



# **Bendigo Loddon Primary Care Partnership**

## **Case Study**

### **'Consumer Engagement Project Pilot'**

**June 2016**



### Executive Summary

Bendigo Loddon (BLPCP) and Central Victorian Primary Care Partnership (CVPCP) partnered to strengthen the role of consumers in service planning, design, evaluation and review of services. This has been done by building organisational understanding of consumer engagement and identifying consumer engagement strengths, gaps and opportunities for improvement.

Over 70 participants from a range of partner agencies attended five Consumer Participation Workshops conducted by CVPCP and BLPCP during 2015. Organisational audits showed great support for improving consumer engagement at all levels. Organisations reported that their strengths include undertaking consumer feedback via survey and integrating consumer empowerment into service delivery. Common gaps include engaging and building capacity of new and existing consumers, ensuring diversity of engagement, exploring innovative feedback mechanisms (beyond patient satisfaction surveys) and closing the feedback loop (integrating feedback and communicating this process).

Other recommendations that could inform works at a broader level include, selecting or developing an audit tool that can be mapped to all standards that apply to PCP partners and producing an up to date Consumer Engagement/Participation Toolkit. BLPCP and CVPCP have begun working with Murray Primary Health Network and the Health Issues Centre to plan a statewide approach to this work.

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| <b>Name of PCP</b>  | <b>Bendigo Loddon PCP (BLPCP) and Central Victorian PCP (CVPCP)</b>  |
| <b>Case Study Title</b>   | <b>Consumer Engagement Project (Pilot – stage 1)</b>   |
| <b>(i) Which PCP program Logic domain does your case study relate to?</b> | <b>X</b> Consumer and community empowerment  |
| <b>(ii) What was the need?</b>  | In the 2013-2017 Strategic Plans both BLPCP and CVPCP highlighted Consumer/Client and Community Empowerment as a priority area for action. It was acknowledged that improved engagement by organisations with consumers was critical to improving service planning, design, evaluation and review. It is also a fundamental part of quality control and improvement. With the transition to the National Disability Insurance Scheme (NDIS) and other system-wide reforms, our agencies are aware that they need to have better systems and processes in place to listen, respond and work with their consumers. |
| <b>(iii) What was the aim of the initiative/action?</b>                   | To strengthen the role of consumers in planning, design, review and revision of services by <ol style="list-style-type: none"> <li>1. Building organisational understanding of consumer engagement and the skills to effectively engage consumers.</li> <li>2. Identifying consumer engagement strengths, gaps and opportunities for improvement</li> <li>3. Stage 2 (TBC – 2016) - Improving the capacity of consumers and communities to participate to achieve the outcome.</li> </ol>  |
| <b>(iv) Who was the target group?</b>                                     | Self-nominated partner agencies of BLPCP and CVPCP   |
| <b>(v) What was the setting?</b>  | Organisational settings across acute, community health, bush nursing and local government sectors.   |
| <b>(vi) Who did you work</b>  | <b>Murray PHN, Health Issues Centre</b>  |

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| with?   | <b>BLPCP</b><br>-Boort District Health<br>-Bendigo Community Health Services<br>-Heathcote Health<br>-Dingee Bush Nursing Centre<br>-Bendigo Health<br>-Loddon Shire   | <b>CVPCP</b><br>-Castlemaine District Community Health<br>-Cobaw Community Health<br>-Macedon Ranges Shire council<br>-Mt Alexander Shire Council |
| How did you do it?  | <b>Methods</b><br><p>In January 2015 a <a href="#">rapid review of the literature</a> was completed which considers the effectiveness and efficacy of models of consumer engagement in rural environments, such as Central Victoria, and this helped to inform further stages of this work. This review highlighted “Banyule Nillumbik Primary Care Alliance (BNPCA) Consumer Participation Resource and Training Kit for Service Providers”. Both BLPCP and CVPCP in alignment with Murray Primary Health Network (PHN) (then Loddon Mallee Murray Medicare Local) identified the need to refresh and update this tool kit and associated workshop in line with current evidence and attitudes which have changed considerably in the 12 years since the tool kit was produced. In 2015, the BLPCP and CVPCP Executive Boards decided to resource this work, as a short term pilot project with the intention of expanding this work based on results.</p> <p>Consultation around the format of the training, including audit and reports was carried out prior to implementation.</p> <p>The training session involved two components:</p> <ol style="list-style-type: none"> <li>1. the first component was an education session<sup>1</sup> to build organisational understanding of consumer engagement and the skills to effectively engage consumers.</li> <li>2. the second component was auditing organisational capacity mapped to National Safety Quality Health Service Standard 2.</li> </ol> <p>PCP staff collated and analysed the data and presented findings to their partner agency. The Reports included auditing analysis, strengths, gaps, areas for improvement, links to quality Standards and recommendations. BLPCP and CVPCP continues to support and resource agencies to translate consumer engagement into practice that is both sustainable and meaningful.</p> <p>Evaluation following each training session enabled ongoing quality improvement of both the model itself and the program content, and ensured that training reflected contemporary issues experienced by partner agencies.</p> |   |
| <b>(vii) What was achieved?</b><br><b>(Consider whether results were benefits for clients and/or for service providers and/or for the system)</b> | <b>CVPCP and BLPCP collaboration</b><br><p>Over 70 participants from a range of partner agencies attended five Consumer Participation Workshops conducted by CVPCP and BLPCP during 2015. Five additional workshops are pending in 2016. 100% of participants completing consumer participation audit identifying strengths and areas for improvement. Auditing suggested that agencies are at varying levels with consumer participation whilst all agencies indicated PCP resourcing, support and training was helpful in informing consumer participation processes.</p> <p>Common gaps that emerged from the audit process include:</p> <ul style="list-style-type: none"> <li>• Developing policies and plans to support the implementation of consumer participation and build the capacity of existing groups, staff, consumers, volunteers.</li> <li>• Engagement with new and existing consumers</li> <li>• Innovative methods/feedback mechanisms</li> </ul>   |   |

<sup>1</sup> Workshop is based predominantly on Modules One and Two of the BNPCA Consumer Participation Resource and Training Kit for Service Providers.

- Diversity
- Evaluating consumer engagement at an organisational level.

All organisations identified resourcing as a major gap in this area, many organisations have staff with a fraction of their EFT allocated to consumer engagement which they report is inadequate.

Areas of strength included

- Organisational support for improving consumer engagement with all organisations explicitly supporting consumer involvement in their values.
- Consumer surveys and feedback were done well. Integrating feedback and communicating the impact of this could be improved.
- Individual service delivery and shared care planning.

CVPCP completed a second audit tool (the consumer and carer organisational checklist) with management at each organisation, which has also been mapped to Standard two of the NSQHS Standards. The comparison between staff and management responses allowed us to identify gaps in the knowledge and attitudes of staff compared with gaps in organisational policies and processes. An example of this is at one workshop staff felt on average that there was not a strong policy commitment to consumer participation, however management confirmed that there was in fact a consumer participation policy.

The workshop approach improved consumer participation decision making by embedding consumer centred care and health literacy within systems level improvements. Auditing results were used by agencies to inform consumer participation planning, enhance quality improvement frameworks and inform staff training. Results have also been used as evidence in the accreditation process, however there is no one tool that is mapped to all accreditation standards required for the diversity of PCP partners.

### Recommendations

Continued relevant workforce development in the area of consumer engagement and participation would complement the roll-out of the NDIS, My Aged Care and the new Department of Health and Human Services consumer participation policy directions.

It is recommended based on consultation and audit results, that organisations:

- Develop a terms of reference and strategy/action plan to support the implementation of consumer participation policies in order to expand the role of consumers within organisation.
- Look at existing organisational planning and consumer groups and explore opportunities for consumers to better participate (e.g. NDIS, condition specific groups, planning groups, board). This might include applying audit tools to existing groups, identifying the diversity of groups and ensuring they represent the community, and building capacity within groups.
- Look for opportunities to capture and analyse informal feedback so that it can inform quality improvement initiatives.
- Continue to measure the effectiveness of strategies to better engage consumers as their roles evolve, ensure an evaluation framework is a part of any strategy/action plan.

It is also recommended that PCP's could continue to support organisations by:

- Selecting or developing an audit tool that can be mapped to all standards that apply to PCP partners.
- Working with all organisations to participate in consumer engagement workshop including audit process to raise awareness and guide action on consumer engagement.

(viii) What is the status and sustainability?

During the course of this work PCP staff in conjunction with Murray PHN and Health Issues Centre have identified some broader gaps/issues that if addressed would lead to greater sustainability of work in this area and provide guidance to any organisation

|  |  |  |           |                             |                                       |  |  |
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|  | <p>looking to start working in this area. Recommendations based on these broader gaps/issues include:</p> <ol style="list-style-type: none"> <li>1. All organisations participate in <u>consumer engagement workshop</u> including audit process to raise awareness and guide action on consumer engagement.</li> <li>2. Produce a <u>Consumer Engagement/Participation Toolkit</u> that can be accessed by all organisations to help increase awareness and capacity of organisations to expand the role of consumers within organisations.</li> <li>3. Develop a <u>central library</u> where local resources, templates, case studies, practice examples, accreditation standards etc. are openly available. This would include information and evidence to drive innovation and diversity within consumer engagement methodologies, better utilisation of existing data and relationships, and monitoring and communicating outcomes.</li> <li>4. Select or develop an <u>audit tool</u> that can be mapped to all standards that apply to PCP partners.</li> <li>5. On the ground <u>Networks of Practice</u> for sharing, learning, collaborating, partnering.</li> <li>6. <u>Education and training</u> that has a rural and regional focus and is delivered using interactive and engaging methods.</li> </ol> <p>Some of these recommendations require collaboration at a state-wide or regional level. BLPCP and CVPCP have been working with Murray Primary Health Network and the Health Issues Centre to plan for this.</p> <p>Continued work at broader partnership level will ensure shared learning's and resources and strengthen relationships to improve consumer participation. Sustainable system change will result from supporting agencies to embed effective consumer participation mechanisms into culture, practice and quality improvement/ accreditation cycles. The capacity building workshops and auditing increased the knowledge of partner agencies and identified recommendations to improve consumer participation; these recommendations are at policy level and will be embedded within organisational service systems.</p> |  |           |                             |                                       |  |  |
| <b>(ix) What was the specific role of the PCP?</b> | The role of both PCP's was to support agencies in consumer participation auditing, quality improvement and accreditation requirements, to project manage, build capacity, support implementation of plans and facilitate partnership engagement.   |  |           |                             |                                       |  |  |
| <b>(x) What lessons have you learnt?</b>           | Having two PCP's participate meant: tasks and learning's were shared, issues identified and addressed quickly, resource base was strengthened, key learning's were integrated, efficiency enhanced and worker experience improved.   |  |           |                             |                                       |  |  |
| <b>(xi) PCP Contact<br/>Person Position/Title</b>  | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><b>Julie Priest (BLPCP)</b></td> <td style="width: 10%; border: none; text-align: center;"><b>or</b></td> <td style="width: 40%; border: none;"><b>Emma Shannon (CVPCP)</b></td> </tr> <tr> <td style="border: none;">Consumer Participation Project Worker</td> <td style="border: none;"></td> <td style="border: none;">Integrated Health Promotion and Planning Manager</td> </tr> </table>  | <b>Julie Priest (BLPCP)</b>                      | <b>or</b> | <b>Emma Shannon (CVPCP)</b> | Consumer Participation Project Worker |  | Integrated Health Promotion and Planning Manager |
| <b>Julie Priest (BLPCP)</b>                        | <b>or</b>  | <b>Emma Shannon (CVPCP)</b>                      |           |                             |                                       |  |  |
| Consumer Participation Project Worker              |  | Integrated Health Promotion and Planning Manager |           |                             |                                       |  |  |