

Case study.

Increasing accessibility, inclusivity and improving the overall service delivered for people experiencing addiction with the Western Victoria Primary Health Network.

Desired outcomes

- Build capability
- Customer experience
- Service innovation

Tools used

- 'How might we' questions.
- Building capability
- Problem reframing
- Assumption busting
- Ideation
- Prioritisation

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Western Victoria Primary Health Network's (WVPHN) Alcohol and other Drugs (AOD) team sought to understand how they could increase accessibility, inclusivity and improve the overall service delivered within service centres across the state for people experiencing addiction.

Brief/Challenge

AOD use is a major social issue, potentially impacting on individuals, families, and communities and presents a major challenge for health services right across the region. It is rarely an isolated issue and communities within the region experience differing but co-existing health and social circumstances that must be understood at the local level. AOD addiction is often an affect of trauma in people's lives. Turning to alcohol and drug use is often a response or coping mechanism to their own past trauma. A main pain point for consumers is that currently if you have to move between a lot of services when seeking help, you have to repeat your trauma story over and over again to each practitioner. It relays down the trauma.

How might WVPHN create a practice that recognises trauma as a key part of the experience for people experiencing AOD addiction, in a way that does not exacerbate the trauma?

The real problem (what we discovered through research)

The intention was to present these ideas developed with stakeholders to consumers at the end of the day. One consumer came in, and immediately it became apparent that our plan would not be successful with only one person. And actually, it was a great opportunity to listen to someone's story to gain insight into their experience with the system. A lot of the stakeholders involved don't interact with consumers on a day-to-day basis, which means they are removed from the challenges of consumers in their roles. We were able to sense test some of the stakeholder's ideas with the consumer. This was great, as stakeholder's realised some of the ideas they had were based on assumptions.

Our approach

We immersed ourselves in research already commissioned within WVPHN about the individual regions or areas within their network. Specific issues emerged out of this research.

We then ran a one day workshop with WVPHN's stakeholders; service providers or people from government departments; Department of Justice, Department of Health, and the Primary Health Network.

Part of Huddle's work was to refine the insights from the previously conducted research to design the most effective questions for the 11 stakeholders to ideate how we might make these services more accessible, inclusive and a more integrated way of sharing information across the services. These questions and activities were designed in a way to activate collaboration amongst stakeholders to address some of these challenges together. We worked to hone these challenges and ensure structure to the day to focus on meeting outcomes.

Once produced, we implemented a rotation group session so that every participant contributed to and built upon each How Might We question. We then did evaluation and ranked the order of priority based on the potential impact of each idea vs the ease of implementation. We ended up with a matrix, and unpacked the challenges relating to their ideas. We were able to reframe problems into opportunities and actionable ideas, and unpacking assumptions.

Outcome

We structured the day to ensure everything was well documented, and produced a substantial amount of ideas with WVPHN which were put into the stakeholders plan. These ideas will inform the development of new service models after they go to commercial tender.

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