

Graeme Norton interview

Chair, Hawke's Bay Health Consumer Council

'I'm ringing you from the district health board (DHB) – my second home,' says Graeme Norton, chair of Hawke's Bay Health Consumer Council.

In Hawke's Bay, the consumer council is tightly integrated into the running of the DHB. It works in tandem with the DHB's clinical council, and is treated as an equal, with a representative from each sitting on the other, and both reporting through the DHB's chief executive to its board. The region's primary health organisation, Health Hawke's Bay, is also part of the process, and the councils report to that chief executive and board too.

'I've seen some attempts at creating councils elsewhere and you feel they're not brave enough yet,' says Graeme. 'They need to be braver. In Hawke's Bay, we need to be braver in execution, but I think we've got the structure and pecking order right.'

Graeme remembers when he first attended the clinical council as the consumer representative. 'There was a lot of "Who the hell's he?" They didn't say that but you could see it in the body language.' He sat at the back of the room initially, but was soon asked to sit around the table. 'Now I'm just an integral part of the council and my views are asked for. It's just a natural part of the way we do things.'

Graeme, as consumer council chair, has been added to the selection process for senior appointments, sitting on, and sometimes chairing, the panel to which shortlisted candidates present – most recently those for chief operating officer.

The consumer council began in 2013 with 15 members. The council has become inundated with demand from "the system" for consumer contribution. 'Instead of growing the pool around the Consumer Council we have agreed that our newly evolved quality improvement & patient safety directorate (which has a full-time consumer engagement manager within it) should take responsibility for ensuring consumer engagement becomes business as usual. We can then concentrate on making a difference in a few key areas and hold the system to account.'

In its first year, the council tended to be the recipient of other people's work, but now it also initiates work itself, such as a major project called person and whānau-centred care, which it anticipates will radically redefine consumer and clinician relationships.

'Most of the work we've seen is about supply-side efficiency, about getting more efficient at what is done now, whereas we're challenging around how we reduce demand, how we enable empowerment of patients to better manage themselves, how we work on things that are more effective,' says Graeme.

One of the great satisfactions for Graeme and other consumer representatives is getting to understand how the health system works and then make a difference, he says.

'And having the feedback from clinicians to say it has made a difference. That maybe they've opened their eyes and gone, "Oh, I'd never thought of it like that." And as a consequence they've shifted their way of thinking and realised they could make a real change and it would work better for both them and the patients.'

'That's the other thing I think the system has noticed: consumers are level-headed, they know resources are limited, they're not asking for the sky, they know it has to be sustainable for the people who work there just as much as it is for people who might want to receive services.'