Present
Mary Draper (Chief Executive, Health Issues Centre), Rita Bloomfield (Consumer, Goulburn Valley Community Consultative Committee), Cath Harmer (Consumer Partnerships and Quality Standards, Department of Health), Jan Child (Metropolitan DONs & Peninsula Health), Keir Saltmarsh (Mental Health Drugs and Regions, Quality and Safety Unit), Robin Ould (Chief Executive Officer, The Asthma Foundation Victoria), Dr Mark Garwood (Medical Director, Western Health), Vikki Sinnott (Health and Wellbeing Strategy, Department of Health), Linda Mack (Community Partnerships Resource Officer, Melbourne Health), Janet Compton (Chief Executive Officer, Northern Health), Demos Kroukos (Chief Executive Officer, North Richmond Community Health Service), Andrew Clarke (Consumer Partnerships and Quality Standards, Department of Health).

Chair: Mary Draper Deputy Chair: Rita Bloomfield

Apologies
Darren Clinch (Project Officer, Programs Aboriginal Health), Evelyn Webster (Consumer, Peninsula Health – Rosebud Community Committee), Dr Sophie Hill (Centre for Health Communication and Participation), Dr Grant Davies (Acting Health Services Commissioner), Graeme Roberts (Consumer, Bundoora Extended Care & Northern Health).

1. Welcome & announcements
Mary Draper (Chair) welcomed all to the meeting.

Cath Harmer, the manager of the Consumer Partnerships and Quality Standards unit within the Department of Health announced that she has accepted a six month secondment to the Acting Manager role of Policy and Strategy within the Rural Health unit of the Department of Health. Cath thanked the committee members for the contribution made to the development and implementation of the policy in health services since 2006.

Mary thanked Cath on behalf of the committee for her ‘indefatigable’ pursuit of the consumer, carer and community participation policy.

Mary announced the appointment of Ms Lynne Coulson Barr as the Mental Health Complaints Commissioner. Ms Coulson Barr who will take up her new role on 1 July 2014 will be invited to join the Participation Advisory Committee.

Keir Saltmarsh of the Quality and Safety unit within the Mental Health Drugs and Regions branch of the Department of Health announced his six-month secondment to the office of the Mental Health Complaints Commissioner to assist with the implementation of the new mental health legislative framework as it relates to consumer engagement. He will also be involved in informing services and consumers how best to access the Commission.

2. Minutes
The minutes of 28 April 2014 were accepted.

Action 1 The minutes of 28 April 2014 were accepted and will be placed on the http://www.health.vic.gov.au/consumer/ website.
3. **Victorian Healthcare Experience Survey**

Cath Harmer reported on the implementation of the new Victorian Healthcare Experience Survey (VHES). The VHES will report on quarterly data and the first survey cycle will report on patients discharged from services during 1 April to 30 June 2014. It is anticipated the first report will go live on the VHES website during the first week of September 2014.

The Department of Health will establish a Victorian Healthcare Experience Survey sub-committee and Dr Mark Garwood and Evelyn Webster offered to represent and be the reporting links to the Participation Advisory Committee.

**Action 3:** The Department of Health will establish a Victorian Healthcare Experience Survey sub-committee and Dr Mark Garwood and Evelyn Webster as the representatives of the Participation Advisory Committee.

4. **Standard 2 - (National Safety and Quality Health Service Standards)**

The Department of Health has been analysing the results for health services surveyed for accreditation under the National Safety and Quality Health Service Standards during 2013, and the following update relates specifically to Standard 2 ‘Partnering with consumers’.

The results were analysed in terms of the different types of health services – metropolitan, regional and sub-regional, rural and dental services and community health services. The analysis shows that for the ten Standards, Standard 2 had the most ‘met with merit’ scores, and also the most ‘not met’ scores for developmental activities. There are a number of factors affecting this, for example, the most developmental actions that do not need to be met for the awarding of accreditation by an accrediting agency, are associated with Standard 2 (11 out 15 activities, 73 per cent).

Metropolitan and large regional health services are required under the Health Services Act 1988 to have a Board Community Advisory Committee. The analysis suggests these health services have implemented the ‘Doing it with us not for us’ policy quite well. The sub-regional and rural health services are not required to have Board Community Advisory Committees and the Department did not provide specific resources for the implementation of consumer, carer and community participation until 2013-14. These health services received the most ‘not met’ scores for Standard 2.

Beginning in June 2014 the Health Issues Centre will deliver a Department of Health funded rural consumer participation program funded from July 2013. It will be interesting to see what effect this has on the smaller rural health services in terms of the development actions in Standard 2.

5. **Conference 2015**

As mentioned at the April meeting, the Department of Health intends to convene a conference in April 2015 with the purpose of launching a new consumer participation policy.

Peak bodies from other Australian jurisdictions will be invited to attend and international keynote speakers will also be invited to speak on issues related to the direction of the new policy.

The conference also will focus on the results for the first three reporting cycles of the Victorian Healthcare Experience Survey providing health services with the opportunity to highlight how they have used the reported information to assist in improving the quality and safety of the services they provide.

Mark Garwood, Evelyn Webster, Rita Bloomfield, Demos Kroukos, Mary Draper and Kier Saltmarsh have volunteered to represent the committee on the Conference Development Steering Committee. Dr Sophie Hill will nominate a staff member from the Centre for Health Communication and Participation, and Linda Mack offered to seek a volunteer from the
Community Advisory Committee resource officers to represent that group on the steering committee.

**Action 5:** The Department of Health will establish the conference development steering committee.

### 6. Summative evaluation of Doing it with us not for us

Representatives of KPMG (the evaluator of *Doing it with us not for us*) Kath Cook, Ruth Smith, and Andrew Roma provided an extensive update on the activities of the evaluation completed to date including:

- desktop review
- survey results
- consultations.

**Documents considered during desktop review**

The evaluation activity considered a review of 30 Quality of Care reports (QoCRs), 19 Community Participation Plans (CPPs), 15 Cultural Responsiveness Plans (CRPs), Diversity related documents for example, five Disability Action Plans and reporting against Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) within the QoCRs, and review of quantitative data received from the Department (Consumer Participation Indicator (CPI) derived from peoples’ responses to the Victorian Patient Satisfaction Monitor (VPSM) and accreditation outcomes).

**High level summary of findings from the desktop review**

1. **Reporting**
   - Reporting against the standards and indicators contained in the policy document and framework varied substantially between health services. Of note:
     i. metropolitan health services were generally better than regional and rural health services at reporting against the standards and indicators
     ii. reporting was better against standards utilising required metrics (for example, CPI results).
   - Accreditation data against the National Safety and Quality Health Service (NSQHS) Standards also suggests that rural and regional health services are less developed in consumer participation than metropolitan health services.

2. **Findings about consumer participation activities from reviewed documentation included:**
   - all health services made some reference to consumer participation activities
   - it was not clear what was driving the introduction of consumer participation initiatives
   - it is unclear how CPPs and CRPs are utilised to drive consumer participation, and how consumers from diverse backgrounds are included.

3. **Diversity**
   - Beyond the development of the CRPs, it was unclear how the framework had influenced or driven consumer participation initiatives for people from diverse backgrounds.
   - For certain diverse groups (for example, persons with disability), there are a number of other legislative drivers encouraging or mandating their participation in the delivery of their services.

4. **Duplication**
   - Duplicated reporting requirements against consumer participation, and completion of a number of related plans, may present a reporting burden to health services.
   - Responding to opportunities for consolidation would assist health services.

**Presentation of findings from the surveys**

Three surveys were distributed to the following groups:

- Department of Health
- health services (including clinicians, staff involved in consumer participation roles, consumers on Community Advisory Committees (CACs) and executives)
- consumers and carers.
1. Department Health survey
   - The majority of respondents stated that the Department was committed to improving consumer participation (86 per cent) and the policy had been influential in other areas of the Department (64 per cent).
   - Opportunities for improvement included the level of support provided by the Department to improve consumer participation, and catering for people from diverse backgrounds.

2. Health services survey
   - The majority of respondents stated that:
     i. they were aware of the policy and familiar with its details (57 per cent)
     ii. they perceived their organisation was committed to involving consumers in decision making about their health and treatment (greater than 90 per cent)
     iii. consumer participation activities were at least ‘somewhat’ tailored to those from diverse backgrounds (88 per cent)
     iv. consumers were involved in organisational committee structures at least some of the time (80 per cent) and somewhat influential within these committees (83 per cent)
     v. consumers were involved at least sometimes in designing, planning and evaluating health services (minimum 83 per cent).
   - Opportunities for improvement
     i. the level of support provided by the Department to health services.

3. Consumers and carers
   1. The majority of respondents stated that:
      i. they knew where to find information about their rights and responsibilities as health care consumer or carer (61 per cent)
      ii. they had a positive view of their interactions with staff, although carers were less positive than consumers (across a range of questions)
      iii. they had a positive view about the information provided to them by health services (approximately 80 per cent)
   2. Opportunities for improvement
      i. consumer and carer involvement in decision making about the receipt of health care and treatment.

Presentation of high level findings from consultations

1. Consumer participation initiatives:
   - Substantial variation exists in the breadth and depth of initiatives between health services, both within and across types of health services and geographical locations
   - Mental health services are generally more advanced in implementing and sustaining participation activities.
   - Particularly impressive examples of consumer participation initiatives were reported, adapting international best practice models and utilising simulation models for training.
   - Some organisations are in the very early stages of implementing consumer participation initiatives, or not at all.

2. Consumer participation drivers:
   - The policy assisted some organisations, especially in 2006, however, other directives are now also driving consumer participation.
   - The NSQHS Standards are now a stronger driver of the implementation of consumer participation initiatives within health services.
   - Organisational culture is a significant driver of consumer participation (top down).
   - Individuals in some cases have driven consumer participation (bottom up).

3. Barriers and challenges identified included:
   - Resources available to encourage consumers to participate within health services (transport, remuneration, over-utilisation of volunteers and consumers). Greater challenges are faced in rural and regional areas than metropolitan.
   - In areas that struggle to provide services consumer participation is not a priority.
   - Residential aged care facilities face challenges in finding appropriate consumers.
• Some health services require cultural change to prioritise consumer participation
• At the policy level need to ensure accountability mechanisms are appropriate and are not duplicated, minimising the reporting burden on health services.

The next activity for the evaluation is the Outcomes Summit, facilitated by KPMG, on Friday 27 June 2014.

7. Meeting closed
The Chair closed the meeting at 12:50pm.

8. Next Meeting
Monday 25 August 2014
Room 17.22, Level 17, 50 Lonsdale Street
11:00am to 1:00pm