants told us they want more General Practice options in Maldon.

Specifically, the community wants:

- more doctors, including female doctors
- a full time service
- more timely access to appointments, and
- a greater choice of doctors including services optimised for different population groups.

In talking with the community it was clear that one doctor in town is particularly popular and is often booked out. When prompted, community members said that this doctor listened carefully and respectfully, explained issues clearly and spends sufficient time, which we know that community members value in GPs.

Voices from our community

We need to have access to more than one doctor (male, 71 years)
There is a lack of choice for GPs; only two and one is completely booked out (female, 66 years)
I would like a greater choice of doctors in Maldon (male, 78 years)
It is hard to get access to doctors in Maldon (parent of young children, 39 years)
Accessing a doctor is often difficult because the doctor’s books are closed, and/or it is difficult to get an appointment when needed (female, 55 years)

The community survey results suggest that a significant number of local Maldon community members do not access the two local General Practitioners and travel to either Castlemaine (63.5%) or Bendigo (24.5%) for service.

- 76% of respondents access general practice services outside of Maldon (Castlemaine, Bendigo, Melbourne, Kangaroo Flat, Marong)

Need local health services to match community needs

Community members acknowledged Maldon Hospital’s long history of providing excellent care and service to the community’s ageing population, but also said the Hospital could better support other population cohorts such as young people and families.

Community members would like access to services which are more responsive to specific local community needs. Two priority areas were identified:
1. More community supports and services for the ageing population and for people with disabilities and mental illness

2. Optimising service access for population groups with specific needs. For example:
   - services for men – in particular mental health/counselling, and drug and alcohol services
   - services for young families: emergency care, mother and child health, children services, counselling, parenting groups
   - women’s health
   - youth-friendly services (including mental and sexual health)

Improved access to primary mental health care across all ages and gender was a common theme.

**Voices from our community**

We need services that cater for whole community not just pensioners (male, 65-74 years)

Lower levels of depression are an issue, there is mild depression everywhere I go amongst people in 70 to 80 years (female, 74 years)

Locally, we need to understand what’s happening for young people, what are the pathways and what are the needs? (female, 35-49 years)

Some of the services are designed for old age pensioners and we’re not all old-age pensioners (male, age 70)

It is frustrating that the older members of the community focus only on older members of the community and seem to ignore needs of younger members (female, 20-34 years)

Our older community members have a lot of services, as they should, but there needs to be more services for those of us who are not there yet and to provide us with health promotion and prevention support to ensure we stay fit and healthy (male, 69)

We need access to appropriate health care and mental health services. We need access to a diverse range of doctors, who understand the diverse range of needs of people (trans and gender diverse, 20-34 years)

We want a health co-ordinator and a one-stop shop. Currently it is unco-ordinated, not consolidated, there’s duplication, and for a consumer, it can be overwhelming (female, 49, chronic disease)

The Hospital needs to find a way of getting information to those who are house bound or blind (female, 62, disability)

I don’t know of any services for young people (male, age 19)

There needs to be services for all of us, for the whole community (male, 18)

Our priority as a family is accident and emergency (male, 41 years, father of young children)

We have people with mental health issues who are not getting supported (male, 57 years, carer)

People living with disabilities reported mobility as the greatest challenge to good health in Maldon, which is a more acute barrier for the elderly with disabilities. The need to travel between health services (which might be in Castlemaine and Bendigo) becomes more profound for those with access barriers.
Young people report that mental health issues are a significant concern for adolescents which include self-harm and suicide prevention. Most adolescents know others who require mental health support. They also identify lack of support and barriers to seeking services, which include lack of confidentiality with GP, lack of youth-friendly care and stigma. Lack of information about local pathways and services has also been identified.

Farmers and men living alone reported that there needs to be more services that support men:

- As a farmer, I sustain a lot of injuries and need access to emergency care (male, 69 years, lives alone)
- I would like to see enhanced emergency care as a priority, to receive car accidents, snake bites (male, 58 years)

Local health service needs identified

During community conversations, community members prioritised the following service gaps for local access:

- mental health support, drug and alcohol services, counselling, chronic disease management including earlier support around diabetes education, and increased access to allied health services such as physiotherapy.

The survey specifically asked community members to identify which services they would use for themselves and their families if they were made accessible in Maldon. Results are ordered by frequency in the table below.

Table 1 summarises the services prioritised by community members for local access in Maldon

<table>
<thead>
<tr>
<th>SERVICE TYPE</th>
<th>TOTAL</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased General Practice availability / options</td>
<td>128</td>
<td>74%</td>
</tr>
<tr>
<td>Dentist Clinic</td>
<td>107</td>
<td>62%</td>
</tr>
<tr>
<td>Physiotherapist</td>
<td>100</td>
<td>58%</td>
</tr>
<tr>
<td>Optometrist</td>
<td>97</td>
<td>56%</td>
</tr>
<tr>
<td>Podiatrist</td>
<td>95</td>
<td>55%</td>
</tr>
<tr>
<td>Women’s Health</td>
<td>76</td>
<td>44%</td>
</tr>
<tr>
<td>Men’s Health</td>
<td>73</td>
<td>42%</td>
</tr>
</tbody>
</table>
Some respondents added additional services to the survey list:

- home care services (for example, hospital at home), cancer care, heart health, emergency medical services, palliative beds and care, patient advocate, suicide prevention.

**Need to travel to access basic health services**

Many community members reported the challenge in needing to travel to Bendigo or Castlemaine to access regular health care such as general practice, dental, optometry, and audiology. Some community members travel as far as Melbourne and others report being satisfied to travel for these services.

This need to travel is amplified as a barrier when there is lack of public transport to services in other towns and as older community members age and stop being able to drive.

As a farmer, I don't want to have to travel to see a doctor, I don't have time (male, 61 years)
Going to Castlemaine will become less and less feasible for me. At the moment I go for dental, optometry and audiologist (female, 74 years).

This is particularly important in the context of the ability to remain independent as a protective factor in the ageing process. Transport issues are also particularly important for people with mobility issues who may be referred to numerous services in different locations.

The lack of service, or support services and mobility is a barrier. For example, medical may require an xray before proceeding thus I need transport to xray first (male, 50-64 years, disability).

The survey asked community members to report where they travelled to access health services which were not available in Maldon, summarised in the table below.

**Table 2: Numbers of Maldon residents using services in other locations**

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
<th>Castlemaine</th>
<th>Bendigo</th>
<th>Maryborough</th>
<th>Melbourne</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist Clinic</td>
<td>89</td>
<td>44</td>
<td>26</td>
<td>8</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Optometrist</td>
<td>83</td>
<td>18</td>
<td>53</td>
<td>2</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>General Practice</td>
<td>82</td>
<td>52</td>
<td>20</td>
<td>1</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Physiotherapist</td>
<td>51</td>
<td>31</td>
<td>18</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Podiatrist</td>
<td>35</td>
<td>20</td>
<td>14</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Audiologist</td>
<td>26</td>
<td>10</td>
<td>14</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Women’s Health</td>
<td>25</td>
<td>11</td>
<td>11</td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Counselling</td>
<td>20</td>
<td>9</td>
<td>7</td>
<td></td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Diabetes</td>
<td>15</td>
<td>12</td>
<td>2</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>13</td>
<td>4</td>
<td>6</td>
<td></td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

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6. Lower Plenty, Canberra, Rochester
7. Eltham, Kangaroo Flat
8. Kangaroo Flat, Marong, Hillside
Access to health promotion and preventative healthcare

Community members want to see health promotion prioritised and access to preventative healthcare improved. Community members emphasised the importance of an “active lifestyle” and “keeping people active” and accessing more preventative programs but also identified the local lack of exercise and fitness services (for example, access to a gym and exercise programs).

Examples of health promotion and wellness services needed included dietician, nutritionist and exercise programs. There were also more holistic health services identified:

- mindfulness, yoga, meditation classes/relaxation classes, exercise physiologist, massage, myotherapy, acupuncture, music therapy, dance therapy, chigong

Maldon Hospital’s existing health promotion activities were well received by those familiar with them. However, the need for a suite of health promotion activities matched to different population cohorts (for example, junior seniors, men, youth) and available through an accessible schedule was identified. The focus at the moment is perceived to be on older age groups only whereas the community would like access to preventative health activity across the lifespan.

Voices from our community

Provide health promotion activities (e.g. classes, walking groups), for all ages. There is a tendency to think of current classes mainly for the aged (female, 65-74 years)

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9 Eaglehawk, Marong
Use a ‘Facebook page’ to promote preventative activity. I need prompts and use social media for this (female, 50-64 years)

We need more health promotion for younger people and we need men’s health classes (male, 50-64 years)

The class timetable should be available on noticeboards such as the supermarket. This should also advertise prices as this is also a concern (female, 65-74 years)

Community’s health and system literacy

There is a perception that some community members understand health only in terms of general practice and do not understand the benefits of holistic and multidisciplinary or allied health, given the limited access to these services from Maldon. There are opportunities to improve community understanding of health services and system literacy.

Discussion with regional community health stakeholders suggest that a region-wide approach could be developed to consistent messaging about earlier intervention, service access, primary care (for example, an agreement of what key principles of that are, what are the system literacy objectives: what are we trying to get people to understand), which can provide a good opportunity for region-wide collaboration and innovation.

Supporting independence

Community members of various age groups identified the need to support the ageing population to stay at home and keep people in the community, and ensure the focus remains on community services (not bed-based services), with a focus on independent living. This includes the provision of transport to and from medical services out of Maldon, exercise classes and holistic health promotion programs for independent living, mobility support for elderly people living with disabilities.

About Maldon Hospital services

The community survey asked three questions of the community about Maldon Hospital:

- Familiarity with services
- Use of services (last five years)
- Suggestions for improvement (including accessibility)

The community’s relationship with the Hospital

Maldon Hospital has a strong and significant reputation in the community. This is particularly so for community members who have used its services. Residential aged care services are very highly valued and the care delivered there is highly praised.

Overall, community members who have used some of the services at the Hospital, for example aged care or the Urgent Care Centre or health promotion activities, demonstrate high satisfaction and praise for the services.

Table 3: Percentage of survey respondents use of Maldon Hospital services

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>YES</th>
<th>NO</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
The community survey found mixed levels of familiarity in the community with Maldon Hospital services among the population, especially across the range of services. For example, many community members are familiar with residential aged care services and perhaps one other service, but gaps exist such as familiarity with the Urgent Care Centre, acute ward services and the range of community services.

We don’t know what services the Hospital offers (male, 49 years)

The only publicity the hospital seems to seek is for Residential Aged Care. If it does provide services of a more general nature, please publicise them (female, 65-74 years)

A significant number were unclear about what services the Hospital provides:
- 57% of survey respondents were not familiar with the Urgent Care Centre
- 56% of survey respondents were not familiar with the Acute Ward services

### Table 4: Familiarity with Maldon Hospital services

<table>
<thead>
<tr>
<th>Service</th>
<th>YES</th>
<th>NO</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Aged Care</td>
<td>70.59%</td>
<td>29.41%</td>
<td>170</td>
</tr>
<tr>
<td>Urgent Care Centre</td>
<td>42.60%</td>
<td>57.40%</td>
<td>169</td>
</tr>
<tr>
<td>Acute Ward</td>
<td>43.83%</td>
<td>56.17%</td>
<td>162</td>
</tr>
<tr>
<td>Health Promotion Activities (e.g. classes, walking groups)</td>
<td>70.48%</td>
<td>29.52%</td>
<td>166</td>
</tr>
<tr>
<td>Community Services (e.g. District Nursing, Adult Day Services)</td>
<td>56.71%</td>
<td>43.29%</td>
<td>164</td>
</tr>
</tbody>
</table>

Community members suggested that the Hospital needs to strengthen its presence in the community and to undertake a community engagement campaign. There need to be opportunities for community members to familiarise themselves with available services through the use of strategies such as a monthly presence at the local market and regular / annual open day activities where the community is welcomed to the premises. Community members also suggested a social
marketing campaign and a social media presence given the number of community members who use social media websites and applications, such as Facebook.

Priority services for community promotion: Urgent Care Centre, acute hospital beds, community services.

Community access to Maldon Hospital services

In discussion with community members about Hospital services, a significant number were unclear about who is eligible and how to access services. In particular, there was confusion about access rights and admission procedures. This also includes community misperception about the relationship between the private general practice and the Hospital.

Voices from our community

Accessing Hospital services if you’re not a resident can be challenging (female, 38 years)
I am not aware of any services but I am a patient of Dr Fowler’s. Unsure how to access any services, would not know what is there or how to access (female, 64-74 years)
I am unaware of who can access the Urgent Care service (female, 50 years)

The key access issues identified:
1. Lack of clarity for community about eligibility for services
2. Perceptions of ineligibility / Admission rights limited to one private doctor, including limited access to residential aged care facility
3. Lack of clarity for community about services available at the Urgent Care Centre.

For some community members, there is lack of clarity about eligibility for Maldon Hospital services (which includes eligibility for patient bus service).

For others, there is frustration reported about what is perceived as limited and limiting service access: where only one General Practitioner (GP) can provide care to the residential aged care service; the same GP has sole hospital admission rights; and Urgent Care Centre eligibility is limited to the same GP’s patients.

Voices from our community

A hospital that is for everyone not only for a specific doctor’s patients (female, 75-84 years)
More availability for other doctors to be allowed in to the nursing home service is very important (female, 50-64 years)
Availability of more doctors than [one] being able to be accepted into Maldon Hospital - this has been an issue for years and years for many people, and stops people from wanting to use Maldon Nursing Home - this is a real shame (male, 65-74 years)
Maldon Hospital would be much better as a service where people who use other doctors were allowed into the hospital easily (female, 50-64 years)
We need access to a doctor (if needed) when presenting to urgent care even if we are not a regular patient of doctor (male, 65-74 years)

Other access issues identified by community members include:

- Transport to and from services
  - Community members have reported that the use of the Maldon Hospital bus could be improved, that the service could be more utilised and communications about its availability strengthened, similar to the service at Castlemaine Health
  - There are also opportunities to improve transport and accessibility options through integration with the Neighbourhood Centre bus

The hospital should also make available the community buses for activities for those that otherwise have no way of attending any events or outings (female, 62, disability)

- Simplified local booking system for visiting services
  - Booking system for visiting services such as podiatry need to be simplified to provide one access point for community members

- Timetabling challenges with services
  - Limited hours of some visiting services such as the audiologist which only suit individuals who do not work
  - More flexibility with activity times: some community members have suggested that exercise classes are "too early in the day or in the evening, that late morning/early afternoon is better" (70 years, female) whilst others have reported that "classes and services are always on in the middle of the day, designed for old age pensioners, we're not all old age pensioners" (male, 71 years)

Some final words from service stakeholders

As part of the community engagement activity, some local service stakeholders were consulted. Some brief highlights from their feedback are included here.

- Castlemaine Health looks forward to maintaining our strong relationship with Maldon Hospital to help ensure together we continue to provide a significant range of health services locally (Castlemaine Health)

- There is real opportunity to put community services at the front; to understand health and wellbeing for the community, as a partnership. We need to work together around the evidence base, for example, to review whether we have growing dementia issues, and assess how can we collaborate around this? (Castlemaine District Community Health)

- We could run some allied health services out of spare treatment rooms; we could locate staff and co-locate staff, or if more services are needed, we can advocate together. We need to look at co-location efficiencies (Castlemaine District Community Health)

- How do we develop a more place-based response? For Council, our drivers sit with aged care reforms. We need to raise awareness of what the services are, what services might be available, and also understand whether people can’t access or don’t access. We know some
of the gaps are allied health but new gaps are constantly being identified (Mt Alexander Shire Council)

- We need a region-wide approach to consistent messaging about earlier intervention, service access, primary care; an agreement of what the key principles are, of what we are trying to get people to understand. This is a great opportunity for region-wide collaboration and innovation (Castlemaine District Community Health)

- There are opportunities for some great partnerships between RDNS and the Neighbourhood Centre, to promote support services and social connection (Neighbourhood Centre)

- There is opportunity to strengthen our health promotion activity to better integrate with Council strategy and operations (Neighbourhood Centre)

- There is an opportunity to drive better understanding of the value of Maldon Hospital to the local community and the town’s economic viability among the local business community (Maldon Inc)
References.


