COMMITTED TO PARTICIPATION
A ONE-DAY FORUM FOR CONSUMERS ON COMMITTEES

Forum Report

July 2008

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EXECUTIVE SUMMARY

This report provides details of a one-day Forum organised by Health Issues Centre (HIC) and funded by the Victorian Department of Human Services (DHS) which was held on 20 May 2008 at Victoria University (VU) Conference Centre in Melbourne.

This report describes the collaborative process undertaken with consumers to develop the content and structure of the forum, the forum abstract, presenter bios, the discussions that took place, the recommendations that developed and a summary of the evaluations.

The Forum was entitled "***Committed to Participation- a one day forum for consumers on committees***".

The aim of the forum was to provide participants with an opportunity to:

- Share and exchange information about good practice
- Meet and network with other consumers and health professionals
- Discuss and explore current issues facing advisory committees and consumer participation
- Develop strategies and recommendations for improving the effectiveness of advisory committees and consumer participation

105 consumers and health service staff attended the Forum which was coordinated by HIC, with the support of a working group consisting of Community Advisory Committee (CAC) members.

The Forum consisted of three plenary sessions and six break out. Expect for two plenary sessions all the presenters were CAC members. Presentations are available on the HIC website and can be viewed by visiting http://www.healthissuescentre.org.au/participate/community.shtml

The presentations were based on the following themes:

- ❑ Consumer payments
- ❑ The role of the CAC
- ❑ The CAC evaluation
- ❑ Marketing and recruitment
- ❑ Communication
- ❑ The relationship between the CAC and the health professional

The key findings of the forum included:

- ❑ Continuing support to CAC members
- ❑ Building on the findings of the HOI evaluation
- ❑ The value in holding future forums

The Forum achieved its aims with key recommendations being developed from each of the breakout sessions. HIC is now in the process of exploring strategies for implementation.

INTRODUCTION

On 20 May 2008 Health Issues Centre held a one-day Forum for health consumers participating on committees.

This report details the aims of the conference, the outcomes achieved and the collaborative process with consumers to plan and deliver the Forum.

The report contains a summary of the discussions, abstracts presented for each session and information about the presenters. The report also contains an evaluation of the Forum and future directions.

While the Forum was aimed at consumers who participate in legislated Community Advisory Committees (CAC), the invitation was extended to include all consumers who were participating in committees outside the CACs.

The forum was held at Victoria University Conference Centre, 300 Flinders Street, Melbourne. It was attended by 105 participants.

The aim of the Forum was to provide participants with an opportunity to:

- Share and exchange information about good practice
- Meet and network with other consumers and health professionals
- Discuss and explore current issues facing advisory committees and consumer participation
- Develop strategies for improving the effectiveness of advisory committees and consumer participation
- Develop strategies recommendations to improve the effectiveness of advisory committees and consumer participation

Participants included:

- Community Advisory Committee (CAC) members
- Consumers
- CAC Resource Officers
- CAC Chairs
- CAC Executive Sponsors
- CEO of health organisations
- Board members of health organisations
- Health professionals working with advisory committees.

This Forum was the second forum organised by HIC for CAC members. A previous forum was held in 2006. The 2008 Forum honoured the recommendation of the 2006 which was to hold an event for CAC members every two years. Another forum will be planned for 2010.

A total of 11 key recommendations were developed by the participant's base on the discussion in the breakout sessions.

RECOMENDATIONS

Consumer payments

- Need to collect more data on the issue of consumer payments and to continue the debate so consumers can make informed choices.
- That consumer payments should always remain the choice of the individual.
- The establishment of guidelines around the issue of consumer payments.

The Role of the CAC

- Review of DHS participation indicators to be a bottom-up process and inclusive of diverse groups.
- HIC to bring together people to share findings from the evaluation and successes of the CAC.

CAC Evaluation

- The establishment of a consumer network that would assist CAC members to support and learn from each other as well as work collaboratively.
- To increase financial resources for ROs and CACs.

Marketing and Recruitment

- The need for a comprehensive recruitment and member development policy that is developed in conjunction with consumers to ensure diversity of background and skills.
- Guidelines and strategies to ensure other views are captured and represented using outreach strategies and connecting with other communities of interest.

Communication

- Document and explore models of capturing community views.
- Explore a model of communication between CACs by working collaboratively on projects.

The CAC and the health professional

- Create opportunities within the CAC work plan for communication between the CAC, health professional and consumers.
- Implement education, training and awareness programs for health professionals about the role of consumers.

The Chairs' Network

- That HIC organises professional development presentation sessions for committee chairs.
  - This could include a chair-only session as well as mixed sessions with CAC members and resource officers.
  - Topics could include a presentation from the current CEO of the City of Melbourne.
  - Topics could also include practical examples of consumer participation and community engagement.

PLANNING

A project group consisting of six CAC members from various health services was set up to guide the planning of the forum.

A key recommendation from the working group was that members have an opportunity to present issues relating to their participation in community advisory committees, and that time was allocated for discussion and development of recommendations.

The group proposed 6 one-hour discussion/breakout sessions. These sessions consisted of 2 ten-minute presentations followed by a facilitated group discussion. The aim of the discussion was the development of two recommendations per group.

The project group also decided it wanted ample time to network with other consumers.

The official start time for the forum was 10.30 am, with registrations and morning tea from 9.00 am. This allowed rural consumers time to arrive and also provide others with an opportunity to come early and network.

Expressions of interest for abstracts were sent out to consumers on the CACs via the Resource Officers. A total of 12 abstracts were received and accepted.

CONFERENCE THEMES

The abstracts were grouped according to the following themes:

- Consumer payments
- The role of the CAC
- The CAC evaluation
- Marketing and recruitment
- Communication
- The CAC and the health professional.

Time was also allocated for a CAC chairs' network meeting. This strategy arose out of a previous consultation with CAC chairs, which suggested they would benefit from an annual network meeting.

CONFERENCE PROCEEDING

The Chief Executive Officer of the Health Issues Centre, Tony McBride, opened the Forum.

The first plenary session was a presentation by a representative of Health Outcomes International (HOI) who outlined preliminary findings from the CAC evaluation.

HOI's presentation revealed that CAC's are generally compliant with the spirit of the Legislation which governs their roles and responsibilities.

The second plenary session was delivered by four consumers who shared their experience of attending the Quality and Safety Conference in Brisbane in 2007. Participants commented that this session was both interesting and inspirational. Presenters talked about feeling overwhelmed by attending such a large conference dominated by health professionals, but also spoke about the friendships and sense of camaraderie that developed between the consumers that attended.

The Forum closed with the launch of the new HIC website and presentation of recommendations from the six discussion/breakout sessions.

CONFERENCE ABSTRACTS

SESSION 1 – Consumer Payments

1.1 Consumer perspectives on whether or not consumers on committees should be paid

Twanny Farrugia

The debate about whether 'Consumers' should be paid for participating in committees in relation to health care has been vigorous for many years. That debate continues here today. Current literature is predominantly presented by professionals which, although important, does not fully explore the consumer's experience. This session will explore different consumer perspectives on payments.

1.2 Stand up – Be counted – Be paid: Can hospitals afford not to pay?

Beryl Shaw

A culture exists across health and welfare organisations, in Australia and across the world, of hospitals and other services being implicitly 'patient-centred', while explicitly devaluing the contribution of community members, in ways that express themselves in financial terms.

1.3 Paying for Consumer Participation: A Matter of Choice!

Kim Hider

This presentation will present recent research into the paying of participants in Australian health research and evaluation, and draw comparisons with current practices by health services regarding payment of consumers on Community Advisory Committees.

SESSION 2 – The Role of the CAC

2.1 Governance for the Community

John Chu

This paper presents the issues associated with the role, function and operation of Community Advisory Committees (CACs) in terms of health services' governance. It offers suggestions on how health services can better lever CACs to discharge their accountability to the public.

2.2 Melbourne Health CAC – Strategically evolves into the future

Florence Kingsley-Mathews

Over the past two years, the Melbourne Health CAC has been working towards its long-term goal of integrating consumer and community participation into the organisation's strategic and operational plans and performance indicators.

As a result, consumers, carers and the community now participate in a range of quality improvement activities across Melbourne Health, including strategic planning and Root Cause Analysis reviews. The inclusion of consumer participation in organisational processes has ensured a systematic and sustainable approach in these areas.

SESSION 3 – CAC Evaluation

This session will give participants an opportunity to explore and make recommendations about issues raised from the CAC evaluation.

SESSION 4 – Marketing and Recruitment

4.1 Who are they and where do we get them?

Jane Johnson

Where to find the 'right' consumers? Several different approaches need to be made in order to attract consumers. Many CACs have problems with this, probably because they are limiting their recruitment techniques to one or two methods such as using local papers, and advertising within the health services (who would consider volunteering when they are in hospital for a procedure?). This session will present a range of different considerations and recruitment stratagies.

4.2 The challenge to be visible

Heather Watson

Peter Mac recently recruited six new members to the CAC after a number of long-serving members completed their term of office.

Following the recruitment process, information was gleaned from both new and existing members about their knowledge of the CAC prior to recruitment. This information is now being used to guide the CAC in developing a strategy to increase the public profile of the CAC.

This presentation aims to share learnings from the recruitment process and ideas for the future.

SESSION FIVE – Communication

5.1 CACs and their Communities of Interest

Winston Mckean

The Victorian Department of Human Services requires public health services to set up Community Advisory Committees (CACs) which, among other responsibilities, are required to obtain community views, comment on community issues and enhance community participation. But just what is "The Community" and how can CACs engage with "it" to undertake these obligations? This paper looks at how a CAC can identify local 'communities of interest' through its own membership and so bring a wide range of community views to its responsibilities.

5.2 How do you ensure respect, open and honest communication between resource officers, chairs, executive sponsors and management?

Kellie Michel

The Royal Victorian Eye & Ear Hospital (RVEEH) strives for effective two-way communication between the CAC and RVEEH and continuously works to facilitate the relationship between the Board, CAC and staff.

The RVEEH acknowledges that open and honest communication is important and contributes to robust engagements and strengthened partnerships.

SESSION SIX – The CAC and the Health Professional

6.1 Health organisations and CAC members in harmony: Can we do it?

Sophy Athan

There is often a perception that CACs and health organisations don't see eye-to-eye. This difference in perspective arises from a lack of adequate communication and misunderstandings of roles. This paper will examine the different mechanisms that need to be in place in order to improve working relationships between health professionals and the CAC.

6.2 Beating the path to health professionals – Do they know what we're trying to do, and if not, why not?

Beryl Shaw

Researching papers from across the world, you find the same word at the top of the list of failures within health organisations of all kinds—communication.

Effective communication is far easier to achieve than most people believe. Rapport develops from understanding how to use words and create systems for

active communication. Beryl Shaw will open up these issues and avenues for possible solutions, using more than 20 years' experience as an author, educator and public speaker in this area.

PRESENTER BIOS

Twanny Farrugia
Twanny is the proprietor of Pro-Ability Consultancy Service, providing education and support for people with disabilities, the aged, culturally and linguistically diverse groups and those facing loss and grief issues. Twanny has experience representing consumers on various community and health groups at federal/state/ local government levels and not-for-profit sectors.

Beryl Shaw
Beryl is a member of the Peter Mac Consumer Advisory Committee. As an author and public speaker for 25 years, Beryl understands the power of words, and the value of the voice of the consumer.

Her presentation this morning is titled:
Stand up – Be counted – Be paid and she asks if hospitals can afford not to recognise the consumers contribution in financial terms.

Kim Hider
Kim trained as a general nurse at the Royal Melbourne Hospital in 1985, then as a midwife at the Mercy Hospital in 1991. She has a Masters and Postgraduate Diploma in Assessment & Evaluation from The University of Melbourne and established her own health evaluation consultancy business in 2002.

She has worked in many different metropolitan and rural hospitals, community health services, divisions of general practice and in the Victorian Department of Human Services.

Kim was involved in establishing a Consumer Advisory Group back in 1996 for the NW Melbourne Division of General Practice. She been an Associate of Health Issues Centre for several years.

More recently, Kim has taken up the part-time role of the Consumer Participation Support Officer at Austin Health.

John Chu
John is a PhD candidate with a research focus on corporate governance at a major public university in Switzerland. He is also a JD candidate at one of the top universities in Australia.

John has over 15 years' experience spanning across the areas of strategy development, project management, financial analysis, investment evaluation, project finance, business process re-engineering, acquisition, due diligence,

alliance creation, and commercial negotiation, as well as systems specification, selection, design and development. He also has an extensive track record in speaking engagements, conference chairmanship and publications, both in Australia and overseas.

His formal qualifications include:

– Master of Business Administration
– Bachelor of Business (Banking and Finance)
– Bachelor of Information Systems
– CPA
– CMC.

In terms of community service, John is serving as a member of the:

– Legislation and Trust Committee of a major University in Melbourne
– Audit Committee of several councils in Victoria.

Jane Johnson
Jane Johnson has a background in education and community work. For 20 years she managed a Volunteer Resource Centre in the Knox area and at various other times she has been a TAFE teacher, a community house co-ordinator and a secondary school teacher. She has been a member of Eastern Health CAC since its inception and is also a member of various other hospital-based committees, including the Eastern Health Quality Committee.

Helen Molloy
Despite her own personal challenges with grief Helen discovered that giving back to the community that supported her during times of adversity and loss to help others has been enormously beneficial. Helen has true empathy for others who are experiencing the day-to-day difficulties of just putting one foot in front of the other or trying to stay positive despite the demands of their disease. Helen hopes her contribution to the Community Advisory Committee will be of value to others in improving the care or services they receive.

Heather Watson
Heather has a strong interest in community participation, having been a volunteer at the Royal Children's Hospital and the St John Ambulance Motorcycle Division, while working for a number of federal government agencies and completing qualifications in business and human resource management. Her interest in community work extended to her workplaces where she trained in first aid and conflict resolution to act as a peer support debriefing officer. Heather is a member of the Peter Mac Primary Care and Population Health Advisory committee and is representing Peter Mac on the Western & Central Melbourne Integrated Cancer Service (WCMIS).

Winston McKean
Winston is a retired medical practitioner from New Zealand specialising in Public Health Medicine, with a Diploma in Public Health, now living in Mt. Eliza. He was

appointed chair of the Peninsula Health CAC and as such, sits on the Board's Quality and Clinical Governance Committee and its Primary Care and Population Health Committee. Before leaving New Zealand, Winston chaired a Primary Health Care Organisation in Canterbury and was chair of the national Taskforce on the Primary Health Care Strategy. He remains a member of the NZ Human Rights Review Tribunal and a JP.

Kellie Michel
Kellie is the Community Development Officer at the Royal Victorian Eye and Ear Hospital. In her role she promotes consumer engagement and community participation at the Eye and Ear Hospital and is the Resource Officer for the Community Advisory Committee and Primary Care and Population Health Advisory Committee.

Sophy Athan
Sophy Athan has been a consumer advocate for over a decade. She first became involved with the health area when she was caring for her mother and later on for her husband. Her direct experience with primary, secondary and tertiary health services made her become aware of the significant issues that can affect consumers. Since then she has become involved with numerous health committees in a variety of areas and capacities. She is currently a member of the Community Advisory Committee for Eastern Health, chair of the Policy & Liaison Group for the CAC, chair of the Consumer Reference Group of the Outer East Primary Care Partnership and a Regional Convenor for the Eastern Region for Disability, Community Visitor Program, Office of the Public Advocate. Sophy will take up her position on the Mental Health Board, Office of the Public Advocate in June. Her experiences have made her committed to seeing improvements in the areas of mental health, disability, the aged, transcultural, as well as all aspects of health service delivery, with an emphasis on capacity building and wellness approaches in the delivery of service. Sophy is also employed in her company and continues to be a carer.

Beryl Shaw
Since almost dying from cancer in 2001 author and public speaker Beryl Shaw has been tracking world-wide comments about cancer and its treatment. She sees her involvement as a member of the Peter Mac Consumer Advisory Committee as an extension of this.

Communication is cited world-wide as the most difficult area of health care. This afternoon Beryl looks at how we can use great communication in the interest of CACs and health professionals alike.

DISCUSSION/BREAKOUT SESSIONS

You can download a copy of all the forum presentations by going to www.healthissuescentre.org.au

The views expressed by the presenters are their own and not those of the health service or HIC.

The following is not a transcript of the discussions that occurred but an interpretation of the themes as documented by the note-takers and reproduced by the report writer.

The recommendations have been edited. Unedited recommendations can be found at the end of this document.

Session 1: Consumer payments

In this session, participants were presented with the consumer perspective on whether or not consumers on committees should receive a sitting fee for their participation.

It was noted that until recently health professionals have largely dominated the debate on consumer payments. As well as this, there are no state-wide or national standards, guidelines or policies, leaving the decision to individual health services. This has resulted in inconsistencies between health services and confusion about terms such as 'sitting fees', 'reimbursement for out-of-pocket expenses' and 'one-off payments'.

Participants were presented with arguments for and against the issue.

Presenters argued that paying consumers would:

- Recognise and value their knowledge and expertise
- Assist consumers who are financially struggling to participate and therefore diversify participation
- Go some way to address the balance of power between consumers and health professionals
- Recognise that consumer participation takes time, commitment and expertise.

There was some acknowledgment that health services' views around consumer payments are changing. A survey conducted recently, in which 14 CACs responded, showed that five of the 14 pay a sitting fee. However, that fee varied, with some paying out-of-pocket expenses as additional to and some including them in the sitting fee.

Opposing views: Some participants expressed their concern about the conflict of interest if consumers were paid by health service, arguing that this may affect their independence and objectivity. Others viewed their contribution in the spirit of volunteering and argued that paying consumers would "professionalise" their role.

It was also stated that there is an inherent power imbalance between consumers and health professionals, which would not be reduced by simply paying consumers.

A strategy that was suggested was an "opt out" option where all consumers would be payed a sitting fee but could choose to opt out.

All participants were keen to see this debate continue in other forums and all felt that it should be a matter of choice for consumers.

Recommendations

- **Need to collect more data on the issues of sitting fees to continue the debate so consumers can make informed choices**
- **That consumer payments should always remain the choice of the individual**
- **That guidelines should be established around the issue of consumer payments.**

Session 2: The role of the CAC

This session looked at the ability of CAC to fulfill its role. While some CACs are still struggling with their role and purpose others have taken a strategic approach and have been able to embed consumer participation across their health services.

Some issues raised in this discussion included:

- Is there a role for CAC members to be involved in the evaluation of services and programs?
- How do we recruit people to the CAC that bring the right skills?
- How do we retain people and therefore ensure knowledge is not lost?
- A set of minimum standards for participation.
- That health services conduct a consumer participation audit.
- That the guidelines and terms of reference for the CAC should include an advocacy role.
- How do we move from the 'individual' to the 'systemic'?

Discussions also focused around sharing the learning's from the evaluation among CAC members, to help them clarify and understand their role.

Recommendations

- **Review of DHS participation indicators to be a bottom-up process and inclusive of diverse groups.**

- **HIC to bring together people for a sharing of findings from the evaluation and the successes of the CAC.**

Section 3: The CAC evaluations

This session provided participants with an opportunity to explore in greater detail the findings of the evaluation conducted by Health Outcomes International and commissioned by the Department of Human Services.

Participants raised the following issues in this session:

- Who is the community and should we be referring to Consumer Advisory Committees rather than Community Advisory Committees?
- Some rural participants commented that for them "community" refers to something different and this has not been explored in the discussion.
- If they are truly "community" advisory committees then we need to ensure that we have better connections with community.
- What is the role of peak consumer bodies in relation to CACs?
- There is a lack of responsibility by health services to properly orientate both CAC member and resource officers.
- There is still some confusion and variation between health services about the role of the CAC and the role of the RO.
- A lack of resources and support for some resource officers and CACs.
- A lack of support for individual CAC members.
- The lack of ability for some consumers and CAC to advocate.
- Participants felt that the CAC had made a difference in their health service.
- Participants also believed that the general nature of the guidelines worked to their advantaged.

Recommendations

- **The establishment of a consumer network that would assist CAC members to support and learn from each other as well as work collaboratively.**
- **To increasing finical resources for RO and CACs.**

Session 4: Marketing and Recruitment

This session explored the visibility of the CAC, the diversity of it membership and the ability of the CAC to promote consumer participation within the health service.

The presenters focused on the qualities required to be an effective CAC member and the methods that can be used to recruit diverse members.

Discussion emphasised that while it was important for the CAC to be visible in the community, it was important to promote itself to staff within the health service if they were going to be effective.

Recommendations

- **The need for a comprehensive recruitment and member development policy that is developed in conjunction with consumers to ensure diversity of background and skills.**
- **Guidelines and strategies to ensure other views are captured and represented using outreach strategies and connecting with other communities of interest.**

Session 5: Communication

This session explored how CACs communicate externally as well as how they communicate with other departments and staff within their own health service.

This session highlighted the fact that while consumers and carers are easily identified, community is much more difficult to identity.

It was suggested by one presenter that the CAC adopts a population approach by identifying communities of interest in its area and building these relationships as a way of collecting, or having access to, different views.

It was suggested that CACs do an audit of their members to identify what groups they belong to or with whom they have connections. The role of the members would therefore be to develop these relationships.

While this was seen as a useful strategy it was acknowledged that this could be resource-intensive. Discussion also centred on whether this was the role of the CAC or should the health service as a whole be engaging these groups, therefore freeing the CAC to for fill its role as monitoring consumer participation rather than doing it.

What impact the CAC has within its own health service and the strategies for communication was also discussed. Through its redevelopment and strategic planning process, the Royal Eye and Ear Hospital felt that it had increased its profile within the health service as well as establishing open communication between staff, board and management.

A number of other strategies were used including:

- Internal newsletters
- Sharing of minutes between committees
- Community workshops
- Participation by CAC members on other committees within the health service.

Recommendations

- **Document and explore models of capturing community views.**
- **Explore a model of communication between CACs by working collaboratively on projects.**

Session 6: The CAC and the Health Professional

In this session presenters challenge the notion of a power imbalance between the consumer and the health professional and argued that the power base is not unequal but different. One presenter reminded us that many changes have been brought about by community activism, but also acknowledged that consumers can be unaware of the power dynamics or how to navigate such large and bureaucratic organisations.

It was suggested that the answer lies in a clearly defined respectful partnership between CACs and the health professional.

Miscommunication and misunderstanding of the roles can increase the already existing divide.

Staff being unaware of the existence of the CAC or what its function is impedes its effectiveness.

Self-promotion of the CAC through both formal and informal mechanisms that ensure open communication and true understanding between health professionals can be one way of addressing this issue.

Recommendations

- **Create opportunities within the CAC work plan for two-way communication between the CAC, health professional and consumers.**

- **Implement education, training and awareness programs for health professionals about the role of consumers.**

Chairs network

The forum provided an opportunity for the CAC chairs to meet as well as share their experiences and discuss their issues.

The CAC chairs' network has fluctuated in its membership. It was disbanded due to lack of attendance in 2007. With most chairs being board members of health services, members struggled to attend meetings due to conflicting schedules and more pressing priorities. It was therefore suggested that a yearly event would be more practical. Five CAC chairs attended the session.

In relation to the effectiveness of the CAC, participants raised questions about the ability of a committee—who in most cases only meets six times a year—to effect

change. The role that the chair plays in supporting the CAC was also discussed, as was clarifying the role of the chair as part of the CAC.

Participants raised an interesting question in relation to how the chair is viewed by the CAC members if the chair is also a board member.

Chairs also commented that a strategy needed to be implemented for better communication between the Board and the CAC.

Chairs noted that the relationship between themselves and the ROs was important but also noted the lack of financial support for resource officers and for consumer participation activities in general.

Recommendations

- **That HIC organises professional development presentation sessions for chairs:**
    - **This could include chair-only session as well as mixed sessions with CAC members and resource officers.**
    - **Topics could include a presentation from the current CEO of the City of Melbourne.**
    - **Topics could also include practical examples of consumer participation and community engagement.**

EVALUATION

Of the 105 evaluation forms distributed, 55 participants responded. Thirty-three participants identified as CAC members, six as service providers, three as general consumers and 13 as working in health.

On a scale of poor, average, good and very good, most participants rated the sessions as good.

When asked what was the most interesting aspect of the Forum. The most common responses were:

- Networking
- Meeting other consumers
- Sharing ideas

Participants were asked what topics they would be interested in for future forums. Some of the responses included:

- Health professional perspectives
- Celebration of achievements by CAC
- Good practice models of consumer participation

When asked what changes participants would make to the structure of the forum most commented that the structure worked well; however, some commented that they would have liked:

- More time for discussion in the breakout sessions
- Fewer breakout sessions
- A broader focus on participation not just CACs

Additional comments:

"A great day"

"Excellent forum – thank you well done"

"Great work by all involved in holding it, and have it annually at the same time if possible"

CONCLUSION

The Forum met its aims and objectives and provided an opportunity for consumers to network and discusses issues that were relevant to their participation on health service committees.

The Forum also produced a number of recommendations that will be explored by HIC and where possible developed into strategies for action. The general feeling by the participants was that the forum was beneficial and that they would attend future forums. A third consumer forum will be held in 2010.

HIC would like to thank all the consumers on the working group, the Resources Officers of the major public health services and the Victorian Department of Human Services for their continued support and commitment to consumer participation.

SUMMARY OF CAC FORUM

TIME	ROOM	DETAILS	SPEAKERS
9 am	Foyer	**Registrations**	
10 am	Foyer	*Morning tea*	
10.30 am	Function Room 1	CONFERENCE OPENING-WELCOME	**Tony McBride**
10.45 am		Preliminary evaluation findings of the CAC	**Health Outcomes International**
11.10 am		*Housekeeping*	**Assunta Morrone**
11.15 am		MORNING SESSIONS **Concurrent Discussion/Breakout (Choose one)**	
	Function Room 1 Facilitator: Lauren Cordwell Scribe: Eileen Thompson	SESSION 1 - CONSUMERS PAYMENTS **1.1** Consumer perspectives on whether or not consumers on committees should be paid **1.2** Stand up- be counted- be paid- Can hospitals afford not to pay? **1.3** Paying for Consumer Participation: A Matter of Choice!	 **Twanny Farrugia** **Beryl Shaw** **Kim Hider**
	Function Room 4 Facilitator: Jackie Mansourian Scribe: Colleen Berryman	SESSION 2 - THE ROLE OF THE CAC **2.1** Governance for the Community **2.2** Melbourne Health CAC- Strategically evolves into the future	 **John Chu** **Florence Kingsley-Matthews**
	Function Room 3 Facilitator: Assunta Morrone Scribe: Tere Dawson	SESSION 3 - CAC EVALUATION	
12.15 pm	**Foyer & Function Room 5**	**LUNCH**	

TIME	ROOM	DETAILS	SPEAKERS
1.30 pm		AFTERNOON SESSIONS **Concurrent Discussion/Breakout (Choose one)**	
	Function Room 1 Facilitator: Vanessa Lynne Scribe: Linda Mack	SESSION 4 - MARKETING AND RECRUITMENT **4.1** Who are they and where do we get them? **4.2** The challenge to be visible	 **Jane Johnson** **Heather Watson**
	Function Room 3 Facilitator: Assunta Morrone Scribe: Sue Kearney	SESSION 5 – COMMUNICATION **5.1** CACs and their Communities of Interest **5.2** How do you ensure respect, open and honest communication between resource officers, chairs, executive sponsors and management?	 **Winston McKean** **Kellie Michel**
	Function Room 4 Facilitator: Nicola Bruce Scribe: Rosemary Vaughan	SESSION 6 - THE CAC AND THE HEALTH PROFESSIONAL **6.1** Health organisations and CAC members in harmony: can we do it? **6.2** Beating the path to health professionals – do they know what we're trying to do and if not, why not?	 **Sophy Athan** **Beryl Shaw**
	Function Room 2 Facilitator: Jackie Mansourian Scribe: Charin Naksook	**Chairs Network Meeting**	
2.30 pm	Function Room 1	**Consumer presentation** **Reflections of the 2007 Quality and Safety Conference**	**Vicky Hamilton** **Pauline Hopkins** **Heather Watson** **Christine Hunt**
2.50 pm	Function Room 1	**CAC members Online network group**	**Assunta Morrone**

TIME	ROOM	DETAILS	SPEAKERS
3.00 pm	**Foyer**	**Networking and Break**	
3.30 pm	Function Room 1	**Launch of new HIC website**	**Tony McBride**
3.45 pm		**Presentation of recommendations from discussion groups**	**Assunta Morrone**
4.15 pm		**Thank you and Close**	**Tony McBride**

COMMITTED TO PARTICIPATION -
CONSUMER ADVISORY COMMITTEES FORUM

20 May 2008

EVALUATION FORM

Thank you for participating in the CAC Forum. We value your thoughts, ideas and suggestions which will assist us in planning future consumer participation events. Please complete the following questions and return the completed form to the registration desk.

EVALUATION SUMMARY – 10 July 2008

Quantitative feedback:

1. Please indicate your role:

Service provider = **6**

Community Advisory Committee member = **33**

General consumer = **3**

Working in health = **13**

2. How did you find out about the Forum?

From a Community Advisory Committee = **15**

From Health Issues Centre *eNews*/journal = **12**

From your CAC resource officer = **21**

Others *(please indicate)*

- Resource Officer Network
- Health Service
- Manager suggested I attend
- Staff member

3. Please indicate your experience of today's Forum:

	Poor	Average	Good	Very good
Forum organisation	-	2	16	26
Opening & plenary sessions	1	3	29	12
Session one	-	1	11	10
Session two	-	2	17	11
Session three	-	1	9	4
Session four	-	3	13	5
Session five	-	2	10	4
Session six	-	1	6	4
Summary	-	-	11	9

Qualitative feedback (comment responses):

4. What was the most interesting aspect of this forum?

- Seeing CAC members share their issues, concerns and experiences.
- Some of the topics were very interesting, but the content was not that great (in some of the sessions)
- Reports from Quality Conference.
- Meeting those from CACs, community groups and health professionals.
- Networking.*
- Hearing other CAC views/the chance to hear what other CACs are doing/speaking with other participants/Listening to other committee members and issues faced.*
- Sharing new ideas.*
- Challenges facing CAC.
- What CAC has to offer.
- That after seven years, the issues have not changed.
- The enthusiasm of all the CACs there.
- Marketing.
- Generally well done.
- Discussion on role of CAC.
- As a fairly new CAC member, I found it very helpful to learn about other organisations.
- Experiences of other CACs.
- John Chu's presentation.
- Discussions with other CAC members.
- Enjoyed the consumer reflections from the Quality and Safety conference.
- A greater awareness of the role of a CAC.
- Listening to presentations, gaining different perspectives on CAC.
- Clarification of CAC role; as a new member, the forum even clarified acronyms!!
- Understanding the diversity of CACs, the role of HIC and their role of 'nurturing' CACs and the potential to act together; for example, concerns of rural patients and metropolitan hospitals.
- Meeting other like-minded volunteers who are giving to various CACs.
- The You-Tube clips! Meeting others and hearing different views.
- Meeting other people working in the area of consumer participation in (I'm very new in my CEO position).
- Pauline Hopkins's perspectives on the 2007 Quality and Safety conference.
- Facilitators were fluent and keep dialogue opened. All discussion was defined to two recommendations at the end of each session – well done.
- Variety of topics and meeting reps from a diversity of CACs, small and large.
- Just getting to know what others did in their area and get to see what consumers do in another light.
- The opportunity to understand the workings of other CACs.
- Seeing so many consumers and the support given to consumer input. Sharing of ideas and information.

- Conference report.
- Getting a consumerist perspective as a health professional.
- Governance for the community.
- Being able to find out items that affect the CAC.
- The diversity of CACs. I originally wanted to go to visit another CAC to learn what things they do, but I realise now how different each group is (site experience/board commitment).

*** Frequently mentioned in people's responses**

5. If you were to attend a future CAC Forum, what topics would you like to see on the agenda?

- More presentations from CAC members.
- One suggestion that came up today was to have a future forum to 'celebrate CAC successes'. We often hear about the issues, challenges etc., but don't hear how much about what CACs actually do in real/practical terms.
- How to demystify the jargon of conference presentations? Can HIC award a prize to the paper with the least jargon?
- A health service executive speaking on how they engage with the CAC and a health service senior management's perceptions of CAC's role.
- Communication with health professional and the value of the consumer; respect between all involved.
- Recruitment options as we enter a time of change considering ageing population etc. /effective recruitment of CAC members.
- What have we learnt since 2001, and how do we use that learning to move CACs forward?
- An exploration of Board/CAC interaction; factors that determine the relationship.
- More sharing of success stories!! Workshop on one priority topic (by consumer feedback from CAC).
- Standardisation of resources and funding.
- Building awareness of CAC.
- KPIs for CACs.
- More interactive discussion.
- More of the same.
- Earlier opportunity to organise all consumer members to attend.
- CAC in primary health care.
- How to work within hospital/DHS system.
- Visibility of the CAC.
- Successes and failures from other CACs.
- More sharing of ideas and good practice.
- Understanding the role of the CAC for new members.
- Further discussion on remuneration for consumer participation.
- Strategies.
- Highlighting the role of a CAC.
- Much the same in addition to "Grill a Physician" on panel.
- To focus on CAC services of small group N NGOs etc. that do not come under the Act; there are differences though overarching principles are the same.

- Orientation for CACs.
- Don't know but I'm sure it will be interesting/Not sure at this stage.
- More focus on what is working well.
- Would like representative from government to recognise the work of consumers and to talk about how the government/DHS see the future of CACs.
- Advising future members on what is expected from them; general perspective; training required?
- Consumer issues in a general area – what we are doing in our areas.
- Research into other countries' methods of focusing on consumer input.
- I would like a broader scope of CACs not just health services. I am from an NGO and felt that could have been better addressed. Some of it really wasn't relevant to NGOs.
- Dealing with power differences, professional training for health providers in effective communication, cultural differences in health and illnesses.
- How to manage CAC meetings to be more productive.
- I need to know more about the work of the CACs to comment *(from health professional).*
- NFP organisations and how consumers can influence health policy by supporting advocacy groups who are promoting evidence-based care and consumer-centred care.
- Committee that available for CAC members to join and may be common area for all CAC to include their vacancies for CAC or committees.
- 1. The change process and 2. 'Consumer' or 'community' members – what should be the aim of the consumer member?

6. What changes would you like to make to the structure of the forum?

- Worked well why change?
- Current model seems to be working well.
- "A year in the life of a CAC"- what has been the program of work, outcomes, barriers.
- None.
- More time to workshop ideas/more time for discussion.
- Not break up into different groups but decide on one theme – morning and afternoon so valuable discussion and feedback could be collected.
- Someone from DHS to speak on the topic of community consultation.
- More discussion (not so many presentations at conference)
- Earlier finishing time.
- Somewhere to leave my coat.
- Seemed to work okay.
- Overall strategies okay but need to [make sure that] topic is inclusive of at least main group; that is, hospital CAC: small agency CAC.
- Worked well.
- Too many interesting subjects concurrently.
- Payment for attendance?
- Earlier start, shorter breaks; earlier finish… 4.30 finish is too late when have 1.5 hours travel.
- The conference to commence at 9.30 and finish at 3.30.The venue was excellent, food great and all sessions ran to the correct times.

Appreciate a conference that runs on time. Perhaps two speakers at end for 2007 conference feedback.

- Structure good but need more microphones – longer time for sessions and allowing for smaller groups.
- More stories of consumers from their areas.
- Screen the value of feedback from attendee conference report.
- Other topics, more concrete ideas and strategies for recruitment; more health professional and consumer development; workshops and further development of running a CAC – more practical information.
- The structure is OK.
- No indication on program of where speakers came from – rural or regional. Coming from a regional area, I would have liked to attend sessions where regional reps spoke. There is a difference between rural and metropolitan CACs.
- Ability to attend more sessions and not have to choose between which session I wanted to attend more, as I would NOT divide my time between two sessions.
- The structure is good already.
- I would like some health professional-focused topics *(from health professional).*
- Less focus on just CACs bit to also include consumer participation of any kind; for example, to advisory committees of advocacy groups like NFP organisations.
- Shorter period and fewer sessions so as to be able to put your view instead of just listening.
- Could well begin at 10. I met some fascinating people but after travelling for 2.5 hours, I felt I could have had an extra half hour in bed! Facilitators were good at keeping sessions moving and purposeful. Sessions were very helpful about communication but did not seem to me to address the advertised topic. Preliminary evaluation finding session was clear and brisk. Opening didn't help me know why we were here. All session one presenters were excellent and accepting/encouraging of diverse views. Reports from Brisbane conference really made me want to go to a conference, as they all seemed "people like me", but two speakers would have been enough.

7. Any other comments

- Ensure forums continue regularly.
- There seem to be many differences in the way that the different CACs function – suggest to DHS re: having a core set of functions/responsibilities to try and standardise some areas (e.g. all CACs will pay travel costs and send say two members to conferences). This will standardise some aspects but keep local decisions local, as to how CACs function.
- A delegate list would be good to promote networking.
- Excellent forum – thank you/Well done*
- Thank you to HIC for this; we should look at a date for next year.
- Annual event?
- I would like to see some more discussion groups held with particular themes.
- A great day.
- Another informative HIC forum.

- Thank you for catering the food; it was yummy!
- Food – good!
- Not able to see screen presentations as screen was too low.
- It would be useful to include the organisation on attendee's name tags.
- How are speakers/presenters selected?
- Lack of time for discussion. Not enough attention given to rural experiences.
- When is the next one?
- Great work by all involved in holding it; and have it annually at the same time if possible.

*** Frequently mentioned in people's responses**

APPENDIX C: UNEDITED RECOMMENDATIONS

Session 1

- The debate needs to continue
- Consumer payments should remain a matter of choice

Session 2

- Review of DHS Participation indicators to be a bottom-up process and inclusive of diverse groups, not just CACs
- HIC to bring together people for a cross sharing of the findings from the evaluation and of the successes of the CAC.

Session 3

- The establishment of a CAC/consumer network
- Increase financial resources for ROs and CACs from DHS

Session 4

- Need a comprehensive recruitment and member development policy that is developed in conjunction with consumers
- Need to develop other opportunities to gain representative views i.e. go to communities of interest and bring back information

Session 5

- Document and explore model of capturing community views

- Many voices and many ways to hear them
    - Listen and don't assume
    - Every model has its challenges
    - CAC collectively working on themes

Session 6

- Create opportunities for two-way communication
    - People invited to go talk to the CAC
    - CAC to go out to talk to people in the hospital
    - Include language culture and diversity

- Need to redress the balance of power between CAC and hospital staff through education and awareness raising .Don't be concerned about putting your point of view

Chairs network

- Focused get together with informed and specialised themes
    - mix of chairs only as well as CAC members
    - Lesson's learnt on Participation from the City of Melbourne CEO
    - Payment for CAC members based on clear data
    - Good and critical examples of participation in health