

Consumer and Community Representative Selection - Guidelines - NSW Department of Health

Summary Guidelines to DoH officers on the selection and recruitment of consumer and community representatives to DoH committees.

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NSW Department of Health, Guidelines to Selecting Consumer and Community Representatives

The purpose of this circular is to provide guidelines to departmental officers on the selection and recruitment of consumer and community representatives to departmental committees.

NSW Health is committed to involving consumers in decisions made in the health system. The following guidelines provide background on why it is important to consult consumers as well as information on how to find a suitable consumer representative for committee work. The appointment, removal and resignation of representatives are also considered in this document.

This circular is supported by Departmental Circular 2003/2– *Working with Consumers in NSW Health , Guidelines for Secretariat.*

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Director-General

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In accordance with the provisions incorporated in the Accounts and Audit Determination, the Board of Directors, Chief Executive Officers and their equivalents, within a public health organisation, shall be held responsible for ensuring the observance of Departmental policy (including circulars and procedure manuals) as issued by the Minister and the Director-General of the Department of Health.

NSW DEPARTMENT OF HEALTH GUIDELINES TO SELECTING CONSUMER AND COMMUNITY REPRESENTATIVES

NSW Health is committed to consumer and community participation. Consumer representation on Departmental committees will ensure that consumers have input into NSW Health policy and the direction of health in NSW. In this way consumers will play a role in improving the quality of health care and health outcomes in NSW.

This document is a guide for Departmental officers selecting consumer representatives to their committees. The Consumer and Community Participation Unit (CCPU) is able to assist in this process and can be contacted by email ccdev@doh.health.nsw.gov.au or by phone on 9391 9815.

DEFINITIONS

Consumer: An individual who uses or is a potential user of health services, including the family and carers of patients and clients.

Consumer representative: Someone who is nominated by and accountable to a consumer organisation. A consumer representative is committed to representing not just their own perspectives or experiences but taking steps to establish what other consumers think, representing their point of view and being prepared to be accountable for the positions they take.

Community: The term “community” is used to describe the broad range of stakeholders with an interest in health services. This includes individual consumers, organisations and groups, health professionals and specific population groups such as youth and families with young children, veterans, Aboriginal and Torres Strait Islanders and people from non-English speaking backgrounds.

Community representative: An individual who is appointed because of their skills and experience on an issue. The community representative is accountable to the community.

POLICY DIRECTIONS

There are a large number of policy documents that relate to Consumer and Community involvement in NSW Health. The following is a selection of key documents:

NSW Health Strategic Directions Statements: Strategic Directions for Health 2000-2005 represents a shared commitment to continuously improve and build on quality health care and service for the people of NSW. Strategic Directions is

about creating a corporate direction that will include everyone in NSW Health working towards achieving **Better Health Good Health Care**.

Government Action Plan for Health: A number of implementation groups were established to advise on the implementation of recommendations from the *Report of the NSW Health Council* and the *Report from the Ministerial Advisory Committee on Smaller Towns*. They produced a series of reports. *Partners in Health* is one of the reports.

Partners in Health Report: A critical element of the Government Action Plan was the involvement of people who use health services, their families or carers, organisations with an interest in the health system and the residents of NSW, in decisions made in the health system. The Group's final report *Partners in Health Report* provides a framework and direction for consumer and community participation in NSW Health.

Equity Statement: The NSW Health and Equity statement aims to address health inequalities. The statement has six key focus areas one of which is "Increased participation: Engaging communities for better health outcomes".

Quality Framework: The Framework for Managing the Quality of Health Services recognises the important role consumers have in quality of health care. The quality framework outlines an approach to improving the quality of health services in NSW. One of the six dimensions of quality is consumer participation.

Policy documents relating to Aboriginal Health and Mental Health also include consumer and community participation.

SELECTING CONSUMER REPRESENTATIVES

You may require consumer representation on an internal departmental committee, a Ministerially appointed advisory committee or a committee set up under the Health Administration Act. If the committee is set up as a Ministerially appointed advisory committee the Premier's Department guidelines apply.¹

It is recommended that generally two positions be made available for consumer or community representatives on committees. This allows community representatives to support each other and to still have representation if one is absent.

Why involve consumers and community members as representatives on committees?

¹ Premier's Department Guidelines for Board and Committee Members' Appointment & Remuneration and Conduct Guidelines for Members of NSW Government Boards & Committees, available on the Premier's Department website www.premiers.nsw.gov.au.

Consumer and community representation on health committees will provide community members with the opportunity to:

- have positive and effective input into health service delivery by contributing the consumer experience
- provide input about how consumers may feel and think about certain issues and needs for communities of interest
- be active participants in the work of the committees of the NSW Health system ensuring the committee recognises consumer concerns.

The aims of consumer involvement in the NSW Health system are to ensure:

- transparency in decision making
- greater accountability to the community for decisions made
- a working partnership with community representatives on determining health service priorities based on available resources
- better health outcomes for patients
- a better service delivery system.

Effective consumer and community participation requires clarity about objectives before strategies are chosen. It is important to identify what will be achieved by involving consumers and what is the most appropriate method to do so.

*Questions to ask Before Involving Consumers*² (**Appendix A**) is a fact sheet that may assist in this process. Criteria for selecting consumer representatives should also be developed. Examples of possible selection criteria along with beneficial skills and attributes appear at **Appendix B**.

How to find a suitable consumer representative

Involving consumers early will assist in ensuring issues are addressed from the beginning. The process for selecting consumer representatives for a departmental group should be commenced **at least 6 weeks** prior to the first meeting of the group.

The following are **some** suggestions for seeking expressions of interest for consumer and community representatives:

1. Placing newspaper advertisements. The Communications Branch can assist with this.
2. Contacting peak or specific consumer organisations inviting them to nominate a representative. The Consumer and Community Participation Unit (CCPU) may be able to assist with advice or contact details.

² Developed by the National Resource Centre for Consumer Participation in Health.

3. Through a *register of interest*. Some Area Health Services (Illawarra, Hunter and South Western) have a database of consumers, which details their areas of interest in regards to consumer involvement. The CCPU can provide contact details.

4. Contacting the CCPU to access the Health Participation Council and the NSW Health Department database of interested consumer representatives. The process for selecting representatives through the CCPU is at **Appendix C** and an application fax back form is at **Appendix D**.

5. The Premier's Department also maintains a register of people, with profiles, interested in being appointed to boards and committees. People on the register have not been formally assessed or interviewed to determine their potential suitability as board or committee members. Searches of the register can be arranged by using the following contact details:

E-mail: boards@premiers.nsw.gov.au, Phone: (02) 9228 4199, Fax: (02) 9228 4421.

The Premier's Department require background about the role of the committee, the range of skills and experience required and whether potential candidates need to reside in a particular postcode area. Your contact details including fax number are also required.

Appointing representatives

If a consumer representative is considered appropriate against the selection criteria and has been offered a position on the committee, and the consumer has agreed to sit on the committee³, the secretariat from the requesting committee will be required to contact the consumer representative and provide the following:

- a letter of appointment including term and if proxy or alternative representatives are permitted
- the terms of reference of the committee
- a list of other members of the committee and what groups they represent
- the meeting procedures and timetable
- past agendas and minutes including decisions and actions
- details of the support the committee will provide including training and financial assistance and how to claim (contact the CCPU for assistance)
- confidentiality agreement, fact sheet on conflict of interest and making public statements (examples at **Appendix E**, applicable for ALL committee members)

³ The prospective consumer representative should be given the opportunity to directly contact the secretariat before making a decision to join the committee.

Criminal record checks and prohibited persons declarations, for consumer representatives on departmental committees, will only be undertaken when and if those persons are required to undertake duties in the health system and there is the likelihood that they would have unsupervised access to children (refer DOH circulars 00/55 and 01/32).

Permission should be gained from consumer representatives to provide their names to other sources requesting it, including the community, to enable community members to raise any issues with them.

Removal of representatives

Should problems arise which raise questions about the performance or continuing representation of a community representative, the views of the representative will be sought with the aim of resolving any difficulties or problems. Initially this will be the responsibility of the chairperson of the committee.

If, after an attempt to resolve the difficulties, the chairperson feels that the community representative's appointment should be reviewed, the CCPU may be involved to conciliate on the matter. If conciliation is unsuccessful and a decision is made to discontinue their representation, the community representative will be verbally informed of the decision in the first instance with written confirmation following this.

Resignation of representatives

Representatives may resign at any time. Resigning representatives should be encouraged to be available to brief new representatives and where possible provide two weeks notice. Community representatives should be informed when their term of appointment is due to expire.

Conclusion

Representation on committees is only one of the ways consumers and community representatives can actively become 'Partners in Health', the CCPU can offer assistance in identifying other techniques available. The CCPU can be contacted by email ccdev@doh.health.nsw.gov.au or by phone on 9391 9815.

Acknowledgements: SWSAHS Community Representative Guidelines, CHF Guidelines for Consumer Representatives & Consumer Focus Collaboration - Improving health services through consumer participation.

Questions To Ask Before Involving Consumers

1. Introduction

Consumer participation is increasingly being linked with improvements in the quality of health care and improved health outcomes, and as a result is being encouraged by Commonwealth, State and Territory governments. The key goal of the NRCCPH is to support the development of a more participatory and consumer focused health system.

Support for involving consumers in the development of health services has been growing over the last ten years or so. In part this is a consequence of increased recognition of consumer rights and emerging evidence of the positive benefits of this participation in developing effective services and programs, enhancing health outcomes and producing cost effective models of care.

While there appears to be an increasing commitment to the idea of involving consumers, many service providers are not certain of how to go about beginning to work with consumers. The first step for many people is beginning to ask questions about consumer participation. This series of Fact Sheets aim to provide some initial responses to some of these questions. Questions most commonly asked by service providers at this stage include: how do we find consumers? How do we get consumers involved? Who is a real consumer and how do we know when we have a real consumer voice? How do we know we are not just hearing the loudest voices?

While these are all very important questions, you will notice that they are all about consumers. If you are a service provider, you may be able to start to answer these questions by addressing a different set of questions. These alternatives are questions you can ask about your health service.

These questions can be roughly broken down into three groups:

1. Questions to ask before you start trying to identify consumers
2. Questions to ask when you are ready to begin involving consumers
3. Evaluation questions.

2. Questions to ask before trying to identify consumers

What is the management commitment and staff commitment to consumer participation? And what is the commitment of the organisation to change?

Without this commitment you may end up in a position where you have sought input from consumers, but do not have the resources, plans or structures to use this information to develop your services. Without this commitment you may be setting yourselves up to fail and you may end up with staff who are caught between consumers and an inflexible system.

Can we develop ways to ensure that consumers who participate will be listened to and their input valued?

This is important because many consumers report providing feedback to organisations and then seeing no change as a result. This can create cynicism about the reasons health services seek information from consumers.

What aspects of the organisation's history may impact on consumer participation? Are there bridges that need to be built to foster collaboration?

Understanding how consumers perceive the organisation is important. For example, if the organisation has consulted with consumers previously and nothing has happened as a result of this consultation, consumers may not be willing to participate. It may be necessary to build bridges with consumers and resolve existing conflicts as part of developing participatory processes.

3. Questions to ask when you are ready to begin involving consumers

Do we know who our consumers are? Do we know how consumers would like to participate in our organisation?

Understanding the diversity of consumers in your community will highlight the different groups you need to make links with. You may also need to develop a range of strategies to engage appropriately with consumers from a range of backgrounds. Without this understanding you may only hear from those people who are the most articulate.

Are there different levels that consumers can participate within the organisation? What kinds of skills will be required by consumers and staff to do this work and how can the organisation support consumers and staff to work together.

Consumers can be involved at many different levels within organisations, including:

- Developing visions and mission statements
- Governance

- Strategic planning
- Policy development
- Service and facilities planning
- Developing care processes
- Individual care
- Evaluation and monitoring

How will you support those consumers who provide their time and expertise to your organisation?

Consumers can contribute a lot of time and energy working with you to improve services. Often consumers have to cover a lot of out of pocket expenses to participate, including phone calls, travel, child care and lost wages. Consumers may also need to develop significant skills to be effective participants. Your organisation will need to determine how it can assist with training and support of consumers, and/or with reimbursement of costs or payment for their expertise.

4. Evaluation questions

Ideally, evaluation questions should be asked along the way so that you are identifying and addressing issues as you go.

How can we tell if the processes used are working?

If you are clear about the purpose for seeking consumer input and who you are trying to involve, then evaluation questions become much clearer. You may like to ask staff and consumers to work together on developing goals and evaluation questions. You can start to ask questions like:

- How have consumers become involved?
- What do consumers say about their experience of being involved?
- What have you learnt so far and what needs to be changed to improve your participation processes?
- What changes have been implemented as a result of consumer participation and consumer-staff collaboration?
- Have the changes consumers would like to see been implemented?

Changing the questions you ask, or changing the way you ask questions is part of the process of changing the culture of your organisation.

This Fact Sheet aims to provide an overview questions for providers to consider before involving consumers. Other Fact Sheets in this series are available from the website of NRCCPH. More information on this and other topics can be found in the resource guide *Improving health services through consumer participation: a guide for organisations* (2000), Department of Health and Aged Care, Canberra. Copies of this guide are available free from NRCCPH.

National Resource Centre for Consumer Participation in Health

Level 5, Health Sciences Building 2, Latrobe University 3086 ,Free call 1800 625 619, email: nrccph @latrobe.edu.au, website: www.participateinhealth.org.au

Appendix B

Sample Selection Criteria for Consumer Representatives

Examples of possible selection criteria are:

- Experience as a consumer or carer in relation to the issue/subject matter
- Previous involvement with consumer groups/organisations
- Ability to report back to consumer group/organisation
- Ability to effectively communicate on behalf of consumers
- An awareness of the needs of groups of consumers and not just the individual
- Be reliable and responsible and willing to commit time to attending scheduled meetings
- Ability to represent other views with objectivity
- Demonstrate an understanding of the issues involved

Sample Attributes and Skills for Consumer Representatives

Attributes and skills that may be sought in community representatives could include:

ATTRIBUTES

- Interest in improving the health system
- Willingness to commit time to health issues
- Ability to relate their own experience of health care to broader consumer issues
- Ability to represent and respect the views of other people who use the health care system

SKILLS

- Knowledge of the health care system
- Communication skills
- Experience with working on a committee or representing other people
- Empathy
- Personal level of empowerment

Process for Selecting Representatives through the NSW Health Database of Consumer Representatives

If utilising the consumer database of the Consumer and Community Participation Unit (CCPU) the following process will apply:

- request submitted by fax to the CCPU with relevant information provided (see **Appendix D**)
- CCPU will search the database to identify consumers indicating an interest in the issue
- CCPU will provide advice on representatives that match identified criteria. Copies of possible representatives expressions of interest may also be made available.

Where appropriate the requesting officer should consider the option of a selection committee, which may include:

- a representative of their branch
- at least one community representative (or CCPU)
- a representative of a specialist area if the committee is specialist in nature.

The selection of representatives is to be based on how well the representative meets the criteria that have been previously identified by the committee. Examples of possible selection criteria along with beneficial skills and attributes appear at **Appendix B**.

CCPU should be advised of the selection as soon as possible. If it is determined that there are no suitable applicants for the committee position, the branch will need to seek nominations by one of the other methods listed.

Consumer representatives considered appropriate will be contacted by CCPU to ascertain their availability and interest. The consumer representatives will have the opportunity to directly contact the contact person for the committee before making a decision.

If the consumer representatives agree to sit on the committee the requesting contact person will be notified. The secretariat from the requesting committee will then be required to contact the consumer representatives and should provide detailed information about the committee. Refer to the main Guidelines for further information.

**APPLICATION FOR SEEKING EXPRESSIONS OF INTEREST
FOR CONSUMER AND COMMUNITY REPRESENTATIVES
TO DEPARTMENTAL COMMITTEES.**

Please **FAX** through completed form to the Consumer and
Community Participation Unit on **9424 5888**.

NB: The process for selecting consumer representatives should begin at least 6
weeks prior to the first meeting of the group.

Requesting Branch Information

Branch.....

Requesting officer's name:.....

Phone:Location:.....

Committee Information

**(The following information will be provided to suitable consumers so they
can make an informed decision regarding participation on the committee).**

1. Name of Committee
.....

2. Terms of reference (please attach)

3. Objectives (please attach)

4. Skills required by the member
.....
...
.....
...
.....

5. Contact person for further information:

Name:.....Phone:

6. Where will the committee meet?
.....
.....

7. How often will the committee meet?

.....

8. How long will each meeting take?

.....

9. What is the expected duration of the committee?

.....

10. What is the expected workload of the committee?

.....

.....

.....

.....

.....

11. What fees or reimbursements will be made?

.....

.....

.....

.....

.....

12 The Consumer and Community Participation Unit will search the database to identify consumers indicating an interest in the issue.

Please nominate below by ticking the box if you would prefer the Consumer and Community Participation Unit to recommend representatives **or** copies of possible CVs to be made available.

Recommendations for representatives

Copies of CVs to be made available

Disclosure of Conflict of Interests

Conflicts of interest exist when it is likely that you could be influenced, or it could be perceived that you are influenced, by a personal interest when carrying out your public duty. Conflicts of interest that lead to biased decision making may constitute corrupt conduct.

Further information on the situations that may give rise to a conflict of interest can be found in NSW Health Department Circular No 98/79 Principles and Minimum Standards for the Development of Health Service Codes of Conduct.

The NSW Health system requires representatives on committees to disclose as follows:

Disclosure of interests of representatives

(1) A member of the committee who has a direct or indirect conflict of interest in a matter being considered or about to be considered by the committee shall, as soon as possible after the relevant facts have come to the member's knowledge, disclose the nature of the interest at a meeting of the committee.

(2) A disclosure under subsection (1) above, shall be recorded in the minutes of the meeting of the committee and the member shall not, unless the committee otherwise determines:

(a) be present during any deliberation of the committee with respect to that matter; or

(b) take part in any decision of the committee with respect to that matter.

(3) For the purpose of making a determination under subsection (2) above, a member of the committee who has a direct or indirect conflict of interest in the matter concerned shall not:

(a) be present during any deliberation of the committee for the purpose of making the determination; or

(b) take part in making the determination.

Procedure

At the commencement of each committee meeting the chairperson should invite members to declare whether there are any matters in the agenda in which they

have “a direct or indirect conflict of interest”. This will provide members with an opportunity to discharge their obligations as committee members. Where a member declares an interest the matter will be noted in the minutes, and the committee will be asked to consider the declaration under sub-section (2) and to make a decision after appropriate discussion about whether the member will be permitted to:

(a) be present during any deliberation of the committee with respect to that matter; or

(b) take part in any decision of the committee with respect to that matter.

Making public statements

The policy of the NSW Health Department states that the Senior Executive and CEOs only are authorised to make public statements on behalf of the organisation. Community representatives must not make public statements on behalf of NSW Health unless the Senior Executive or CEO has given them approval or asks them to do so. Examples include, media interviews on committee work, speaking at conferences and writing material for journals and other publications.

However, community representatives may wish to share information about their experience as a representative, but must be clear that they are not speaking on behalf of NSW Health.

NSW HEALTH
Consumer/Community Representative
Confidentiality Undertaking

I..... of.....

.....

understand that as a member of.....
Committee with NSW Health, I may be the recipient of material either in verbal or written form pertaining to the operation and administration of the NSW Department of Health or the NSW public health system. I understand that there are laws concerning privacy, confidentiality and non-disclosure which may apply to information which comes into my possession as a committee member. I undertaken to maintain the confidentiality of any material that may come into my possession and confine discussions of this material to meetings of the Committee.

I recognise that my appointment to the Committee is to represent the community point of view, and that further broader community consultation may occur. I will abide by any decision concerning the level of appropriate consultation or discussion to occur outside Committee meetings.

Signed:.....

Date:.....

In the presence of:

Name:.....

Position:.....

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i National Expert Advisory Group on Safety and Quality in Australian Health Care (1999), Implementing safety and quality enhancement in health care: national actions to support quality and safety. Canberra.