

Towards meaningful consumer participation in
Divisions – A continuing journey

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takingaction Divisions of General Practice Network Forum 2004



Why should Divisions engage with consumers?

- a) Because the Commonwealth says we must**
- b) Because someone thought it a good idea**
- c) Because it makes us look good & is politically correct**
- d) Because consumers have valuable insights to offer Divisions**

(lock in D, thanks, Eddie!)

Towards Meaningful Consumer Participation in Divisions - *a continuing journey*

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For us, the beginning was 1992

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- **‘Community Reps’ with full voting rights on Committee of Management**
 - Division committed to consumer involvement in governance from the outset
- **Consumers on program reference groups**
- **Community consultation for Needs Assessment**
- **Somewhat *ad hoc*, lacked systematic approach**

Lessons Learnt: #1

**Give consumers feedback.
They need to see what we do
with the information they give us.**

Formation of Consumer Reference Group (CRG) in late 1999

- **Characterised by altruism**
- **CRG convenor appointed to Board**
- **Evaluated after 12mths**
 - **Showed promise - energy, interest & relationships built**
 - **Some wins**
 - **Men's health proposal**
 - **But it could be better**
- **A different model was sought**

Lessons Learnt: #2

You cannot tell a group of consumers to “Go for it!” until there is a common understanding of what “IT” is.

A New Model Sought

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- Investigated other Divisions working successfully with consumers

Lessons Learnt: #3

**There is a richness of wisdom
and experience within the
Divisions Network.**

**It is rarely necessary to
“re-invent the wheel”.**

Model of Consumer Engagement

Allows 3 levels of consumer input:

- **Governance:** Independent Director on Division Board
- **Strategic:** consumer input via the Network itself
 - Consumer Network Forums
 - Feedback to *Network News Briefs* & emails
- **Operational:** input via consumers on individual program reference groups

Consumer Input to Board

2 Independent Directors (non-GP)

- **Sourced from:**
 - 1 from Business sector
 - 1 from Consumer Network
- **A non-GP perspective:**
 - ‘Fresh eyes’ can focus on the governance of the organisation, uncluttered by the cares of day to day general practice
- **Share the 3 “R”s with GP Directors:**
 - Rights
 - Responsibilities
 - Remuneration
 - Respect

Health Consumer Network

(est Aug 2001)

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- **A network of 83 members (73 orgs & 10 individuals) with a common interest in health issues and general practice.**
- **Aims to improve communication between consumers and the Division.**

Network Functions

- **Regular communication between the Division and members**
- **Consumer input to Division's strategic planning**
- **Process for appointing consumer Board member (Independent Director)**

Qualities of Network Model

- **Inclusive**
 - *We are all consumers of 1° Health Care*
- **Flexible**
 - *Members can participate as much, or little as they wish, or are able*
- **Open to Change**
 - *Responsive to needs of members and Division*
- **Efficient & Economical**
 - *Email primary mode of communication, enabling rapid response rate*

The Network is Kicking Goals

- **Educating members about core business of the Division:**
 - Scope, where Divisions fit into the GP picture
- **Progressively more contact initiated by consumer members**
 - Raising issues within the Division's scope
- **Positive partnerships → media stories**
- **Evolving format of Network Forums:**
 - Development of resources by / for members
 - Guest speakers
- **Contributing to governance**

Into the Future

- **Network grows and changes**
- **Continue to change Forums to adapt to member needs**
- **Consumers taking more responsibility for their own health**
 - *How can the Division support them in this?*

Lessons Learnt: #4

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We still have a lot to learn.

The journey continues!