



Southern Melbourne Primary Care Partnership Consumer Engagement Network

BACKGROUND

1. BACKGROUND:

Southern Melbourne Primary Care Partnership (SMPCP) was established in July 2014 as a result of the merger between Kingston Bayside Primary Care Partnership (KBPCP) and Inner South East Partnership in Community and Health (ISEPiCH). The SMPCP catchment is home to more than 600,000 people spread across 214 Km² and covers five municipalities - Bayside, Glen Eira, Kingston, Port Phillip, Stonnington. Primary Care Partnerships, an initiative of the State Government, aim to facilitate the development of stronger partnerships, support service coordination and integrated chronic disease management and promote the integration of health promotion across agencies. Critical to the success of SMPCP is the active engagement of community and consumers in promoting positive health outcomes.

The Community Consumer Collaboration Group (CCCG), a working group of SMPCP organised a Consumer Advisor Forum (CAF) held on 24 May 2018. The purpose of the forum was to bring together consumer and community representatives and key personnel with responsibility for supporting consumer engagement from SMPCP Partner Agencies and other health services. The forum was attended by 53 participants and was facilitated by Max Hardy. Consumers and staff from the following agencies - Star Health, Cabrini Health, Alfred Health, Calvary Care - Bethlehem, Monash Health, Connect Health & Community, Headspace, Monash Partners, Safer Care Victoria, MPN Alliance Australia, Voices of the Valley and SMPCP attended.

The CAF provided an opportunity for consumer 'representatives' and the coordinators with responsibility for consumer participation to learn from one another. The objectives of the forum were:

- Increase consumer participation in the governance, guidance and evaluation of SMPCP partner agencies;
- Identify consumer engagement support needs and/or training opportunities that SMPCP could facilitate along with partner agencies; and
- Establish a Consumer Engagement Network to share information and undertake joint activities across SMPCP partner agencies.

2. KEY INSIGHTS AND RECOMMENDATIONS OF THE CONSUMER ADVISOR FORUM

The following illustrates the value consumers bring to health services as identified by the CAF:

- Consumers assist health service providers with insights into the patient 'lived experience' to improve health outcomes and overall patient experience
- Consumers can see blind spots, which can be unfriendly or intimidating, in the practices and procedures adopted by health service providers which professionals don't see
- Consumers can provide independent insights which are not limited by the expectations or 'group think' of a health service provider
- Consumers guide health service providers in identifying new and emerging consumer needs
- Engaged and informed consumers are vital to the model of care

The CAF identified that to empower and support consumers to be effective partners with health service providers there has to be a systematic approach to information sharing, consumer training and dedicated support staff with a role to promote consumer engagement. The forum attendees felt that health service providers need to:

- Facilitate and encourage health literacy of consumer representatives to promote informed decision making
- Establish opportunities to bring clinicians and consumers together to co-design solutions for real problems facing health service providers
- Provide training for clinicians and health service managers on how to engage with consumers to ensure consumer contributions are respected, valued and acted on
- Provide 'committee' training for consumers to make them more effective contributors
- Provide avenues for consumers to raise issues that are 'off agenda' or 'outside the box'. By providing these opportunities "consumers will get the message that consumers voices matter". In addition, health service providers will get new insights into their service delivery.

SMPCP [Community Health Model of Care Project](#) was cited as a recent positive example of co-design. It brought together consumers, clinicians and managers from all four Community Health Services in the SMPCP catchment. The Model of Care provides care options for clients when they are self-managing and when they need comprehensive assistance and care coordination.

The CAF also explored examples of what is currently working well from the consumer point of view. These included:

- Alfred Health consumer panels which review Patient Experience Surveys and discuss results with key hospital staff and managers to bring about changes
- Consumer involvement in staff recruitment, either by being on interview panels or observing group interviews to ensure the right people are engaged
- Star Health consumers identified that by proactively creating training opportunities for consumers it positively impacted on the health and wellbeing of the consumer representatives and addressed social inclusion
- Having a dedicated staff contact, a 'go to' person, for consumers to raise issues and help consumer representatives navigate health service bureaucracy

The CAF also explored consumer engagement and future developments from a Consumer Participation Coordinators point of view. These included:

- Ensuring there are designated consumer roles in a range of health service working groups
- Incorporating consumers into existing mechanisms such as clinical supervision models
- Recruiting the right consumers (taking into account education and/or professional background) and providing the right skill training and induction (including explicitly outlining expectations, roles and responsibilities) (The term 'right' refers to skills rather than degrees of compliance)
- Ensure health service providers have processes/mechanisms in place for hearing the lived experience/sharing stories (particularly important for staff training and in-service education)
- Involve consumers in the review and evaluation of patient feedback – satisfaction surveys, compliments/complaints, stories

The Consumer Participation Coordinators identified the following as areas for further work:

- Reimbursement
- Diversity of consumer engagement (CALD, ATSI, LGBTQI)
- Partnerships/alliances
- Consumer registry
- Diversity of demographics
- Leadership within organisations

A sample of Consumer Participation Coordinators answers to the question; "What could be done to improve consumer engagement?" included:

- Choosing the right person for a consumer facing role (needs passion)
- Co-design in service improvement and infrastructure planning
- Health literacy including checks of understanding
- Empower the consumer – training?
- Bring an awareness of consumer engagement into clinicians undergraduate curriculum and as part of health service providers induction
- Training health service staff on working with consumers (facilitation of meetings)
- Consumer engagement can't just rely on the passion individual staff members and health service providers need to ensure policy and decision making systems support consumer engagement
- Develop online platforms and/or forums to support and assist key staff in their consumer engagement role
- Collaborative training – set up networks with information sharing between all parties

3. SMPCP CONSUMER ENGAGEMENT NETWORK

The CCCG has considered the recommendations and suggestions raised during the CAF and proposes the following response:

- That an SMPCP Consumer Engagement Network (CEN) be established by the Executive Governance Group (EGG) as an SMPCP Working Group comprising two constituent groups:
 - Consumers currently active within consumer engagement processes of SMPCP partner agencies and like minded health service providers services, and
 - Consumer Participation Coordinators

It is anticipated that these constituent groups will work both separately and together to identify issues and opportunities for mutual training and policy development

- Two consumer representatives will be drawn from the CEN as consumer representatives to the EGG
- The key tasks identified for the CEN
 - Identify and facilitate common training opportunities for consumers and co-ordinators. Some suggestions include:
 - Health literacy
 - Meeting procedures
 - Engaging with clinicians
 - Co-ordinators support meetings to share ideas and strategies to promote consumer engagement
 - Opportunities for consumers to have online and 'face-to-face' meetings to bring forward common issues that can be taken to health services management (i.e. recognition and reimbursement policy, promoting engagement with CALD communities and other diverse communities ATSI, LGBTQI)
- That the CCCG be disbanded but its members be invited to help establish the Terms of Reference for the CEN. Additionally, current CCCG members will continue their involvement with current SMPCP working groups (such as Elder Abuse Prevention Network) should they choose to do so. Consumer vacancies on SMPCP Working Groups will be advertised through the CEN.