22 November 2001

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Dear Deb

Feedback on *Consumer Participation in Divisions* paper to Divisions

Thank you for the opportunity to provide feedback on this paper, received under your letter of 7 November.

While the draft paper usefully refers divisions to pertinent resource materials, in my view the substance of the paper is unlikely to be effective in leading divisions who do not already do so to understand the benefits of consumer involvement in their strategic and business planning. In particular, the rationale for consumer participation needs to be more cogently argued than it is in the section headed *What value is consumer participation to divisions of general practice?* As a firm believer in the importance of real community and consumer participation I am concerned that if the case is not more effectively put it is likely to be counter-productive.

Experience in Victoria suggests that the majority of divisions are in fact well engaged in active community and consumer engagement. The lack of any formal, systematic evaluation of this engagement presents a barrier to a deeper understanding, particularly of factors which encourage or inhibit the formation of effective links between divisions and consumers

The education of divisions that have not yet achieved strong linkages may be a useful objective, but is unlikely to be achieved by an unsolicited written paper such as this draft. Assuming that GPPAC will nevertheless proceed in any event with the dissemination of the paper, you may wish to consider some suggestions about possible improvements to it.

1. It would be useful to include early in the paper a summary of what agendas GPs, divisions and consumers have in common, such as those identified in the 1999 CHF report *Consumers Expectations of General Practice in Australia.* One of the barriers to effective partnership-building appears from our experience to be a fear among division board members that consumer organisations have quite different agendas from divisions in relation to general practice.

2. The paper would be strengthened if it acknowledged some of the real achievements to date in partnerships between divisions and consumers working on shared agendas. Referring to and describing real examples of good practice can be persuasive to reluctant divisions.

3. The paper needs to put a stronger and more persuasive argument for accountability by divisions to consumer and community interests, not just to DHAC. Describing an effective accountability model may be educative.

4. If the paper is primarily designed to influence divisions that have not yet achieved "good practice" it is necessary to address in more concrete terms some of the pre-requisites for doing so. In this regard the paper could be strengthened by describing the credentials of consumer organisations as effective potential partners. One of the common fears expressed by GP board members is that consumer organisations do not represent "real" GP patients or may not use representative practices.

5. An effective pre-requisite which DHAC may wish to consider including as an outcome requirement for divisions in the next triennium is the development by divisions of a community participation policy. Developing such a policy for a division is the clearest way of ensuring that processes and strategies are put in place that make community participation happen, not just be talked about. The following is based on *A Stronger Primary Health and Community Support System; Community Participation in Community Health, A PHAS Information Resource 3* produced by the Department of Human Services in Victoria in 1999. A community participation policy at Division level would address

    - participation in direction setting for the division
    - participation in program planning
    - participation in program delivery
    - participation in program evaluation
    - Resource allocation and development.

    The outcome measure might include the following:

    - The division has systems in place to facilitate wide involvement of consumers, community members and groups in planning, implementation and evaluation of the division's activities.
    - The division's work practices demonstrate a strong commitment to consumer and community participation.
    - Consumer and community participation principles are written into the division's documentation and reflected in its culture and actions.
    - Financial and physical resources are allocated and managed to facilitate the achievement of consumer and community participation.

6. The paper could be strengthened if it acknowledged that there are nationally agreed competencies that Division staff need in order to ensure their capacity to support community participation. These are set out in the national Health and Community Services training package. Divisions could be encouraged to ensure that their staff have or are undergoing training in these skills.

Regards

Bill Newton
CEO