

# Participation Advisory Committee



Minutes 27 October 2008

# Minutes

- The following is a recording of the ideas discussed at the Review of Policy meeting on 27 October 2008 by the Participation Advisory Committee members
- These discussions proceeded following the presentation of the Department's review of the implementation of 'Doing it with us not for us' (presentation 1)
- The committee were in agreement that the policy should continue as it has been highly successful

# Should the policy continue?

- We are *doing it with us not for us* and taking participation seriously
- In achieving the Priority Actions the aim and objectives of the policy are being realised
- However, there is more work to be done

# PAC comments

- Its working and we are sharing the knowledge
- Provides us with a framework, we have a policy, coordinates across the levels of the policy, particularly health service and government
- Provides an 'organising' framework, no more arguments about is it necessary
- Have we achieved meaningful engagement in decision making? Want all health services to achieve 'a' benchmark eg. Plans, information, quality committee etc.
- Has to be implemented and achieved by the local community, health service, practitioner

# PAC – Need to set ourselves a challenge for the future

- Service planning has changed to now involving the community in their strategic planning – Big Success
- How to support the consumer going on a board, up against the expert lawyer, accountant
- Health service boards have to demonstrate accountability across a range of areas including use of services – a balance, education of board members
- If policy had not been implemented don't think participation would have been acted upon as much as it has. Made health services invite the community in.
- Check what other policies are now in action, do we refresh or link into other policies. Need to develop ongoing impetus and drive for future.
- Successful with health services and DHS, but perhaps less with consumers, carers and community members – is this a reasonable measure – Work to be done at the individual level

# PAC comments

- Small rural services have had to really change and involve community because delivery has changed dramatically
- How we work with local government to implement the policy, particularly at individual care level
- PAC keeps the consumer perspective on the agenda, policy keeps it going – acts as a driver
- Linking to minority groups, limited access groups
- Link into new accreditation, national registration and accreditation process
- How does the accreditation body set the standards?

# PAC comments

- Quality of Care Reports, Participation Performance Indicators (PPIs) ensure ongoing consumer participation, but do we want to focus on things that are not embedded within these structures?
- Health literacy, capacity to be involved in decisions about their health – what are we doing in this area of the policy?
- Advertising about health care, disconnection between direct consumer advertising and how do we equip people to make informed decisions about what they need for their health.
- Where are the young people involved in participation in health, how are we using the internet in our policy implementation, not just using the internet for information distribution but dialogue and making decisions – Better Health Channel but not too each other

# PAC comments

- Policy and beforehand has built the structure and now how do we continue and maintain impetus particularly with younger people?
- What gets measured gets managed – opportunity in review and update process, new PPIs and focus on particular groups, use the second Participate in Health Conference as a relaunch – but need new ideas, target areas, a future framework
- New targets eg. don't limit ourselves to 19 health services with CACs
- Illicit drug users and Aboriginal communities are two groups we need to do more work with
- What is it about the policy that is working? – strong leadership in DHS and on the Committee, consumer driven, consumers have something to refer to in the policy that is in plain English and they can promote and work with the policy
- Willingness by consumers and providers to work together

# PAC comments

- What is the scope to change and improve the Quality of Care reports and reporting?
- Clinical Governance policy – if only state with ‘participation’ as a key domain how do we enhance this, and maintain it?
- How can we better support consumers to be involved in committees, consultations in own health care, eg. Certain groups that we might never hear from, extend health service and HIC consumer group involvement

# Should the policy continue?

- Survey health services on who else has CAC type groups
- Community Health Services have Cultural Action Plans
- Victorian Quality Council leadership program should continue
- Victorian Public Healthcare Award for participation
- Linking consumer groups within a region, opportunity at conference could have workshops, topics to be addressed, do with Non Government Organisations, Primary Care Partnerships
- Should all have a Community Participation Plan, Community Advisory Committees etc

# Decisions

- From the consumer point of view
- Draft statements from discussion
- 3 areas – outcomes from the policy implementation; statements for consideration; and priorities for action
- Report from DHS regional directors on Quality of Care Reports