

Health Consumers

Queensland your voice in health

Consumer and Community Engagement Forum

Summary Report

On 31 October 2011 over 70 targeted representatives from consumer and community organisations, government departments, established medicare locals and local government associations attended Health Consumers Queensland's (HCQ) state-wide Consumer and Community Engagement Forum. The Hon. Geoff Wilson MP, Minister for Health closed the Forum.

The Forum was held to bring stakeholders together and to inform HCQ's Consumer and Community Engagement Project, which is supporting Health Service Districts (HSDs) in their development of Consumer and Community Engagement Strategies as they transition to Local Health and Hospital Networks (LHHNs).

Key themes arising from the Forum and a summary of participant feedback is provided below.

Session 1: Health Reform and Consumer and Community Engagement

Guest Speakers

Emeritus Professor Kerry Goulston (Medical School University of Sydney) spoke from a health professional perspective.

Mark Tucker-Evans (Chairperson, Health Consumers Queensland) spoke from a consumer perspective.

Selwyn Button (Chief Executive Officer, Queensland Aboriginal and Islander Health Council) spoke from a community organisation perspective.

Session one focussed on how consumer and community engagement adds value and improves health outcomes. Emeritus Professor Kerry Goulston spoke about how consumer and community engagement improved the work and outcomes of New South Wales Health's 17 state-wide clinical networks. Professor Goulston stressed the importance of population based health planning in improving quality of care and equity of access. Mark Tucker-Evans stressed that *if health care systems are to serve consumers, it is essential to identify what is important to them* and that consumer engagement promotes open and transparent processes across health planning and service provision. Selwyn Button provided practical examples of his engagement experience with the Aboriginal and Torres Strait Islander community and spoke about the differences between community services and the broader community.

Powerpoint presentations by presenters can be found at <http://www.health.qld.gov.au/hcq/default.asp>

Session 2: Best practice consumer and community engagement

Participants held small group discussions in relation to key components that contribute to successful consumer and community engagement.

Key themes from the group discussions

Good practice consumer and community engagement includes:

- Engagement occurring at the beginning of the exercise not at the end or as an afterthought so engagement is meaningful rather than tokenistic.
- Knowing your community – understanding the diverse health populations, service providers and other community service organisations that are part of the community.
- Honestly communicating the purpose of the engagement exercise including how much influence those being engaged with can expect to have on outcomes (for example, not calling an information session a ‘consultation session’ when it is one way information provision).
- Keeping it simple, building upon what exists and what is working well.
- Asking the right people the right questions - seek assistance from peak non-government organisations in tapping into local services; identifying community leaders with knowledge of specific populations and services in the community.
- Going to the people - developing engagement strategies and mechanisms that address the needs of the group/s being engaged (for example, engagement with people who are homeless might involve going to a community organisation where people come to access services rather than a formal invitation to a meeting at an office/community hall.)
- Providing feedback provided to all parties as to the outcomes of the engagement exercise.
- Committing time and resources to the engagement exercise.
- Evaluating the engagement exercise including how well you engaged and the outcomes.
- Providing information and support, as required, to clinicians, consumers and the broader community to increase each group’s capacity to engage.
- True partnerships that are genuine, open and honest and deliver value for both parties.
- Building an organisational culture which demonstrates leadership and imbeds engagement across the organisation through sharing knowledge and building an evidence base.

Session 3: Sharing consumer and community perspectives

Panel members

Michael Janssen (Chief Executive Officer, Health Issues Centre Victoria)

Mark Henley (Chief Executive Officer, Queensland Council of Social Services)

Ann Maree Liddy (Chief Executive Officer, General Practice Queensland)

Dr Keith McNeil (District Chief Executive Officer, Metro North Health Service District, Queensland Health)

Cathryn McKenzie (Principal Advisor Social Policy, Local Government Association of Queensland)

This session involved short presentations by each panel member and a Question and Answer session with forum participants.

Powerpoint presentations by presenters can be found at <http://www.health.qld.gov.au/hcq/default.asp>

Key themes from panel presenters and the question and answer session

- Consumers, service providers and the community bring their own perspective as users of the health system. A shift is needed from consumers being viewed as passive members of the health care relationship and recipients of care to a partnership where consumers are recognised as active members in their health care.
- Consumer and community engagement need to be part of core business rather than an 'add-on' activity.
- It is essential that the differences between consumer, community services and the broader community are recognised. Combining these can confuse and alienate stakeholders.
- There are competing priorities in Queensland Health's Health Service Districts which can impact on the Districts' ability to effectively plan and implement engagement initiatives.
- There are challenges in identifying 'non-consumers' of health services who need to be engaged. This group may include people who are socially disadvantaged and/or marginalised within the community and other people who are reluctant to access health services due to associated costs and waiting times to see a health professional (HCQ defines consumers as people who use, or are potential users, of health services including their family and carers. Consumers may participate as individuals, groups, organisations of consumers, consumer representatives or communities).
- Collaborative engagement approaches by Medicare Locals, Health Service Districts, Local Government and consumer and community agencies will maximise input from consumers and the community especially in an environment where these groups are feeling over-consulted.