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Consumer involvement

Related documents

C&C DHB policies and guidelines:

- *Consumer Participation guideline*
- *Complaints (consumer)*
- *Patient/Consumer satisfaction surveys - guidelines*
- *Quality policy/He Korowai*
- *Consumer Committee terms of reference*
- *Consumer Handbook*
- *Tangata Whaiora/Consumer participation (Mental Health)*

Purpose

Involving the participation of consumers enables:

- Their views and feedback to be considered in the planning, development, delivery, evaluation, quality improvement and clinical governance of services.
- C&C DHB to meet its statutory requirements including the Health and Disability Commissioner (HDC) Code of Consumer Rights
- Employees to gain an understanding of consumer issues of importance and levels of satisfaction.

Policy

- C&C DHB is committed to actively involve consumers in seeking and considering their views and feedback on how services can be improved. This is an integral component of C&C DHB quality improvement strategies.
- C&C DHB services will develop and implement appropriate consumer involvement processes at all levels.
- Consumers may be involved as individuals, by inclusion in advisory groups, as employees (in positions which require incumbents to have consumer experience, for example as consumer advisers or consultants), in partnerships or groups working with providers on specific issues.
- Participation may be through **proactive** involvement – having direct input into service planning, implementation and evaluation; or through **responsive** involvement – responding to satisfaction surveys, making complaints, targeted involvement or acting as advisors.

- Consumers who participate will be provided with a clear purpose, and as necessary training, for meetings / activities. They will be informed of their rights, roles and responsibilities.
- Consumers will be reimbursed for reasonable expenses and may, where appropriate, receive remuneration for their involvement in consumer participation activities
- Consumer involvement strategies will take account of C&C DHB statutory responsibility to involve Maori consumers appropriately.
- Consumer involvement strategies will take account of C&C DHB focus on reducing disparities and will involve Pacific consumers and consumers from other vulnerable communities.
- Consumer involvement strategies will take account of the views and needs of families and whanau, including the views of children and others of whom consent is given on behalf.
- C&C DHB will have an overarching Hospital and Health services (HHS) Consumer Committee reporting to the HHS Clinical Governance Committee (Appendix 1).
- C&C DHB will also have HHS Consumer committees based around services at Kapiti, Kenepuru, and the Wellington Regional Hospital, all reporting to the HHS Consumer Committee. All service specific consumer advisory groups will report within the service reporting to the HHS clinical governance committee (Appendix 2).
- C&C DHB will publish consumer participation guidelines to support consumer involvement within the HHS. C&C DHB will work in partnership with consumers via the consumer committee structure in the ongoing development and review of the consumer involvement policy and consumer participation guidelines.
- Processes for, and feedback on, consumer participation, are communicated to the community through DHB communications and community networks. Consumer participation is compared with other organisations and improvements are made to ensure better practice.

Scope

The policy applies to all persons working within C&C DHB, including staff, managers, and contractors, independent practitioners providing services under access agreements, students, external personnel, consumer committee members, and Board members.

Exclusions

For DHB governance, a community voice and elected board members are provided via the Public Health and Disability Act (2000)

Processes also exist for community involvement Consumer complaints (including comments and feedback from consumers received through the complaints process) are managed according to C&C DHB CON-01 - Consumer Complaints Policy though complaint trends and relevant quality improvement strategies will be included.

Definitions

Consumer

For the purposes of this policy, consumer means the user of any service provided by C&C DHB, includes patient, client, resident, consumer tangata whaiora, and a person entitled or delegated to give consent on behalf of that consumer.

Clinical Governance

The system by which the governing body, managers and clinicians share responsibility and are held accountable for patient safety, minimising risks to consumers and for continuously monitoring and improving the quality of clinical care. (Ref: Australian Council on Healthcare Standards)

Consumer Participation Options

Options for consumer involvement and participation include the following. See Consumer Participation Guideline for more detail.

- Consumer committees
- Service advisory groups
- Focus groups
- Focus interviews
- Consumers speaking at meetings
- Expert patients/ consumers sharing experience of specific services or interventions
- Consumer or community advisory groups or advisor to group/ committee
- Patient Satisfaction surveys
- Employment of a consumer advisor

Training

All employees are made aware of the C&C DHB Consumer Involvement policy by their line managers. All line managers and others with responsibility for consumer involvement will be orientated to the policy by their line managers.

Board Governance Structure for community involvement

Board

The Board consists of seven members elected by community and up to four members appointed by the Minister of Health. The chairperson is a ministerial appointment.

Board committees

The Act requires three permanent committees to advise the Board: the Community and Public Health, Disability Support and Hospital Advisory committees, whose members are drawn from the Board and nominated community representatives.

Reference groups

The Board has relationships with existing external community groups, often geographically based,

Service Advisory Groups

Service Advisory Groups are formed from time to time (comprising community representatives, providers, and DHB staff) to focus on specific service areas, such as maternity services, Accident & Medical Emergency Services - Kenepuru.

Other working groups and mechanisms will be formed as required to assist discussion on service development and changes, e.g., the Diabetes Podiatry Working group.

References

Bate, P and Glenn, R. (2006) Experience-based design: from redesigning the system around the patient to co-designing services with the patient, Qual. Saf. Health Care 2006; 15; pp307-310

Health Consumers Queensland (2009): Agency Handbook

Health Consumers Queensland (2009): Consumer Handbook

Health Information Privacy Code 1994

Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996

Ipsos Eureka Social Research Institute: Consumer/ citizen engagement in decision-making: final report prepared for Pharmac. Melbourne, 2009

NZ Public Hospital and Health Services Patient Satisfaction Survey Guidelines 2000

Statistics Act 1975

He Korowai Oranga Maori Health Strategy, Ministry of Health, 2002

The New Zealand Public Health and Disability Act 2000

Appendixes

Appendix 1: [HHS Clinical Governance Structure](#)

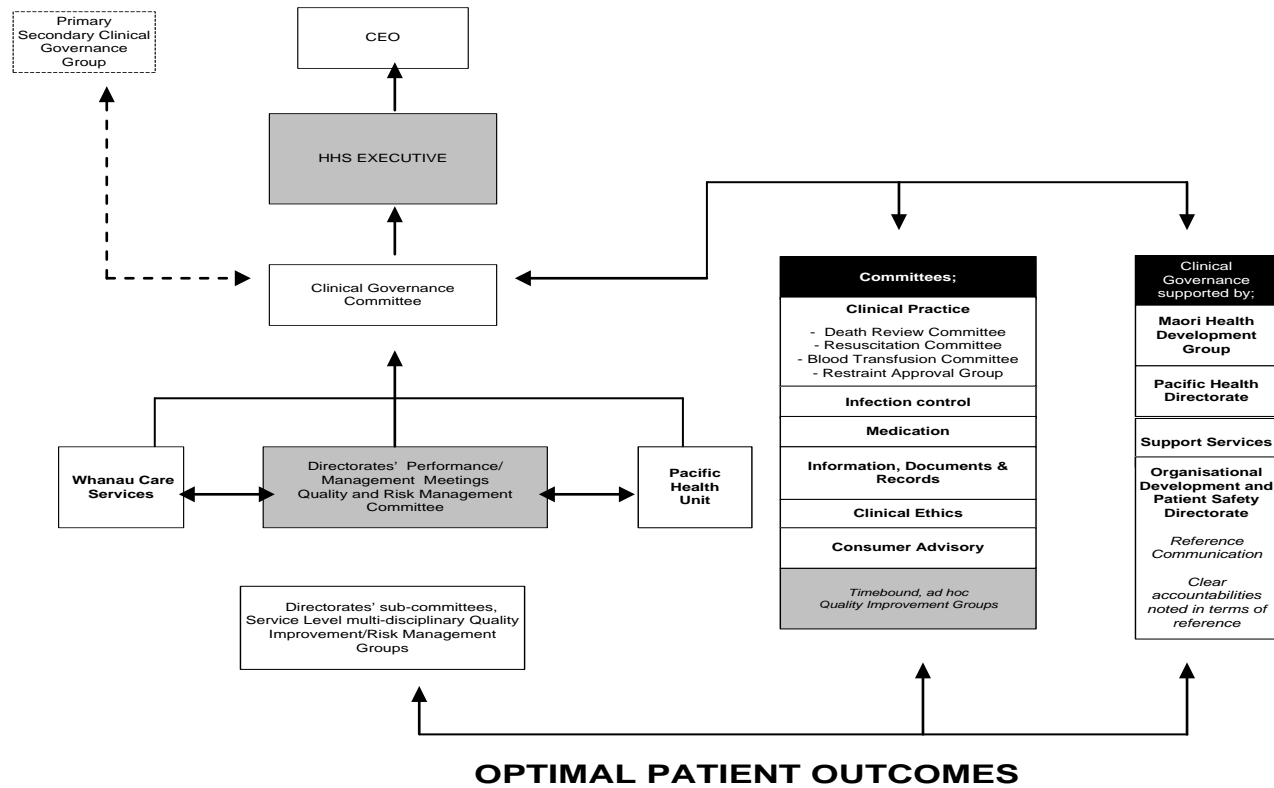
Appendix 2: [Consumer Committee Structure](#)

Appendix 3: [Consumer representative booklet](#)

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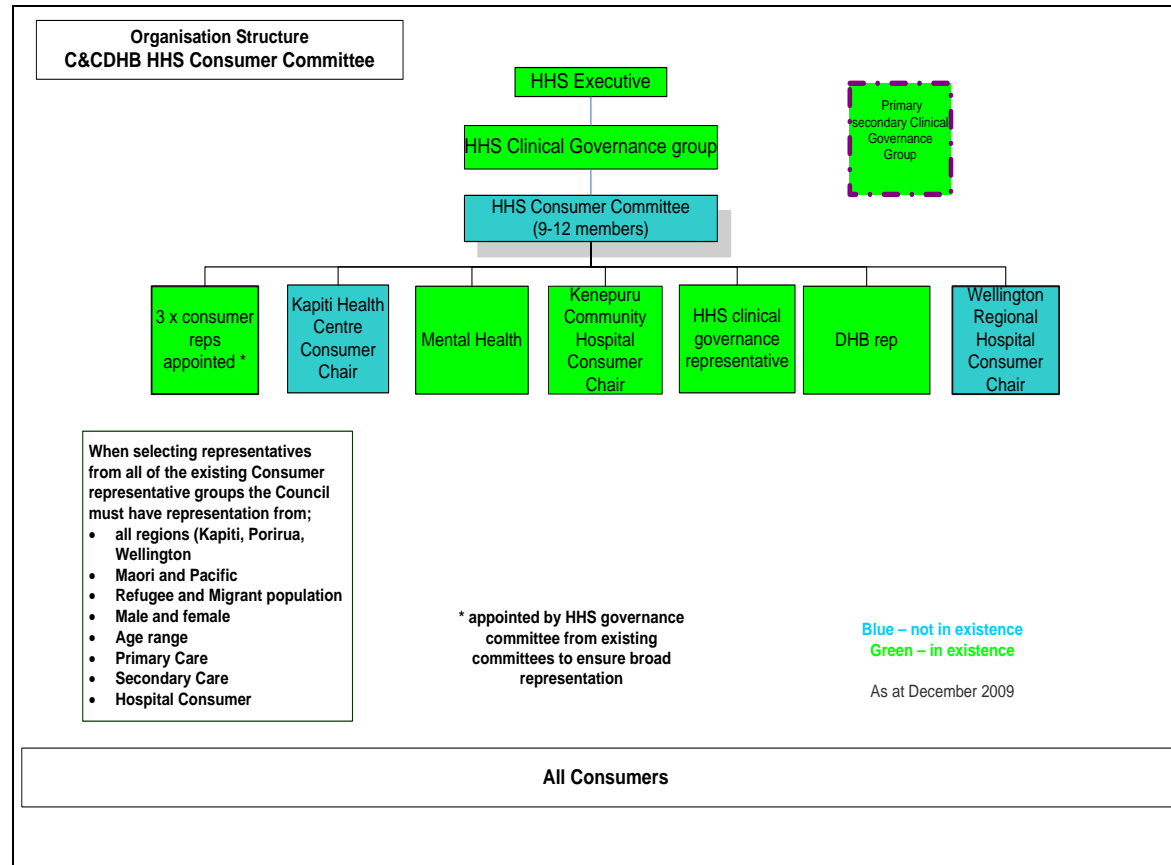
Appendix 1

HHS Clinical Governance Structure

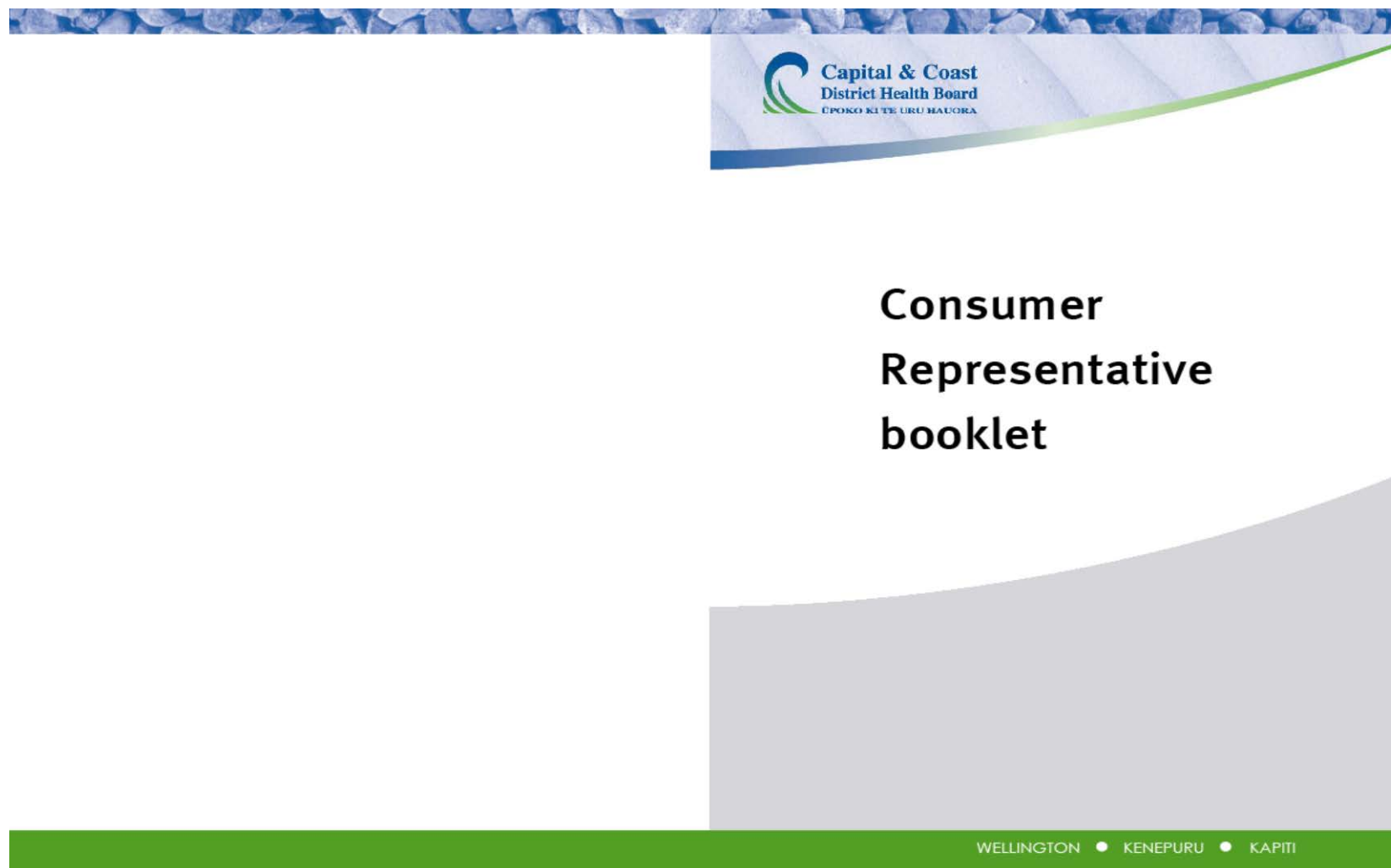


Appendix 2

Consumer Committee Structure



Appendix 3: Consumer Representative Booklet



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Message from Chris Lowry – Chief Operating Officer Hospital and Health Services

Welcome to our Hospital and Health Services as a consumer representative. We are pleased to have you involved in improving the hospital and health services for our community. This handbook has been put together to give you some information to explain how the public health system works, and how our hospital services work. If you have any questions ask the hospital representative on your consumer committee, or feedback to them any changes you think would be useful to this handbook.

What is a consumer committee member?

Congratulations, you have been selected to be a member of one of the C&C DHB's Consumer Committees because you have been either a user of a service provided by C&C DHB or you are entitled to give consent on behalf of a user of one of our services, in the past 24 months.

Because you've experienced our service delivery first hand, you can provide a unique consumer perspective that can identify strengths and weaknesses in the services we provide, and give us feedback on how the service is perceived and received.

Being in this role means that you can bring community feedback to the group. For the group to function effectively, we would respectfully ask you, not to dwell on personal situations but rather the broader systemic issues.

By working with our existing systems and stakeholders through consumer engagement in our health service delivery, planning and policy, you will be helping us meet our commitment to provide services that meet the needs of our consumers.

What is expected from you?

As a Consumer Committee member you are expected to work with other Committee members in a respectful and productive way, focussing on providing practical recommendations to improve service delivery.

You are expected to attend meetings, to be prepared by reading relevant papers and to actively participate in group discussions by asking questions and contributing. It is important that you respect that the issues discussed will be in confidence and that you understand you are bound by the same level of confidentiality as other committee members in relation to committee matters.

If a conflict of interest occurs this must be identified and discussed with the Chairperson immediately. You must be prepared to remove yourself from the decision making process if requested. If you have a complaint, this must be directed through our Complaints Process – this is included in your pack of information

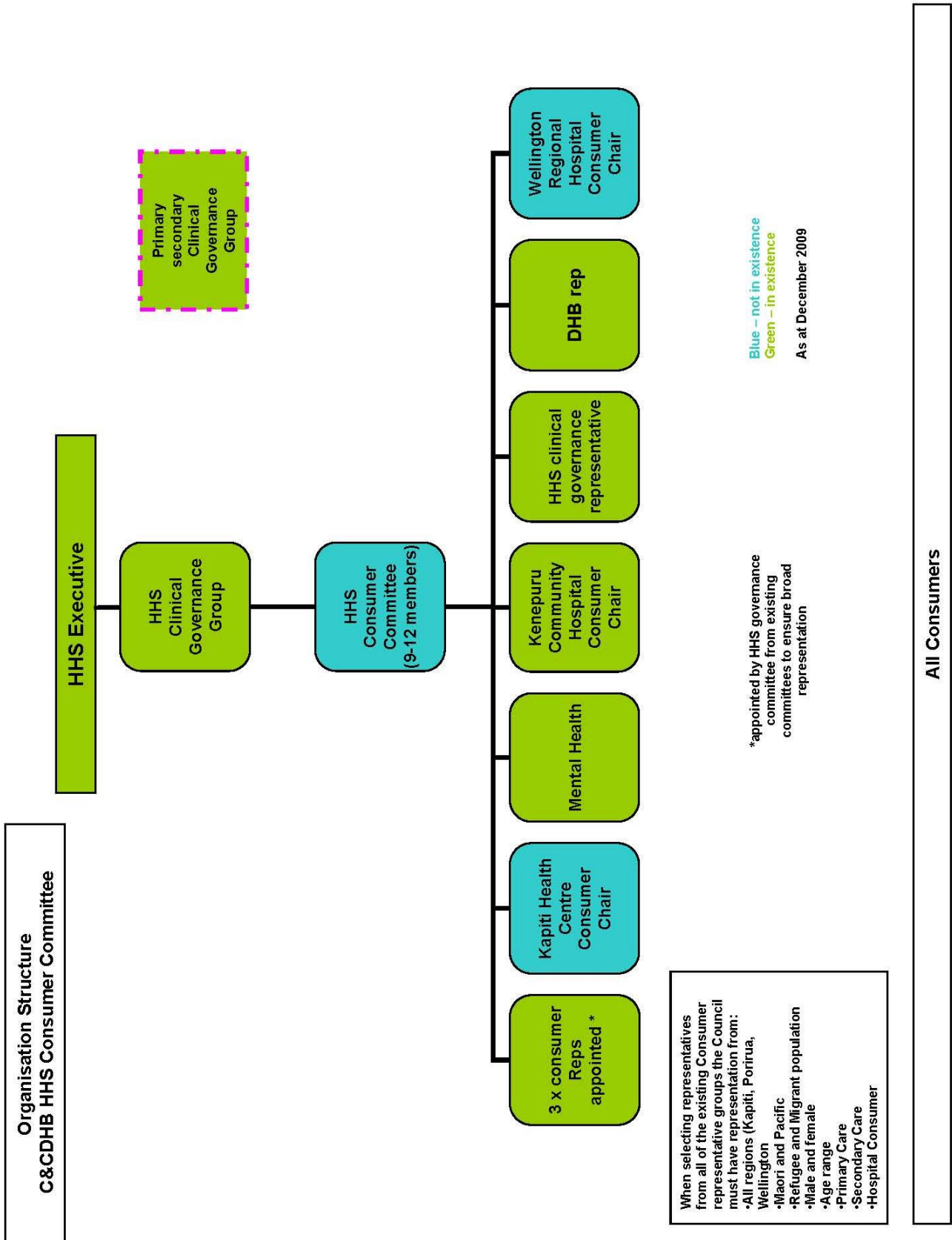
What you should expect?

C&C DHB value your commitment to being an active member of the Consumer Committee. We will provide you with training and a tour of the Wellington Regional Hospital, or Kenepuru Community Hospital, or Kapiti Health Centre Facilities. You may want a tour of one of our other facilities and we will endeavour to arrange this (as long as it is relevant to your activity as a Consumer Committee Representative). You may find some elements of the committee meetings challenging and we have attached a guide to participating on committees (Appendix b)

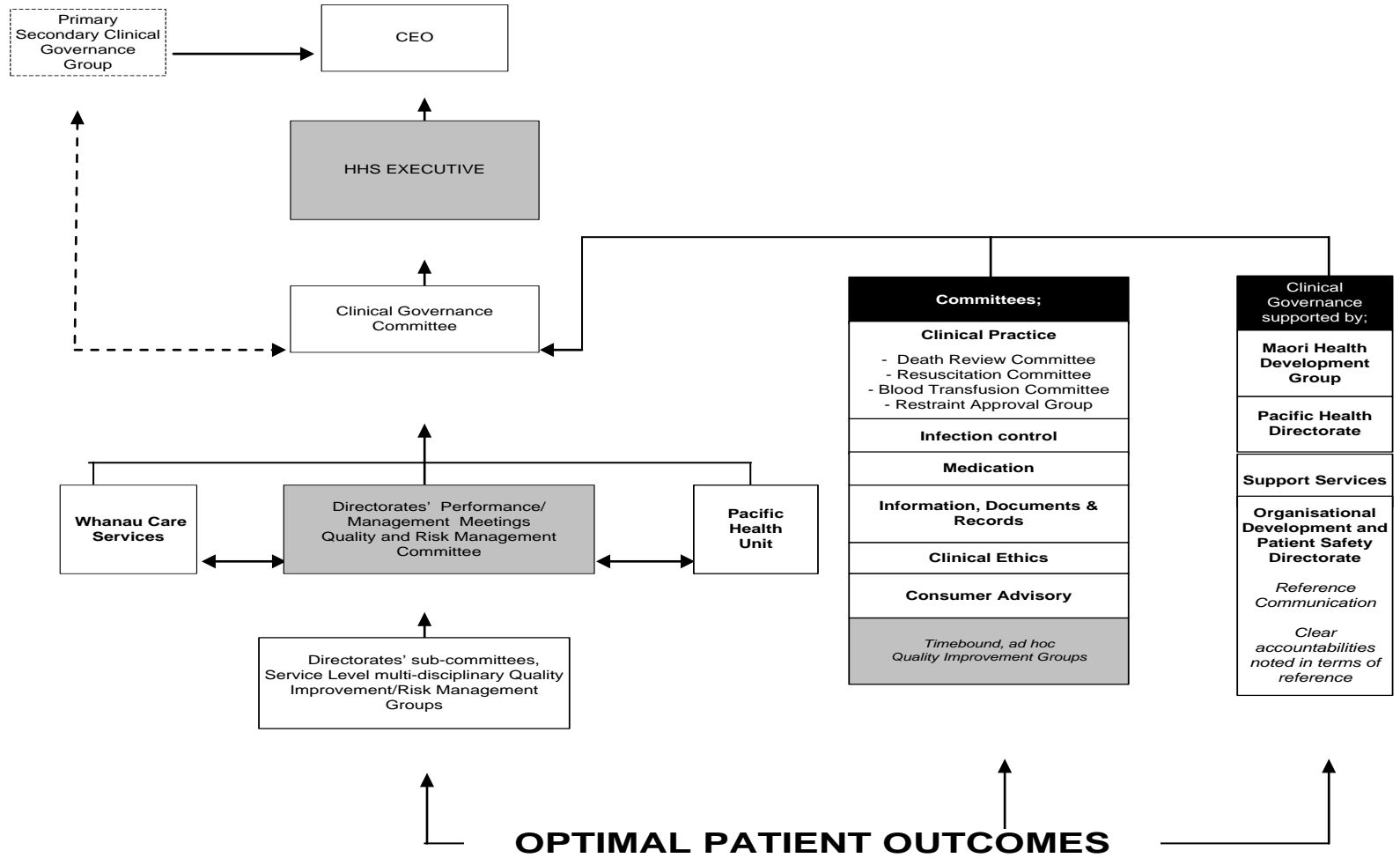
How will the committee work?

On the next page you will see how the Consumer Committee is structured and how this relates to the Clinical Governance Structure at C&C DHB.

HHS Consumer Committee



HHS CLINICAL GOVERNANCE STRUCTURE



How do I get reimbursed?

Every time you attend a Consumer Representative Committee, fill in the attached fees payment form (Appendix a) or give an invoice to the administration person at the meeting and they will arrange payment. Payments are not made on the day of the meeting and are made during finance runs of the payroll system.

Confidentiality and conflict of interest, privacy

You are required to sign a confidentiality form, and will have done this when you were accepted for the consumer committee. If you haven't signed a confidentiality form, please let your consumer administration person know, so that this can be arranged.

There are may be occasions where you have a conflict of interest – this means that you are involved within your community in a certain area that may be discussed in the committee. This is a situation where your private interests may benefit from your public actions so you cannot have an objective or impartial view of the topic being discussed. For example, you have a complaint lodged and are working through a resolution in a particular service, and this service is being discussed.

Hospital Services – what do they do?

(Visit our website for more information about us: www.ccdhb.org.nz)

Structure of the District Health Boards in New Zealand

The Public Health and Disability Act (2000) established DHB's and provides the legal framework for how they act. Boards are a mix of government appointees and elected community representatives. DHB's are required to have a planning framework consistent with the Minister of Health's Priorities, the New Zealand Health Strategy, and the New Zealand Disability strategy. DHB's are increasingly expected to work together nationally, regionally, and locally. More information can be found on <http://www.moh.govt.nz/moh.nsf/pagesmh/1375?Open>

There are 21 District Health Boards within New Zealand and their role is to provide publically funded healthcare to their local population, with a focus on the Minister of

Health's (government) priorities. This is a mixture of preventing health issues (ie creating wellness) and treating individual health issues.

Funding of the health sector as a whole is complex and is a mix of ACC, private and public funding.

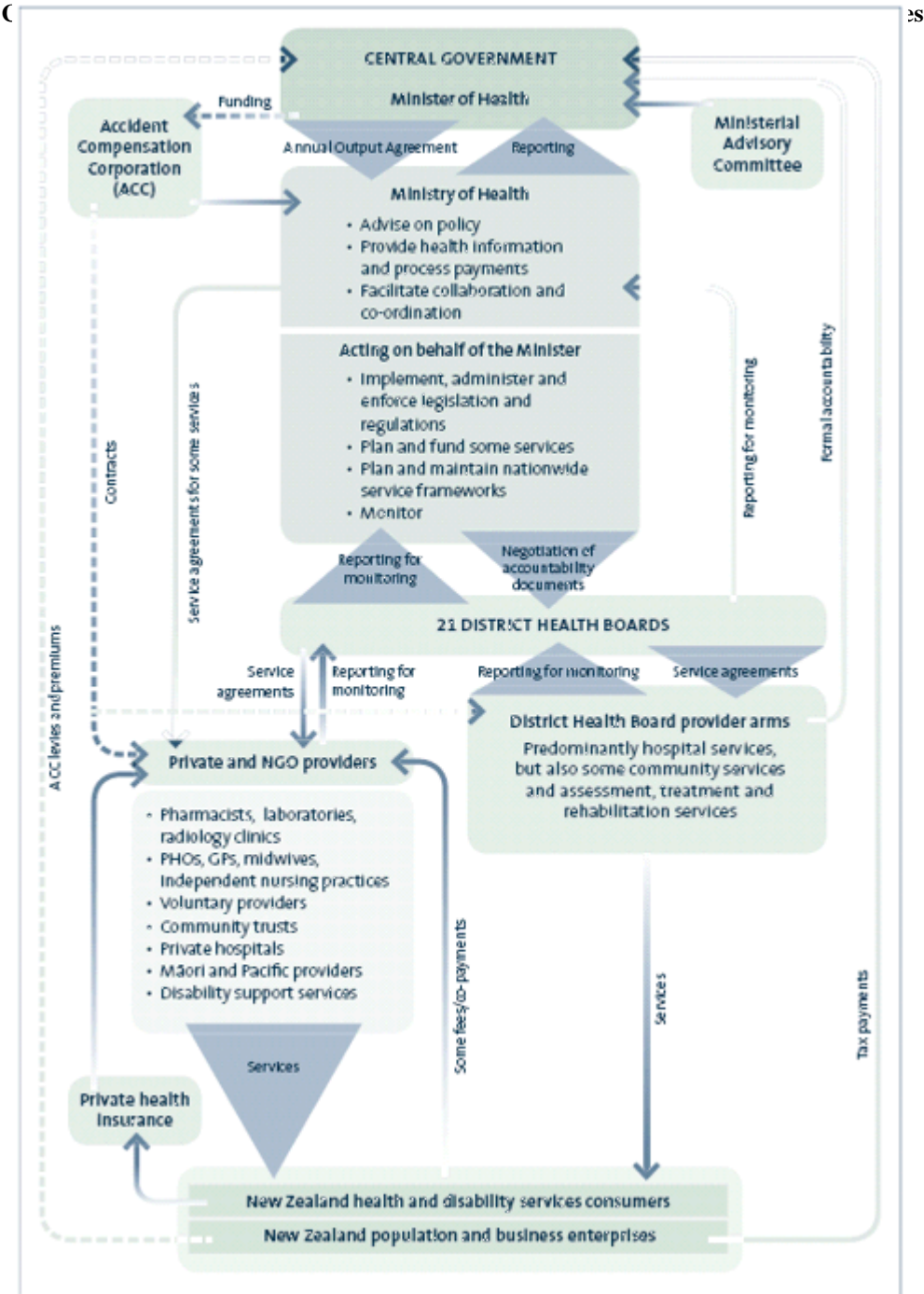
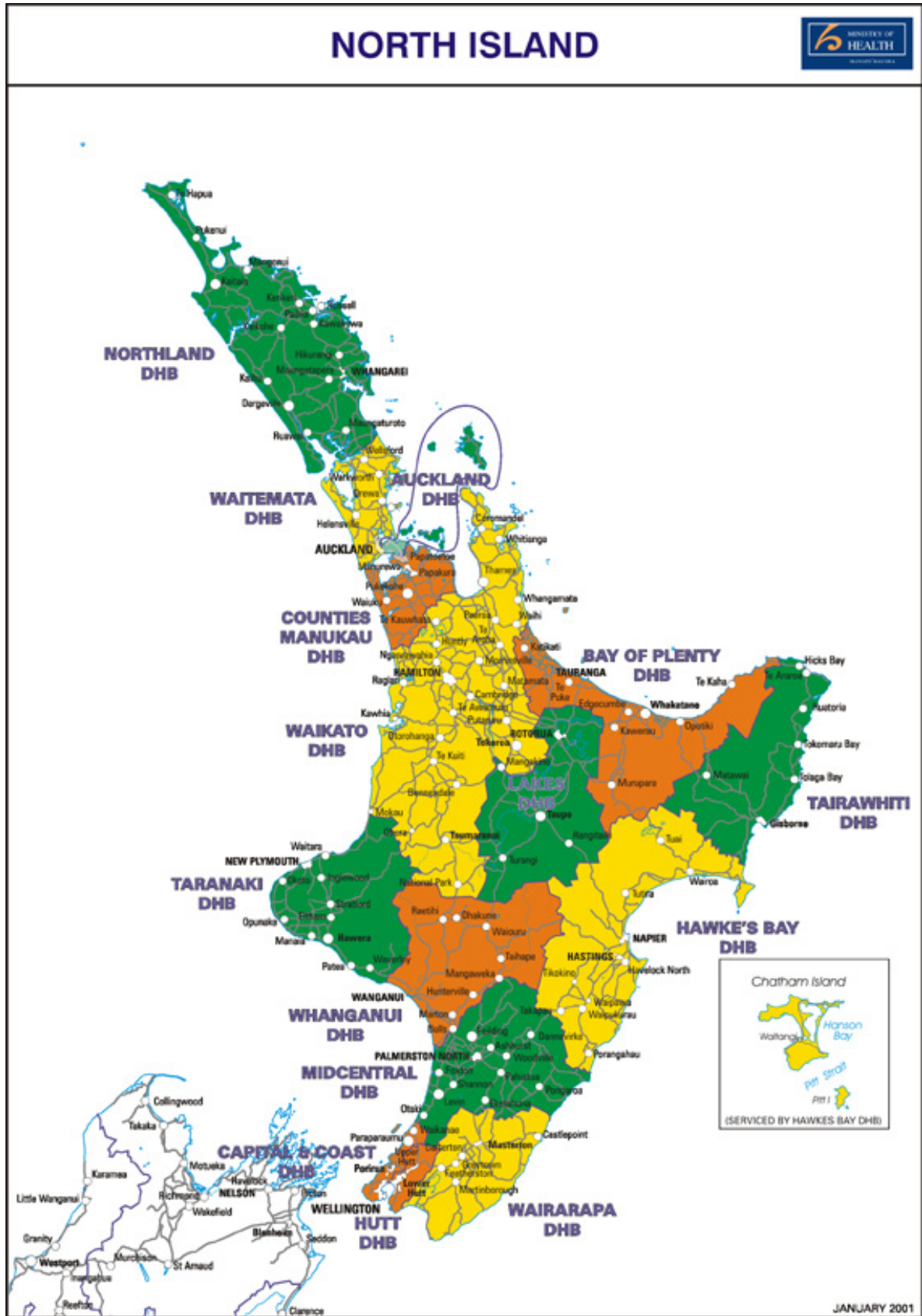


Figure 1. Health System in New Zealand.



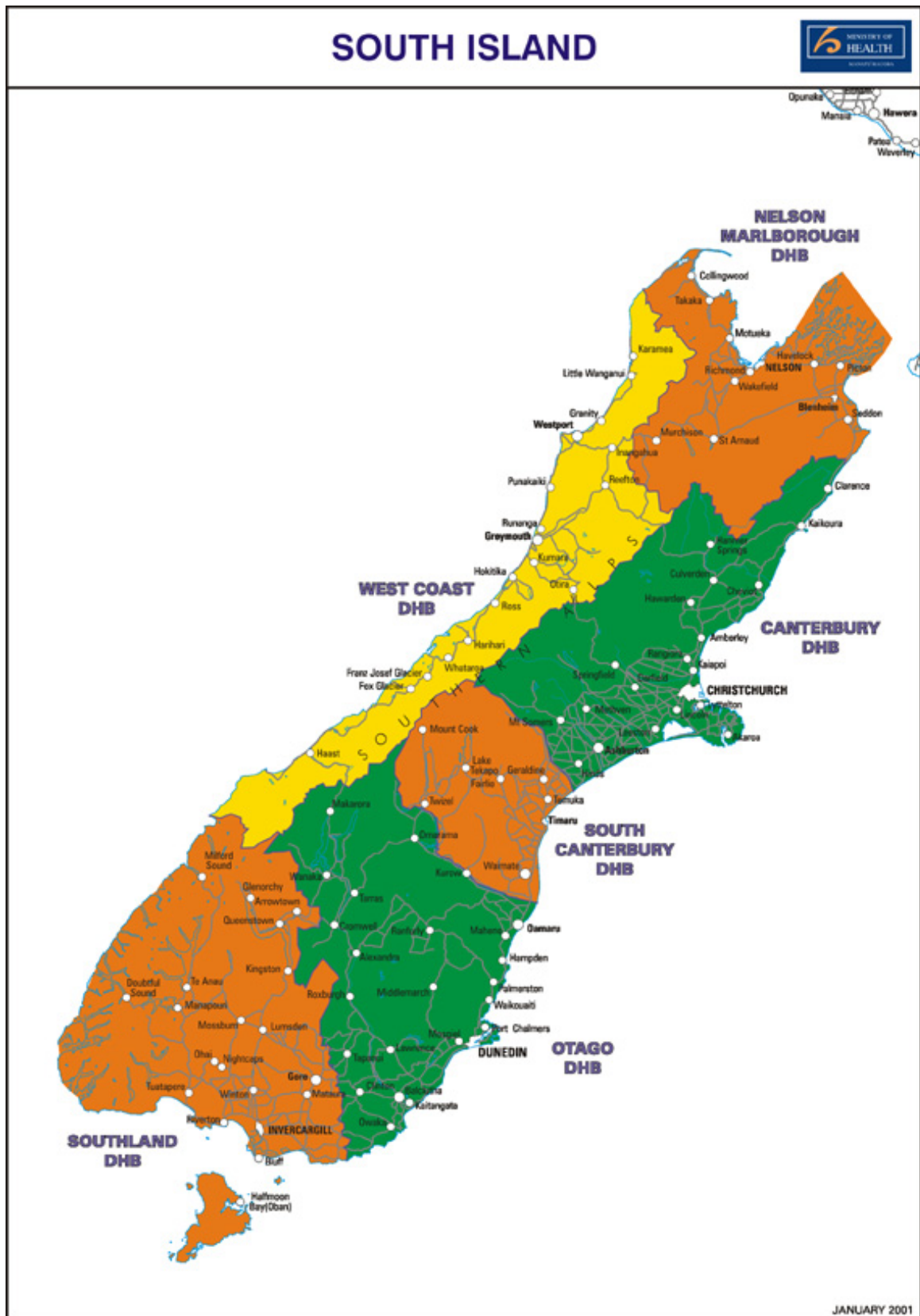


Figure 2: New Zealand DHBs

Structure of Capital and Coast District Health Board

Capital & Coast District Health Board - our role

Capital & Coast District Health Board has two distinct roles. The Directorate of Planning and Funding Service (P&F) is responsible for assessing the health needs of the people of the district, and contracting the most appropriate services to meet those needs. The Hospital and Health Service (HHS) is responsible for providing services through the hospital and community outreach programmes.

C&C DHB operates two hospitals – Wellington and Kenepuru - as well as the Kapiti Health Centre at Paraparaumu. There are also a number of community bases.

The organisation serves about 250,000 people living in Wellington City and its suburbs, the Porirua Basin, and the Kapiti Coast including Waikanae. With about 3,200 full time staff and an annual payroll of more than \$190 million, C&C DHB is also a major employer in the Wellington region.

Specialist tertiary-level care is provided to patients from the lower North Island and upper South Island, a population of about 900,000. These tertiary services include cardiology and cardiothoracic surgery, neurosurgery, vascular surgery, renal medicine and transplants, genetics, oncology, paediatric surgery, neonatal intensive care, obstetrics, endocrinology, orthopaedics and urology, and specialised forensic services.

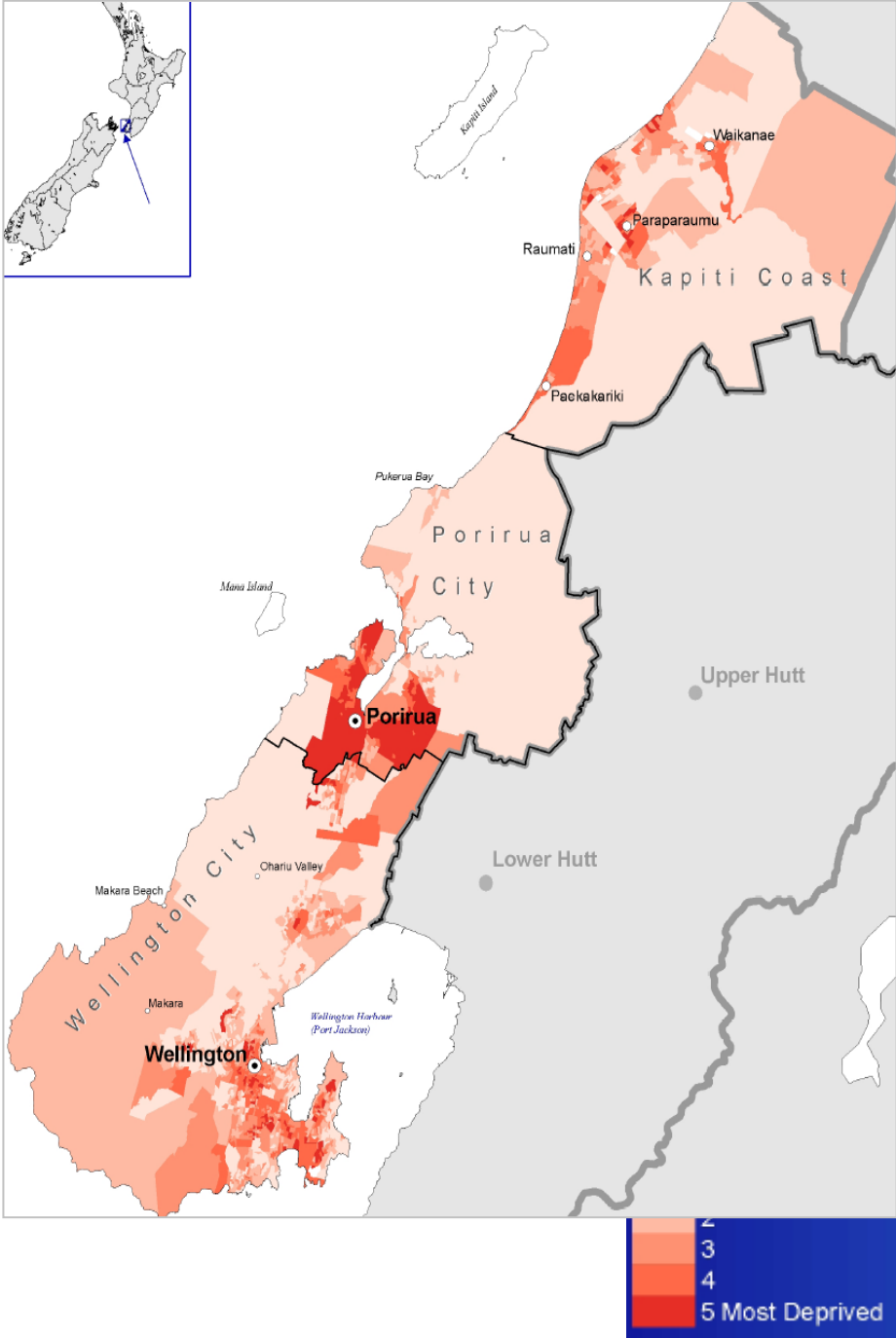


Figure 3: Our Region

Minister of Health priorities

(More information available on www.moh.govt.nz)

Every year the Minister of Health sends DHB's a letter outlining health priorities which DHB's are expected to work towards. You will get updated information about this through the committee you attend.

Structure of the Hospital Services at Capital & Coast DHB

Services and Structure

Capital & Coast District Health Board's services – including medical, surgical, mental health, community and clinical support services - are managed and delivered as 16 clinical practice areas, organised into four groups called Directorates.

Each Directorate has an Executive Director (Clinical) and an Executive Director (Operational). Each clinical practice area is headed by a Clinical Leader, most of who are practising senior medical professionals.

Additional support is provided by a core of corporate services, including the Director of Nursing and Midwifery, Director of Allied Health, Technical and Scientific, Chief Medical Officer, Maori Health, Pacific Support Services, Communications, Human Resources, Finance, Information Services, Organisational Development and Patient Safety and Operations.

Community Services

In addition to hospital-based services, multi-disciplinary services are provided in the community. These include general and specialist district nursing, specialist multi-disciplinary rehabilitation services, occupational therapy, speech language therapy, physiotherapy, dietetics, social work and home support services. Mental health, and alcohol and drug services are also provided in the community.

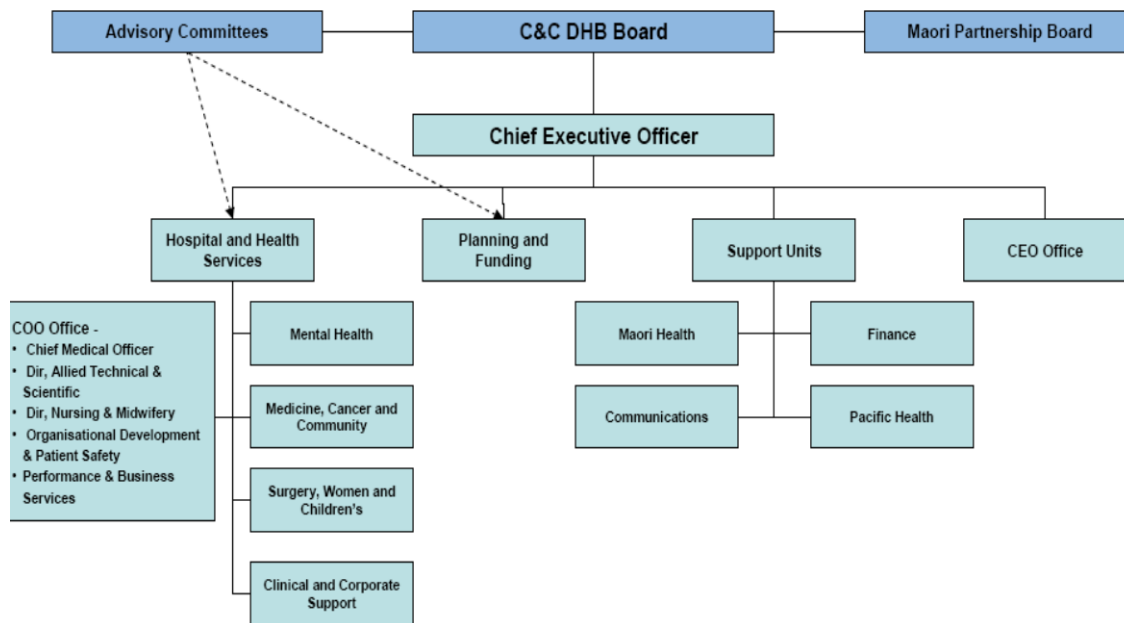
People

Highly skilled staff is crucial to C&C DHB's ability to provide high quality health services.

This importance is reflected in the close relationship C&C DHB shares with the University of Otago's Wellington School of Medicine, adjacent to Wellington Hospital, and Victoria University on site within the C&C DHB Wellington Campus.

C&C DHB also maintains close links with polytechnics and other tertiary institutions for student training of nurses, midwives, post graduate mental health nurses, medical radiation technologists, dietitians, physiotherapists, occupational therapists pharmacists etc.

Figure 4: C&CDHB Structure



A day in the life of Hospital Services

During a 24 hour period you could be one of 225 people will be assessed at the Wellington Regional Hospital Emergency Department and the Kenepuru Accident and Medical. During the same period, eight patients are admitted to the Intensive Care Unit (one of whom has been transferred by helicopter from the South Island), and 11 babies are born, with assistance from 10 of the 85 midwives. You may undergo one of the 3,574 lab tests performed and one of the 435 doctors working for C&C DHB might decide that you, along with 40 other patients, need to be admitted for further care and assessment. One of the 400 administrative staff makes one of 2,916 calls today to the orderly base, and makes the arrangements for you to be transferred to a ward.

You are moved to the ward on a trolley pushed by an orderly, who will walk approximately 8km during today's shift. In the ward you are greeted by one of the 1,800 nurses who work for C&C DHB, and are settled into a bed made with two of over 1,400 clean sheets issued today from the laundry. Your medical record, one of 3000 processed today, has just arrived in the ward. Later you visit the radiology department and are one of 296 patients being examined today. At lunchtime, you enjoy one of the 1,156 meals prepared daily in the kitchens. The patient beside you is one of 22 who receive a visit from a kaiawhina. One of 508 clinical support staff provides advice on your medication,

and \$40,000 of pharmaceutical products are dispensed. Throughout the day, while you are being cared for, 1100 outpatients are also being seen, and 36 patients are admitted for day surgery.

While you are being attended to, 240 patients have been seen by the mental health community teams, 54 patients have been treated in the fracture clinic, 100 patients have had their vision checked, and 30 infants have been cared for in the neonatal unit. The telephonists have answered 8,000 phone calls, transferring calls to the 5,150 extensions and paging staff over 1,000 times. The mailroom has processed 5,000 letters and 15,000 photocopies have been made in the central copying room.

You are one of 98 patients who will be discharged tomorrow (most having spent four days in hospital) and arrangements will be made for you to receive follow-up care in your home from one of the 100's therapists travelling in one of the 262 C&C DHB vehicles.

By day's end, 2,200kg of general waste has been produced, of which 1,100kg has been recycled.

Health and Hospital Service priorities

The Hospital and Health Services meet each year to discuss and agree their priorities for focus on providing better services for our patients (this is in addition to the Minister of Health's priorities). These will be discussed with you through the committee you attend.

Included in this pack is a copy of the following guidelines/policies:

- Consumer Complaints policy
- Consumer guideline policy
- Privacy
- Confidentiality
- Ethics
- Minister of Health's Expectations

Appendix a) ATTENDANCE FEE FORM (Proforma Invoice)

Consumer Committee

Name of person claiming:		
Postal Address:		
Email Address:		
Telephone:		
Bank Account No & Branch:		
Name of meeting attended:	_____ Consumer Committee	
Date of Meeting:		
Actual Costs:	Attendance @ \$80 (chair @ \$100)	(No. of Hours): 2
Total Reimbursement Due:		\$

I certify that the above particulars are correct and that the expenses claimed have been actually incurred in attending the meeting and are payable to me.

.....
Signature of person claiming

.....
Date

.....
Signature of meeting organiser

.....
Signature of second person

Cost Centre & GL Code:

DISCLAIMER: Individuals are responsible for ensuring their own tax compliance obligations are met in respect to the above payments.

Appendix b): Consumer representative participation on committees

Tips and techniques

- As fully participating consumer representatives, do you have access to email correspondence – and/or have the ability to download large reports or documents prior to committee meetings? If not you need to advise the secretary so that you get agenda papers sent to you by another means so that you can get them in time.

- To be an active member, you need to prepare for the meeting so that you can take part in the discussions. Put items you would like to discuss on the agenda.
 - Think about how you want to introduce a point – do the research, try and find out who may support you, it may be helpful to write out the issue on paper to give to committee members.
 - If there is a discussion in progress and you don't understand what is being discussed, ask basic questions
 - Could you define that issue for me?
 - I don't know the background to that issue – could you fill me in briefly?

- Having a consumer representative will influence how the committee considers issues and will raise awareness about consumer perspectives on all issues.
Some important qualities for a consumer representative are:
 - Being able to analyse different issues and judge their effect
 - Being able to present a rational argument
 - Identifying with the group you are representing
 - Being able to move away from a personal opinion to a general 'consumer' viewpoint

- As a new committee member, you may feel fearful or uncomfortable as a committee member. It is good to acknowledge these feelings - you may worry about saying the wrong thing or stuttering and stumbling and making a fool of yourself:
 - Prepare yourself – you could rehearse your strategy with a trusted friend. Gain as much information as possible. Before the meeting plan what you can do/say to achieve the best outcome.
 - Observe how others participate and be involved at a level that you are comfortable with to begin with.

- You may get frustrated with a situation.
 - Remain rational – are you frustrated with yourself or are you placing expectations on other people that they may be aware of?
 - Remind yourself that your frustration could be your reaction to a situation and not the fault of the other person – don't blame them.
 - Find someone you can talk to about your frustration, or speak to the chair after the meeting

Capital & Coast District Health Board – Organisation Clinical Policies and Procedures

- You may need to be assertive to face some challenging situations, remember that being assertive is standing up for personal rights not about always getting things done your way.
 - If you are facing an aggressive person and you are in the wrong – admit it
 - Learn assertion over confrontation

- Being a consumer representative requires personal commitment and effort so you need to look after yourself.
 - Remember that you are not responsible for resolving all issues.
 - Keep a perspective on your committee work by maintaining links with family and friends and time to pursue your hobbies and exercise.

- To be an effective committee member you should:
 - Be punctual to meetings, or make an apology in advance if going to be late
 - Remember to take your agenda papers
 - Don't talk when you have nothing to say, or repeat points over and over again
 - Pre- read your papers
 - Establish good working relationships with other members of the committee
 - Be a positive force
 - Bring discussions back to relevant issues

- To establish good consumer representative working relationships you should:
 - Identify allies – this is necessary to support you on important issues
 - Network – talk with other consumers on the committee or related committees. Talk with former consumer members, find out their friends and opponents and what issues were the most crucial for them.

As a consumer representative you will be expected to be able to negotiate, find solutions and be adept at conflict resolution. Negotiation means finding common ground where all concerned feel the result is mutually acceptable. There are steps to negotiation and a principled negotiation process is the best way.

- Separate the people from the problem
 - Avoid fostering a 'them' and 'us' position. It is vital to maintain a good working relationship – sometimes this is more important for future work than the outcome of one particular negotiation.
- Focus on interests rather than positions
- Generate a variety of opinions before settling on an agreement
- Insist that the agreement is based on objective criteria
- If you strongly disagree with any issue, you may ask that this is minuted

If there is conflict, look at the issue to see what is going on – define the real problem.

When negotiating there is a simple formula for prioritising wants:

- Could get (what would be good but necessarily reasonable)
- Should get (what is reasonable)
- Must get (bottom line)

Often members will all start with ‘could get’ but often progress will not be made until a ‘should get’ position is reached.

Being able to critique is a useful skill. This does not mean criticise – critiquing is the process of looking at something from all angles – not just one point of view. Offering a thoughtful critique to a committee will make a significant contribution.

To be a focused and effective committee member you need to be:

- Fully prepared before each meeting
- Be consistent, authentic and genuine in your dealings
- Prepare yourself before the meeting, decide on any issues you are going to raise and how you are going to raise them
- Listen actively to others
- Learn assertion over confrontation
- Stick to the facts
- Despite your passion – be able to separate issues from yourself

Most interactions will be smooth, having a consumer representative will influence how the committee considers issues and will raise awareness about consumer perspectives on all issues.

Some terms used in minutes:

Present:

Everyone at the meeting

Apologies:

Names of people who were unable to attend the meeting and have sent apologies – you should always send your apologies if you are unable to attend a meeting.

Previous minutes:

The minutes from the previous meeting are always presented to the committee members so that they can approve them as being a true and accurate recording of the meeting.

Business arising:

A discussion on any matters that have come about from the last meeting, keeps everyone up to date with progress on projects or agreed tasks.

New business:

Agenda items for discussion.

Other business:

Items for discussion not on the agenda but raised at the meeting.

Close:

Recording the time the meeting closed.

Notes

