GPDV Strategic Plan 2001 – 2004
Key Result Area 6: Divisions and Community /Consumer Engagement

Overview July – December 2003

The best available source of performance data on engagement with communities for Victorian divisions is the annual divisions survey. The analysis below separates Victorian responses from those of all other divisions. This analysis has been used to provide benchmarking for staff development in divisions. When the 2002-03 data is available from PHCRIS, GPDV will disseminate a comparative report to all Victorian divisions.

The profiles below have been developed by comparing national and Victorian results of the 2001-2002 Annual Survey of Divisions of General Practice. The national survey is published in "Ten Years On : Results of the 2001-2002 Annual Survey of Divisions of General Practice" by Carolyn Modra, Leanne Whaites and Elizabeth Kalucy from PHCRIS. Victorian results have been provided to GPDV by PHCRIS for selected questions

1. Who do divisions seek advice from about consumer participation issues?

76% of all divisions and 81 % of Victorian divisions sought advice from other organisations in relation to consumer participation.

	Source used by divisions seeking advice in Australia	**Source used as a percentage of all divisions**	**Source used by those Victorian divisions seeking advice**	**Source used as a percentage of all Victorian divisions**
Other divisions	63%	48%	72%	58%
SBOs	52%	39%	72%	58%
National consumer organisations	43%	33%	44%	35%
Other local health services	47%	36%	60%	48%
Other organisations	29%	22%	48%	38%

This table shows that divisions in Victoria were more likely to turn to their SBO for advice on these issues than were divisions in other states.

2. How many divisions have consumer membership on their Boards?

35% of all divisions and 29% of Victorian divisions had non-GP members. However, non-GP members made up only 7% of the total of all board members in Australian divisions. Of those 7% of board members only 34% had voting rights.

16% of Victorian divisions compared with 19% of all divisions had consumers within their non-GP Board membership. In each case just less than half of these consumer members had a vote on the Board.

These figures are worthy of note. GPDV takes the view that non- voting Board members cannot play a worthwhile role in governance in divisions.

3. What formal mechanisms are divisions using for involving consumers?

93% of divisions in Victoria and 89% of all divisions had formal mechanisms in place for involving consumers.

	No of all divisions	**% of all divisions**	**No. of Victorian divisions**	**% of Victorian divisions**
Consumer reps on division committees	60	49%	14	48%
Consumer Advisory Group or equivalent	47	38%	18	62%
Program Reference or Advisory Group	42	43%	10	35%
Consumer Reps on Board	26	21%	6	21%
Community Liaison officer or equivalent	24	20%	9	31%
Consumer Advisor	6	5%	1	3%
Other	23	19%	6	21%

Divisions in Victoria used the strategies of convening a community or consumer advisory group and of employing a staff member with community liaison responsibilities much more frequently than divisions elsewhere in Australia.

4. What mechanisms do divisions use to consult with consumers?

In Victoria 74% of divisions described particular mechanisms used to consult consumers. Comparative data is available from 82% of all divisions.

	All divisions	**% of all divisions**	**Victorian divisions**	**% of Victorian divisions**
Community education	66	53%	16	51%
Focus groups	59	47%	16	51%
Community forums	47	38%	12	38%
Patient surveys	47	38%	6	19%
Community surveys	33	27%	5	16%
Other	15	12%	3	10%

Results were comparable with the rest of Australia with the exception of patient surveys and community surveys which divisions have been much less likely to administer in Victoria. Results of previous GPDV audits have suggested that the level of connectedness between divisions and their local communities is strong. Many Victorian divisions have been able to rely on data from local municipal health planning, primary care partnership development and metropolitan health care network planning to provide up to date data about population health needs without collecting separate data sets of their own.

5. To what extent do divisions pay for consumer participation?

Victorian divisions are much more likely (84%) to reimburse consumers for participating in division activities than all divisions (61%) outside of Victoria. On average, Victorian divisions allocate $2493 per annum for consumer payments. The median for all divisions nationally is $1349

Rates of reimbursement vary according to the type of involvement.

	Australian median per hour	**Victorian median per hour**
Board membership	$55	$65
Chairing a committee	$60	$43
Membership of a committee	$25	$25
Other	$25	$39

6. Divisions supporting GP collaboration with community and consumer support groups.

	% of Australian divisions	**% of Victorian divisions**
Specific education programs	38%	51%
GP involvement in patient/community support groups	39%	38%
Consumer group involvement in GP CME / CPD	22% #	26%

 # These figures need to be viewed alongside responses to survey Q 48 . Responses to this question indicate 41% of 121 divisions involve consumers in planning CME and 35% involve consumers in implementing CME.

7. Engagement through membership of external committees

Divisions are potentially able to achieve significant engagement with consumers and community members through division representation on external committees and Victorian divisions report slightly more representation on hospital and local committees than all divisions.

	All divisions	**Victorian divisions**
Hospital committees	77.6 %	80.6%
Local committees	69%	74%