



cutting through complexity

DEPARTMENT OF HEALTH VICTORIA

Evidence report: Survey findings

Evaluation of Doing it with us not for us

July 2014

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Disclaimer

Inherent Limitations

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List of acronyms and abbreviations

Abbreviation	Definition/source
The 'policy'	Doing it with us not for us – Participation in your health service system 2006-09: Victorian consumers, carers and the community working together with their health services and the Department of Human Services
	Doing it with us not for us: Strategic Direction 2010-13
The 'framework'	Cultural responsiveness framework: Guidelines for Victorian health services 2009
The 'Department'	The Victorian Government Department of Health
Acronym	Definition
CAC	Community Advisory Committee
CALD	Culturally And Linguistically Diverse
CPI	Consumer Participation Indicator
HACC	Home and Community Care

1 Introduction

This *Evidence Report* presents the findings from one of two key methods being used to evaluate the Victorian Department of Health policy, *Doing it with us not for us*; the survey of stakeholders.

This section presents an overview of the purpose and content of this *Evidence Report*.

1.1 Background

KPMG was engaged by the Victorian Department of Health (the Department) to undertake a summative evaluation of the impact of the Department's policy, "*Doing it with us not for us*" (the policy), to inform the development of a new Victorian public policy on consumer participation.

The policy was launched in 2006, and sets out the guiding principles for public mental health services, community health services, hospitals and residential aged care facilities. The policy identifies a participation continuum and prioritised actions at individual care, program or department, health service organisational and Department of Health levels.

This policy was subsequently updated in 2009 and 2011 resulting in the current *Doing it with us not for us: Strategic Direction 2010-2013* (the policy). Following a review of cultural and linguistic diversity and cultural competence reporting requirements, minimum standards and benchmarks for Victorian health services were incorporated into the *Cultural Responsiveness framework: Guidelines for Victorian Health Services* (the 'framework') in 2009. The Framework was evaluated in conjunction with the policy, as together they provided direction as to how public health services should partner with their communities in the provision and planning of health care.

In 2012, the Victorian Auditor-General's Office performance audit report - Consumer Participation in the Health System - made a number of recommendations in relation to consumer participation, including the evaluation of the impact of the policy and updating the consumer participation policy and guidelines in the context of the new National Safety and Quality Health Service Standards and the Victorian Health Priorities Framework 2012-2022.

The outcomes of this evaluation will inform the development of a new Victorian consumer participation policy.

1.2 Evaluation scope

The evaluation scope is outlined below:

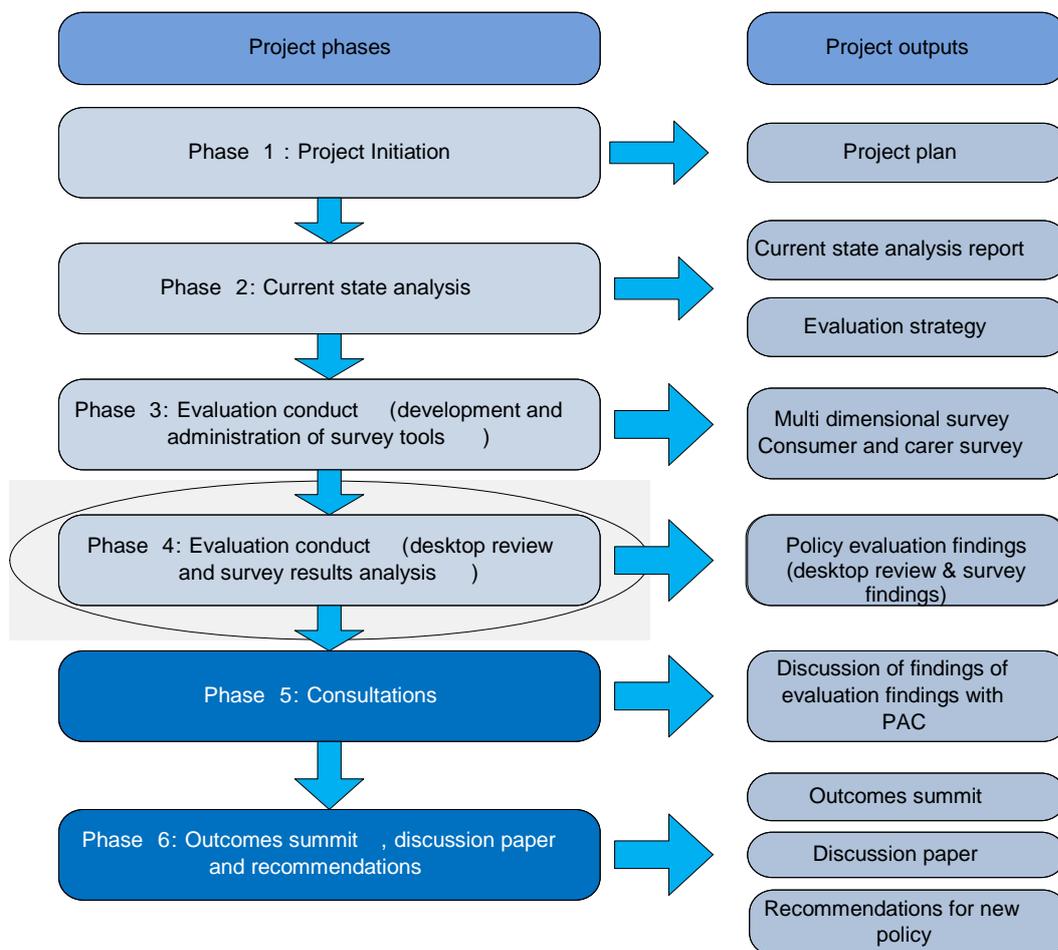
- conduct a situational analysis on the Victorian, Australian and international public policy of consumer participation, person and family centred care and patient experience in healthcare
- identify best practice and evidence based actions by which consumer participation, person and family centred care and patient experience can be maximised across the four levels of the policy
- conduct a summative evaluation of the impact of:
 - the consumer engagement policy, *Doing it with us not for us – Participation in your health service system 2006–09: Victorian consumers, carers and the community working together with their health services and the Department of Human Services*

- Doing it with us not for us : Strategic Direction 2010-13
- *Cultural responsiveness framework: Guidelines for Victorian health services 2009* (the framework)
- produce a ‘discussion paper’ for the Department to hold a public consultation on the new policy.

1.3 Project progress

The evaluation comprises six distinct phases, as outlined in Figure 1. This *Evidence Report* constitutes the output for Phase 4 of the evaluation.

Figure 1: Evaluation phases



Source: KPMG

1.4 Report objectives

This report outlines the findings from one of the evaluation activities as outlined in Phase 4, being the results of the three administered surveys;

- consumer and carer survey
- multidimensional survey (public health services survey)
- Department of Health survey.

These findings contribute to the evidence base for the development of the discussion paper, which will present the synthesised findings from all evaluation activities, including the findings from the desktop review and the consultations with health services.

The structure of the discussion paper will be guided by the agreed evaluation strategy. The lines of enquiry outlined in the strategy will form the basis for how the evidence and findings will be synthesised and presented for the purpose of this evaluation.

1.4.1 Methodological considerations

The methodology used within this *Evidence Report* has been driven by the requirements of the original Request For Tender. The Department also specified the breadth of the stakeholder groups who have participated in the survey.

1.4.2 Limitations and confounding factors with evaluation activities in this *Evidence Report*

This evaluation has been undertaken in a real world environment and findings about the policy and the framework will be influenced by a variety of other factors. The findings contained within this *Evidence Report* can only be based on the evidence sources to hand; as such, causation cannot be attributed from these resources in isolation. For example, other drivers of patient-centred care and/or related concepts may contribute to improvements or achievement relating to consumer participation. Findings from the review of evidence outlined in this *Evidence Report* cannot therefore be solely attributed to the policy and/or the framework.

Where possible, confounding factors will be reduced through further qualitative analysis, including stakeholder consultations, although it is recognised that there will be factors, either known or unknown, which will continue to act as confounders for the evaluation.

1.5 Structure of this report

The structure of this *Evidence Report* is outlined below:

- **Section 1 - (this section) Introduction:** provides an overview of the project as a whole, the scope of the evaluation and the objectives of this *Evidence Report*.
- **Section 2 - Methodology:** outlines the methodology of the desktop review and the surveys.
- **Section 3 - Survey results:** outlines the results of the three administered surveys.
- **Section 4- Summary of findings and next steps:** summarises the overall findings and outlines the next steps for the evaluation.

2 Evaluation activity methodology

This section outlines the methodology of the surveys (including development and administration).

2.1 Survey methodology

Three surveys were developed for the purpose of this evaluation activity (comprising Phase 3 and Phase 4 of the evaluation (Figure 1)). A description of each of the target cohorts and purpose of each survey is outlined below.

2.1.1 Consumer and carer survey tool

This survey was targeted to consumers and carers who had contact with the health system, but were not involved with consumer participation activities or bodies. The consumer and carer survey contributes to the evaluation of the policy and the framework by asking consumers and carers about their views on participation in their care arrangements with public health services, whether the public health service actively included the consumer and/or carer in their care arrangements and treatment, and also their perception of public health services' cultural responsiveness.

2.1.2 Multi-dimensional assessment survey tool

The multi-dimensional assessment survey was designed specifically for Victorian public health services, including:

- acute and sub acute providers
- the mental health sector
- community health and residential aged care facilities
- peak health consumer, carer and community non-government organisations.

Intended survey participants from public health services included clinicians, quality staff and consumer and carer participation staff (including members of Community Advisory Committees (CACs)).

The survey focussed on health service staff's perception and understanding of consumer participation within health services, and the extent to which their health service acts to enhance consumer participation (at a whole of organisation level and health service program and department level).

2.1.3 Department of Health survey tool

The Department of Health survey tool was originally part of the multi-dimensional survey; however, in discussion with the Department, the survey was separated into a standalone survey. This survey explored Department staff's understanding and awareness of the policy and the framework, and perceptions relating to the effectiveness of the policy and the framework, including implementation.

2.1.4 Survey construction and administration

Survey development

Development of each of the surveys was guided by:

- the evaluation lines of enquiry, as outlined in the evaluation strategy
- the policy's standards and priority actions
- the framework's standards.

Survey administration

The online survey tool Qualtrics (www.qualtrics.com) was utilised to conduct the surveys. The functionality of this tool ensured that the survey was accessible to a wide range of people with disabilities, including blindness and low vision, deafness and hearing loss, learning disabilities, cognitive limitations, limited movement, speech disabilities, photosensitivity and combinations of these disabilities.¹

To prevent possible identification of respondents, information was categorised by public health service setting, role within health service (clinician, manager, consumer/carer representative) and location (metropolitan, regional or rural locations).

Optional questions which provide additional information on the diversity of participants (such as whether participants identify as having an Aboriginal or Culturally and Linguistically Diverse (CALD) background) were included in the consumer and carer survey.

Survey support

All administered surveys were supported by an 1800 telephone number and email contact to enable respondents to communicate with a member of the KPMG team in order to clarify any questions. The 1800 number was open during week day business hours and switched to a voicemail system outside of these times.

Pilot

A pilot of the survey was conducted for all three target groups. Pilot participants included Department representatives, consumers and a range of health service representatives. Each of the participants provided feedback on the survey, which, where appropriate and feasible, was incorporated into the survey design and function.

Distribution

Surveys were distributed through three main channels, in accordance with the target cohort for each survey, and in agreement with the Department. Each survey was distributed electronically, via a hyperlink for each survey (contained in an email forwarded by the Department).

- **Consumers and carers surveys** were distributed to consumers on the consumer register of the Health Issues Centre and, where possible, to consumers within health services. A paper based version of this survey was provided for consumers and carers. The survey was distributed on the 1st of April 2014.

¹ For more details see <http://www.w3.org/TR/WCAG20/>

- **Health service surveys²** were distributed through health service resource and quality managers. A letter to the Chief Executive Officer (CEO) of each health service was also distributed to improve awareness of the survey and enhance levels of completion. The Department maintained responsibility for distribution for this cohort. For community health services, the CEO was the focal point for distribution within the service. A paper based survey of the relevant component of the survey was provided to consumers in participation roles. The survey was distributed on the 8th of April, with a reminder sent to health services on the 17th of April 2014.
- **Department of Health surveys** were distributed throughout the Department by Departmental representatives. The survey was distributed on the 17th of April 2014.

All surveys were closed on the 2nd of May 2014.

² An incorrect link to the health services survey was initially sent to this cohort, and corrected the next day. Although surveys were counted from the day of the correction, it is possible that some respondents from the incorrect cohort may have completed the health services survey. It is not possible to identify these respondents, and the level of impact on the survey results is unknown, although the impact is expected to be minimal.

3 Survey results

This section outlines the results of the three administered surveys:

- Department of Health survey
- Public health services survey
- Consumers and carers survey.

3.1 Department of Health survey

The Department of Health (the Department) survey was distributed throughout the Department of Health on 17 April 2014 and was completed on 2 May 2014. In total, there were 100 responses to the survey, of which 71 completed surveys were analysed after data cleaning (including checking for survey completeness and responses to critical questions).³

More than half of the respondents (65 per cent, n=46) worked in a policy or program area in the Department. Staff in executive roles represented 8 per cent of the participants (n=6). The remaining 19 respondents (27 per cent) worked in 'other' roles. The variation in response between the cohorts varied depending on the questions. Differences are outlined in the body of this report under each question.

The majority of respondents were from metropolitan regions (80 per cent). No variation of note was identified in the responses provided from respondents in regional areas, and therefore this has not been commented on in this section.

Key summary findings

- The majority of Department staff stated that the Department was committed to improving consumer participation in Victoria and that the policy had at least been somewhat influential in other areas of the Department.
- Department staff stated that the policy provides direction to both health services and the Department to improve consumer participation.
- The level of support provided by the Department to improve consumer participation is viewed less favourably by staff. Opportunities may exist to improve the level of support provided by the Department.
- Respondents stated that the Department's ability to cater for people from diverse backgrounds in consumer participation initiatives provided opportunities for improvement.
- The majority of respondents reported that they had not received training relating to consumer participation. Respondents who had received training stated that it was at least somewhat useful.

³ An incorrect link to the health services survey was initially sent to this cohort, and corrected the next day. Although surveys were counted from the day of the correction, it is possible that some respondents from the incorrect cohort may have completed the health services survey. It is not possible to identify these respondents, and the level of impact on the survey results is unknown, although the impact is expected to be minimal.

3.1.1 Departmental commitment and policy influence

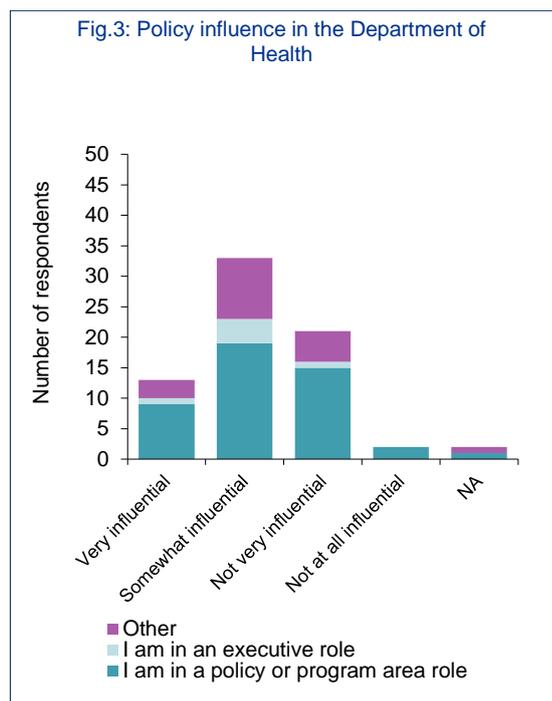
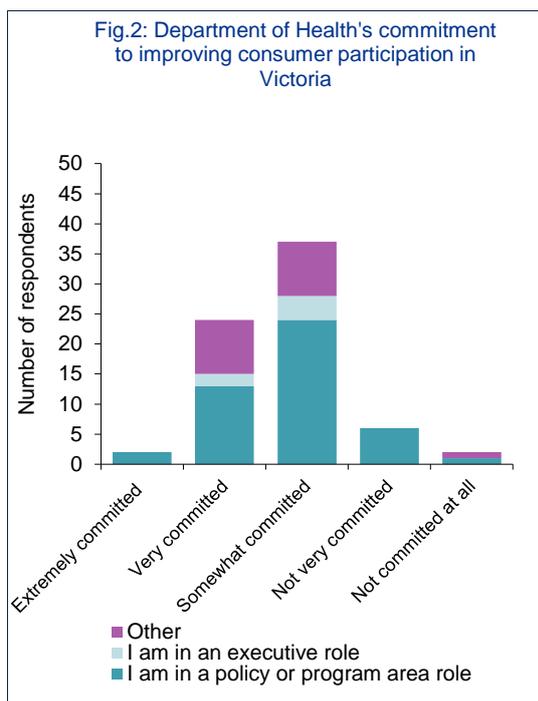
Overall, respondents stated that the Department was committed to improving consumer participation in Victoria (Figure 2). The majority of respondents perceived that the Department was ‘somewhat committed’ (52 per cent, n=37) while 34 per cent of respondents rated the Department as ‘very committed’ (n=24).

Sixty-four per cent of respondents viewed the policy as influential on other programs and policy developments; 18 per cent [n=13] of respondents selected ‘very influential’ and 46 per cent (n=33) of respondents selected ‘somewhat influential’. Approximately one-third of respondents (30 per cent, n=21) viewed the policy as ‘not very influential’ on other policies and programs development (Figure 3).

These results suggest that while commitment to improving consumer participation is strong (with 84 per cent of individuals stating that the Department was either very or somewhat committed to improving consumer participation), there is opportunity to achieve a greater level of impact, with 64 per cent of staff stating that the policy was an influence across the Department and 30 per cent stating it was not very influential

Figure 2: Responses to “In your view, how committed is the Department of Health to improving consumer participation in the healthcare system?”

Figure 3: Responses to “In your experience, how influential has the policy been in the development of other Department policies and programs?”



Source: KPMG survey analysis

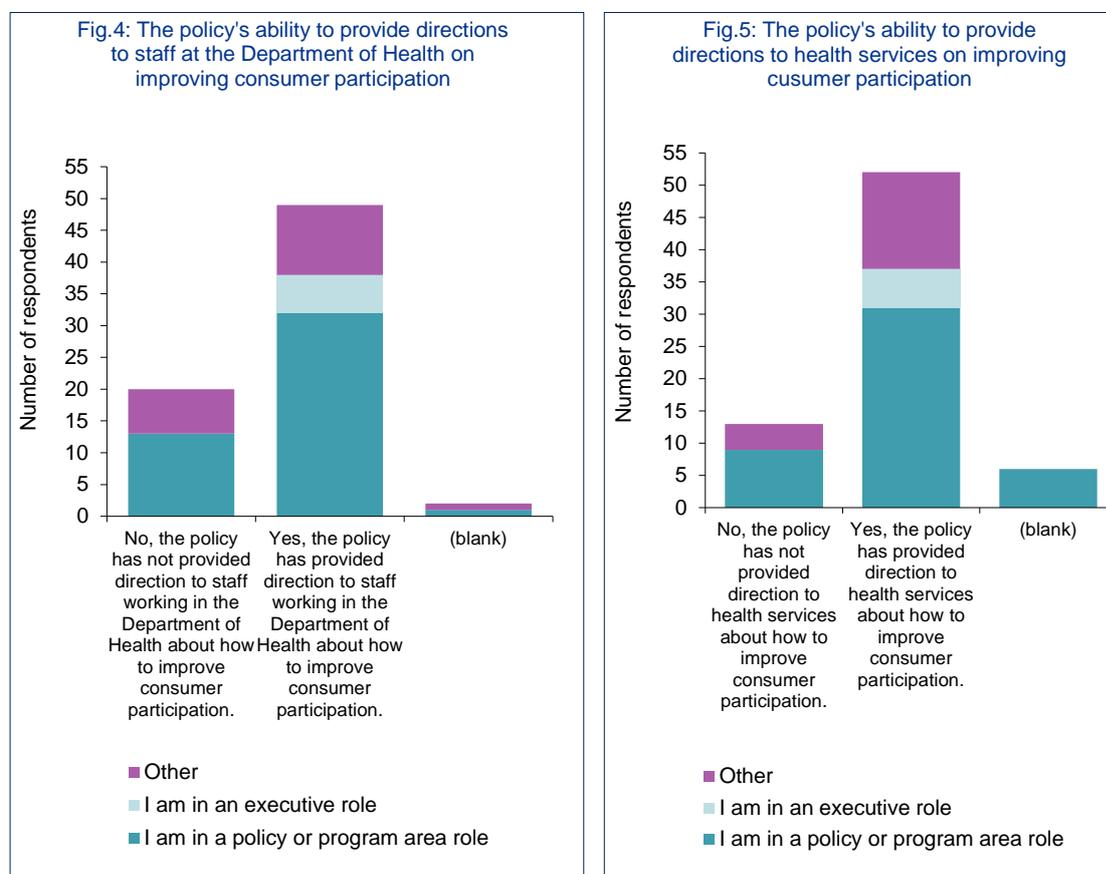
3.1.2 Policy impact and Departmental support

Policy providing direction for Departmental staff and health services

With reference to Figure 4 the majority of respondents stated that the policy had provided direction to Departmental staff on how to improve consumer participation (69 per cent, n=49). Similarly, 73 per cent of respondents (n=52) stated that the policy provided direction to health services to improve consumer participation (Figure 5). This would suggest that respondents view the policy as a useful document that assists staff and health services to improve consumer participation.

Figure 4: Responses to “In your view, has the policy provided direction to staff working in the Department of Health about how to improve consumer participation?”

Figure 5: Responses to “In your view, has the policy provided direction to health services about how to improve consumer participation?”



Source: KPMG survey analysis

The Department's level of support and guidance provided to improve consumer participation within the Department and for health services

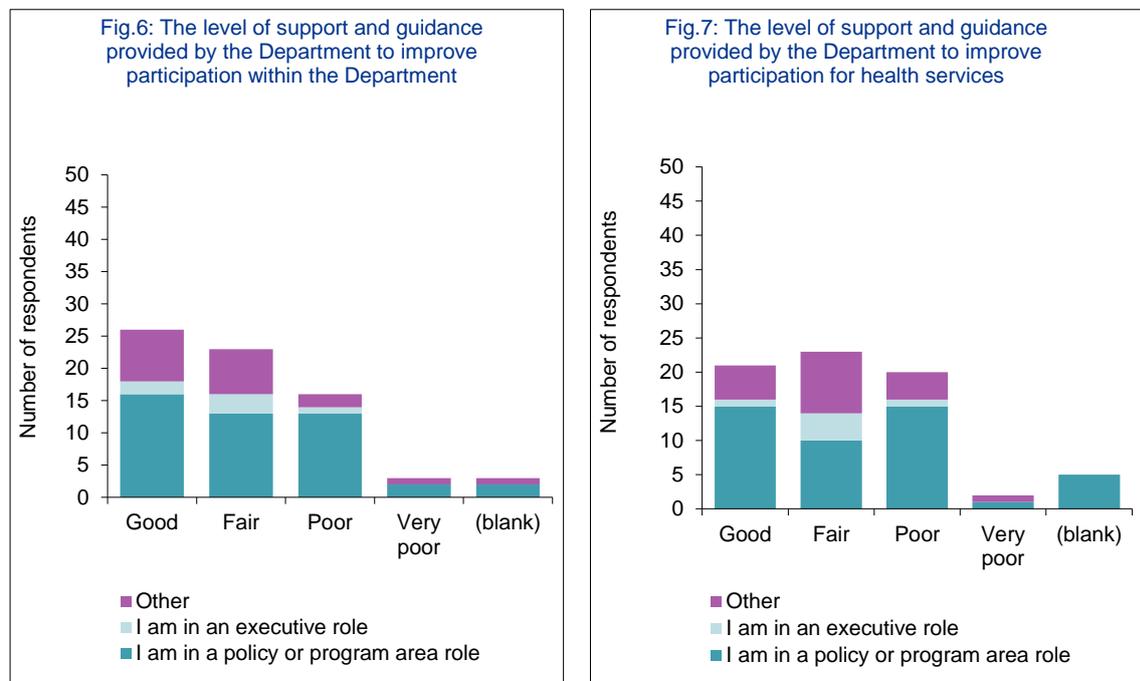
Departmental staff varied in their perceptions of the level of support and guidance provided to staff working within the Department. Sixty nine per cent (n=49) of respondents indicated that the Department had provided either a 'good' (n=26) or 'fair' (n=23), level of support and guidance in improving consumer

participation (Figure 6). Twenty seven per cent (n=19) of respondents considered the level of support to be 'poor' or 'very poor'.

A similar pattern was observed in relation to Departmental staff's perception of the level of support provided by the Department to improve consumer participation at a health service level (Figure 7). Sixty two per cent (n=44) of respondents rated the Department's level of support for health services as either 'good' (30 per cent [n=21]) or 'fair' (22 per cent, [n= 23]). Thirty one per cent of respondents rated the support provided by the Department as either 'poor' or 'very poor'. This suggests that although the majority of respondents stated that the level of support provided was at least fair, there may be further opportunities to improve the support and guidance provided by the Department to improve consumer participation.

Figure 6: Responses to "How would you rate the support and guidance provided by the Department to improve participation within the Department of Health?"

Figure 7: Responses to "How would you rate the support, guidance and resources provided by the Department to enable health services to improve participation?"

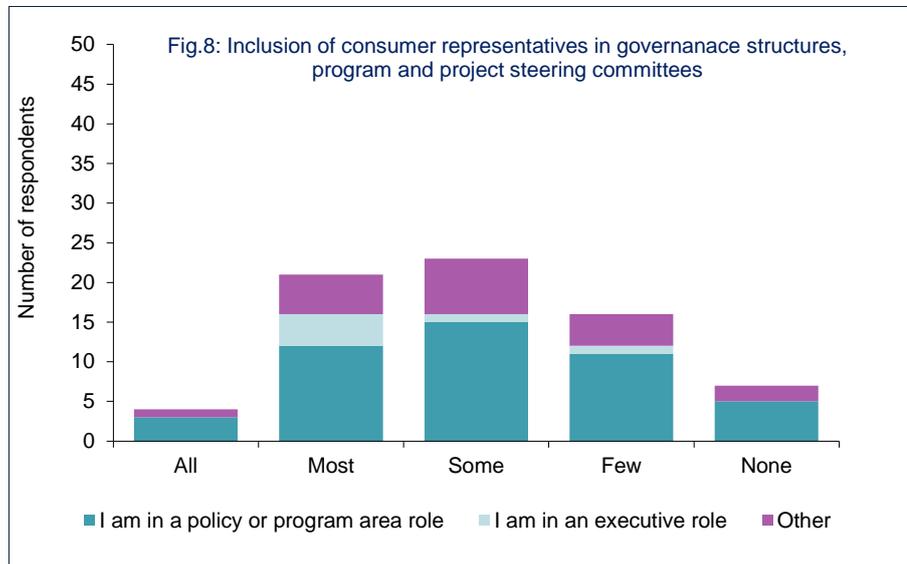


Source: KPMG survey analysis

3.1.3 Inclusion of consumer representatives – governance structures, program and project steering groups

Sixty two per cent of respondents (n=44) stated that consumer representatives were included in either 'most' or 'some' governance structures, program and project steering groups (Figure 8). This suggests that within the Department, there is a substantial level of consumer involvement in governance structures and program and project steering groups.

Figure 8: Responses to “Do program and project steering groups and other governance structures in your work area include consumer representatives?”



Source: KPMG survey analysis

3.1.4 Diversity

Diversity of consumer representation and tailoring of the Department’s approach to diverse communities

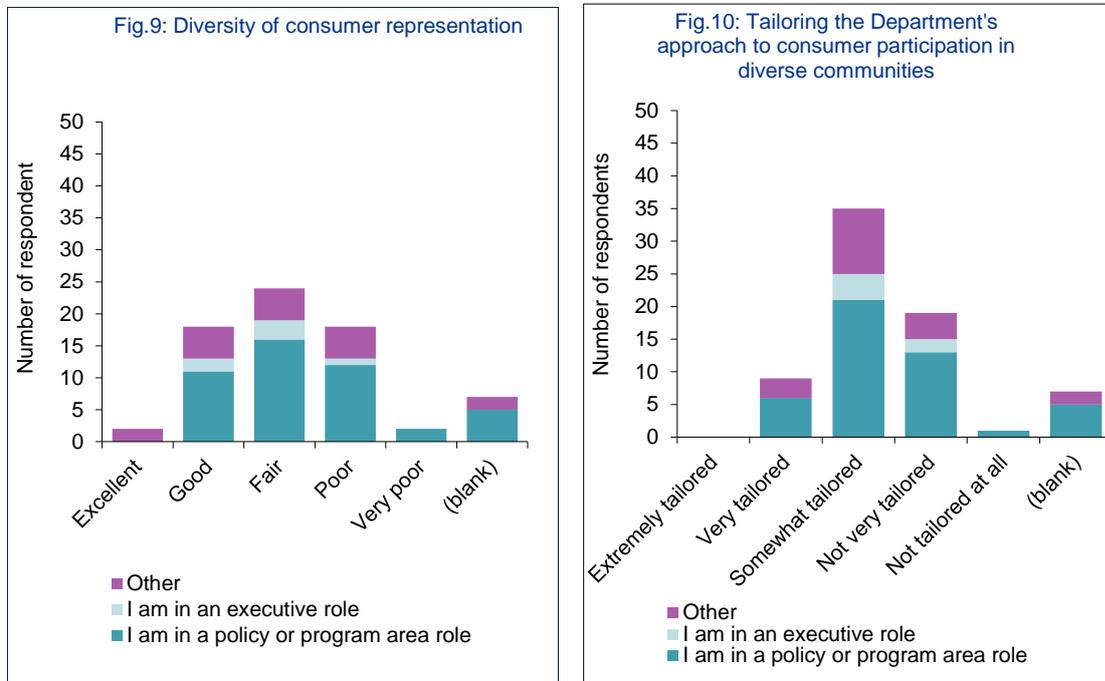
Over one-third (n=24) of respondents gave a ‘fair’ rating to the level of diversity of consumer representation (Figure 9). Twenty five per cent (n=18) of respondents rated their responses ‘good’ or ‘poor’. While the number of respondents who rated the level of diversity as ‘very poor’ was low (n=2), it was noted that these respondents were from policy or program roles, while all ‘excellent’ ratings were reported from executives. This may suggest a difference in perception between the two cohorts on how well people from diverse backgrounds are included in consumer participation initiatives.

The levels of ‘good’ and ‘excellent’ responses to level of diversity in consumer representation may reflect the ability of the Department to tailor their approach to consumer participation within diverse communities (Figure 10). Forty nine per cent of respondents reported that the Department’s approach to consumer participation was ‘somewhat’ tailored for diverse communities (n=35). Twenty seven per cent of respondents (n=19) reported that the approach was ‘not very tailored’ while 13 per cent of respondents (n=9) reported that it was ‘very tailored’. This pattern is consistent across all respondent cohorts. No respondents stated that the Department’s approach was ‘extremely tailored’.

Approximately ten per cent of respondents did not answer each of the two questions (Figures 9 and 10).

Figure 9: Responses to “How would you rate the diversity of consumer representation?”

Figure 10: Responses to “To what extent is the Department’s approach to consumer participation tailored to its diverse communities?”



Source: KPMG survey analysis

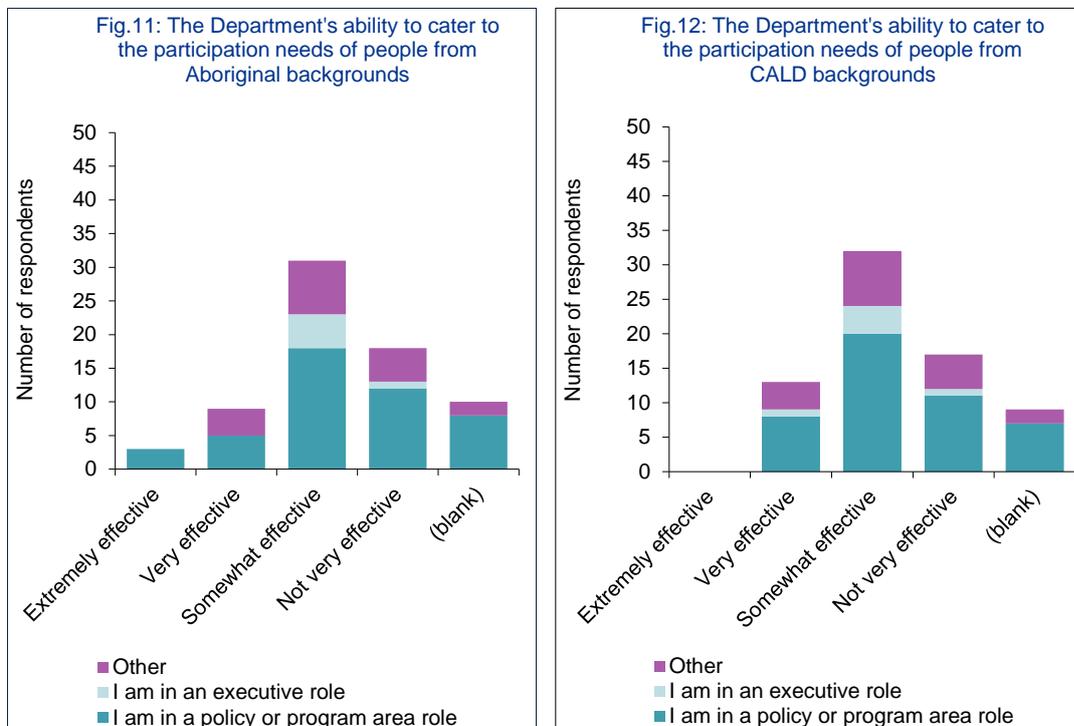
Effectiveness in catering to participation needs of people from Aboriginal and CALD backgrounds

The majority of respondents reported that the Department was ‘somewhat effective’ in catering to the participation needs of people from Aboriginal backgrounds (44 per cent, n=31). Approximately 25 per cent of respondents (n=18) indicated that the Department was not very effective at all, while 17 per cent rated the Department as ‘very effective’ and ‘extremely effective’ in catering for the participation needs of people from Aboriginal backgrounds (n=12) (see Figure 11).

Similarly, 45 per cent of respondents (n=32) reported that the Department was ‘somewhat effective’, 24 per cent ‘not very effective’ (n=13) and 18 per cent ‘very effective’ (n=13) in catering to the participation needs of people from CALD backgrounds. No respondent suggested that the Department’s ability to cater for people with CALD background was ‘extremely effective’ (Figure 12).

Figure 11: Responses to “How effective is the Department in catering to participation needs of people from Aboriginal backgrounds?”

Figure 12: Responses to “How effective is the Department in catering to participation needs of people from Cultural and Linguistically Diverse (CALD) backgrounds?”



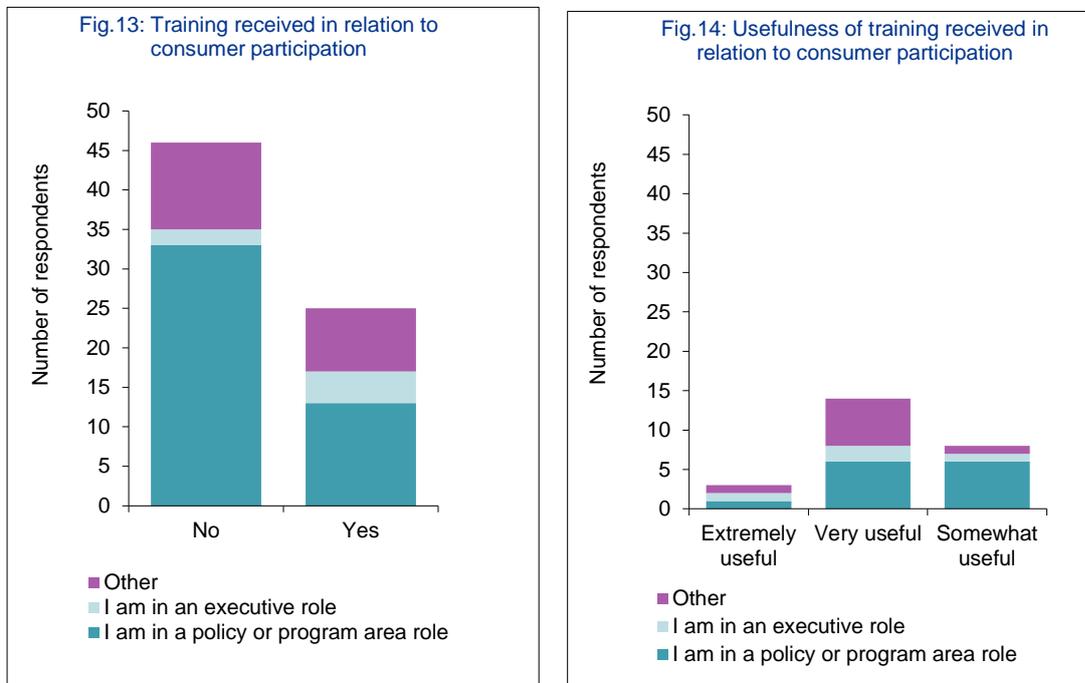
Source: KPMG survey analysis

3.1.5 Training

More than half of respondents indicated that they had not received any training in relation to consumer participation (65 per cent, n=46). Of the 25 respondents who had received training, the majority (56 per cent, n=14) reported the training was ‘very useful’ (see Figure 13). Approximately 32 per cent (n=8) reported that training was ‘somewhat useful’ and 12 per cent (n=3) reported that it was extremely useful. No respondents who participated in the training reported that the training was not useful (Figure 14).

Figure 13: Responses to “Have you received training in relation to consumer participation?”

Figure 14: Responses to “How useful was this training in developing your knowledge and skills in relation to consumer participation?”



Source: KPMG survey analysis

Respondents were asked what type of training they received (free text). The types of training received can be categorised into four broad types:

- external training courses, for example, through the Health Issues Centre and Western Cluster Education Training
- internal training courses, for example, through the Health Issues Centre and in service training related to Consumer Advisory Committees
- on the job training from supervisors and peer support training
- self learning, such as reading.

3.2 Public health services survey

The health services survey was distributed to public health services and CAC members on 8 April 2014 and was closed on 2 May 2014 (a reminder was sent out to health services on 17 April). There were 149 responses to the survey in total⁴. After data checking and cleansing for quality (for example, checking that survey responses were largely complete and that there were responses to critical questions), there were 115 responses to the survey:

- 11 clinicians in public health services
- 33 employees in quality and/or consumer and carer participation roles in public health services
- 33 executives of public health services
- 37 members of CAC⁵.

A selection of questions was asked to all cohorts, while some were specific to the relevant cohort of respondents. Key summary findings are grouped according to common questions (all respondents) and the specific cohorts. Clinicians are presented separately despite their low number due to the different set of questions administered to this group.

Key summary findings

Common question findings

- The majority of respondents were aware of the policy and familiar with its details, however clinicians and CAC members were less aware of the policy than executives and those with quality and/or consumer and carer participation roles.
- The majority of respondents stated that their organisation was committed to consumer participation.
- The majority of respondents stated that their consumer participation activities were tailored to those from diverse backgrounds, and that they were effective in providing for people from Aboriginal and CALD backgrounds.
- The majority of respondents reported that the organisation had established links with community organisations. All clinicians stated that the organisations had established links, while members of the remaining cohorts had a higher proportion of responses stating that links had not been created.

Clinicians

- Only a small number of clinicians responded to the survey.

⁴ An incorrect link to the health services survey was initially sent to this cohort, and corrected the next day. Although surveys were counted from the day of the correction (9th April), it is possible that some respondents from the incorrect cohort may have completed the health services survey. It is not possible to identify these respondents, and the level of impact on the survey results is unknown, although the impact is expected to be minimal.

⁵ Board members of public health services were excluded for the analysis as only one respondent was recorded.

- The majority of clinicians stated that they were confident in involving consumers in decision making.
- A substantial number of clinicians stated that they had received training in relation to consumer participation, and all who received training reported it as being at least somewhat useful.
- The majority of clinicians stated that their organisation had provided them with information and support to assist them to work with consumers from diverse backgrounds. Clinicians stated that this information was useful.
- Of the clinicians involved in organisational committees, most stated that consumers were involved. Consumers who were involved were recorded as being influential within the committees.
- Clinicians were aware of the feedback mechanisms in their organisation, and the majority stated that these mechanisms were useful.

Members of Community Advisory Committees (CACs), quality and/or consumer and carer participation role, and executive role

- Awareness of the policy amongst these groups did not vary by geographical location.
- The majority of respondents stated that the Department had not provided support to health services to implement the policy.
- The majority of respondents stated that consumers were involved at least 'sometimes' in the design, planning and evaluation of health services.
- The majority of respondents stated that consumers were involved in committee structures at least some of the time, and those that were involved, were considered influential by the majority of respondents.
- Feedback mechanisms were identified as effective by the majority of respondents in this cohort.
- The majority of respondents in this cohort had received training in relation to consumer participation, and stated that it was effective.

3.2.1 Public health services survey - Common questions

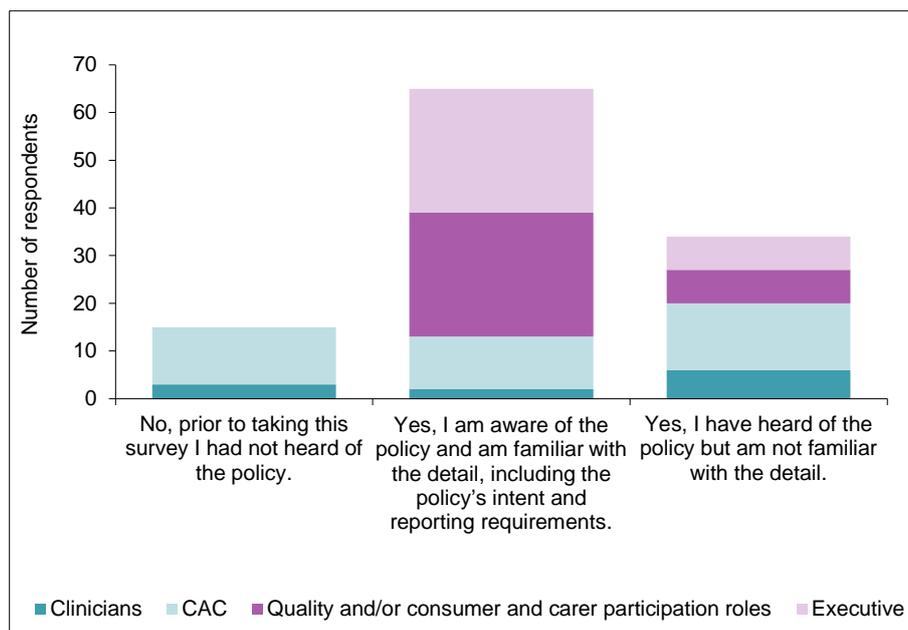
Policy awareness

All respondents were asked whether they were aware of the policy, and the extent of their awareness. The following responses were received (see Figure 15):

- Fifty seven per cent of all respondents (n=65) were aware of the policy and were familiar with its details
- Thirty per cent (n=34) of all respondents had heard of the policy but were not familiar with its details
- Thirteen per cent (n=15) of all respondents had not heard of the policy prior to the survey.

All respondents within executive, and quality and/or consumer and carer participation roles had heard of the policy prior to the survey and the majority of them were familiar with its details (79 per cent for each cohort). In contrast, 55 per cent and 38 per cent of respondents in clinician and CAC roles, whose majority responses suggested that they had heard of the policy prior to the survey, were unaware of its details. Over one-third of respondents from clinician and CAC cohorts (38 per cent for clinicians and 48 per cent for CAC) were not aware of the policy prior to the survey. This result needs to be considered in relation to the response rates, however, as 11 clinicians and 37 CAC members responded to the survey.

Figure 15: Responses to “Are you aware of ‘Doing it with us not for us’, the Department’s consumer participation policy?”



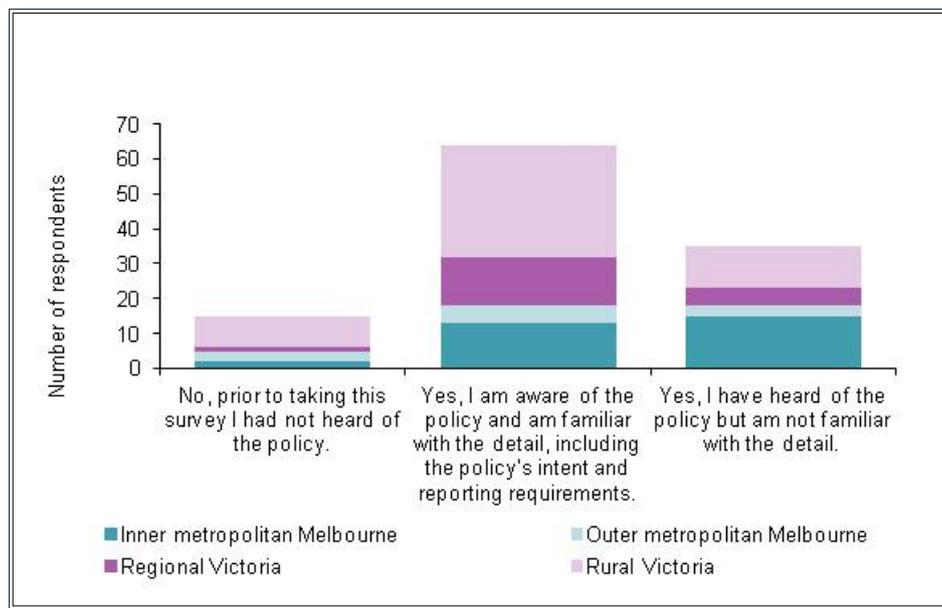
Source: KPMG survey analysis

Policy awareness by geographical location

The majority of respondents stated that they were aware of the policy, as outlined above. Analysis of the awareness by geographical regions finds that the majority of respondents were aware of the policy irrelevant of their geographical location (70 per cent or more of respondents from each location were aware of the policy). Of the respondents who had not heard of the policy, 67 per cent (n=8) were from

rural Victoria, 17 per cent (n=2) were from outer metropolitan Melbourne, and eight per cent (n=1) were from regional Victoria and inner metropolitan Melbourne respectively (Figure 16).

Figure 3: Responses to “Are you aware of ‘Doing it with us not for us’, the Department’s consumer participation policy?” by geographical location (excluding clinicians)



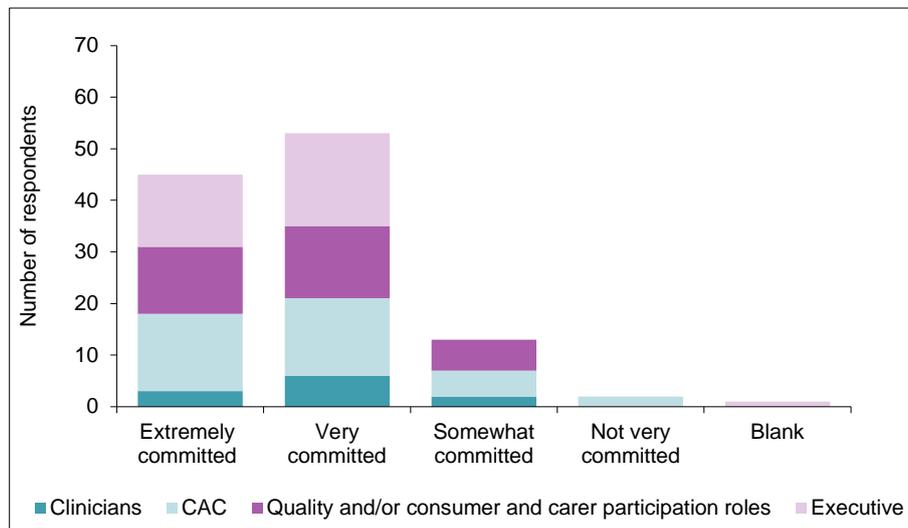
Source: KPMG survey analysis

Organisational commitment to consumer participation

Findings suggest that organisations possess a high level of commitment to involving consumers in decision making about their health care and treatment (Figure 17). Almost half of all respondents reported that their organisation was ‘very committed’ to encouraging consumer participation (n=53), while 39 per cent of respondents stated that their organisation was ‘extremely committed’ (n=45). Approximately 11 per cent of clients stated that their organisation was ‘somewhat committed’ (n=13) while only two per cent (n=2) stated that their organisations were ‘not very committed’.

This pattern is similar across the different respondent cohorts. No executive reported that their organisation was less than ‘somewhat committed’ to involving consumers in decision making. The only ‘not very committed’ responses were reported by respondents on CACs. No respondents reported that their organisation was ‘not at all committed’.

Figure 4: Responses to “How committed is your organisation to involving consumers in decision making about their health care and treatment?”



Source: KPMG survey analysis

Diversity

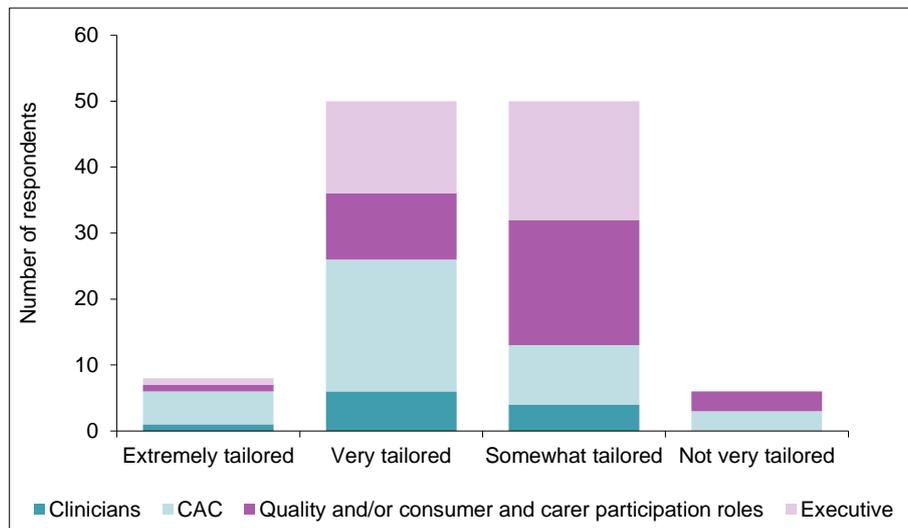
Three questions in the survey explored the degree of diversity in consumer participation:

- To what extent is (the respondent’s) organisation’s approach to consumer participation tailored to its diverse communities?
- How effective is (the respondent’s) health service in catering to participation needs of people from CALD backgrounds?
- How effective is (the respondent’s) health service in catering to participation needs of people from Aboriginal backgrounds?

Overall, results suggest that organisations tailor their approach to consumer participation for people from diverse communities (see Figure 12). The majority of respondents stated that the organisational approach was either ‘very tailored’ (44 per cent, n=50) or ‘somewhat tailored’ (44 per cent, n=50). Only 5 per cent of respondents (n=6) stated the approach was ‘not very tailored’, while no respondents stated that their organisation approaches were ‘not at all tailored’.

The majority of clinicians and CAC respondents stated that their organisations’ approaches were ‘very tailored’ (54 per cent for both cohorts) while the majority of executives and employees from quality and/or consumer and carer participation roles stated that organisational approaches were ‘somewhat tailored’ (55 and 57 per cent respectively).

Figure 5: Responses to “To what extent is your organisation’s approach to consumer participation tailored to its diverse communities?”



Source: KPMG survey analysis

Catering for the needs of people from Aboriginal and CALD backgrounds

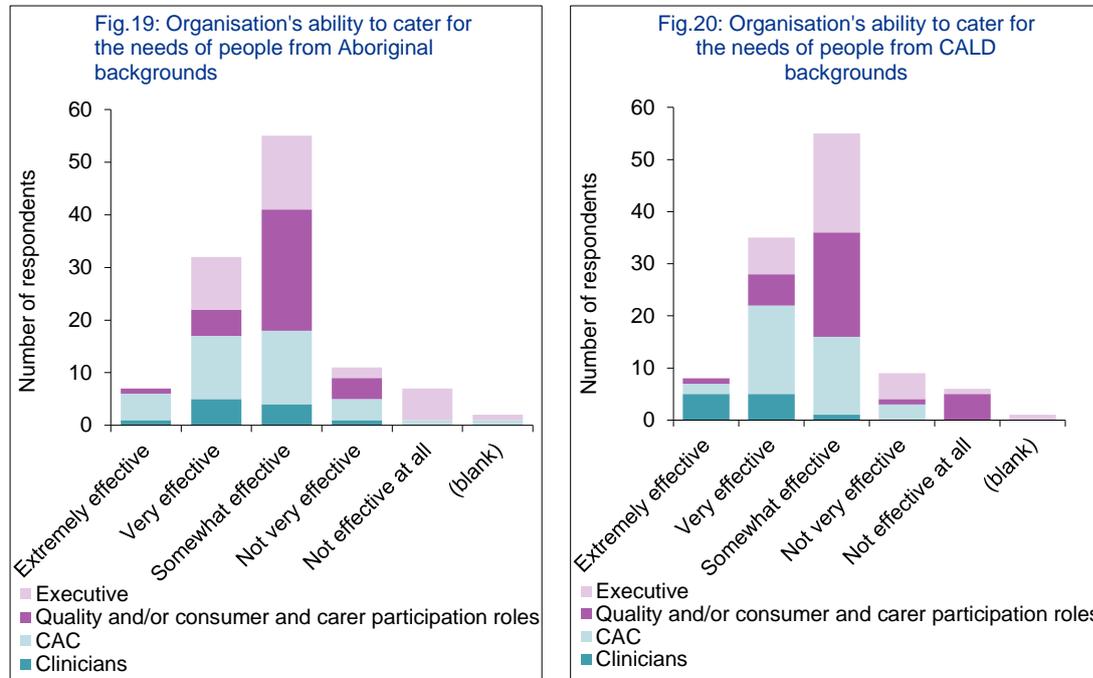
With reference to Figure 19, almost half of respondents stated that their organisation’s ability to cater for the needs of people from Aboriginal backgrounds was ‘somewhat effective’ (48 per cent, n=55), while 34 per cent of respondents rated their organisation as either ‘extremely effective’ (6 per cent, n=7) or ‘very effective’ (28 per cent, n=32). In contrast, 16 per cent of respondents rated their organisation as ‘not very effective’ (10 per cent, n=11), or ‘not effective at all’ (6 per cent, n=7). This suggests that the majority of respondents surveyed perceived their organisation to be effective in catering for the needs of people from Aboriginal backgrounds.

A higher proportion of clinicians stated that their organisations were either ‘extremely effective’ or ‘very effective’ in catering for the needs of people from Aboriginal backgrounds. Other cohorts recorded a higher proportion of ‘somewhat effective’ and below responses. All ‘not effective at all’ responses were reported by CAC and those in executive roles. This suggests a different perception of the organisational ability to cater for the needs of people from Aboriginal backgrounds between clinicians and other cohorts. This may reflect a clinician’s view of their own performance in treating consumers at an individual level.

A similar pattern was observed for people from CALD backgrounds (Figure 20). Almost half of the respondents (48 per cent, n=55) rated their organisation’s ability as ‘somewhat effective’, with 38 per cent of respondents recording either ‘very effective’ (31 per cent, n=35), or ‘extremely effective’ (7 per cent, n=8) responses. This suggests that the majority of organisations surveyed were perceived to be effective by respondents in catering for the needs of people from CALD backgrounds. However, some respondents stated that their organisation was ‘not very effective’ (8 per cent, n=9), and ‘not effective at all’ (5 per cent, n=6) in catering for the needs of people from CALD backgrounds. All ‘not effective at all’ responses were reported by those in executive or quality and/or consumer and carer participation roles.

Figure 6: Responses to “How effective is your health service in catering to participation needs of people from Aboriginal backgrounds?”

Figure 20: Responses to “How effective is your health service in catering to participation needs of people from Culturally and Linguistically Diverse (CALD) backgrounds?” and

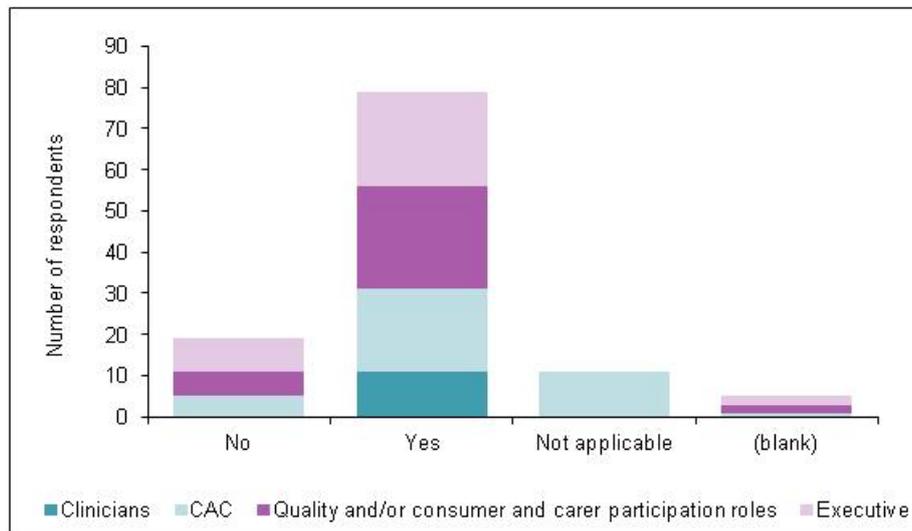


Source: KPMG survey analysis

Establishing links with relevant community organisations

All respondents were asked whether their organisation had established links with relevant community organisations (Figure 21). Approximately 69 per cent of all respondents (n=79) suggested that their organisation had established links with relevant community organisations. No clinicians suggested that their organisation did not establish links, while 14 per cent (n=5) of CAC respondents, 18 per cent of employees in quality and/or consumer and carer participation roles (n=6) and 24 per cent of executives (n=8) suggested that their organisation had not established links. Eleven of the CAC respondents suggested that establishing links with relevant community organisations was not applicable.

Figure 21: Responses to “Has your work area established links with relevant community organisations to provide consumers with ongoing information and support?”



Source: KPMG survey analysis

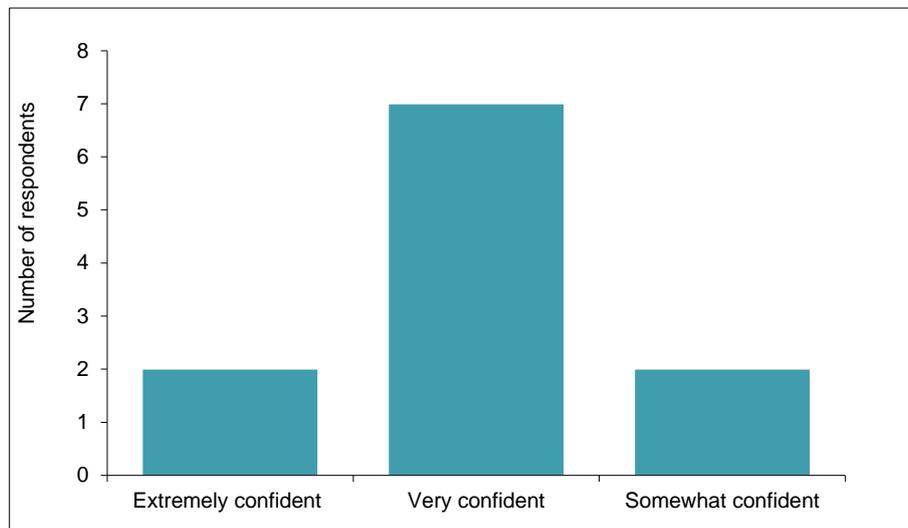
3.2.2 Public health services survey – clinicians

Clinicians were asked a specific set of questions pertaining to their ability to involve consumers in health care decision making, training and organisational operations in relation to consumer participation. All findings from this sub-set of survey questions must be cautiously applied due to the particularly small sample size. As noted previously, clinician responses to these questions have been included due to the specific survey set of questions that was included in the public health services survey.

Confidence in involving consumers in decision-making

Clinicians were asked about their confidence in involving consumers in their health care and treatment decision-making (Figure 22). Of 11 clinicians, 64 per cent (n=7) were ‘very confident’ and 18 per cent (n=2) were either ‘extremely confident’ or ‘somewhat confident’. No clinicians reported that they were not confident in their ability to involve consumers.

Figure 22: Responses to “How confident are you that you have the knowledge and skills to involve consumers in decision-making about their health care and treatment?”



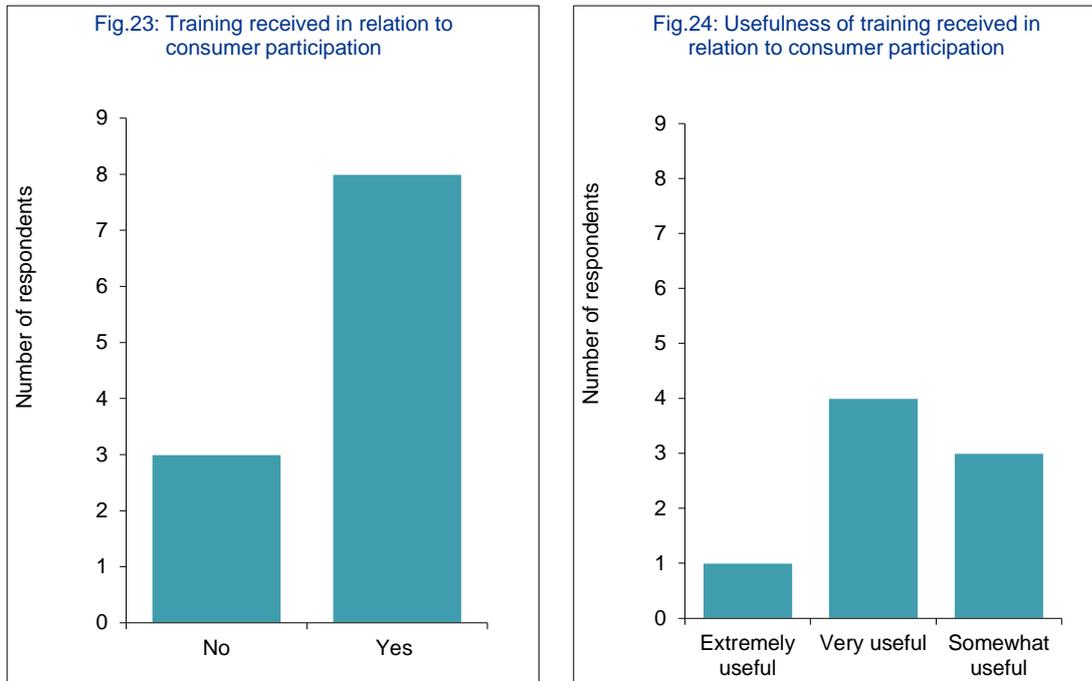
Source: KPMG survey analysis

Training

Over 70 per cent of the clinician respondents (n=8) reported receiving training in relation to involving consumers in decision-making about their health care and treatment (Figure 23). Of those clinicians, 50 per cent stated that the training was ‘very useful’ (n=4), 38 per cent stated that it was ‘somewhat useful’ (n=3) and the remaining 12 per cent stated that it as ‘extremely useful’ (n=1) (Figure 24).

Figure 23: Responses to “Has your organisation provided you with training about how to involve consumers in decision-making about their health care and treatment?”

Figure 24: Responses to “How useful was this training in developing your knowledge and skills to involve consumers in decision-making?”



Source: KPMG survey analysis

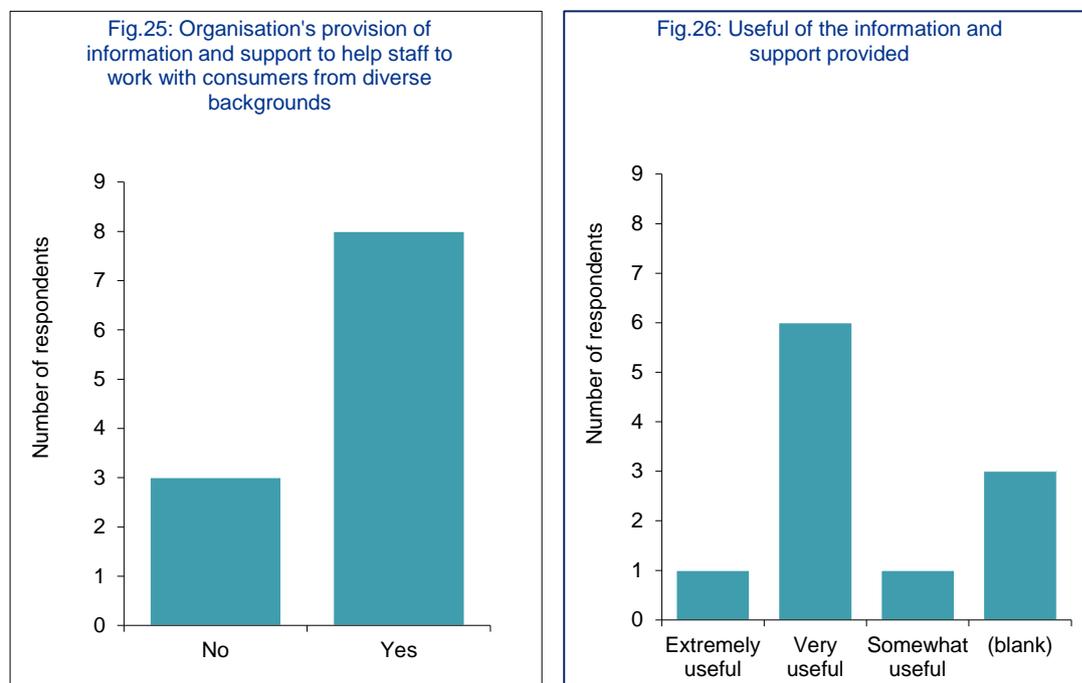
The majority of training received by clinicians was either in-house training or on the job training, such as in-service training sessions, Home And Community Care (HACC) Active Service Model training and completing relevant training modules.

Organisation’s provision of information and support for consumer participation

The majority of respondents (73 per cent, n=8) reported that their organisation provided information and support to assist them to work with consumers from diverse backgrounds (Figure 25). Of those who received information and support, 75 per cent of respondents rated it as ‘very useful’ and 13 per cent of respondents rated it as either ‘extremely useful’ or ‘somewhat useful’ (Figure 26).

Figure 25: Responses to “Has your organisation provided you with information and support to help you work with consumers of diverse needs and backgrounds?”

Figure 26: Responses to “How useful was this information and support?”



Source: KPMG survey analysis

The type of support provided included participation in forums, on the job training, the creation of trans-cultural service coordinator roles and external trainings such as workshops and presentations. Information provided included cultural planning and advanced care planning information, policy documents and referrals to online resources.

Organisation operations and consumer participation

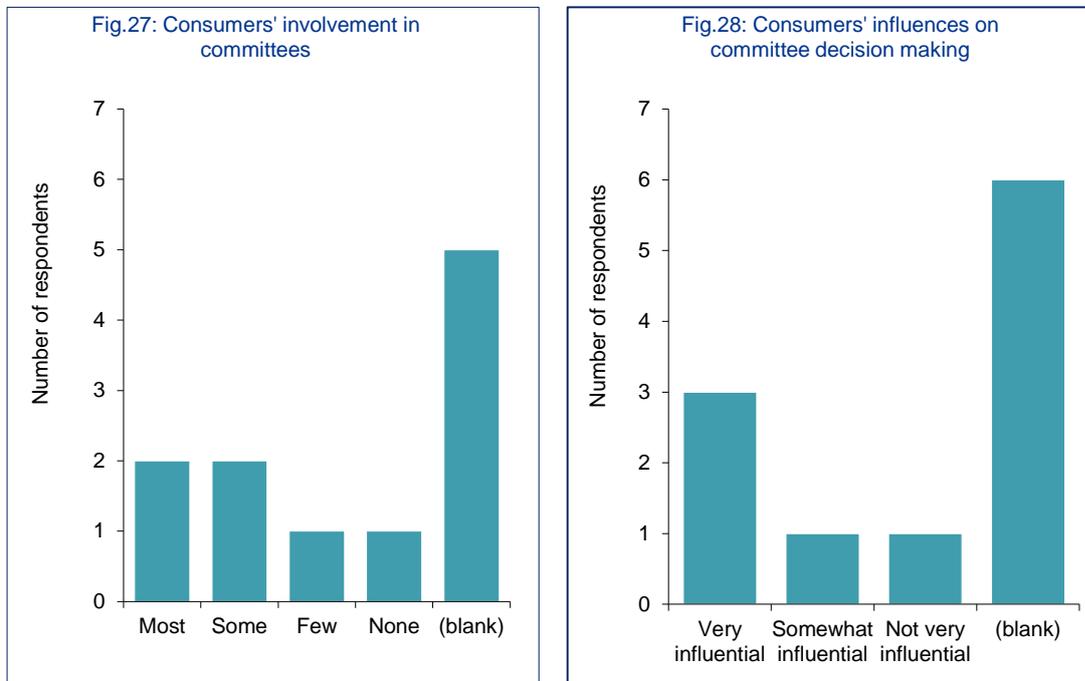
Clinicians were asked questions relating to their organisation’s involvement of consumers in committees, as well as their own involvement in committees (Figure 27). Of the clinicians responding, 55 per cent (n=6) were involved in their health service’s committee structures. Of the clinicians who were involved in committees:

- two stated that consumers were involved in most of the committees of which they were a part
- two stated that consumers were involved in some of the committees of which they were a part
- one stated that consumers were involved in few of the committees of which they were a part
- one stated that consumers were involved in none of the committees of which they were a part.

Where consumers were involved in committees, clinicians stated that consumers were either ‘very’ (three responses) or ‘somewhat’ influential (one response) in decision making within the committee. Only one respondent stated that the consumer was ‘not very influential’ in decision making within the committee (Figure 28).

Figure 27: Responses to “Are consumers involved in any of the committee(s) of which you are a part?”

Figure 28: Responses to “In your experience, how influential are consumer views in committee decision-making?”



Source: KPMG survey analysis

Awareness and effectiveness of feedback mechanisms

Ninety-one per cent of clinician respondents were aware of their organisation’s mechanism for collecting and reporting on consumer feedback. The majority of respondents (73 per cent, n=8) stated that the current mechanism was ‘somewhat effective’ and 18 per cent (n=2) stated that it was ‘very effective’. No respondent stated that the mechanism was not effective.

3.2.3 Public health services survey – members of Community Advisory Committee (CAC), quality and/or consumer and carer participation role, and executive role

Note: in this section, although answers may be provided by consumers, these consumers are involved in specific organisational roles (such as CACs), and are not consumers who have only received health care from the service.

Policy impact

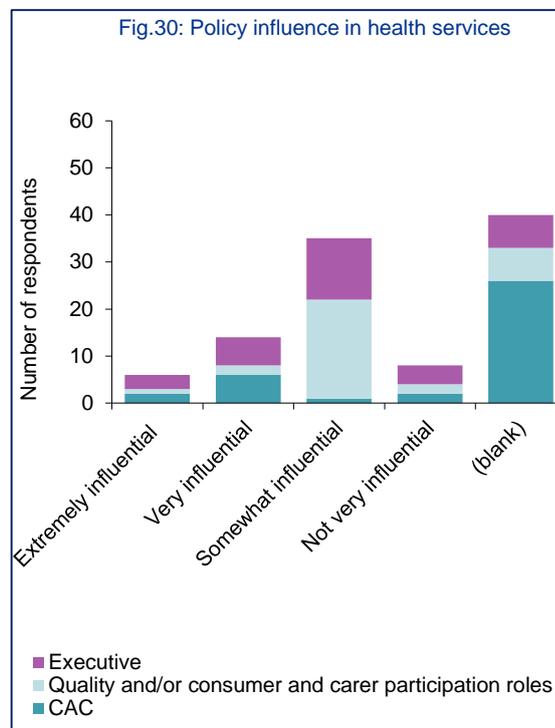
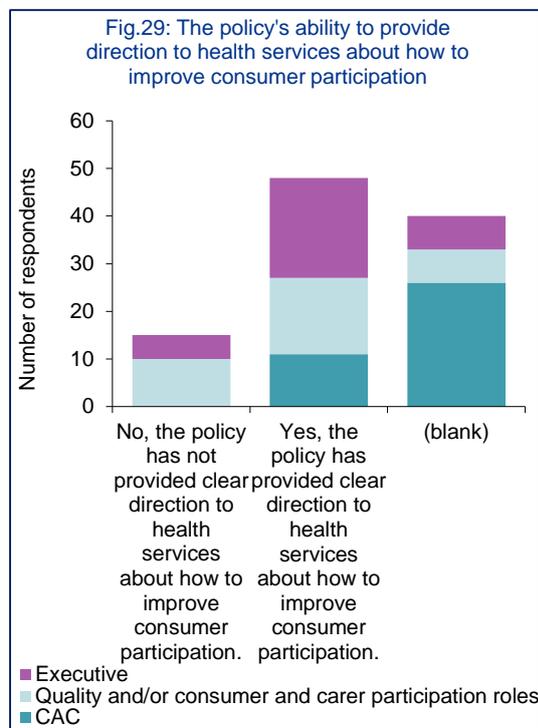
Forty-seven per cent (n=48) of respondents stated that the policy provided clear direction to health services on how to improve consumer participation (Figure 29). Seventy per cent of CAC respondents (n=26) did not answer this question, however, all of the CAC cohort that did respond stated that the policy provided clear direction to health services on how to improve consumer participation.

Respondents were asked whether they thought the policy was influential within health services (Figure 30). A large proportion of the respondents did not answer this question (39 per cent, n=40) and in line with the response to the previous question, the majority of non-respondents were from the CAC cohort.

The largest group of respondents (34 per cent, n=35) reported that the policy was ‘somewhat influential’. The majority of respondents from executive and quality and/or consumer and carer participation roles reported the policy was ‘somewhat influential’. This may suggest that, although the policy has had some impact on health services, there are opportunities to improve its influence.

Figure 29: Responses to “In your view, does the policy provide clear direction to health services about how to improve consumer participation?”

Figure 30: Responses to “In your experience, how influential has the policy been on your organisation’s approach to consumer participation?”



Source: KPMG survey analysis

Departmental support

When asked whether respondents’ organisations received support from the Department to implement the policy, the following differences were noted between cohorts (Figure 31):

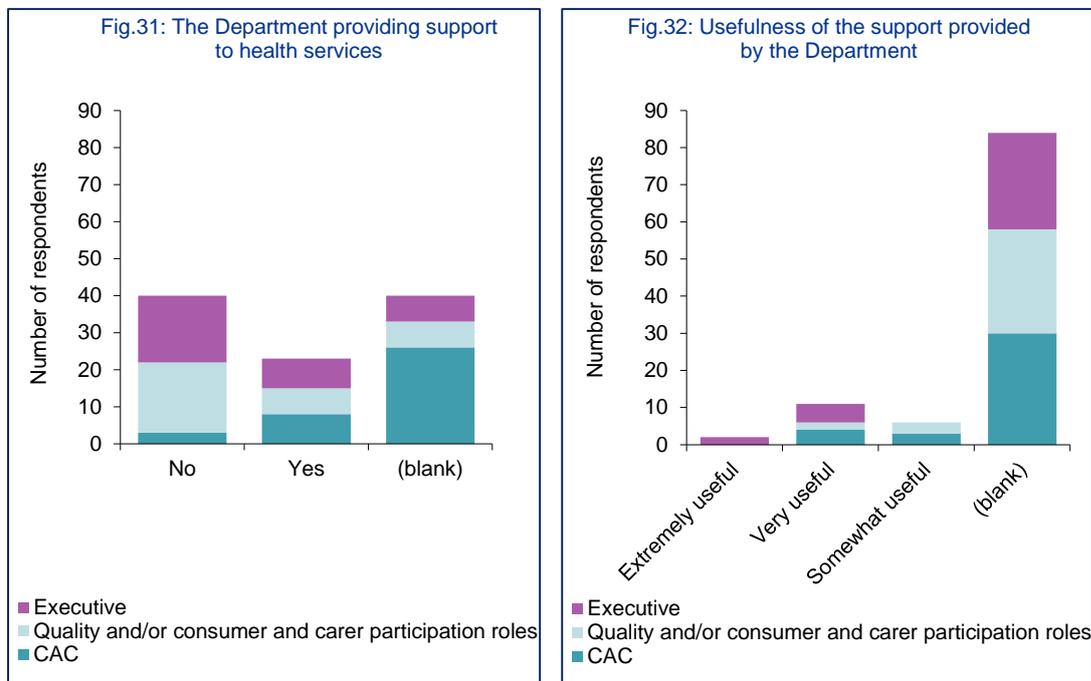
- Seventy per cent of CAC respondents did not respond to this question (n=26)
- Fifty five per cent of respondents from executive roles (n= 18) stated that their organisation did not receive any support from the Department
- Fifty eight per cent of respondents from quality and/or consumer and carer participation roles (n=19) stated that their organisation did not receive any support from the Department.

It is possible that the high non response rates from CAC members might indicate that they were unaware whether the organisation received support. For those who identified their organisation as having received support from the Department, the majority reported the support was ‘very useful’ (58 per cent, (n=11), equivalent to 11 per cent of total respondents) (Figure 32).

It is also noted that the Department of Health’s support model was to fund the Health Issues Centre to provide training to CAC services, however, this did not include non-legislated CAC health services until 2013-14. This support program is only now being implemented, therefore, this may impact on the survey outcomes.

Figure 31: Responses to “Has the Department of Health provided support to your organisation to implement the policy?”

Figure 32: Responses to “How useful was this support?”



Source: KPMG survey analysis

Respondents perceptions of consumer involvement in organisational processes and operations

The survey sought to understand consumers' involvement in various processes of the respondents' organisations, including service development, planning and service design and evaluation. The key findings are:

- Ninety per cent (n=93) of respondents stated that consumers were either always, often or sometimes involved in service planning
- Eighty three per cent (n=85) of respondents stated that consumers were either always, often or sometimes involved in service design
- Ninety per cent (n=92) of respondents stated that consumers were either always, often or sometimes involved in service evaluation.

Respondent perceptions of consumer participation in committees

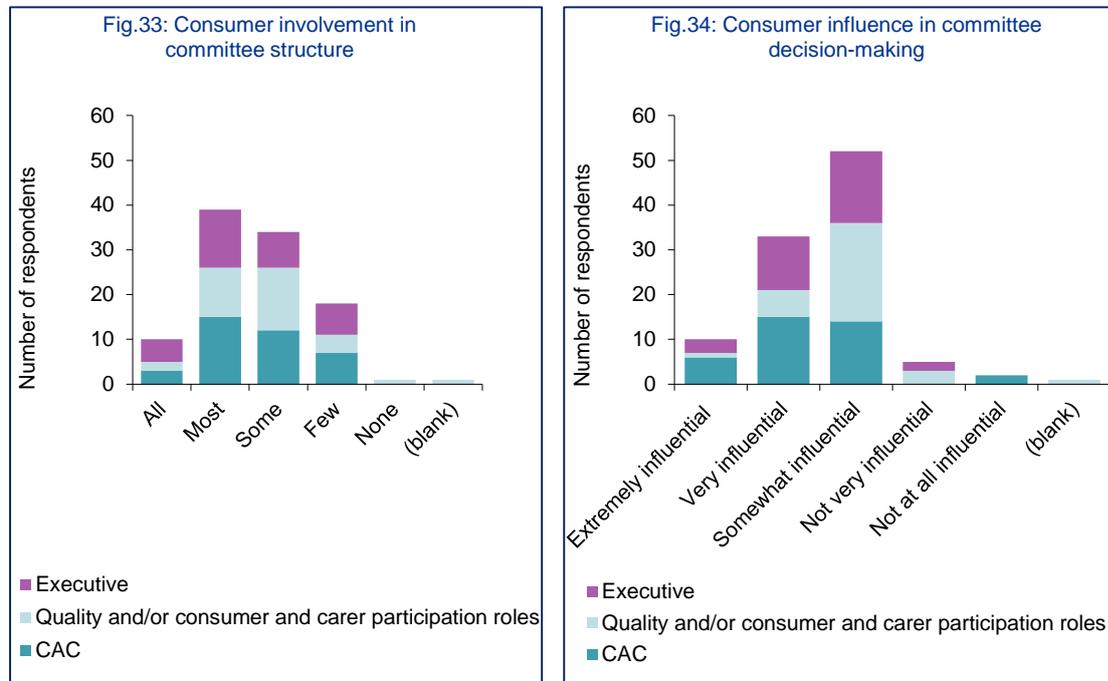
The majority of respondents (81 per cent) stated that consumers were involved in their organisation's committee structures at least 'some' of the time. This suggests that organisations in which the majority of respondents' were surveyed are consistently including consumers in their committee structures (Figure 33).

A higher proportion of responses from CAC and executive cohorts stated that consumers were involved in committees 'most' of the time, while a higher proportion of responses from the quality and/or consumer and carer participation roles cohort stated that consumers were involved in committees 'some' of the time.

Further, the majority of respondents (83 per cent) stated that consumers were at least 'somewhat influential' in committee decision making (10 per cent, 'extremely influential', 32 per cent 'very influential', and 51 per cent 'somewhat influential', [n=52]). This suggests that consumers are providing input into decision making processes within the organisation, and that it, in many cases, is making an impact (Figure 34).

Figure 33: Responses to “Are consumers involved in your organisation’s committee structures?”

Figure 34: Responses to “In your experience, how influential are consumer views in committee decision-making?”

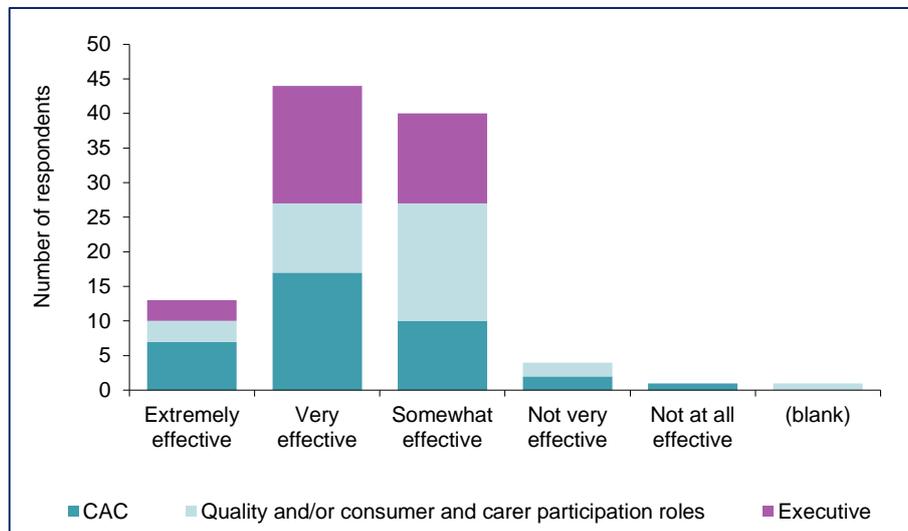


Source: KPMG survey analysis

Effective collection of feedback at an organisational level

Of those responding to the survey, 95 per cent stated that their organisation’s mechanism of collecting consumer feedback was at least ‘somewhat’ effective: 13 per cent (n=13), ‘extremely effective’, 43 per cent (n=44) ‘very effective’; and 39 per cent (n=40) ‘somewhat effective’ (Figure 35). Given the strong positive response to this question, it suggests that respondents perceive that their organisations generally have effective mechanisms for collecting feedback.

Figure 35: Responses to “How effective are your organisation’s mechanisms for collecting consumer feedback?”



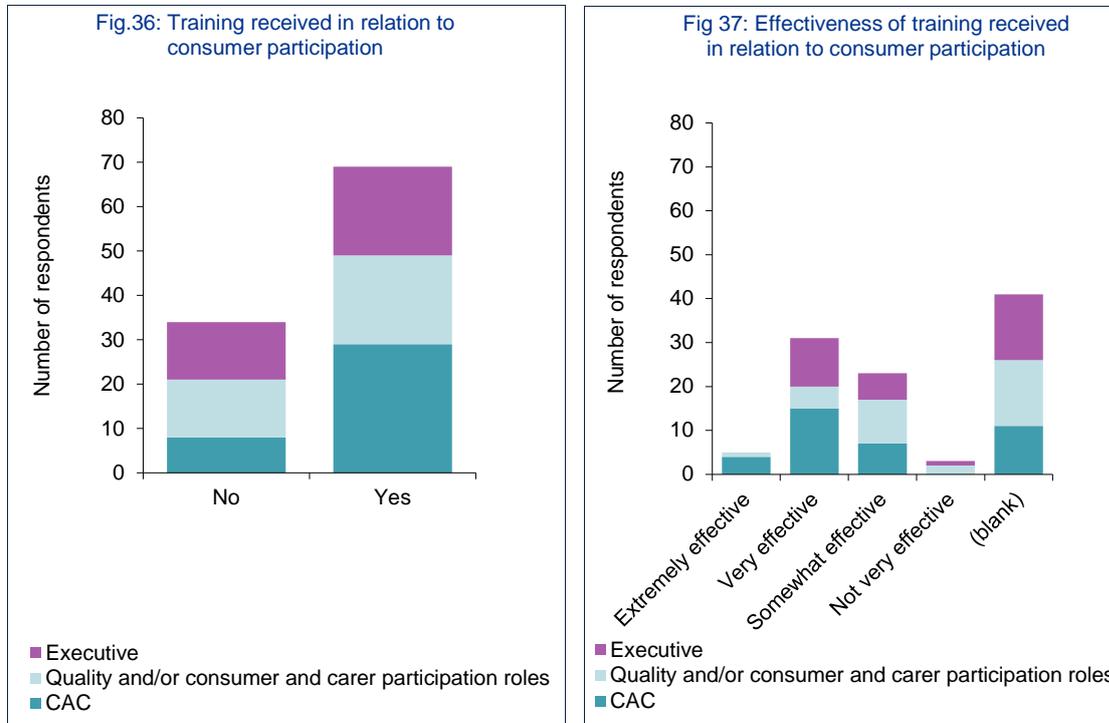
Source: KPMG survey analysis

Training

The majority of respondents within this section of the survey (67 per cent, n=69) received training in relation to consumer participation, with responses being generally consistent across all cohorts (Figure 36). Of all respondents surveyed, the majority stated that the training was at least somewhat effective (57 per cent, n=59) (Figure 37).

Figure 7: Responses to “Does your organisation provide staff with training in relation to consumer participation?”

Figure 37: Responses to “In your view, how effective is this training in equipping staff with the knowledge and skills to involve consumers in decision-making?”



Source: KPMG survey analysis

Respondents were asked to outline the type of training undertaken (free text response). Training included:

- external training courses including health literacy workshops and Health Issues Centre training
- internal training courses, including Health Issues Centre training, health service internally run workshops, in service training, patient centred care training and its application in the care setting and learning through peer reviews
- on the job training from supervisors
- self learning, such as reading, videos, on line education
- other awareness mechanisms such as consumers speaking at orientation programs and ward programs.

3.3 Consumer and Carer survey

The Consumer and Carer survey opened on 2 April 2014 and closed on 2 May 2014. The Department of Health sent out reminder emails prior to the survey closing to encourage responses. In total, there were 262 responses to the survey. After the data was checked for quality (for example, checking that survey responses were largely complete, and there were responses to critical questions), there were 143 responses to the survey; 87 respondents were consumers and 56 were carers. The majority of respondents answered most questions. However, like many surveys, the response rate dropped off as the survey progressed. For consumers, there were 87 responses to the first question and 78 responses to the last questions; for carers, there were 56 responses to the first and last question.

Within this section, consumer and carer responses are presented separately, to compare and contrast the two group's experiences with health services.

Key summary findings

- Approximately two thirds, 66 per cent, of both consumers and carers know how to find information about their rights and responsibilities as a health care consumer.
- The majority of consumers viewed their interaction with staff positively. The majority of carers (with one exception) also viewed their interaction with staff positively, but at a lower level of satisfaction than consumers. Only 45 per cent of carers stated that staff had always or often responded to their individual needs and preferences.
- Consumers and carers rated particularly positively the information supplied to them by health services.
- The involvement of consumers and carers in decision making was more variable, with less than forty per cent of consumers and carers noting that they are asked about their views on their health care and treatment. Carer responses were less positive than consumers.
- Forty percent of consumers and carers provided feedback to health services. Carers were substantially less satisfied with the response to feedback provided by health services than consumers.
- The majority of consumers stated that they had been involved in assisting health services and the Department, that their input had been valued and that they would like to be involved in assisting health services into the future.

3.3.1 Consumer feedback

Respondent profile

- More than half (57 per cent) of respondents last accessed a public health service in 2014. The remainder last accessed a public health service between 2010 and 2013 (38 per cent), and between 2006 and 2009 (7 per cent). Respondents who reported last accessing a health service prior to 2006 were excluded from the survey analysis, as this pre-dated the policy.

- The majority of respondents (74 per cent) last accessed a public health service. The remainder accessed a community health service (13 per cent), mental health service (10 per cent) and residential aged care services (1 per cent).
- Three out of four respondents (79 per cent) last accessed a public health service in metropolitan Melbourne (inner and outer). The remainder (21 per cent) last accessed a service in regional and rural Victoria.
- Two respondents identified as an Aboriginal or Torres Strait Islander.
- Approximately one in five respondents (18 per cent) reported being from a culturally or linguistically diverse background.

Right and responsibilities

Two-thirds of respondents (63 per cent, n=55) reported knowing where to find information about their rights and responsibilities as a health care consumer.

Interaction with staff

The survey asked consumers about their interactions with staff across a number of domains. The key findings are:

- Seventy two per cent (n=62) reported staff 'always' or 'often' treated them with respect
- Eighty one per cent (n=69) reported staff 'always' or 'often' communicated with them in a way they could easily understand
- Sixty four per cent (n=55) reported staff 'always' or 'often' responded to their individual needs and preferences
- Sixty four per cent (n=53) reported staff were 'extremely' or 'very' responsive to their culture and beliefs.

This suggests that staff, in the majority of cases, delivered health services that reflected consumers' needs, communication requirements and with respect. Further information is required to determine what drives health services to provide services in this manner and this will be explored in the consultation phase of this project.

Information provided

The majority (77 per cent, n=66) of respondents indicated that the health service provided them with information about their condition, treatment options, expected outcomes, side effects and costs. The provision, accessibility and relevance of health related information is a key component of the consumer participation policy. Among consumers who reported being provided with information:

- Eighty one per cent (n=51) indicated that this information was 'extremely' or 'very' easy to understand
- Eighty eight per cent (n=56) reported information was 'extremely' or 'very' relevant to their condition and personal circumstances
- Eighty four per cent (n=54) reported that this information was 'extremely' or 'very' useful in assisting them in making informed decisions about their health care and treatment.

Table 1: Consumer perceptions of information relevance and usefulness

Response category	Was the information you received easy to understand?		How relevant was the information to your condition and personal circumstances?		How useful was the information in helping you to make informed decisions about your health care and treatment?	
	N	%	N	%	N	%
Extremely	20	32%	27	42%	30	47%
Very	31	49%	29	45%	24	38%
Somewhat	12	19%	6	9%	8	13%
Not very	-	-	2	3%	2	3%
Total	63	100%	64	100%	64	100%

Source: KPMG survey analysis

Note: No consumer responded “not at all” to the above questions.

Decision making

Consumers were asked for their views regarding their input into decision-making about the management and treatment of their condition.

- Just over one third (38 per cent) reported staff ‘always’ or ‘often’ asked for their views on decisions about their health care and treatment.
- The majority (59 per cent) reported staff ‘always’ or ‘often’ listened to their views on their health care and treatment.
- Nearly two-thirds (63 per cent) reported staff ‘always’ or ‘often’ respected the decisions they made about their health care and treatment.
- Similarly, 59 per cent reported staff ‘always’ or ‘often’ acted on decisions they made about their health care and treatment.

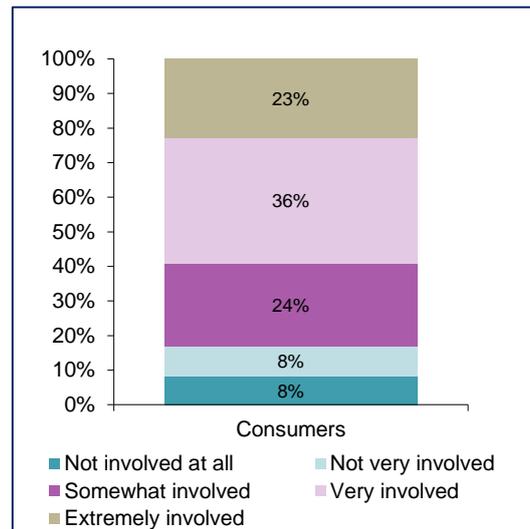
Table 2: Consumer perceptions of decision-making

Response category	Ask for your views on decisions about your health care and treatment		Listen to your views on your health care and treatment		Respect the decisions you made about your health care and treatment		Act on decisions you made about your health care and treatment	
	N	%	N	%	N	%	N	%
Always	18	22%	27	33%	34	41%	23	28%
Often	13	16%	22	27%	18	22%	26	31%
Sometimes	25	30%	16	19%	17	21%	20	24%
Rarely	19	23%	12	14%	9	11%	10	12%
Never	8	10%	6	7%	4	5%	4	5%
Total	83	100%	83	100%	82	100%	83	100%

Source: KPMG survey analysis

In response to the question “Overall, how involved did you feel in decision-making about your health care and treatment?” 59 per cent (n=49) of consumers reported feeling “extremely” or “very” involved (Figure 38).

Figure 38: Responses to “Overall, how involved did you feel in decision-making about your health care and treatment?”



Source: KPMG survey analysis

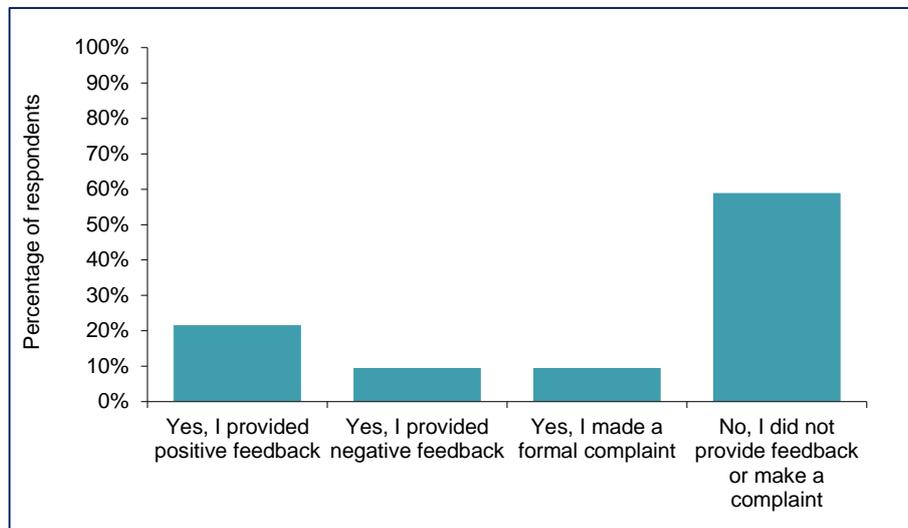
Provision of feedback

Forty one respondents (n=34) provided feedback or made a complaint (Figure 39). Of these, two-thirds (67 per cent) received responses to their feedback or complaint. The majority (57 per cent, n=12) were ‘extremely’ or ‘very’ satisfied with the response they received. The 59 per cent (n=49) of respondents who did not provide feedback or make a complaint were asked to outline their reasons for not doing so. Of these, twelve respondents provided reasons including:

- being too unwell
- that the negative feedback may impact the consumer’s relationship with health service staff negatively
- not feeling like the feedback/complaint would be listened to or acted upon
- not having enough time.

Although these answers suggest that consumers were aware they could provide feedback, and may have been aware of how to do so, the consumers’ perception of the impact of the feedback and the effect on the individual’s own wellbeing provides opportunities for improvement within health services.

Figure 8: Consumer responses to “Did you provide feedback (either positive or negative) or make a complaint about any aspect of your health care and treatment?”

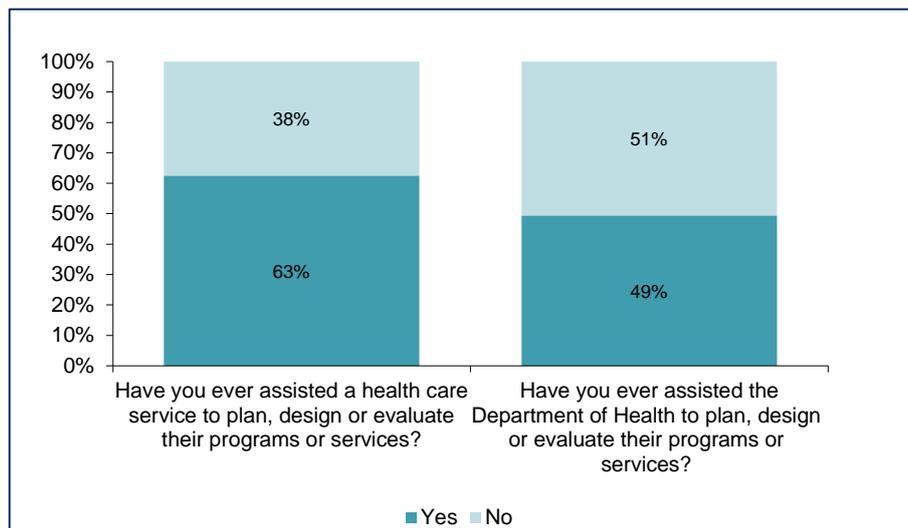


Source: KPMG survey analysis

Involvement in the design of health services

Respondents were asked to identify if they had assisted health services and the Department of Health in planning, designing or evaluating their programs or services (Figure 40). Approximately two-thirds of respondents (n=50) had assisted health services and just less than half (n=39) had assisted the Department of Health.

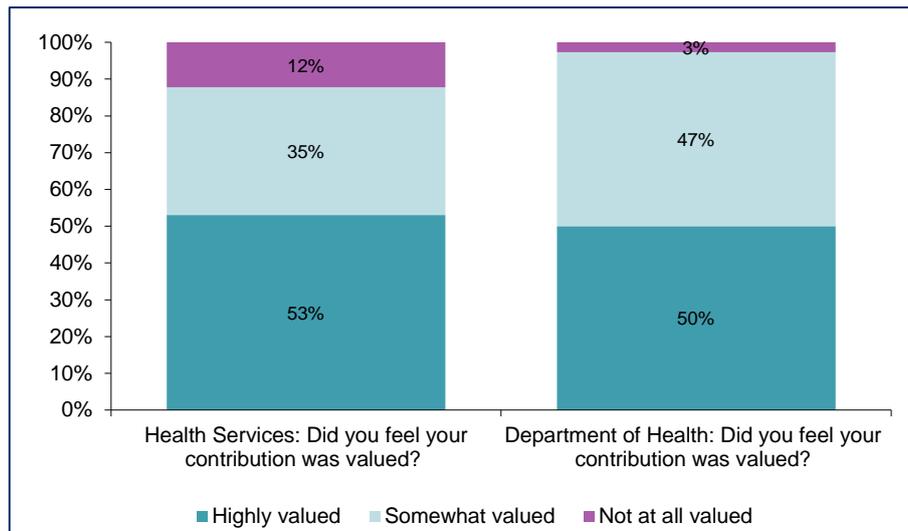
Figure 40: Consumer assistance in the planning, designing or evaluating of health service and Department of Health services and programs



Source: KPMG survey analysis

Respondents were also asked to rate how valued they felt their contribution was to health services and the Department (Figure 41). The majority (88 per cent) of respondents felt that their contribution was “highly” or “somewhat” valued by health services, and 97 per cent of respondents felt their contribution to the Department of Health was “highly” or “somewhat” valued. Two-thirds of respondents (67 per cent, n=52) indicated that they would like to be involved in the planning, design and /evaluation of health care programs or services. The remaining respondents (n=26) indicated that they are not interested in being involved at this point in time.

Figure 41: Consumers responses to “Did you feel your contribution was valued”?



Source: KPMG survey analysis

3.3.2 Carer feedback

Respondent profile

- The majority (64 per cent) of carer respondents last accessed a public health service in the current year. The remainder last accessed a public health service between 2010 and 2013 (34 per cent), and between 2006 and 2009 (2 per cent). Respondents who reported last accessing a health service prior to 2006 were excluded from the survey analysis, as this pre-dated the policy.
- The majority of respondents (73 per cent) last accessed a public health service. The remainder were from a community health service (9 per cent), mental health service (16 per cent) and residential aged care services (2 per cent).
- Three out of four respondents (80 per cent) last accessed a public health service in metropolitan Melbourne (inner and outer). The remainder (20 per cent) last accessed a service in regional and rural Victoria.
- One respondent identified as an Aboriginal or Torres Strait Islander.
- Eight respondents (14 per cent) reported being from a culturally or linguistically diverse background.

Rights and responsibilities

Similarly to consumers, close to two-thirds of carers (61 per cent, n=34) reported knowing where to find information about their rights and responsibilities as a health care consumer.

Interaction with staff

The survey asked carers about their interactions with staff across a number of domains. The key findings are:

- Seventy one per cent (n=40) reported staff ‘always’ or ‘often’ treating them with respect
- Seventy five per cent (n=42) reported staff ‘always’ or ‘often’ communicating with them in a way they could easily understand
- Forty five per cent (n=25) reported staff ‘always’ or ‘often’ responding to their individual needs and preferences
- Fifty eight per cent (n=31) reported staff as ‘extremely’ or ‘very’ responsive to their culture and beliefs.

Information provided

The majority (59 per cent, n=33) indicated that the health service provided them with information about the condition, treatment options, expected outcomes, side effects and costs about the person they care for.

The provision, accessibility and relevance of health related information is a key component of the consumer participation policy. Among carers who reported being provided with information:

- Seventy five per cent (n=25) indicated that this information was ‘extremely’ or ‘very’ easy to understand
- Eighty eight per cent (n=29) reported that information was ‘extremely’ or ‘very’ relevant to the condition and personal circumstances of the person they care for
- Seventy three per cent (n=24) reported that this information was ‘extremely’ or ‘very’ useful in assisting them in making informed decisions about the health care and treatment for the person they care for.

Table 3: Carers perceptions of information provided

Response category	Was the information you received easy to understand?		How relevant was the information to the condition and personal circumstances for the person you care for?		How useful was the information in helping you to make informed decisions about the health care and treatment for the person you care for?	
	N	%	N	%	N	%
Extremely	10	30%	11	33%	11	33%
Very	15	45%	18	55%	13	39%
Somewhat	8	24%	4	12%	7	21%
Not very	-	-	-	-	2	6%
Total	33	100%	33	100%	33	100%

Source: KPMG survey analysis

Note: No carer responded “not at all” to the above questions.

Decision making

Carers were asked for their views on their input into decision-making in the management and treatment of the condition of the person they cared for.

- One third (32 per cent) reported staff ‘always’ or ‘often’ asking for their views on decisions about the health care and treatment for the person they care for
- The majority (55 per cent) reported staff ‘always’ or ‘often’ listening to their views on the health care and treatment for the person they care for
- Nearly two-thirds (58 per cent) reported staff ‘always’ or ‘often’ respecting the decisions they made about the health care and treatment for the person they care for
- Similarly, 57 per cent reported staff ‘always’ or ‘often’ acting on decisions they made about the health care and treatment for the person they care for.

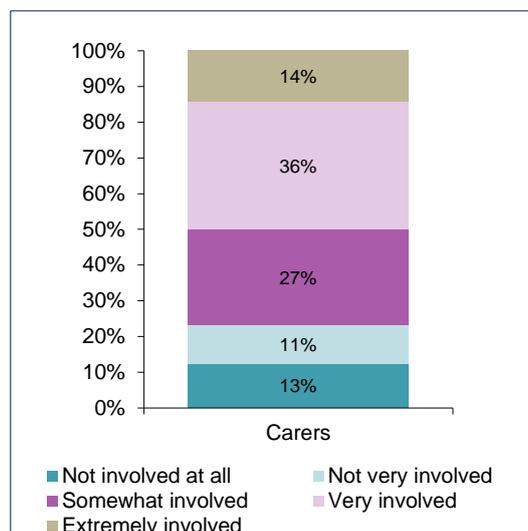
Table 4: Carers perception of decision making

Response category	Ask for your views on decisions about the health care and treatment of the person you care for?		Listen to your views relating to the health care and treatment for the person you care for?		Respect the decisions you made about health care and treatment for the person you care for?		Act on decisions you made about health care and treatment for the person you care for?	
	N	%	N	%	N	%	N	%
Always	9	16%	13	25%	15	28%	15	28%
Often	9	16%	16	30%	16	30%	15	28%
Sometimes	17	30%	13	25%	15	28%	15	28%
Rarely	12	21%	8	15%	4	8%	4	8%
Never	9	16%	3	6%	3	6%	4	8%
Total	56	100%	53	100%	53	100%	53	100%

Source: KPMG survey analysis

In response to the question “Overall, how involved did you feel in decision-making about health care and treatment for the person you care for” half of the carer respondents (n=28) reported feeling “extremely” or “very” involved (Figure 42).

Figure 42: Carers responses to “Overall, how involved did you feel in decision-making about health care and treatment for the person you care for”?

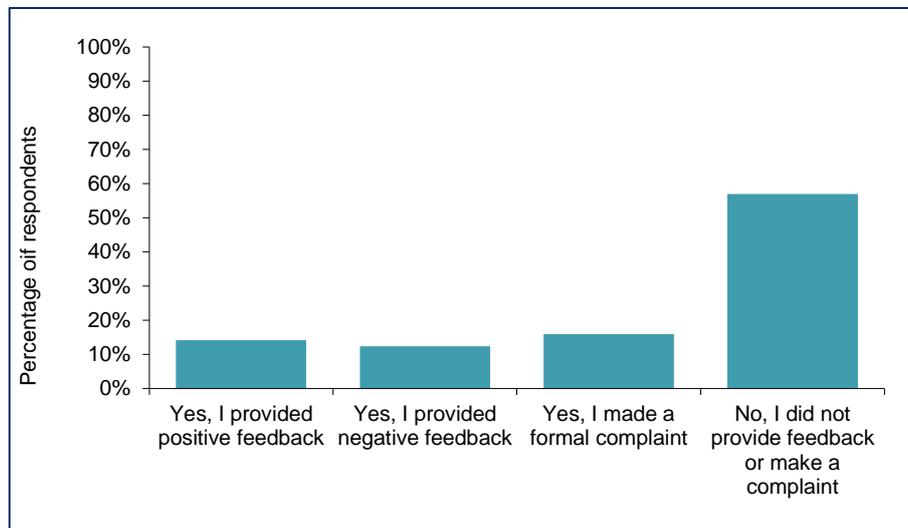


Source: KPMG survey analysis

Provision of feedback

Forty three per cent of respondents (n=24) provided feedback or made a complaint to an organisation (Figure 43). Of these, 58 per cent (n=14) received a response to their feedback or complaint.

Figure 43: Carer’s responses to “Did you provide feedback (either positive or negative) or make a complaint about any aspect of your health care and treatment?”



Source: KPMG survey analysis

One in five (21 per cent, n=3) were ‘extremely’ or ‘very’ satisfied with the response they received. The majority (50 per cent) were ‘somewhat’ satisfied, while four carers reported feeling ‘not very’ and ‘not at all’ satisfied with the response they received.

Respondents were asked to outline the reasons for not providing feedback or making a complaint. Similar to consumers, the main reasons were:

- the feedback/complain process being too stressful
- the person they cared for being too unwell
- not having enough time
- not feeling like the feedback/complaint would be listed to and acted upon and
- negative experiences in the past.

Involvement in the design of health services

Carer respondents were asked to identify if they had assisted health services in planning, designing or evaluating their programs or services. Similar to consumers, approximately two-thirds (63 per cent, n=35) of carers had assisted health services and the majority of these (57 per cent, n=20) reported feeling their contribution was highly valued. Sixty one per cent of respondents (n=34) indicated that they would like to be involved in the planning, design and /evaluation of health care programs or services. The remaining respondents (n=21) indicated that they were not interested in being involved at this point in time.

3.4 Summary of findings from the survey results

This sub-section provides a synthesis of the evidence findings from the survey. Findings have been grouped according to key themes and are outlined below.

Commitment to consumer participation

Respondents from public health services and Department staff stated there was a strong commitment to consumer participation within their respective organisations. The majority of respondents at the Department level noted the policy as influential on programs and policy developments. Similarly, the majority of public health service respondents were aware of the policy and familiar with its details, although clinicians and CAC members were less aware of the policy than executives and those with quality and/or consumer and carer participation roles. Almost two-thirds of respondents from the Department stated that the level of support provided was good or fair.

At health service level, almost half of the respondents stated that their organisation had received support from the Department. This result may reflect a percentage of non legislated CACs, which did not receive Health Issues Centre support, as per the Department's model at that time. The Department has advised that provision of support to this cohort is being addressed in 2013-14.

These findings suggest that although organisational commitment to consumer participation is strong amongst health services and within the Department, there may be other drivers of consumer participation. The identification of opportunities for improvement in the provision of support from the Department suggests tailored support to health services should be investigated further.

Diversity

Respondents' views on diversity were variable. The majority of respondents to the Department of Health survey suggested that the Department's approach to consumer participation in diverse communities could be better tailored, and representation of consumers from diverse backgrounds within Department committees could be improved.

Within health services, respondents were slightly more positive about their organisation's ability to tailor consumer participation for consumers from diverse backgrounds. Of note, clinicians and CAC representatives had the highest proportion of respondents who stated that health services approach to consumers from diverse backgrounds were 'very tailored', which may reflect the roles of these respondents have providing services or directly interacting with people from diverse backgrounds. However it should be noted that the respondents reflect a small percentage of the population group.

In line with the above findings, the distribution pattern for health services and the Department suggests that health services and the Department should continue to work on specific strategies to engage people from Aboriginal and CALD backgrounds.

Consumer involvement in services

Survey results suggest that consumers are strongly involved in the delivery of health services. A substantial majority of respondents from health services reported that consumers were at least sometimes involved in service planning, service design and service evaluation within health services, and were involved in participation in health services organisational committees. Further, the majority of respondents stated that consumer involvement in committees had at least some influence on the

delivery of health services. Respondents to the Department of Health survey also suggested that consumers are well represented within relevant Department committees and strongly agreed that they influenced decisions.

This information was supported by responses received in the consumer and carer survey. The majority of consumers and carers stated that they had assisted health services in planning, designing or evaluating their services, while just less than half identified they had done so within the Department. Consumers also stated that they felt their input was valued. This reinforces the findings of the other two surveys, and suggests that consumers are involved in the delivery of health services, and that their views are valued.

Consumer experience

Respondents to the consumer and carer survey provided a broadly positive picture of their experience. The majority of consumers stated that their interactions with staff had been positive, as staff had respected them, communicated with them appropriately and responded to their needs. Responses from carers were less positive in relation to their interactions with staff. These findings may suggest that the approach to carers amongst health service staff is different to the approach to consumers, which may present an area of focus for improvement in organisational and policy direction.

A strong majority of both carers and consumers stated that the information they received in relation to their condition was useful, relevant and easy to understand. A majority of both carers and consumers also stated that they knew where they could find their rights and responsibilities as health care consumers. This suggests that consumers and carers are receiving appropriate information within health services to inform them of both the delivery of their health care, and their broader rights and responsibilities as consumers within health services.

Questions relating to decision making were not responded to as positively by consumers or carers. Only a third of consumers (and a similar number for carers) reported that staff commonly ('always' or 'often') asked for their views on decisions about their health care and treatment. This suggests that there are opportunities for improvement in including consumers and carers in decision making processes about the health care they receive.

However, a majority of respondents did state that staff listened to their views, and respected and acted on their decisions. Carer responses were generally similar, and it is noted that a substantial majority of carers stated that they were involved in the decision making process for the person they cared for.

Given that consumers and carers rate staff interaction and the information provided to them as broadly positive, yet they are not commonly asked for their views on the decisions about their health care and treatment, this may suggest there is a barrier to actively involving consumers in decision making when health care is provided directly. Communication and shared decision making may be an opportunity to explore.

Feedback processes

The majority of respondents within health services stated that their organisations mechanisms for collecting feedback were at least somewhat effective. In contrast, consumer and carer responses to feedback mechanisms were variable. Of the small number of consumers who provided feedback, only two thirds received responses, and just over half were at least very satisfied with the response. Carers presented a similar picture, with just over half of carers who provided feedback receiving a response, and of those who did; the majority were only somewhat satisfied with the response.

The majority of carers and consumers did not provide feedback, either positive or negative, and the primary reasons for not doing so were:

- The process was too stressful.
- Not having enough time.
- Negative experiences in the past.
- Not feeling that the feedback would be listened to and/or acted upon.
- Being too unwell.
- That negative feedback may impact negatively on the consumer's relationship with health service staff.

This suggests that there are opportunities to improve feedback mechanisms within health services, and that there may be a variation in perception between health service staff and consumer and carers relating to; the effectiveness of feedback mechanisms; accessibility of feedback mechanisms, and openness of health services and clinicians in receiving feedback.

Training

Respondents from health services and the Department of Health revealed variable levels of training. The majority of health service respondents had received training in relation to consumer participation, while the majority of Department staff stated that they had not received training in relation to consumer participation. Of those respondents who received training, the majority stated that the training was useful. These findings suggest that given training in consumer participation is generally useful, and that participation rates in training for consumer participation could be improved amongst both cohorts of respondents, there are opportunities to improve consumer participation in organisations through greater participation in consumer participation training.

4 Summary

As identified in Section 1, this report acts as an evidence base for the evaluation, and provides the findings from the survey results.

Findings from this report were validated with stakeholders through a series of consultations.

Following completion of the consultation phase of this project, the findings from this report, the desktop review and the consultations were synthesised to inform the overall summative evaluation findings.

These findings are described in a final discussion paper, together with a series of recommendations.

Appendix A: Lines of enquiry

Table 5 Summative lines of enquiry

Lines of enquiry
<p>Has the policy/framework provided adequate supports to health services to engage with consumers?</p> <ul style="list-style-type: none"> • Does the policy/ framework provide clear direction on how to improve participation? • Does the policy/ framework provide adequate support to enable health services to engage consumers, carers and community members? Does adequacy vary by locations, in-scope services and levels? Where can this be improved? • Does the Department support measurement and accountability arrangements? Are measurement and accountability arrangements adequate across in-scope services and levels?
<p>Has the policy been implemented as planned?</p> <ul style="list-style-type: none"> • What processes and strategies have been introduced as part of the policy/ framework? • Have the standards been implemented as planned? If not, why? • Have there been any differences in implementation by location, in-scope services or level? Why? • Have there been any differences in implementation by staff group? Why? • Has the Department advocated for the policy to be applied across the Department? Where could this have been improved?
<p>To what extent has the policy achieved the desired outcomes for each standard?</p> <ul style="list-style-type: none"> • To what extent has the policy contributed to: <ul style="list-style-type: none"> - progressive outcomes (e.g. better support for staff, improved communication for consumers, participation of consumers, carers and community members' participation within the quality and safety program); and - improvements in consumer, carer and community members' participation in health policy planning, care and treatment and the wellbeing of all Victorians. • Have achievements varied according to location, in-scope services and level?
<p>What impact has each of the key elements of the framework had on the anticipated outcomes of the policy?</p> <ul style="list-style-type: none"> • What has been the impact of each of the standards on participation? • Have certain elements offered greater value than others? • Have achievements varied according to location, in-scope services and level?
<p>Is there evidence that the policy has improved consumer outcomes through increased participation (across the four levels of the policy: individual, program and department, health service organisation and Department)?</p> <ul style="list-style-type: none"> • How has consumer, carer and community members' participation changed as a result of the policy? • What outcomes for consumers have been observed as a result of the policy/ framework?

Lines of enquiry

In what ways can the policy and framework be improved to more effectively achieve their aims and objectives?

- What changes have there been in the policy environment that could potentially enhance the policy?
- What further work is required to achieve the key objectives of a new consumer participation policy?
- Building on the experience to date and review of best practice, what are the opportunities for further reform? Why?

Are there any issues emerging that are influencing the achievement of the policy and framework's aims?

- What key issues and barriers were experienced in implementing the policy and framework? Are these systemic issues or location specific?
- What factors enabled the implementation?
- What are the emerging examples of good practice?
- Overall, what can be learned from the implementation of each element of the policy and framework?
- How could barriers be addressed to improve the development of a new policy?

Source: KPMG