

What did health services START doing during COVID-19 that we want them to STOP?

- Elective surgery cancellations
- App which makes some people feel like big brother is watching them
- Hospital Visitor restriction rather than management
- Panicking
- Nothing
- Not consulting enough before devising and implementing policies. Consumer engagement in WA has been for feedback not policy design. WA DG David Russell-Weisz talked about needing to adopt command and control modus operandi in chat with HCCWA but others states such as Victoria puts lots of consumer reps onto committees and working groups
- Only offering Telehealth when a face-to-face consultation is needed.
- My GP had consult with me in unlit side alley next to GP's office.
- Temperature checks before entering premises, waiting in the car for appointment to be ready, the "should I/shouldn't I" with gloves and mask. Though these are all sensible precautions while they are still needed.

What did health services START doing during COVID-19 that we want them to KEEP on doing?

- Concierge at the front doors stocking PPE for staff, communicated through social media, television, commercial and community radio
- Telehealth – (GP and specialist (including mental health) Medicare rebates)
- Telephone appointments for allied health services such as social work
- Out of hours appointments for allied health services such as social work – this suited some patients and service providers (with families and other commitments) better
- Virtual meetings for health department and health orgs, involving regional people too
- Better handwashing by clinicians
- More sanitising stations in healthcare settings – e.g. in lifts and on reception desks etc.
- Reminders to tell people not to attend appointments if they are unwell – may not be necessary in every situation and for minor ailments post Covid but if we are more conscious of infection control in general this has to be a good thing. Same goes for health workplaces being more tolerant of sickness - maybe it's okay for employees to have a certain amount of time where they can decide to work from home due to illness. Like if I have a cough for weeks I may not be unwell enough to need to miss work and use my sick leave but I should also not come into the office and expose everyone else to my germs so it's okay to say I am unwell but well enough to work hence I am working from home.
- Temperature checks and health screenings for certain procedures and appointments
- Removal of waiting room toys
- Checking in with people regarding their mental health and connectedness
- Texts and calls (from public hospitals) regarding appointments made and changed
- Promotion of flu vaccine (and associated uptake)
- Public and private hospitals working together and procuring supplies together (where appropriate)
- Telehealth Collaborative public & private hospitals
- Prescriptions written after phone consultation and faxed to pharmacy. Car service at pharmacy.
- Tele health
- Putting up health administrators to the public to discuss policies both at state and national with consumers. Events such as zoom fora etc. Working across sectors - between primary and tertiary, public and private providers – it's actually looked and behaved as a health system! Offering the option of Telehealth.
- Option of Telehealth and remote care.

- Phoning patient instead of face to face appointment.
- Telehealth and making it a matter of course to send script direct to chemist who then deliver meds. I could really do with keeping that up. It would save on all transport issues. Not that have done the Telehealth thing yet.

What did health services STOP doing during COVID-19 that we want them to NEVER DO AGAIN

- Taking a long time to implement changes
- A terrible attitude to a desire to speak to a doctor on the telephone
- Public hospital letters in the mail as the only way to arrange and move appointments to a point where they arrive after the appointment date!
- Running hospitals beyond 100% capacity
- Acting in silos - seeing public health, primary health, tertiary health, public and private providers as all being separate

What did health services STOP doing during COVID-19 that we want to START again?

- Engaging with consumer reps,
- Lung function tests in public hospitals (private ones cost a fortune!)
- Some waiting room comforts such as magazines (which people use or not use depending on their own risk profile and habits)
- Hospital visitors
- Multiple birth support persons
- Engaging with consumers (including some CAG meetings)
- Access to Allied Health, elective surgery and ED services on a needs basis
- Maintaining contact, being patient focussed
- Implementing the WA Cancer plan 2020-25!
Consumer choice to see clinicians was also removed. According to Professor Michael Kidd, principal health adviser to the Federal Dept of Health the use of Telehealth during COVID and ongoing **should be decision between provider and consumer about what is most appropriate in the circumstances.** If Telehealth is to be ongoing - which it should - it should not just be enforced on patients according to the wishes of the provider - the consumer should be offered a choice about whether it is right for them for any particular appointment.
- Face-to-face consultations.
- Have option for face to face consult. Using a mask makes it hard for me to comprehend. Muffled, and I can't use lip reading!
- Waiting rooms.