

A FRAMEWORK *for* PARTNERING *with* PATIENTS *and the* COMMUNITY

AUGUST 2014



Health

Hunter New England
Local Health District

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Carers: People who provide unpaid care and support to family members or friends who have a disability, mental illness, chronic condition, terminal illness or general frailty. Carers include parents and guardians caring for children¹.

Community: Refers to groups of people or organisations with a common interest, including non-government organisations who represent the interests of health consumers. Communities may connect through a community of place such as a neighbourhood, region, suburb; a community of interest such as patients, industry sector, profession or environment group; or a community that forms around a specific issue such as improvements to public healthcare or through groups sharing cultural backgrounds².

Community partnership: refers in this context to the relationships and connections between our Local Health District, communities and residents in the development and implementation of policies, programs, services and projects. It encompasses a variety of district/government and community interactions ranging from information sharing to community consultation and, in some instances, active participation in decision making. It incorporates public participation, with people being empowered to contribute to decisions affecting their lives, through the acquisition of skills, knowledge and experience³.

For HNE Health, “community partnership” is preferred over other terms, such as community engagement.

Empower: in general use can be to enable or encourage. However, in the context of this framework and the IAP2 Spectrum of Public Participation (see Section 3.1), empower is defined as placing final decision-making in the hands of the community/patients.

Health literacy is concerned with the skills and abilities of individuals, and the demands placed on them by the health system⁴.

Individual health literacy is the knowledge, motivation and competencies of a consumer to access, understand, appraise and apply health information to make effective decisions and take appropriate action for their health and health care.

The **health literacy environment** is the infrastructure, policies, processes, materials and relationships that exist within the health system that make it easier or more difficult for consumers to navigate, understand and use health information and services to make effective decisions and take appropriate action about health and health care.

Participation or Public Participation: any process that involves the public (those stakeholders who are not typically part of the decision-making entity or entities) in problem-solving or decision-making and that uses public input to make better decisions⁵.



Patient: a person receiving health care⁶. For some health settings “client” is the appropriate and preferred term instead of “patient”.

NOTE: The term “consumer” is often used in community engagement/partnership literature as an umbrella term that includes patients. However, HNE Health has accepted input from its Local Health Committees who have expressed a strong preference for using words or phrases such as “patients” or “patients, their carers and families, and the community” instead of the term “consumer”.

For reference, **consumers** are defined as people who use, potentially will use or have previously used health services. Consumers can be patients and potential patients, carers and organisations representing consumers⁷ interests. “Consumers” continues to be an accepted and common term within Mental Health to describe people receiving care, especially in rehabilitation and community settings.

Patient-centred care: is health care that is respectful of, and responsive to, the preferences, needs and values of patients and consumers. It is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families⁸.

For some health settings, such as Mental Health, “person-centred care” is the appropriate and preferred term instead of “patient-centred”.

The widely accepted dimensions of patient- or person-centred care are respect, emotional support, physical comfort, information and communication, continuity and transition, care coordination, involvement of family and carers, and access to care⁹.

HNE Health's *Excellence* approach is a framework for delivering quality patient- and person-centred care.

Stakeholders: any individual, group of individuals, organisation or political entity with an interest or stake in the outcome of a decision or in what you are or may be doing¹⁰.



Acknowledgements

Involving patients, their families and carers and communities to help improve services and safety and quality of care is increasingly recognised at a national and international level.

In developing this draft framework, we are guided by the significant body of work undertaken by the Australian Commission on Safety and Quality in Health Care, including the work done in developing the *National Safety and Quality Health Service Standards*. In particular this document is guided by National Standard 2: Partnering with Consumers, the Commission's paper Patient-Centred Care: Improving quality and safety through partnerships with patients and consumers, and other discussion papers.

It is also informed by a literature review undertaken for HNE Health¹¹, the *Draft NSW Health Consumer and Community Framework*¹² and frameworks developed by other jurisdictions including the South Australian Department of Health and Ageing¹³, Sydney Local Health District¹⁴ and Health Consumers Queensland¹⁵.

This framework has been prepared by HNE Health's Strategic Relations and Communication Unit including Director Lauren Cruz, Manager of Strategic Relations and Communication Shannon Ramadge and Strategic Relations and Communication Officer Frances Holz. Early input was provided also by former HNE Health Communication and Community Engagement Manager Michelle Bryne.

Others have also contributed their input and expertise including Dr Donella Piper, Lecturer in Health Management, University of New England; Dr Helen Belcher, Member, Hunter New England Local Health District Board and Chair of HNE Local Health District's Community and Patient Partnership Committee; and community representative Kathryn Bennett. Thank you also to others from across the organisation who contributed valuable feedback and comment on various drafts.



Message from the HNE Health Board Chair

Associate Professor Lyn Fragar, AO

The introduction of Local Health District Boards has been one of the means of helping to make our public health system more locally devolved and accountable and improving the quality and safety of our services. At HNE Health, we are continuing the shift toward partnering with our patients and communities.

Every member of the Hunter New England Local Health District Board is here for the same reasons – we want to improve the health outcomes for the communities we serve. Our priority is ensuring patients are at the centre of everything we do, are at the core of their own care and receive consistent quality care and communication.

From talking with staff right across our health district over the past few years, I know that many staff share a passion for delivering quality healthcare and are here for the same reasons.

Engaging with our patients and developing stronger links with our communities can help us all achieve that. Our communities have largely been an untapped resource but they, too, have a strong desire to be involved in shaping the care they receive from the health service.

Our services will continue to be challenged by the community's growing expectations, health needs and demographic shifts. Involving patients, their families and carers and the community – in individual patient care; in planning and delivering services, programs or facilities; in the decisions and deliberations of the organisation – can help us meet the challenges.



Message from the Chief Executive

Mr Michael DiRienzo

“Patient participation”, “community engagement” and “consumer engagement”: different terms, same concepts.

Partnering with our patients, their carers and/or families and our communities is about improving the health service by using the knowledge, skills and experience of the people who are using, have used or may use our services. It is about partnerships based on dignity and respect, information sharing, participation and collaboration.

Many HNE Health employees – and I would like to think most – already partner with patients, carers and communities through our pursuit of *Excellence* and patient-centred care. If you are already practicing *Excellence* – for every patient, every time – and if you are already using the Patient Care Essentials and other tools and techniques of *Excellence* then you are already “engaging with” patients, their carers and families at the most fundamental and important individual level. All partnership starts there – at the bedside, at the point of care, with the follow-up phone calls and actions, and with the vital information we provide our patients and community.

Partnerships with patients, carers and communities also happen in many other ways and at many levels of the organisation ... helping us to improve the safety and quality of care we provide; helping improve our services, programs and facilities; helping inform and improve our organisation and clinical networks; and contributing to state and national health policy and initiatives.



Working with our patients and community should not be seen as an “add-on” or an extra burden. Through the tools and techniques of *Excellence* and other mechanisms canvassed in this framework, patient/carer and community participation is simply part of the way we do business at Hunter New England Health. It is a way of thinking and a practical, inclusive approach to involving people in decisions about their own health care and the health services we deliver.

In making decisions about patient care and other matters, planning our services and designing care we naturally involve clinicians and other staff. However, patients and community and the valuable perspectives they can bring to the table have been a missing link. That is changing. The journey of patient-centred care, *Excellence* and community partnership are intertwined and will continue to evolve. This document articulates our commitment to partner with our patients, their families and carers and with our communities, and provides a conceptual and structural framework for how we are and will continue to deliver on that commitment.



1. About the framework

1.1 Statement

Hunter New England Health (HNE Health) is committed to ensuring genuine patient and community partnership in healthcare decisions, in planning our services, designing care and monitoring and evaluating our services. We value the contributions patients, their carers and families, and our communities make in improving the quality and safety of our services.

1.2 Purpose

Putting our patients at the centre of what we do, delivering safe and quality care, doing it consistently and with respect is what we strive for at Hunter New England Health. Increasingly we are working with our patients, their carers and families, and with our communities to help achieve this.

1.3 Scope

This framework seeks to:

- **FOSTER** greater awareness and understanding of patient/carer and community partnership
- **OUTLINE** HNE Health's approach to partnering with patients, their carers and families, and with our communities
- **PROVIDE** guidance, support and encouragement for staff to partner effectively with patients and community members across various domains
- **ARTICULATE** the reasons for, and benefits of, engaging patients and the community
- **PROVIDE** an overview of the legislative and policy imperatives, and
- **OUTLINE** the governing partnership principles that HNE Health employees should adopt.

This framework is aimed at and applies to all HNE Health employees.

It is the core document relating to [HNE Health Guideline 14.09](#), which is available through the Policy, Procedure and Guideline Directory. It will be available on the [National Standards page](#) of the HNE Health intranet. The Framework will also be available to the community via the HNE Health website.

Review:

It is a living document. It will be periodically reviewed and updated as community and patient partnership further evolves across Hunter New England Health. This is to ensure the framework continues to align with the organisation's strategic goals and directions, aligns with national safety and quality standards, and reflects good practice in community and patient partnership.

Support and training:

Toolkits, resources and training packages (for staff and for patients/community members) designed to provide further specific guidance and help strengthen and improve our practices will be developed. In the meantime, a *Practical Guidance* section has been included towards the end of this document to provide further information on community partnership in practice, challenges and barriers, engaging marginalised groups, where to find help and other assistance. See Appendix A.



2. Why partner with patients, carers & the community

Engaging and partnering with community is recognised and is gaining momentum at a national and international level and is embedded in a range of national and international standards and policies.

It is not just about having a framework or policies – it is a way of thinking and an approach that will help HNE Health plan and deliver quality health care and services. It should be genuine, not tokenistic. Effective partnership embraces a philosophy of 'working with' people, rather than 'doing to' people.

There is growing evidence that improvements in health care quality and outcomes result from partnerships between health service organisations, health professionals, patients, families, carers and communities. Studies have demonstrated significant benefits in clinical quality and outcomes¹⁶.

These include:

- decreased mortality
- decreased admission rates
- decreased rates of healthcare acquired infections
- reduced length of stay, and
- improved adherence to treatment regimens

There are also improvements to the experience of care; and to the business and operations of delivering care – including lower costs per case, improved liability claims experiences and increased staff satisfaction and retention rates.

Research shows that engaging people as active participants in their own healthcare (person-centred care) can¹⁷:

- inform people about health and build health literacy
- ensure that treatment is appropriately selected and tailored to the individual
- help people manage their own care and records
- ensure that health systems are responsive and accountable to the people they serve, reduce wastage and make better use of scarce financial resources.

Other benefits for patients and the wider community include¹⁸:

- An opportunity to be involved and listened to.
- Improved health literacy, which leads to better understanding of health issues and services.
- Access to more tailored and appropriate health services.
- Higher quality patient and community information materials.
- A greater sense of well-being, empowerment and belonging to the community.
- A greater sense of 'ownership' over one's own health-related options and decisions.



3. Levels of partnership

Engaging with *patients* and with the *community* more broadly can serve different purposes and may require different approaches or strategies:

- **Partnering with patients**, their families and carers is designed to improve the *safety and quality* of our health services, and give people what they need to better manage their illnesses and have a better quality of life. Partnership is implicit in delivering patient-centred care which is responsive to the needs of patients and carers and involves them in decisions about their own care. This level of partnership has direct benefits for individual patients and can also lead to wider service and system change.
- **Partnering with our communities** more broadly (particularly those with an active interest in health care or experience of our services) can also help improve safety and quality of services. It also serves to help improve *governance and accountability* within our health services.

The extent or level of partnership with patients and carers and with the community will depend on the situation or decision to be made, and can range from simply informing people to having them decide (see Spectrum of Participation on next page). Like anything, creating partnerships involves planning,

preparation, action, review/evaluation and feedback. Before embarking, staff should first consider or define:

- the purpose of the work
- what expectations patients, their carers and families and/or the community can have
- expected outputs and outcomes
- how these will have impact
- how the process will be evaluated to learn lessons and
- how improvements will be included in care and services, and in future partnership work.

Where you are engaging Aboriginal people or people from marginalised groups you must consider how you will achieve this in ways that are culturally appropriate and respectful.



Having this foundation will then help determine and support what level of partnership and methods should be adopted.



PRACTICAL GUIDANCE: see
“Some Questions to Begin With”
and other relevant sections of Appendix A.



3.1 Spectrum of public participation in HNE Health

The IAP2 Spectrum of Public Participation¹⁹ is widely used and often cited as a basis of community engagement or partnership and has been adopted here as a guiding framework.

IAP2 Spectrum of Public Participation
(Developed by the International Association for Public Participation)



	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
Public/patient participation goal	To provide the public with balanced, objective information to assist them in understanding the problems, alternatives and/or solutions.	To obtain public feedback on analysis, alternatives and/or decision.	To work directly with the public throughout the process to ensure that public issues and concerns are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and identification of the preferred solution.	To place final decision-making in the hands of the public.
Promise to the public/patient/carer	We will keep you informed	We will keep you informed, listen to and acknowledge concerns and provide feedback on how public input influenced the decision	We will work with you to ensure that your concerns and issues are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision	We will look to you for direct advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

An effective planning process will be guided by appropriate consideration of the level of patient, carer and community partnership required, the promise that entails and the expectations patients and communities hold. These will in turn guide the methods or tools you will need to employ.

One of the first steps is to determine what level and depth of partnership is appropriate. There is no one 'right answer' – this will vary depending on many different factors. Differing levels are legitimate depending on the goals, timeframes, resources and levels of concern/interest in the process, issue or decision to be made.



Very importantly, the spectrum sets out the promise being made at each level. People will set their expectations based on the promise being made to them. It is important then to carefully consider the promise you are making when deciding which level of partnership is most appropriate for the situation at hand. Delivering on our promises is vital if we are to keep faith with our communities and patients, meet our commitments, and achieve effective and genuine partnership.

The methods described below are not exhaustive, but are provided as an indication of the likely scope of action within each level of participation. Patient Care Essentials offers a suite of very useful and appropriate tools, particularly for partnering with patients, their families and carers. (See the following section on *Excellence and Partnership* in HNE Health)

	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
Possible methods or tools	Information/fact sheets, service/program brochures or pamphlets, websites, media releases, consumer and community education and awareness campaigns, open houses, Excellence tools	Invitations for public comment, focus groups, surveys, public meetings, in-depth interview, Excellence tools	Workshops/round table meetings, taskforces or working parties, deliberative polling, in-depth interviews, Excellence tools	Advisory committees, ethics committees, networks, planning groups, consensus-building processes	Shared patient care, Health Boards, Clinical Councils, steering committees

PRACTICAL GUIDANCE: see Appendix A for further information and practical guidance on tools and methods, including pros and cons of some common methods, methods in practice, strategies common to successful engagement, barriers and challenges, and partnering with marginalised groups.



4. How we engage across HNE Health – Domains of partnership

Patient/carer and community partnership is not new in HNE Health. Patients and their families and carers and the wider community are already involved in varying ways. The organisation continues to embed *Excellence* as its culture and has a long history of local health committees and advisory groups. The new *National Standards* have provided fresh impetus for more active and meaningful partnership with our patients/carers and communities. In particular *Standard 2: Partnering with Consumers* has augmented that impetus as it requires us to provide evidence of how we partner with our patients and their carers and families and with our communities in service planning, designing care and measurement and evaluation.

For HNE Health, partnership is underpinned by a consistent set of principles and occurs across four domains – at the individual level with patients/carers; at facility and service/program level; at organisation/Clinical Network level and at the level of the state and national health system. Partnerships are important in each domain, and staff are encouraged to engage with patients/carers and communities and seek their input and perspective when planning services, designing care, and monitoring and evaluating services and systems.

Excellence is at the heart of our organisation and a core consideration for partnership with our patients, their families and carers and with our communities.

This section explores the model for partnership in HNE Health.



GOVERNING PRINCIPLES FOR PARTNERSHIPS:

- Respect & trust
- Transparency
- Inclusiveness
- Responsiveness
- Commitment to improvement
- Communication

Community partnership model for HNE Health

INFORM CONSULT INVOLVE COLLABORATE EMPOWER



4.1

Principles of engagement

HNE Health acknowledges that patients, carers and the community have legitimate voices that provide a unique perspective on health matters. We embrace a respectful and responsive attitude that builds upon our [CORE Values](#) of Collaboration, Openness, Respect and Empowerment. The following principles should underpin all partnership activities²⁰ whether they are in the individual/patient domain, service/facility domain, organisation/clinical network domain, or the state/national domain:

Respect and Trust

- We will show respect to patients, their carers and families and the community.
- We will earn the respect of patients/carers and the community.
- We will build trust through appropriate and responsible partnerships.

Transparency

- We will be accountable to our patients/carers and communities.
- We will implement open and transparent partnership processes.

Inclusiveness

- We will value participation by patients/carers and communities.
- We will recognise the barriers to participation amongst some individuals or groups and work collaboratively to provide more equitable opportunities for participation.
- We will recognise and respect the diverse backgrounds of those within communities.

Responsiveness

- We will listen to the valuable information provided through patients/carers and community partnerships.
- We will respond to important concerns raised by patients/carers and the community. When necessary, we will explain why an issue may not be resolved in the manner that patients and community have suggested.

Commitment to Improvement

- We will be open to new ideas.
- We will use evidence to improve our practices and contribute to the generation of new evidence for continuing improvements in the future.
- We will share what has been learned throughout our organisation.

Communication

- We will ensure that patients/carers and the community have appropriate access to information.
- We will ensure that the information is relevant, timely and accurate.
- We will ensure that those involved in the partnership process are informed of outcomes.



4.2

Partnering in the individual/patient domain

Actively and respectfully communicating, engaging and seeking input from our patients, their carers and families in their own care is crucial, whether it is at the bedside, point of care and treatment, or in follow-up calls and actions.

HNE Health aims to deliver person-centred care. This involves placing people at the forefront of their health and care. It supports self-management and shared decision-making, enhances experience of healthcare, improves information and understanding and promotes prevention. It ensures people retain control, helps them make informed decisions and supports a partnership between individuals, families and services²¹.

Key considerations when engaging or partnering at an individual level with patients/carers include:

- Patients and their carers (where appropriate) should be partners in care decisions. Patients'/carers' preferences and goals for care should be taken into account in decisions about their care. Clinicians should explain the risks and benefits of treatment options.
- Communication should be open, respectful and culturally appropriate. Patients/carers should receive diagnosis, information or explanation of their complaint/enquiry in language that is understandable and supported with readable information. Where necessary, health care interpreters and translated materials should be used to make sure that patients and carers understand feedback and discharge planning.
- Feedback should be listened to, acknowledged and used to improve quality of health services
- Patients/carers should be made aware of their rights and responsibilities²² and HNE Health's compliments and complaints procedure²³.

Engagement methods/mechanisms

- [Hourly patient rounding](#) by staff (purposeful communication with patients to promote patient comfort, safety and satisfaction)
- [Leader rounding](#) with patients and carers (opportunity to proactively understand and meet the needs of the patients, carer and families).
- Patient [care boards](#) installed at the patient bedside (patients, carers and families, as well as clinicians actively encouraged to use them).
- [Bedside clinical handover](#)
- [Follow-up phone calls](#) with patients or their carers after discharge or an encounter with our services (valuable opportunity for direct feedback).
- Patients/carers receive readable, culturally and linguistically appropriate information related to their care and treatment and discharge.
- Compliments and Complaints - *Information for patients and their families (2009)* brochures are displayed at each health facility, and is explained and provided to each in-patient during the first episode of leader rounding.
- Patients rate their experience via electronic hand-held [Patient Experience Trackers](#), or PETS (fast, point-of-service feedback on what aspects of care are being done well and what require improvement).
- Patients (or former patients), their carers or families or community members can be recruited to help review and give their feedback on service/program or clinical brochures or information sheets.



4.3

Partnering in the service/facility (department, ward, program) domain

Partnership also occurs at the service/ facility level. Here the focus is on engaging with patients/carers and the local community to have input into how programs, services or facilities are planned, designed, delivered, evaluated and improved.

In this domain, patients/carers and the community can contribute in varying ways, including using patient experience stories to help improve services and develop quality systems. Patients/carers and the community should be supported to:

- Meaningfully participate on Local Health Committees and other advisory committees
- Help create open, accessible and appropriate services
- Plan for and implement new services or changes to existing service
- Help support and train staff to improve communication and partnership²⁴.

Engagement methods/mechanisms

- Patients, their carers or families and community members and partners actively participate in/on Local Health Committees (see Section 5.2) local facility or cluster/service patient quality and safety committees, or project groups
- Facility or health service planning and project development committees, project user groups and value management processes;
- Project or service consultations and engagement processes – such as community consultations for developing clinical services plans and redesigning models of care r for service redevelopments
- Listening posts and other service engagement or redesign opportunities to share their experiences and inform service planning and improvements and programs to redesign care;
- Complaints (and compliments) are analysed and used to drive quality, safety and system improvements



4.4

Partnering in the organisational-LHD-network domain

Partnership also occurs at the higher organisational level. Here the focus is on how our organisation engages with patients and their carers and the community at a health district level, including clinical networks and streams.

In this domain, patients, carers and community members participate on or assist with:

- The Local Health District Board
- Advisory councils and committees
- Quality and Safety committees and other opportunities to discuss, review and evaluate patient incidents, experience, feedback and complaints
- Discussions and/or decisions regarding strategic, operational and service planning and quality improvements
- Advice on relevant staff training and education in relation to consumer and community participation.

Engagement methods/mechanisms

- Consumer representation on district wide or district-level committees such as the District Community and Patient Partnership Committee, District Health Care Quality Committee and the Clinical Quality and Patient Care Committee (see *Section 5*)
- Community Partnerships Forums
- Aboriginal Health and Wellbeing Alliance (a partnership with Aboriginal community-controlled health organisations and with Medicare Locals)
- GP Partnership Committee
- Hunter Alliance – partnership with Hunter Medicare Local and Little Company of Mary Health Care (Calvary Mater Newcastle and aged care services)
- Children, Young People and Families' Family Advisory Council
- Mental Health Services consumer and carer advisory committees
- Consumer assistance to plan, develop and evaluate appropriate staff training and education about engagement and working with consumer/community



4.5

Partnering in the state/national health system domain

- HNE Health participates in a range of forums, programs and initiatives at state and national health system level that promote and facilitate community and patient/carer partnerships to influence policy, reform and service redesign. Patients/carers and community representatives may also be involved with state and national health care advisory committees or other advisory committees or councils.

Engagement methods/mechanisms

- Former patients participate in the [Bureau of Health Information](#) patient surveys for nominated hospitals and facilities, which provides patient/carer perceptions and experience of their care. The survey results will assist health services and policy makers identify their strengths and opportunities for improvement.
- The [Patient Based Care Challenge](#) is an initiative of the [Clinical Excellence Commission \(CEC\)](#). HNE Health is leading the way in terms of the number of strategies in place within the challenge, which seeks to transform health services through strategies to engage patients, families and carers, support engagement to transform care, use patient feedback to drive change, and build staff capacity.
- Residents/consumers from our district are involved in the work undertaken through the [NSW Agency for Clinical Innovation \(ACI\)](#), the lead agency in NSW for promoting innovation, engaging clinicians and designing and implementing new models of care. Residents are also directly involved on the ACI Consumer Council.



PRACTICAL GUIDANCE: See Appendix A for more information and guidance on community engagement, including methods, pros and cons of options, and some questions to consider before planning for community engagement.



4.6

Excellence and partnership

The *Excellence*²⁶ framework requires active and meaningful partnership, especially at the individual patient level and provides a suite of tools and methods for engaging directly with patients and carers. These tools include:

- staff rounding with patients/carers
- leader rounding with patients/carers
- bedside clinical handover
- patient care boards
- follow-up phone calls
- patient Experience Trackers (PETS)

Each can be considered as a way to *inform, consult, involve, collaborate with* and *empower* patients, their carers and families, in their own care and to help improve the quality and safety of our services.

The questions for *Excellence* – particularly what is working well, what can be improved – are useful starting points to use or to frame consultations and information gathering that can be considered as part of service improvement.

If clinicians, managers and support staff are following the *Excellence* approach and using the tools and techniques, then they are already partnering with patients and their families at this fundamental and most important level. The existing tools and techniques of *Excellence* and those being developed will also help individual facilities and services meet the *National Safety and Quality Health Service Standards* for accreditation.

Using the tools and techniques of *Excellence* will also continue to help us to:

- better understand patient needs and concerns
- identify emerging needs and community priorities
- provide opportunities to boost health literacy in the community, and
- inform the community about our services.



5. Committee-based partnership within HNE Health

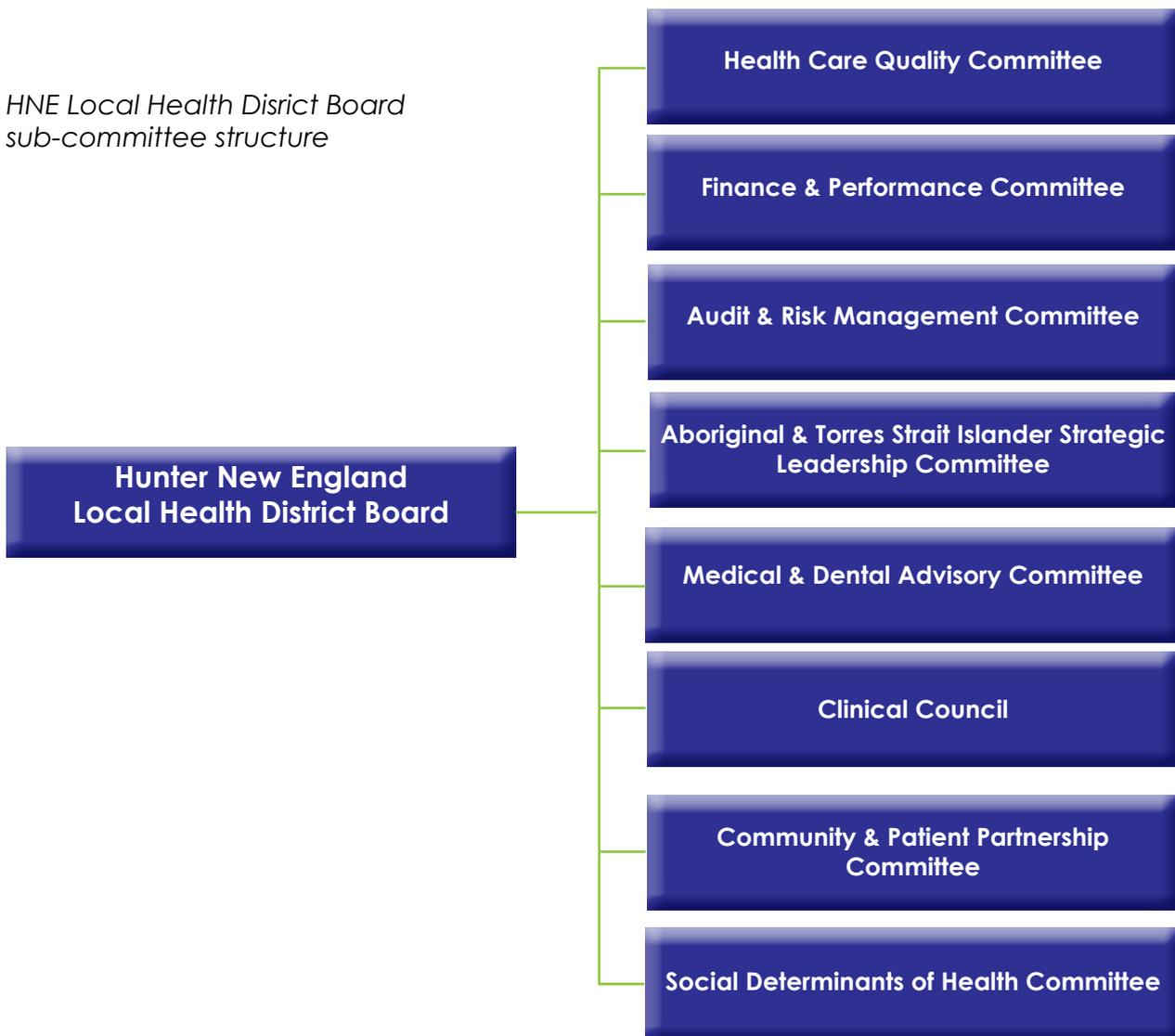
Our organisation, led by Hunter New England Local Health District Board, is currently supported by a range of formal and structured committees that provide avenues for partnership, and enable and foster input by patients/carers, families and the community. These include:

- Quality and safety committees
- District Community and Patient Partnership Committee

- Local Health Committees
- Advisory councils and committees
- Clinical Networks and Streams

The [HNE Local Health District Board](#) has responsibility for overall governance of HNE Health. The Board has established eight key sub-committees to help in this task:

HNE Local Health District Board sub-committee structure



5.1 District Community and Patient Partnership Committee

The District Community and Patient Partnership Committee is a sub-committee of the Hunter New England Local Health District Board. The committee is chaired by Dr Helen Belcher and includes two other Board members – Board Chair, Associate Professor Lyn Fragar and Ms Janelle Speed – together with members of the Executive Leadership Team, patient/carer and community representatives.

This new committee has an important leadership role, providing strategic advice to the Board, Chief Executive and Executive Leadership Team on the Local Health District's responsiveness to patient, carer and community input and needs, and the implementation of systems to support partnering with patients, carers and communities to improve the safety and quality of care.

The committee will examine the ways in which communities, patients, carers and their families are involved in decision-making relating to service planning, designing and delivering health care, including preventive health care, and service measurement and evaluation. It will also recommend development of policy, strategies, and direction for improved community, patient, carer and family involvement across the district, and monitor the organisation's progress in meeting the *National Safety and Quality Health Service Standards* – particularly in relation to *Standard 2: Partnering with Consumers*.

The committee also has oversight of Community Partnership Forums and Local Health Committees.

5.2 Local Health Committees

Local Health Committees²⁷ have been a cornerstone of community partnership for HNE Health for many years. The key role of local health committees is to provide leadership in their community to ensure health services meet local health needs, help promote and enhance the health of their community, and provide a community perspective to ensure effective delivery of health services. (See terms of reference²⁸).

Local Health Committees are not involved in operational matters – these are the responsibility of health service managers. The committees do however work with the local health service manager and key community partners to fulfill a number of roles. These include:

- representing the local community on matters relating to health and health service delivery.
- helping define community health needs and making information available to the community.
- providing a community perspective to ensure effective delivery of health services.

Further information and any updates on Local Health Committees, including roles and terms of reference, is available at [HNE intranet](#) and [website](#).

Biannual Community Partnership Forums bring together Local Health Committee representatives from across the health district to discuss issues and share their ideas and experience. The role of local health committees and Community Partnership Forums will be enhanced by the work being undertaken by the Community and Patient Partnership sub-committee.



5.3 Quality & safety & other committees

Partnering with patients, their families and carers and/or community representatives in Hunter New England Health's quality and safety agenda and initiatives ensures their perspective is brought to discussions and is essential to delivering effective health care services. It is a key principle of the [HNE Health Clinical Governance framework](#)²⁹.

The organisation has two overarching quality committees:

- **HNE Health District Health Care Quality Committee.** This is a subcommittee of the Board. In addition to Board members, this committee includes community and clinical representatives.
- **HNE Clinical Quality and Patient Care Committee.** This committee reports to the District Health Care Quality Committee and also includes community representation. Its role is to monitor, report, evaluate and progress the organisation's quality and safety strategies and overall performance in accordance with the Hunter New England Health *Framework for Quality and Patient Safety*.

Patient/carer and/or community input and participation is strongly encouraged on local Clinical Quality and Patient Care committees, and many local committees already include patient, carer or community representation.

Volunteers have also provided input and advice at some facilities.

5.4 Advisory councils and committees

- **The Children Young People and Families Advisory Council** is a new district-wide peak committee that includes parent/carer representatives as well as health staff and clinicians. It provides parent/carer perspective, input and advice on policy and planning, as well as a platform for promoting family centred care within HNE Health.

The council is part of the Children, Young People and Families Network and provides advice to the Director of Children, Young People and Families.

- **HNE Mental Health Services** has an existing carer advisory committee and is also establishing a consumer advisory committee. The committees will act in a consultative capacity to give their perspectives and provide input and advice to support decision-making and service improvement within mental health. The committees will also provide specific advice on new initiatives and strategies.
- **HNE Health Clinical Network committees** actively engage patients/carers and community members and seek their perspective and advice around service planning, direction and development of new models of care.



Appendix A: Practical guidance

Effective partnership with patients, their carers and families and with the local community is an increasing focus for HNE Health. Partnership is a way of thinking and practical approach to seeking meaningful participation of patients and their families and carers in their own health care and, with the broader community, to help us improve the health care we provide.

Partnership is not the job of one person or a single organisational unit, and help, advice and support is available within HNE Health and external organisations to assist staff.

A more detailed practical guide (toolkit) to community participation to assist managers and staff in engaging with their local communities is in development.

The guide and any resources or tools will be available for download from the [National Standards](#) and also the [Community Partnership](#)

pages of the intranet when completed. It will also be publicised on the homepage, through internal publications such as *CE News* and other internal channels.

The following *Practical Guidance* provides general advice on consumer and community partnership, including where to find help and things to consider in planning, preparing, implementing and evaluating community partnership projects. Other sections include information on some of the pros and cons of different methods, strategies common to successful consumer and community partnership, and barriers and challenges. There are also points to consider when working with marginalised groups.



1. Finding help ...

Strategic Relations and Communication Unit:

The Strategic Relations and Communication Unit³⁰ works at a strategic level to support Hunter New England Health managers and staff across a range of functional areas. These include media and reputation management, government and other strategic relations, internal and project communication, key events, district-wide publications and digital media.

The unit is also available to provide strategic and practical advice and support where appropriate for staff and managers seeking to undertake partnership and participation activities or initiatives, or develop community partnership plans.

You can email your request to the [Strategic Relations and Communication Unit](mailto:HNELHD-SRC@hnehealth.nsw.gov.au) at HNELHD-SRC@hnehealth.nsw.gov.au or phone 4985 5522 to speak with a strategic relations and communication officer or manager.

Information and resources, particularly around Local Health Committees, are also available on the [community partnership](#) pages and other sections of the HNE Health intranet.

District Community and Patient Partnership Committee:

The Strategic Relations and Communication Unit provides secretariat support for the District Community and Patient Partnerships Committee. Contact the unit by email at HNELHD-SRC@hnehealth.nsw.gov.au or phone 4985 5522.

Local Health Committees:

Staff will find a range of useful information and practical tools for Local Health Committees on the HNE Health intranet at: http://intranet.hne.health.nsw.gov.au/community_engagement, including a membership and recruitment kit and other resources.

Patient safety and quality committees – Clinical Governance:

HNE Health quality committees, the District Health Care Quality Committee and the Clinical Quality and Patient Care Committee have patient/carer and/or community representatives who bring their perspective to the committee deliberations.

Information on the quality committees and partnering with patients/carers and the community is included also on the Clinical Governance section of the HNE Health intranet at http://intranet.hne.health.nsw.gov.au/cg/engaging_patients_consumers_and_the_community.

Contact the Clinical Governance Unit for further information.

Health literacy:

National Standard 2: Partnering with Consumers requires that patient information publications must have patient/carer/community input. Information on things to know when creating a publication for patients is available on the 'templates and publications' section of the corporate style pages of the HNE Health intranet at http://intranet.hne.health.nsw.gov.au/communication/corporate_style.

The Clinical Excellence Commission has produced a useful *Health Literacy Guide*, which is available on its website at www.cec.health.nsw.gov.au/hlg. This guide was developed to assist health services by providing practical strategies to address health literacy barriers for patients. The guide also assists health services to meet new performance goals and the ACSQHC National Safety and Quality health Service Standards. The guide is a living online document and also includes a useful section on recruiting patient/carer/consumer advisors.

A useful plain English thesaurus for health care communication is available at http://depts.washington.edu/respcare/public/info/Plain_Language_Thesaurus_for_Health_Communications.pdf



... Finding help

Working with culturally and linguistically diverse (CALD) partners and communities:

The Multicultural Health Service provides a round-the-clock Health Care Interpreter Service to assist with communications with people who have limited English. The unit can help you develop a profile of any culturally and linguistically diverse (CALD) communities in your area and provide information and advice on engaging with those communities. For further information, contact the Director of Multicultural Health Services [Catherine Norman](#) on 4924 6284.

Excellence:

Information about *Excellence* and the suite of available tools is available on the *Excellence* pages of the HNE Health intranet at <http://intranet.hne.health.nsw.gov.au/Excellence>

Mental Health Services:

Staff wanting to find information or to consult about mental health issues or with mental health consumers/carers should contact the Innovation Partnerships and Performance section of HNE Mental Health Services on (02) 4033 5171.

Further information and resources are also available on the HNE Mental Health intranet site at <http://intranet.hne.health.nsw.gov.au/mh>.

Working with Aboriginal partners and communities:

Aboriginal people are a significant part of HNE Health's community and improving the health outcomes of Aboriginal people and working to close the unacceptable gap in life expectancy between Aboriginal and non-Aboriginal Australians remains an important focus for HNE Health.

Information and advice on working with Aboriginal communities in a meaningful and culturally appropriate way is available on the new HNE Health Closing the Gap intranet pages at <http://intranet.hne.health.nsw.gov.au/ctg>. This site includes information and data on Aboriginal health and related issues, HNE Health Closing the Gap strategies, resources and tools, and also includes some practical information on consulting with Aboriginal communities.

You can also contact the Aboriginal Health Coordinator for your respective cluster or hospital. Contact names and details for the Aboriginal Health Coordinators are listed on the [Aboriginal Health Unit intranet](#) page at http://intranet.hne.health.nsw.gov.au/aboriginal_health_unit.

Useful information can also be found in the guidelines to NSW Health's Aboriginal Health Impact Statements at http://www0.health.nsw.gov.au/policies/pd/2007/pdf/PD2007_082.pdf. These guidelines are designed to assist staff to produce an Aboriginal Health Impact Statement to accompany any new policy, program or major strategy initiatives, but staff may also find it a useful source of information and context for smaller projects or initiatives.

See also comments on "over-consultation" in the following Practical Guidance section (Barriers and Challenges).



... Finding help

Working with children, young people and families:

The Children, Young People and Families network branches out across the Local Health District. Information is available on the [Kaleidoscope website](http://www.kaleidoscope.org.au/site/index.cfm) at www.kaleidoscope.org.au/site/index.cfm.

Services/programs wanting to consult or engage with young people or families in their area should first consult with the Children, Young People and Families Network or the new Family Advisory Council. Staff are advised to contact the Network Manager [Matthew Frith](#) on 0428 115674 or Director of Children Young People and Families Professor Trish Davidson on 4921 4940.

Working with Networks and Streams:

Information on Networks and Streams, including the relevant managers, is available on the intranet at http://intranet.hne.health.nsw.gov.au/networks_and_streams. Contact the individual network or stream managers or Coordinator [Phillip Way](#) on 4921 4954 for further information on working with Networks and Streams.

Clinical Networks within HNE Health include:

- Aged Care and Rehabilitation Services
- Children, Young People and Families
- Cancer
- Women's Health and Maternity
- Mental Health and Drug and Alcohol
- Clinical Care
- Chronic Disease

Australian Commission on Safety and Quality in Health Care:

The Commission leads and coordinates national improvements in safety and quality in health care across Australia and provides support for healthcare professionals, organisations and policy makers who work with patients and carers. Information and a wealth of resources are available on the Commission's [website](http://www.safetyandquality.gov.au/) at <http://www.safetyandquality.gov.au/>. The site also hosts important information on the The National Safety and Quality Health Service ([NSQHS Standards](#)).

Specifically relating to National Standard 2: Partnering with consumers, you will find a copy of [the Standard](#) along with the NSQHS [Safety and Quality Improvement Guide](#) for Partnering with Consumers.

You will also find a new series of useful tip sheets released recently by the Commission including:

- [Helpful things to know when partnering with consumers](#)
- [Getting started with partnerships with consumers](#)
- [Training for partnerships with consumers](#)
- [Partnering with consumers self-assessment tool for hospitals](#)

There is also information on [Patient centred care: Improving quality and safety through partnerships with patients and consumers](#).

Health Consumers NSW:

[Health Consumers NSW](#) is the independent peak health consumer network in NSW. Contact info@hcsw.org.au, or telephone (02) 9986 1082. Further information is available on the website at <http://www.hcsw.org.au/>



2. Community partnership in practice³¹

Like anything, partnership involves planning, preparation, action, review/evaluation and feedback.

Some questions to begin with:

Planning

- What is the aim of this process?
- What outcomes do we want from the process?
- What level of partnership and likely method(s) are appropriate?
- Who should be involved?
- Have we included marginalised groups?
- What can we learn from past processes?
- Does this reflect our CORE values and partnership principles?

Preparation

- What will we need to do?
- What will this cost? (What can we do effectively with the funds available?)
- How much time will be needed? (What can we do effectively with the time available?)
- Does this reflect our CORE values and partnership principles?

Action

- Does everyone have a clear understanding of the goals?
- Does everyone have a clear understanding of the scope of the undertaking?
- Have methods been agreed upon? Have roles been clarified?
- What support do participants require? How can we build capacity to improve this process?
- Are we listening properly? Responding



appropriately? Communicating regularly and effectively?

- Does this reflect our CORE values and partnership principles?

Review and Feedback

- Have we achieved our aims?
- Who should we report this back to?
- Have those involved throughout been fully informed?
- What can we feed back into the system for future improvement?
- Does this reflect our CORE values and partnership principles?
- Are there others we should we include?



3. Pros & cons of some common methods

TOOL	POTENTIAL STRENGTHS	POTENTIAL WEAKNESS
Surveys - can be written, telephone, email, face to face	<ul style="list-style-type: none"> • May be relatively inexpensive (except telephone) • Can cover a wide geographic area • Useful for gathering quantifiable information 	<ul style="list-style-type: none"> • Questions need to be structured, straight forward and unambiguous • Literacy may be an issue • Often low response rates • Limited opportunity to probe in telephone/written surveys • Consumers may not be able to afford or access internet facility • Disadvantaged groups are often underrepresented
In-depth interviews	<ul style="list-style-type: none"> • Useful to follow up specific issues • Provides in-depth information from selected stakeholders 	<ul style="list-style-type: none"> • Requires a skilled interviewer • Time consuming • Small numbers – requires careful selection of informants
Focus Groups	<ul style="list-style-type: none"> • Quick and low cost • Allows exploration of issues identified, e.g. through surveys • Useful for collecting information on a specific issue 	<ul style="list-style-type: none"> • Unlikely to be widely representative • Not suitable for information dissemination or decision making • Small numbers – requires careful selection of informants • Requires skilled facilitator • Language barriers • Confidentiality issues
Public meetings and proceedings	<ul style="list-style-type: none"> • Wide and inclusive opportunities for participation • New networks can be created • A forum for debating issues • Opportunity for information dissemination and sharing 	<ul style="list-style-type: none"> • Poor attendance • Confidentiality issues • Risk of domination by particular individuals or groups • Unlikely to be widely representative • May be difficult to stay focussed • Requires a skilled facilitator • People with disabilities may be disadvantaged (hearing, sight, language) • Disadvantaged groups are often underrepresented
Workshops	<ul style="list-style-type: none"> • Can develop a shared approach to a specific issue • Brings together selected people from diverse groups • Structured session can produce a plan or recommendations 	<ul style="list-style-type: none"> • Small numbers – needs careful consideration of participants • Requires a skilled facilitator • Participants may need particular skills, knowledge or experience
Consumer representatives on committees	<ul style="list-style-type: none"> • Medium to long-term perspective • Encourages debate • Ensures accountability 	<ul style="list-style-type: none"> • One person cannot represent all • Requires orientation and ongoing support • Requires organisational commitment to recruitment and meaningful participation

Adapted from Queensland Health (2002) *Consumer and Community Participation Toolkit*³²



4. Methods in practice

INFORM:

- In order to effectively communicate with patients, their families and carers and with the community, a wide range of communication strategies may be used.
- For example, when a new health service is introduced, strategies may include written information, websites/pages, media releases and information dissemination through Local Health Committees and other organisations such as carer and consumer representative organisations.
- Considerations should include who requires the new service and how best to reach that target group.

CONSULT:

- In order to develop and deliver better health services, feedback from patients, their carers and families and from communities may be sought via surveys and/or public consultations such as meetings.
- It is essential to consider population groups that are difficult to reach. For example, how will people from a non-English speaking background be consulted and have a fair say in what will be developed?

INVOLVE:

- Patients/carers and communities must be involved in decision-making processes.
- For example, carers play an integral role in the lives of those they care for, be it due to disability, ageing, illness or disease, and an effective process of partnership between patients, carers and services can produce benefits for all.

COLLABORATE:

- Collaboration with patients/carers and communities generally and with disadvantaged population groups can be crucial.
- For example, Aboriginal people experience marked disadvantage on virtually every quantifiable measure of health and wellbeing. Respectful, trusting and effective partnerships with Aboriginal people, organisations and communities are essential to address this.

EMPOWER:

- Placing final decision-making in the hands of patients/carers and the community can occur at an individual level and higher levels in the organisation.

At an individual level, patients can be empowered to make informed decisions about their own care based around expert clinician advice and the patient's own preferences for their care. At a higher level, the community's involvement in the governing boards of Local Health Districts is an example of community partnership in the NSW Health system at the very highest level. The governing boards can directly influence positive patient outcomes and system performance.



5. Strategies common to successful partnership

Take time: Effective partnership takes time and stakeholders must be given the appropriate time to make a meaningful and useful contribution.

This is particularly true for hard to reach or special interest groups. In such cases initial consultations can provide insight on how to ensure that these groups are truly involved.

The earlier the better: Early patient/carer and/or community partnership is more likely to significantly influence outcomes than engagement conducted when the available options have been determined.

Culture matters: Patients/carers and community members should be able to 'engage' in a safe and non-threatening environment through processes that are appropriate to, for example, their culture or health issue.

Focus on patient/communities: It is important that partnership processes are driven by the needs of patients, carers and communities, and not solely staff. The role of staff in patient/carer and community partnership processes should be clear to all.

Two-way communication between patients/community and health service is important. Communication should not just be one way.

Engage at all levels: Engagement should be across all aspects and service levels of the health system.

Ensuring a genuine 'voice' for patients/carers and community means that they should be able to shape some of the questions they are being asked in the consultation process.

Community participation is relevant to a range of activities undertaken by health services including, but not limited to, promotion and prevention activities, quality and safety, policy development and services delivery. Mechanisms should focus on a broad range of activities undertaken by the health service, not just one.

Staff should be aware of the requirements of the National Standards, particularly National Standard 2, which requires partnering with patients/carers and community in service planning, designing care and service measurement and evaluation.



6. Barriers & challenges

BARRIERS	POTENTIAL STRATEGIES TO OVERCOME THEM
Cost	<ul style="list-style-type: none"> There are inevitable costs associated with patient/carer and community engagement, just as there are costs associated with all aspects of planning, delivering and evaluating health policies, services and programs. To address this, an appropriate budget for patient/carer and community engagement should be included from the beginning. This will provide a responsible approach and will trigger useful planning discussions.
What is required from health professionals	<ul style="list-style-type: none"> Consider what will be required from the health professionals involved in this work. Who is the best person to oversee patient/carer and community partnership? Consider not only the right skill mix, but also the time required to commit properly to community partnership strategies.
What is required from patients/ carers and community members	<ul style="list-style-type: none"> Navigating the policies, systems and technology of health services can be daunting (even to those who work within it). Consider what you will be asking of the patients, carers and/or community members. For example, what support can you provide to make it a smooth and effective process? While some support will come from the Local Health District, local considerations and solutions will be needed.
Organisational culture and history	<ul style="list-style-type: none"> It is important to consider the context of the system you will be working in. Find out as much as possible about any previous patient/carer and community partnership strategies, including the processes and outcomes, and the current attitudes and issues that may be relevant.

Factors that can be detrimental to effective patient/carer and community partnership include:

- Failing to define the scope:** People must have a proper understanding of the scope – what can and cannot be addressed. Unrealistic expectations or confusion can be damaging to relationships and outcomes.
- Starting too late:** If the intent is to seek patient/carer and community input to decisions, then work to engage them should occur before those decisions are made. Consider the different levels of public participation/partnership (inform, consult, involve, collaborate, empower) and at what point that engagement should occur.
- Failing to allow enough time:** Adequate time must be given to enable people to respond to consultations, discussion papers or other materials. This should be included in the project timetable.
- Tokenism:** Engaging at the minimum level (e.g. inviting one person to sit on a committee with little or no other engagement) or involving people too late in the process is ineffective in the short term, and potentially damaging in the longer term.
- Over-consultation:** ‘Consultation fatigue’ is commonly reported in groups such as Aboriginal communities, particularly if previous outcomes have been poor. Consider accessing previous evidence, using the most appropriate strategies and combining partnership processes with other services or programs.
- Not seeing it through:** Participating patients, carers, organisations and community members deserve to be included throughout the process, not just at the beginning. Ensure there is appropriate ongoing communication and feedback at the conclusion, including, where appropriate, feedback on how their input influenced the decision or process.



7. Engaging marginalised groups

Meaningful patient/carer and community engagement involves participation from all groups and stakeholders within the community. Yet cultural, linguistic, physical, mental health, material, attitudinal, or geographical factors may contribute to the marginalisation of some groups of people in our society.

Engaging with marginalised groups can help to provide better health care. Almost everyone is likely to use a health service at some stage in their life and, as users and funders of those services, they have a right to expect that they will be responsive to their needs.

Health services with inclusive and comprehensive patient/carer and community partnership strategies are more likely to improve outcomes for patients, their families and carers and the wider community, both in terms of their experience of the service and their health status.

Some key points to consider when developing strategies for partnering with marginalised groups include:

- The barriers that contribute to marginalisation are often the same barriers that prevent their voices being heard when it comes to planning for and delivering health services and care
- In order to remove the existing barriers to partnership, members of marginalised communities need to have the confidence and skills to voice and truly reflect their ideas and concerns. Many of the principles of partnership described within this Framework (e.g. respect and trust, support and capacity building) are directly relevant to this.
- Individuals are not defined by their membership of a marginalised group. People within each group can differ significantly in their opinions, needs, priorities and method of partnership with health services. One person cannot speak for a whole community.
- Effective partnership with marginalised groups often requires a range of strategies.
- Seeking regular feedback from patients/ carers and the community on the partnership process can assist in meeting the needs of both parties and achieving a positive outcome.
- Non-government community sector organisations and peak bodies can assist health services to identify and partner with vulnerable patients, carers and communities.



Appendix B: About the HNE Health Community

The HNE Health community is vast and varied and incorporates a rich and growing cultural diversity.

HNE Health covers a large geographic area (more than 130,000 square kilometres or 16 per cent of the area of NSW) spanning almost 700 kilometres from north to south, and about 500 kilometres from east to west. It incorporates 25 local government areas³³, the major metropolitan centres of Newcastle and Lake Macquarie, several large regional centres such as Maitland, Taree, Tamworth and Armidale, and many smaller rural centres and remote communities.

There is rapid population growth in some parts of our district. In the Hunter and New England areas, the number of children and young people is projected to increase by close to 9000 by 2026.

Demand for health services is growing, including an increasing demand for chronic disease services among our ageing population. Community expectation of health services is also growing.

We provide health services to about 850,000 people, including more than 20 per cent of the state's Aboriginal population, the highest proportion of Aboriginal or Torres Strait Islander people of all Local Health Districts in NSW. There are an estimated 39,000 Aboriginal people in the HNE Health area, which equates to 4.6 per cent of the district's total population³⁴. Closing the unacceptable gap in life expectancy and health disparity between Aboriginal and non-Aboriginal Australians remains an important strategic and operation focus for HNE Health. (See section Appendix A 'Finding Help' for information on engaging with Aboriginal communities).

It is also estimated that about 10 per cent of HNE Health patients come from culturally

and linguistically diverse backgrounds. Some are post-war migrant families; others are refugees and new arrivals from far flung places. The largest concentration is in our major city of Newcastle but it is not exclusively so. Multicultural communities exist in country towns and regional centres right across our health district where people speak a range of languages from Cantonese to Korean, Macedonian to Mandarin, Serbian to Swahili, and many more. On the Tablelands, for example, about 10 per cent of women who give birth in Armidale Hospital are from non-English speaking backgrounds. Fasi, Dari and Pashtu are among the biggest growing language groups, reflecting the arrival of Afghan and other Middle Eastern refugees and migrants in Newcastle and the Lower Hunter, the Upper Hunter mining areas and also the New England North West region³⁵ (See Appendix A Finding Help).

There are areas of affluence in many of our communities where health levels are generally good and health literacy is relatively high. However, HNE Health also has significant groups of disadvantaged people. These include many Aboriginal people, people on low incomes, and people living in rural or remote areas, all of whom suffer poorer health than the rest of the population and are likely to also have poorer health literacy. Many of these groups are difficult to reach or experience barriers to accessing health care that need to be considered if we are to achieve effective and meaningful partnership with our communities.

Important stakeholder groups may vary from place to place. Every community is different. Individual services and facilities should develop an understanding of the key groups in their respective communities and consider them in any community partnerships when planning for services, designing care and evaluating services or programs.



Appendix C: Relevant legislation, policies & plans

The Framework for partnering with Patients and Community aligns with a number of existing legislative frameworks, policies and existing organisational strategic and operational plans:

Hunter New England Local Health District Strategic Plan Towards 2016

The [Strategic Plan](#)³⁶ defines our strategic priorities for the next three years and provides an endorsed blueprint for providing safe, high quality care to the Hunter New England population in the most efficient and effective way possible.

Effective patient and community partnership will help achieve many of the organisation's key strategic priorities including to:

- empower communities to engage as partners in health
- close the Gap between Aboriginal and non-Aboriginal health
- partner with communities to reduce health disadvantage
- co-operate, collaborate and communicate with our partners to best meet agreed health needs
- develop a culture of service and person-centred care that includes the needs of families and carers
- provide a quality health service experience, and
- deliver safe, evidence-based, effective and appropriate healthcare.

The Strategic Plan also reflects health priorities identified in the [NSW State Health Plan: Towards 2021](#)³⁷.

National Safety and Quality Health Service (NSQHS) Standards

The new National Standards³⁸ were developed by the Australian Commission on Safety and Quality in Health Care. They provide the standards to which all health services in Australia are now held accountable and form the basis of accreditation for all health services.

There are 10 national standards, including eight clinical standards. *Standard 2: Partnering with Consumers* together with *Standard 1: Governance for Safety and Quality in Health Service Organisations* set the overarching requirements for the effective application of the other eight standards, which address specific clinical areas of patient care.

It is important to note, however, that engaging and partnering with patients, carers and families and with community is incorporated in some way across each of the 10 national standards.

National Standard 2: Partnering with Consumers

Community partnership is part and parcel of accreditation. *Standard 2*³⁹ aims to ensure there are effective partnerships between patients/carers and community and healthcare providers and organisations at all levels of healthcare provision, planning and evaluation. It requires the health service organisation to implement systems to support partnering with patients, carers and others to improve the safety and quality of care.

There are three criteria, covering the key areas of service planning, designing care and service measurement and evaluation, and the organisation, individual services and staff are required to take steps and provide evidence of the actions taken to meet these minimum requirements.



Partnership in service planning requires that governance structures are in place to form partnerships with patients and/or carers and community. Specifically:

- Patients/carers and community are involved in the governance of the organisation, and that any governance partnerships are reflective of the diverse range of backgrounds in the population served by our organisation, including those people that do not usually provide feedback
- Implementing policies, procedures and / or protocols for partnering with patients, carers and community in strategic and operational/services planning, decision making about safety and quality initiatives, and quality improvement activities
- Facilitating access to relevant orientation and training for patients/carers and community partnering with the organisation
- Consulting patients/carers and community on patient information distributed by the organisation.

Consumer partnership in designing care so that patients/carers and community are supported by the health district to actively participate in improving the patient experience and patient health outcomes. This includes:

- Partnering with patients/carers and community to design the way care is delivered to better meet patient needs and preferences
- Implementing training for clinical leaders, senior management and the workforce on the value of and ways to facilitate partnership and how to create and sustain partnerships (including involving patients/ carers and community in training the clinical workforce).

Partnerships in service measurement and evaluation so that patients/carers and communities receive information on the health district's performance and contribute to the ongoing monitoring, measurement and evaluation of performance for continuous quality improvement. Specifically:

- Patients/carers and communities are informed about the organisation's safety and quality performance
- Patients/carers and communities participate in the analysis of safety and quality performance information and data, and development and implementation of action plans
- Patients/carers and communities participate in evaluation of patient feedback data and development of action plans.



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16. *National Safety and Quality Health Service Standards*, op cit, p23
17. *Prioritising person-centre care: the evidence*, National Voices
www.nationalvoices.org.uk/evidence
18. *Draft NSW Health Consumer and Community Engagement Framework*, 2014
19. IAP2 *Spectrum* (2007), op cit, www.iap2.org.au/. The International Association for Public Participation, known as IAP2, seeks to promote and improve the practice of public participation or community engagement, incorporating individuals, governments, institutions and other entities that affect the public interest.
20. *Draft NSW Health Consumer and Community Engagement Framework*, 2014
21. *Prioritising person-centre care: the evidence*, National Voices www.nationalvoices.org.uk/evidence



22. NSW Health, Policy Directive: Your Health Rights and Responsibilities, PD2011_022, April 2011. http://www0.health.nsw.gov.au/hospitals/healthcare/rights_responsibilities.asp The policy and guideline incorporates the *Australian Charter of Healthcare Rights*, and how it applies in NSW. This [Charter](#) describes the rights of patients and other people using the Australian health system. Information on rights and responsibilities for children, young people and families is also available via the [Kaleidoscope website](#) at www.kaleidoscope.org.au/site/index.cfm
23. HNE Health, *Compliments and Complaints: information for patients and their families*, www.hnehealth.nsw.gov.au/_data/assets/pdf_file/0009/47952/compliments-and-complaints.pdf . Information and policy on managing compliments and complaints is available at www.hnehealth.nsw.gov.au/cg2/executive_support_service_including_complaints_management
24. Training and support for patients/consumers and staff is a developmental action of *National Standard 2: Partnering with Consumers* and will be developed during 2014
25. Required training and information/education package for patients and community members and for staff is expected to be developed or facilitated through the District Partnering with Patients and Community Committee and project group during 2014
26. HNE Health, *Excellence: every patient, every time*, on HNE Health intranet, at <http://intranet.hne.health.nsw.gov.au/Excellence>
27. HNE Health, information available on "Community Engagement" section of HNE Health intranet at http://intranet.hne.health.nsw.gov.au/community_engagement#local
28. Ibid
29. The [HNE Health Clinical Quality and Patient Safety Framework](#) as well as information and templates to help implement the framework are available on the Clinical Governance pages of the HNE Health intranet at http://intranet.hne.health.nsw.gov.au/cg/quality_improvement_in_HNEHealth/the_hne_health_clinical_quality_and_patient_safety_framework
30. Formerly the Communication and Stakeholder Engagement Unit. For further information and resources go to <http://intranet.hne.health.nsw.gov.au/communication>
31. The following sections of *Practical Guidance* have been adapted from the draft *NSW Health Consumer and Community Engagement Framework* (April 2014)
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33. HNE Health (2013), *Hunter Valley Clinical Services Plan*, on HNE Health website at www.hnehealth.nsw.gov.au/_data/assets/pdf_file/0008/119708/hv-clinical-services-plan.pdf
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39. Australian Commission on Safety and Quality in Health Care (ACSQHC) (October 2012), *Standard 2: Partnering with Consumers: Safety and Quality Improvement Guide*, ACSQHC, Sydney, www.safetyandquality.gov.au/wp-content/uploads/2012/10/Standard2_Oct_2012_WEB.pdf

