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Acknowledgements

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1 Executive Summary

The Health Consumers' Council (HCC) and WA Primary Health Alliance (WAPHA) are interested in supporting a community of practice for health service providers and consumer representatives to share information and lessons learned about consumer engagement. This could include an online platform for people to share resources and connect with each other, as well as people getting together face to face.

A community of practice builds capacity for people to implement new ways of working, such as meaningfully involving consumers in health care services planning, review and policy. People can bring along their project ideas and work alongside their peers in a safe, collaborative environment.

As per the North Metropolitan Health Service C4 Engagement Framework, consumer engagement means: "the way that health services involve people in the planning, delivery, improvement and evaluation of our health services".

This survey, conducted by HCC and hosted on the WAPHA Primary Health Exchange platform from the 7 March 2018 to 21 March 2018, reached out to staff and consumer representatives who worked or are involved in any part of the Western Australia (WA) health system with the aim of knowing what staff and consumer representatives think of this idea.

The responses collected from the 131 completed surveys will be used by HCC, WAPHA and a working group of staff and consumer representatives to shape this community of practice such that it will be a really useful resource that people can use in their day to day work.

1.1 Dominant Themes from Surveys

Overall	Amongst health consumer representatives and members of staff alike, overall interest and willingness to participate in a community of practice was very high.
Interest in a Community of Practice	<p>83.3% (n40) of consumer respondents felt a community of practice would be valuable and 72.9% (n35) were keen on participating, mostly through face to face events with experts (72.9%, n35) or events sharing ideas and experiences (79.2%, n38). Maintaining motivation (68.8%, n33) and connecting with others (64.6%, n31) were the top outcomes consumers hope to achieve.</p> <p>94.0% (n78) of staff respondents felt a community of practice would be valuable and 61.4% (n51) were keen on participating and most likely through an online platform (78.3%, n65) or face to face events with experts (69.9%, n58). Learning about different methods (78.3%, n65) was the most popular outcome staff hope to get out of participating in a community of practice.</p>
Interest and Role of Consumer Engagement	<p>When asked about the area of interest relating to consumer engagement, the majority of consumers and staff were interested in the delivery of high quality services (C:85.4%, n41, S:90.4%, n75) and were interested in consumer engagement at the service level (C:70.8%, n34, S:80.7%, n67).</p> <p>Consumers tended to participate in consumer engagement activities led by others (64.6%, n31) while a high percentage of staff (79.5%, n66) worked with others to support and influence people to conduct such activities.</p>
Consumer Engagement	<p>72.9% (n35) of consumers found that the opportunities to participate in meaningful activities is working well for their consumer engagement activities but 43.8% (n21) felt that how engagement activities are organised made it difficult for consumers to engage and/or provide meaningful feedback.</p> <p>65.1% (n54) of staff found that interest from consumers' participation in engagement activities is working well for their consumer engagement activities but 60.2% (n50) found it challenging to find a diverse range of people to participate, but 56.6% find it challenging to source a budget to pay for consumers' participation in line with relevant policies.</p>
Respondent's Feedback	<p>The majority of consumer feedback was positive with a high level of interest, and they felt having a community of practice would be valuable.</p> <p>Staff respondents felt that it was important for a community of practice to include consumers from the whole community as this would create a dynamic environment with a wide variety of perspectives fostered.</p>

2 Methodology

The survey was hosted on the WAPHA Primary Health Exchange platform. Links were sent to a range of stakeholders across the WA health system including:

- WA primary and community care
 - WAPHA– clinical and consumer committees and staff
 - Organisations delivering services commissioned by WAPHA
- WA state health services
 - WA Health Service Board Chairs and Chief Executives, Executive Directors
 - Director General
 - Mental Health Commissioner
 - Consumer engagement leads
 - Safety and quality leads
- Other
 - Community Advisory Council Chairs and District Health Advisory Council members
 - WA Health Networks distribution list – including primary, community and hospital sectors
 - WA Consumer and Community Health Research Network
 - Health Consumers' Council
 - Carers' WA

The survey was tailored with slightly different questions for health consumer representatives and members of staff working within the health sector.

Demographic information was captured through seven items on respondent's gender, age, ethnicity, first language, location, sector and organisation.

The survey instrument was designed to capture participants' perceptions and thoughts on a community of practice through five main themes namely:

1. Interest in a community of practice on consumer engagement in health
2. Interest and role in consumer engagement in health
3. Consumer engagement in health in Western Australia
4. Examples of good practice in consumer engagement in health
5. Other information to support a community of practice

At the end of the survey, participants were prompted to register their interest to be actively involved in developing this community of practice for health service staff on consumer engagement. Details entered were not linked to the survey responses to ensure anonymity.

The survey questions can be found in Appendix A.

HCC and WAPHA are holding two stakeholder workshop events for people who are interested in this work to hear the results of the survey, and discuss possible content for a community of practice.

- Face to face - Thursday 5 April, Maylands
- Online forum - Thursday 5 April

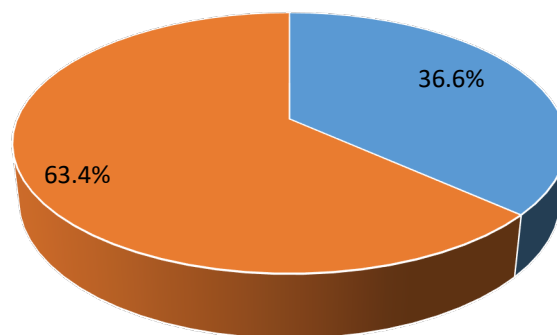
3 Demographics

Demographic information in the form of respondent's main role, gender, age, ethnicity, English as first language, location, sector and organisation were collected through the consumer and staff surveys.

3.1 Role

Respondents were asked about their main role in the health system. Based on the 131 surveys, 36.6% (n48) were health consumer representatives and 63.4% (n83) were members of staff working within the health system.

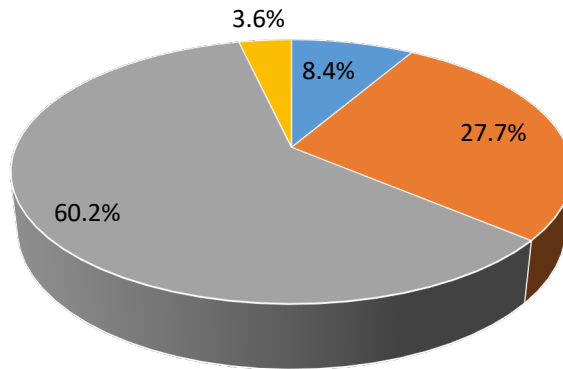
Role of Respondents



- I am a health consumer representative
- I am a member of staff working within the health sector

Of the 83 members of staff working within the health system, 60.2% (n50) were managers or administrators working in a non-clinical role, 27.7% (n23) were clinicians who see patients in some capacity and 3.6% (n3) were health consumer representatives involved in working groups or committees across the health system. A further 8.4% (n7) specified other roles including case worker, clinical leadership/change management, researcher, managers, officer and educator of health practitioners, postgraduate and undergraduate.

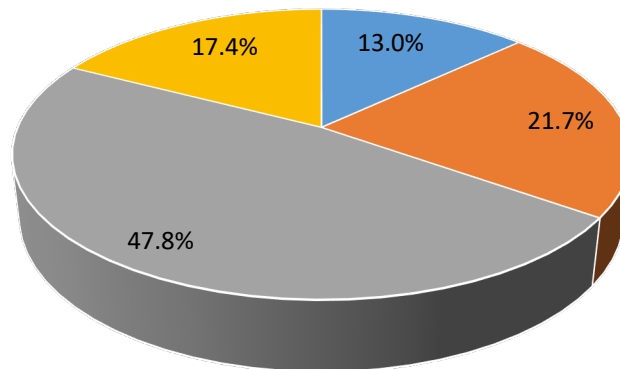
Roles of Staff



- Others (Please Specify)
- Clinician see patients in some capacity
- Manager or administrator in the health system works in the health system in a nonclinical role
- Health consumer representative involved in any working groups or committees across the health system

Respondents who were clinicians were asked additional information on their specific roles. Of the 23 clinicians, 47.8% (n11) were doctors, 21.7% (n5) were nurses or midwives, 17.4% were allied health practitioners and 13.0% (n3) responded with other roles such as nurse practitioner, peer support worker and quality, risk and infection prevention and control manager.

Clinician Specific Roles

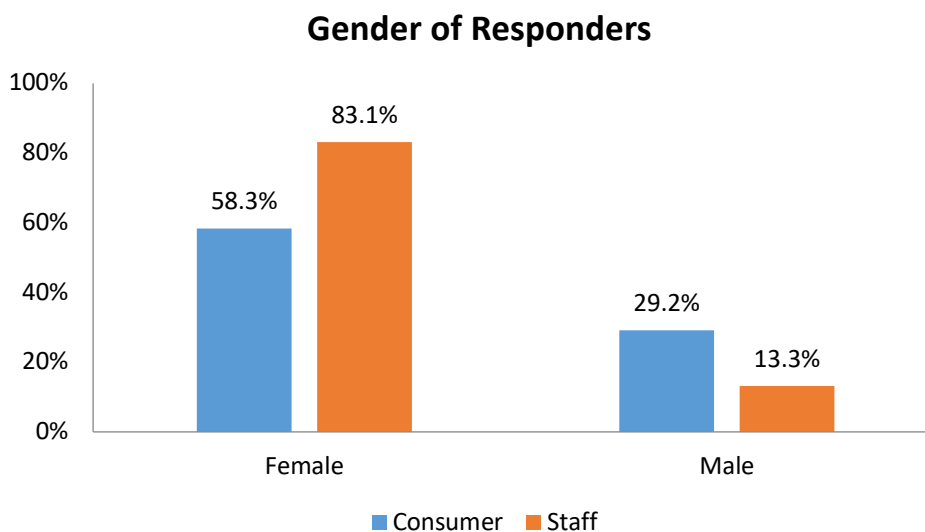


- Others (Please Specify)
- Nurse or midwife
- Doctor
- Allied Health

3.2 Gender

Based on the cohort of 48 consumer respondents, there were twice as many female respondents (58.3%, n28) than males (29.2%, n14), followed by 8.3% (n4) who did not respond, 2.1% (n1) who was gender diverse and 2.1% (n1) who preferred not to say.

Of the 83 staff respondents, there were more than six times the number of female respondents (83.1%, n69) than males (13.3%, n11), followed by 2.4% (n2) who did not respond and 1.2% (n1) who preferred not to say.



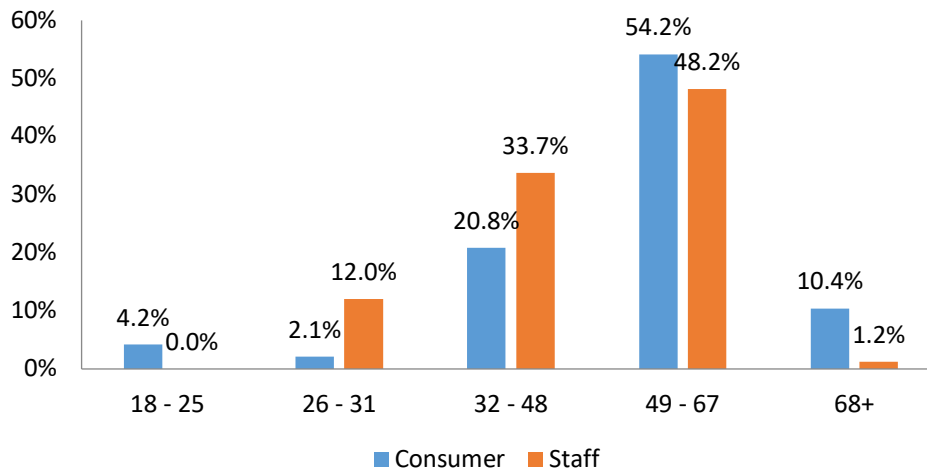
3.3 Age

Comparatively, the top two age groups, be it consumer or staff respondents, were 49-67 years (Boomers) and 32-48 years (Gen X)¹.

According to the Deloitte Media Consumer Survey of Australian media and digital Preferences (2015) 19% of Gen Xers and 21% of Boomers cite “connecting with colleagues” in their top three reasons for using social networks.

¹ <https://www2.deloitte.com/content/dam/Deloitte/au/Documents/technology-media-telecommunications/deloitte-au-tmt-media-consumer-survey-2015-100815.pdf> p44

Age of Responders



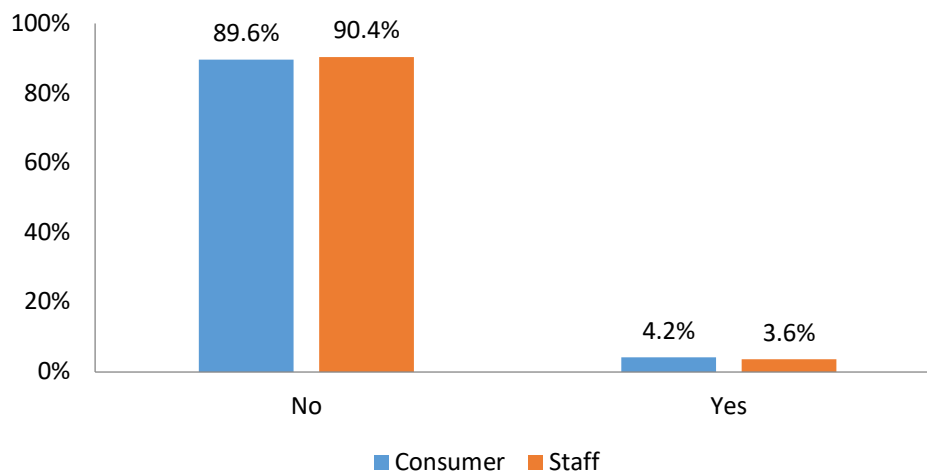
3.4 Aboriginal and Torres Strait Islander

The majority of respondents were not from the ethnic group of Aboriginal and/or Torres Straits Islander (ATSI). There were 89.6% (n43) of consumer respondents who responded that they were not ATSI and 4.2% (n2) identified with ATSI. A further 4.2% (n2) of respondents did not provide a response and 2.1% (n1) preferred not to say.

A majority 90.4% (n75) of staff respondents were non-ATSI and 3.6% (n3) identified with ATSI, followed by 3.6% (n3) that did not provide a response and 2.4% (n2) preferring not to say.

The proportion of people in WA reported being of Aboriginal and Torres Strait origin in WA is 3.6%².

Aboriginal and Torres Straits Islander

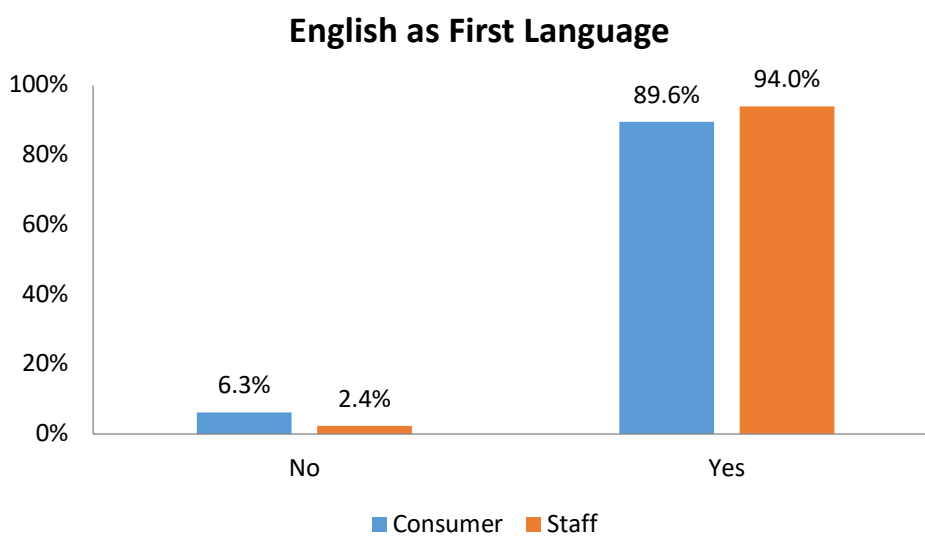


² <http://www.healthinonet.ecu.edu.au/health-facts/health-faqs/aboriginal-population>

3.5 English as First Language

The majority of respondents had English as their first language. Of the 48 consumer respondents, 89.6% (n43) responded yes to having English as their first language and 6.3% (n3) responded no to having English as their first language, followed by 4.2% (n2) who did not respond.

Of the 83 staff respondents, 94.0% (n78) responded yes to having English as their first language, 2.4% (n2) responded no to having English as their first language and a further 2.4% (n2) did not provide a response, followed by 1.2% (n1) who preferred not to respond.

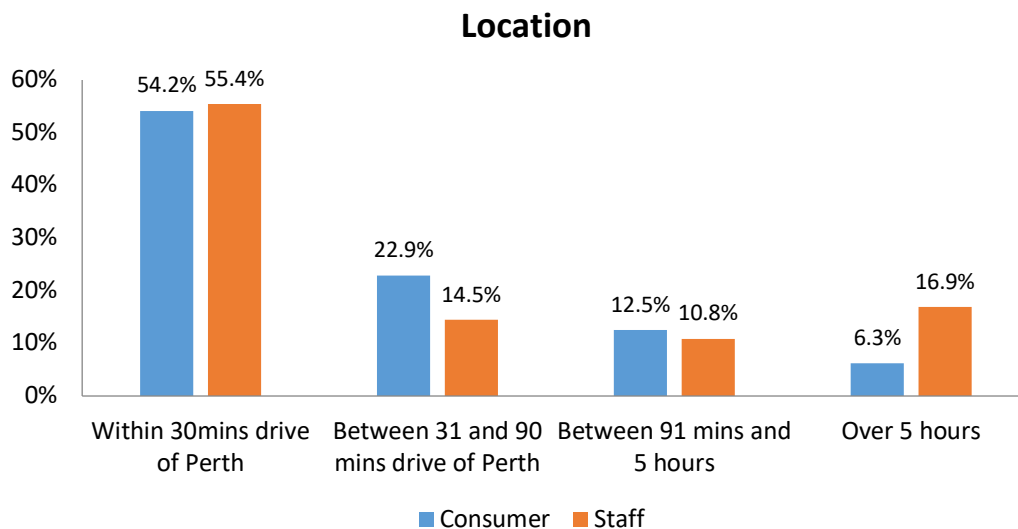


3.6 Location

The number of respondents in the consumer and staff cohorts increased as the proximity to Perth increased, with the exception of staff respondents from areas over five hours away from Perth.

In the consumer cohort, over half of respondents (54.2%, n26) were within 30 minutes' drive of Perth. There were 22.9% (n11) of consumer respondents who were between 31 and 90 minutes' drive of Perth, followed by 12.5% (n6) between 91 minutes and five hours and 6.3% (n3) over five hours from Perth. There were two respondents who declined to provide a response.

In the staff cohort, over half of respondents (55.4%, n46) were within 30 minutes' drive of Perth. There were 14.5% (n12) of consumer respondents who were between 31 and 90 minutes' drive of Perth, followed by 10.8% (n9) between 91 minutes and five hours and 16.9% (n14) over five hours from Perth. There were also two respondents who declined to provide a response.

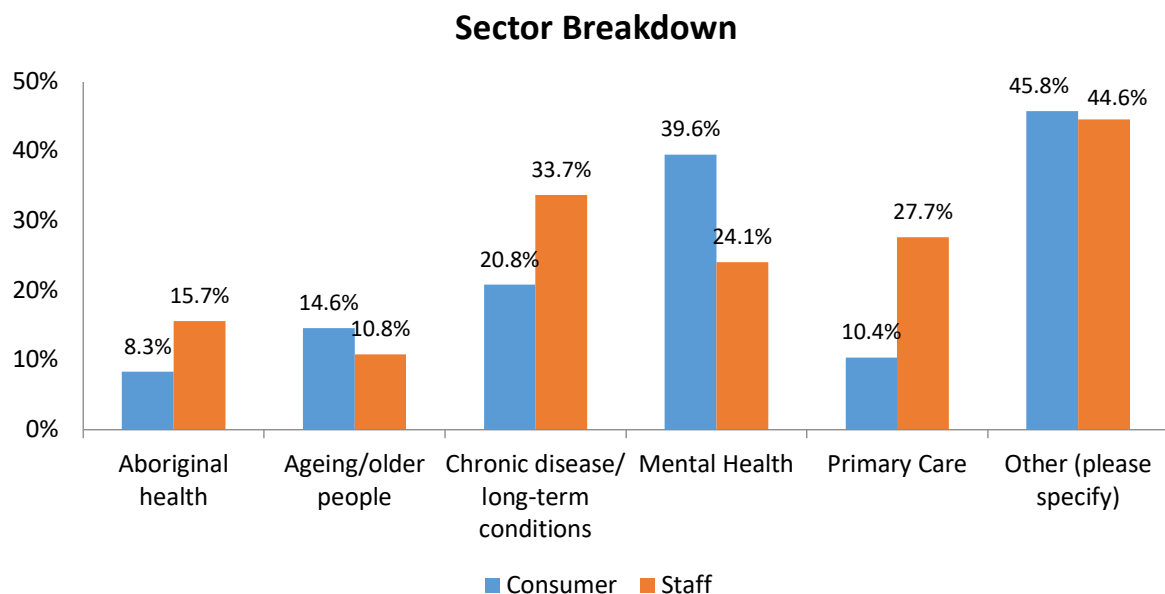


3.7 Sector

Respondents were asked about which health sector they belong to and were allowed to enter multiple responses for this survey question. Almost 50% of respondents were from sectors not represented as a choice in the survey, with six of these (4.6%) being from the acute sector. Percentages will not add up to 100% due to multiple responses per respondent.

Of the 48 consumer respondents, 39.6% (n19) were from the mental health sector, 20.8% (n10) were from the chronic disease and long-term conditions sector, 14.6% (n7) were from the aged care sector. This was followed by 10.4% (5) from the primary care and 8.3% (n4) from the aboriginal health sectors. The remaining 45.8% (n22) respondents were from various other sectors (see Appendix B) for further information.

Of the 83 staff respondents, 33.7% (n28) were from the chronic disease and long-term conditions sector, 27.7% (n23) were from the primary care sector, 24.1% (n20) were from the mental health sector. This was followed by 15.7% (n13) were from aboriginal health and 10.8% (n9) aged care sectors. The remaining 44.6% (n37) respondents were from various other sectors (see Appendix B) for further information.



3.8 Organisation

Overall, the majority of respondents were from WA Health including the Department of Health, public hospitals and state funded community health services.

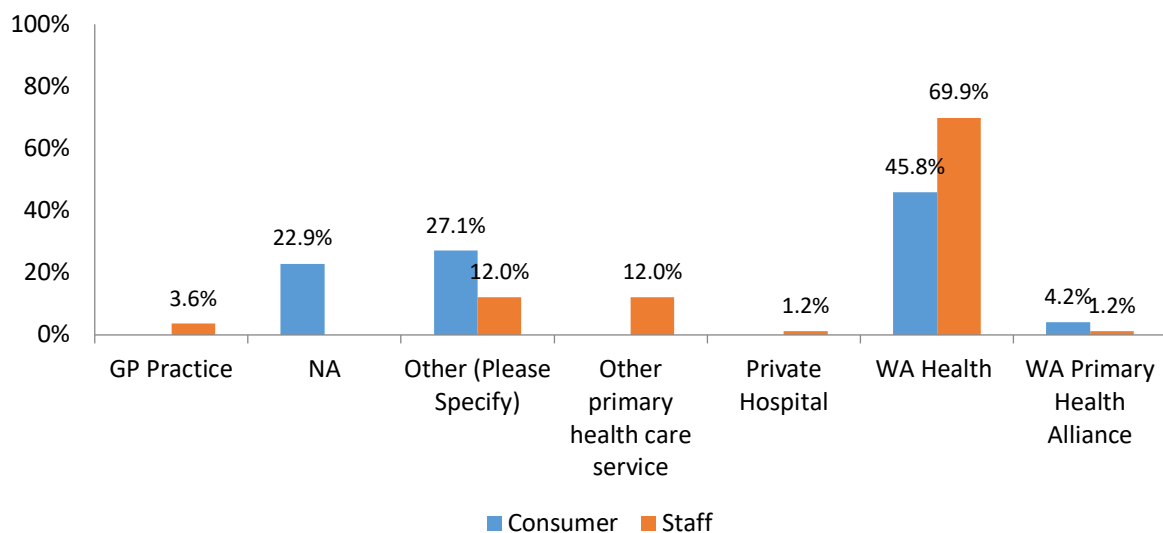
Consumer

With consumer respondents, 45.8% (n22) were from WA Health, 4.2% (n2) were from WA Primary Health Alliance and 22.9% (n11) responded with not applicable. The 27.1% (n13) consumer respondents that indicated other organisations were from a number of different organisations including PANDA, district health advisory council, non-government organisations, consumer advocacy bodies, Perth Children's Hospital, private practice and the Sustainable Health Review Consumer and Carer Reference Group.

Staff

With staff respondents, close to 70% (69.9%, n58) were from WA Health, 12.0% (n10) were from other primary health care service, 3.6% (n3) were from GP practice and 1.2% (n1) were from WA Primary Health Alliance and private hospitals. The 12.0% (n10) staff respondents that indicated other organisations were from a number of different organisations including non-government organisations, Consumer and Community Health Research Network, not for profit community mental health service, private medical imaging practice, tertiary education organisation and the Western Australian Mental Health Commission.

Organisation



4 Interest in a Community of Practice

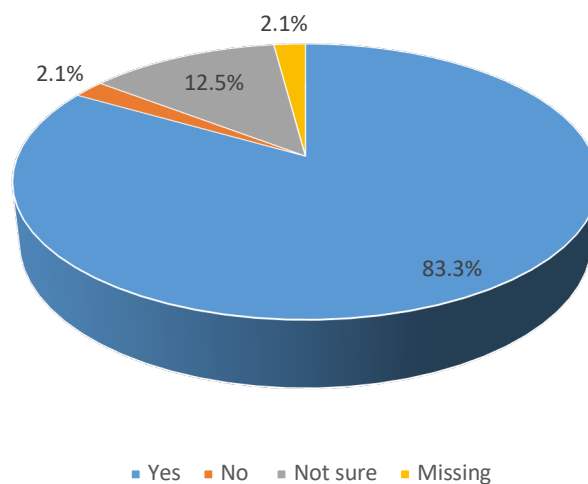
Part of the survey sought to understand the level of interest in having some kind of community of practice for those involved in consumer engagement.

4.1 Consumer

Consumers were asked about their opinion on whether a community of practice on consumer engagement would be of value to support health service staff to engage with consumers more effectively.

Of the 48 respondents, 83.3% (n40) responded yes to this question and 2.1% (n1) did not agree that it would be valuable. A further 12.5% (n6) were unsure and 2.1% (n1) did not respond.

Consumer: Do you believe a community of practice on consumer engagement would be valuable to support health service staff engage with consumers more effectively?

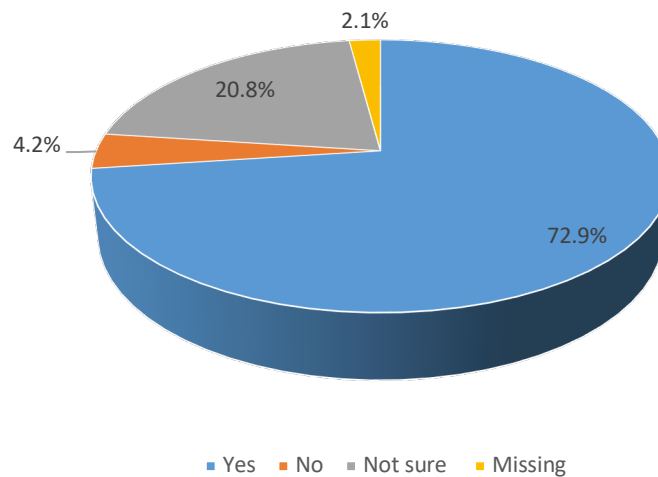


Based on the 48 consumer respondents, 72.9% (n35) of them would be interested in participating in a community of practice to support health service staff to engage with consumers more effectively. A small proportion of respondents (4.2%, n2) indicated they were not interested and 2.1% (n1) did not respond. There were 20.8% (n10) of respondents who were unsure about participating.

For the two respondents who were not interested in participating in a community of practice on consumer engagement, the reasons given were:

- My experience to date has been that committees of this nature achieve nothing and are neither informed nor collaborated with in order to facilitate change;
- Not sure

Consumer: Would you be interested in participating in a community of practice to support health service staff engage with consumers more effectively?



To identify the likelihood of how consumers would access, contribute and promote a community of practice, respondents were asked to rate five specific undertakings. These ratings were turned into scores based on a five-point scale (see below)

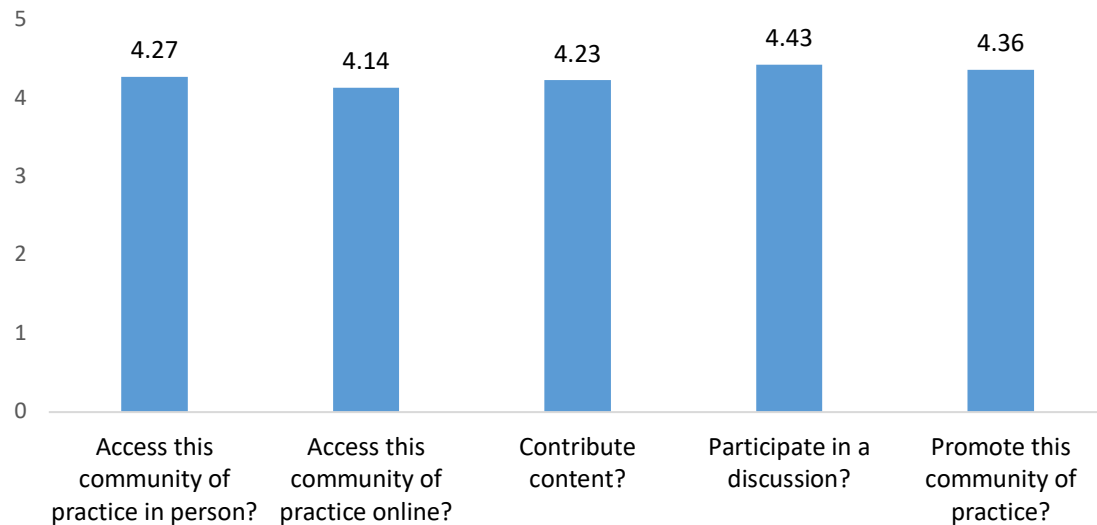
Very unlikely	Somewhat unlikely	Neither likely nor unlikely	Somewhat likely	Very likely
1	2	3	4	5

Overall, the scores suggested consumer respondents were highly likely to access, contribute and promote a community of practice. Participating in a discussion had the highest score at 4.43, followed by promoting a community of practice at 4.36. The score for consumers accessing a community of practice in person was 4.27 and online was 4.14, which was the lowest of the five items. Further, contribution to content had a score of 4.23.

Three respondents who indicated they were less likely to either contribute or access provided further feedback on the what platform they would prefer to have to make it more attractive for them to either use or contribute. The comments were:

- As a member of the local community, and have no input/connection as such to the local Hospital, I'm unsure as to how I could contribute to such a platform, save to show interest as a DHAC member;
- Informal meetings;
- My age and health will affect my ability to contribute beyond this year.

Consumer: How likely would you do the following?

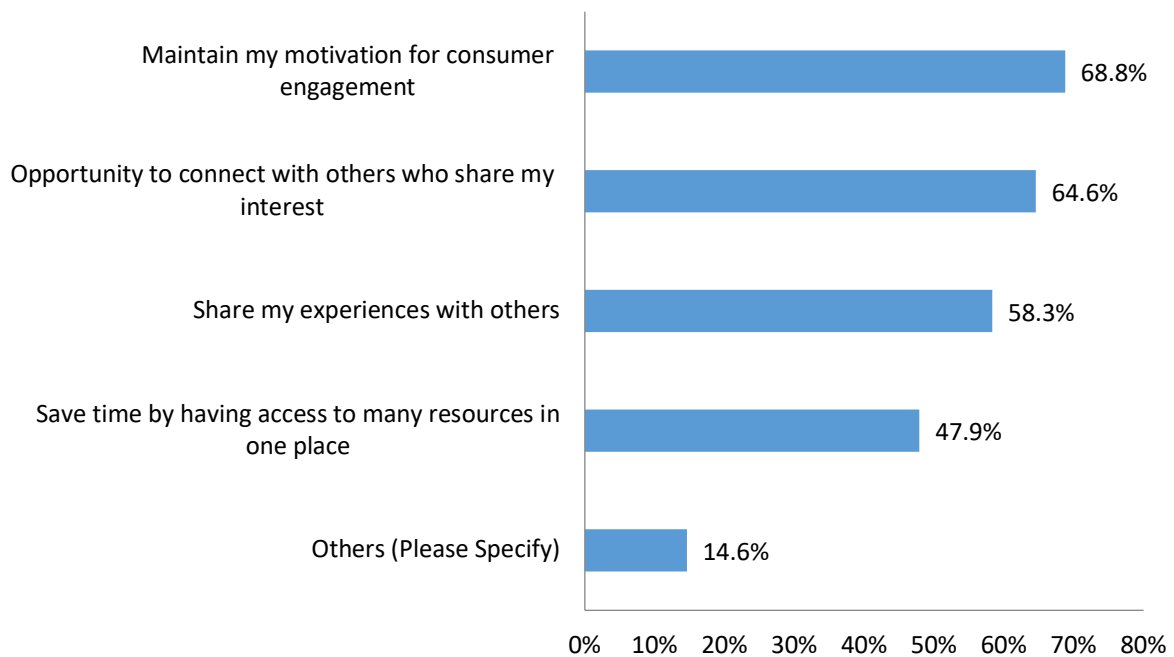


To gauge consumers' interest in a community of practice, respondents were asked about what they would hope to get out of from their participation. Maintaining motivation for consumer engagement and having the opportunity to connect with others who shared their interest were the leading sentiments at 68.8% (n33) and 64.6% (n31) respectively. There were 58.3% (n28) of respondents who felt the importance of sharing their experiences with others followed by 47.9% (n23) who saw it as convenience for having access to many resources in one place.

There were 14.6% (n7) of respondents who specified other responses:

- Explore other ideas or opportunities to increase consumer participation in healthcare;
- Help change to occur;
- Learn about strategies used elsewhere;
- Networking;
- Reduce the number of groups working in isolation and reduce the waste of time and energy expended on "talkfests";
- Set standards for engagement;
- Wider engagement at a system level.

Consumer: Hope to get out of participating in community of practice on consumer engagement in health

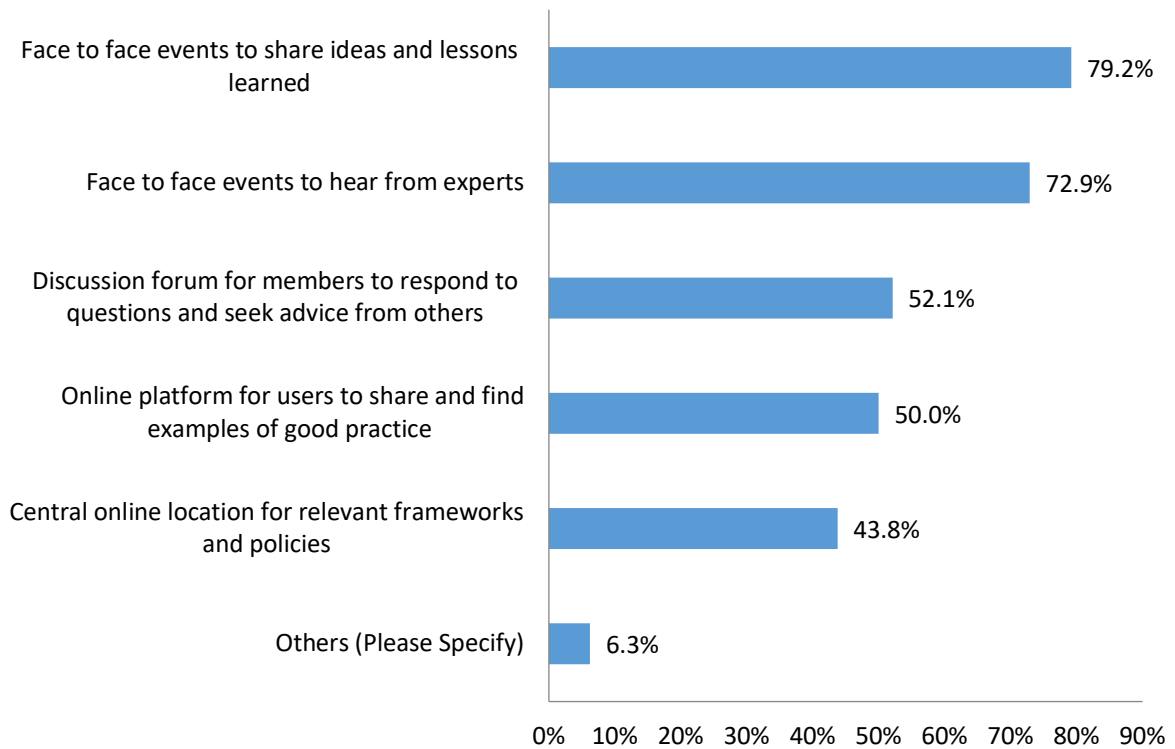


The last question to assess consumer's interest in a community of practice was about the activities and content respondents would most likely use or participate in. Face to face events were the most popular with 79.2% (n38) citing participation to share ideas and lessons learned and 72.9% (n35) to hear from experts. About half of the respondents indicated that they will participate in discussion forums for members to respond to questions and seek advice from others 52.1% (n25) and use an online platform to share and find examples of good practice 50.0% (n24). There were 43.8% (n21) of respondents who indicated that they would use a central online location for relevant frameworks and policies.

Of the 6.3% (n3) of respondents who indicated others, two provided further feedback:

- Online is good if followed by face to face groups is best practice for me;
- Working groups to set standards for engagement.

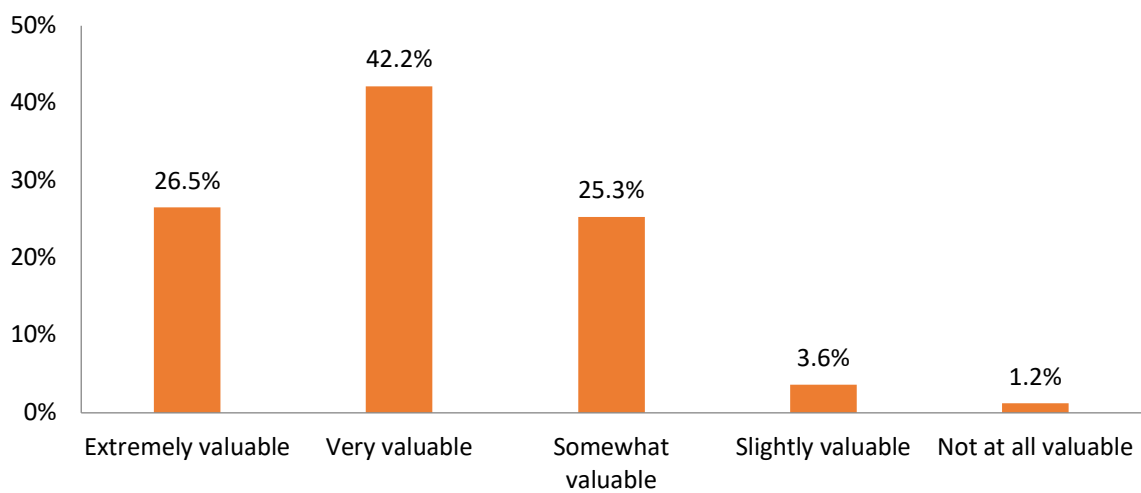
Consumer: What kinds of activities and content would you be most likely to use or participate in?



4.2 Staff

Staff respondents were asked to rate whether a community of practice on consumer engagement would be of value to them. Overall, sentiments were positive with 94.0% (n78) finding it valuable. Specifically, 26.5% (n22) of respondents indicated it would be extremely valuable, 42.2% (n35) very valuable, 25.3% (n21) somewhat valuable, 3.6% (n3) slightly valuable and 1.2% (n1) not at all valuable.

Staff: How valuable would a community of practice on consumer engagement be to you?

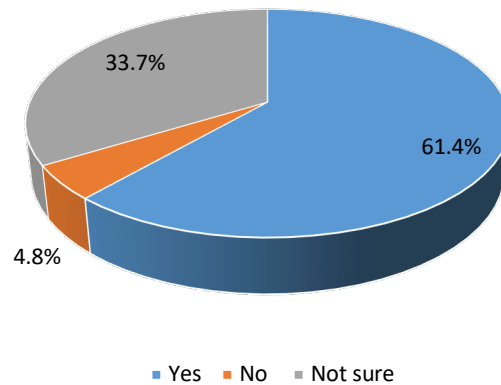


Based on the 83 staff respondents, 61.4% (n51) of them would be interested in participating in a community of practice on consumer engagement in health. A small proportion of respondents (4.8%, n4) indicated they were not interested and 33.7% (n28) were unsure about participating.

For the four respondents who were not interested in joining a community of practice on consumer engagement, the following reasons were given:

- I am already over committed;
- I don't find them at all helpful and are time consuming;
- No time, but support the concept. I would be happy to have some consumer engagement in my own activities, but don't have time to meet and discuss it separate from the issues we're trying to tackle;
- Too many other things going on.

Staff: Interest in joining community of practice on consumer engagement in health?



To identify the likelihood of how staff would access, contribute and promote a community of practice, respondents were asked to rate five specific undertakings. These ratings were turned into scores based on a five-point scale (see below)

Very unlikely	Somewhat unlikely	Neither likely nor unlikely	Somewhat likely	Very likely
1	2	3	4	5

Overall, the scores suggested staff respondents were highly likely to access, contribute and promote a community of practice. Accessing a community of practice online had the highest score at 4.43, followed by promoting a community of practice at 4.32. The score for staff participating in a discussion was 4.24 and contribution to content was 3.91. The lowest score of the five items accessing a community of practice in person at was 3.87.

Nine respondents who were less likely to either contribute or access provided further feedback on the what platform they would prefer to have to make it more attractive for them to either use or contribute. The feedback was:

- Time restrictions in own work making it most unlikely to contribute content;
- Very slow and dropping out internet access makes it impossible to participate;
- As I am rural I would find travel to metro difficult (budget and time constraints). It would be important that I could access sessions online and by videoconference;
- Clarity around what a "community of practice" means and how it is intended to be used as a vehicle for enhancing consumer engagement. The evidence is clear on the alienation of consumers through clunky processes, the use of language (pidgin English and TLAs that large organisation such as health promulgate) and why do we always start with OUR processes? True engagement begins with a level playing field;
- Feedback on specific issues;

- Increased esteem and influence of the group would increase my ability to commit to participation of events- a lot of good groups get started but get little practical impact purely due to low uptake from services/ systemic heads;
- Mainly restricted by organizational policy;
- N/A or not sure
- WA Health is lacking a contemporary approach to consumers. Other states have interesting and inviting consumer-focused websites and social media that meet the needs of consumers.

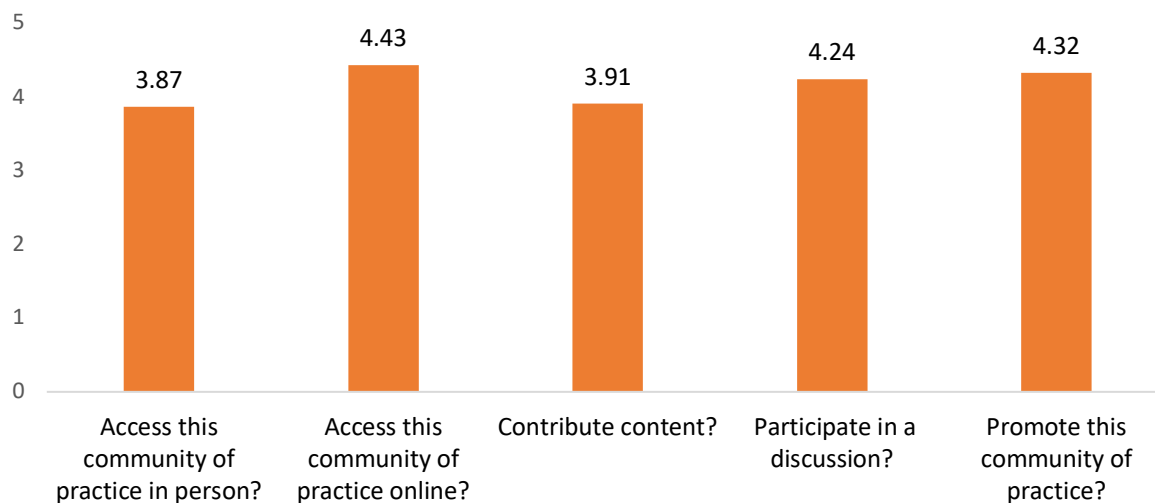
Examples:

<http://www.education.vic.gov.au/childhood/parents/mch/Pages/visits.aspx>

<http://www.wch.sa.gov.au/support/consumer/index.html>

HealthyWA does not provide adequate functionality or content. The site is not logical and prevents consumers finding information, the Governance of the sites is poor and there is no review cycle for content. It is a big risk and a bigger disappointment. Aside from having an online forum space, I think there is a bigger need to get the basics right with a website- the forum would be great as a component of this.

Staff: How likely would you do the following?



To gauge staff's interest in community practice, respondents were asked about what they hope to get out of their participation.

Unlike consumers, maintaining motivation for consumer engagement, having the opportunity to connect with others who shared their interest and sharing experiences with others were not the leading sentiments for staff at 38.6% (n32), 49.4% (n41) and 47.0% (n39) respectively.

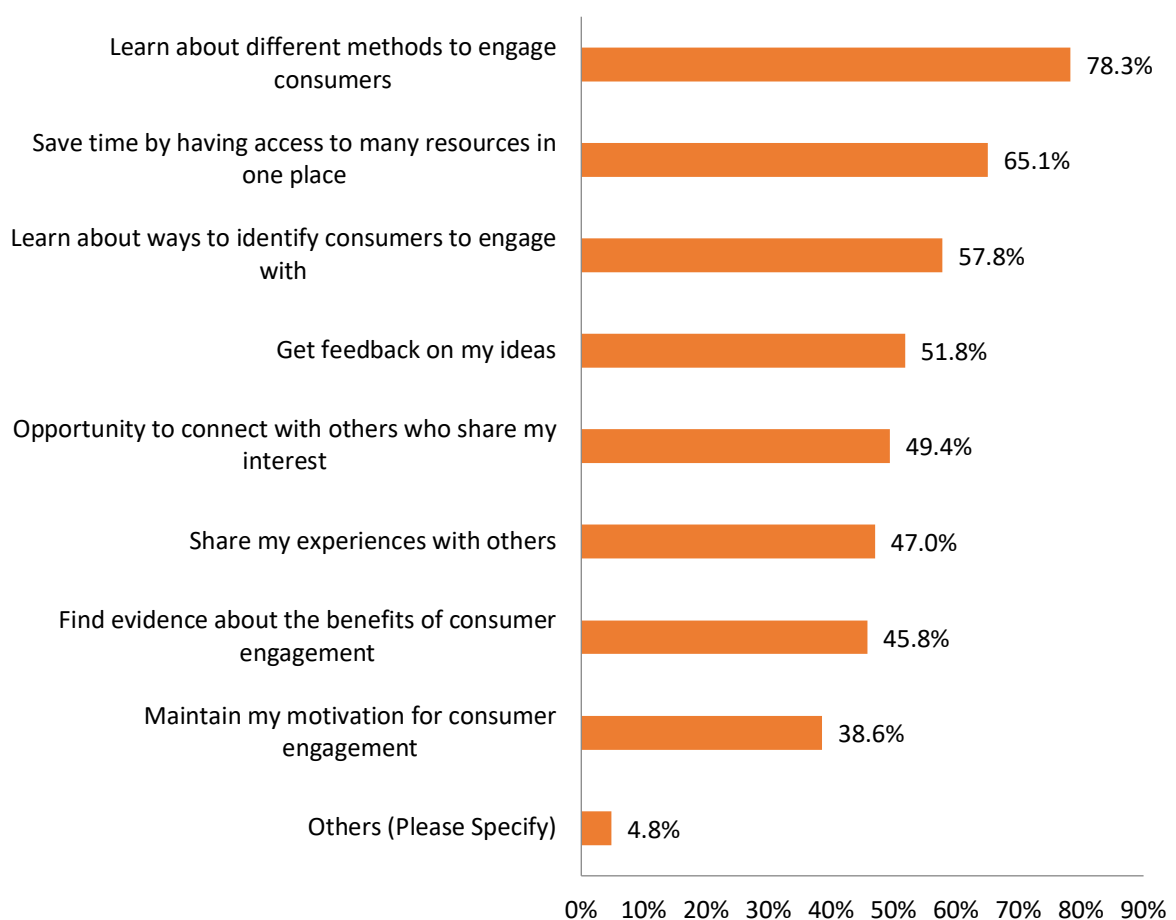
More than three-quarters of respondents (78.3%, n65) wanted to learn more about different methods to engage consumers, followed by 65.1% (n54) who felt that saving time by having access to many resources in one place was important and 57.8% (n48) who would learn about way to identify consumers to engage with. Further about half (51.8%, n43) of respondents

wanted feedback on their ideas and 45.8% (n38) wanted to find evidence about the benefits of consumer engagement.

Comments provided by the 4.8% (n4) of respondents who indicated others were:

- Build long term support networks with consumers to further our work on sustainable solutions;
- Influence positive action as opposed to endless delaying tactics corporatised to justify decades of doing what we have always done - and not too good in this particular space;
- Participating in a community of practice on consumer engagement would also provide opportunities to share information, research and lessons learnt with people involved in consumer engagement in health;
- Perhaps some joined up, coordinated and integrated conversations, which lead to more joined up services

Staff: What would you hope to get out of participating in a community of practice on consumer engagement in health?



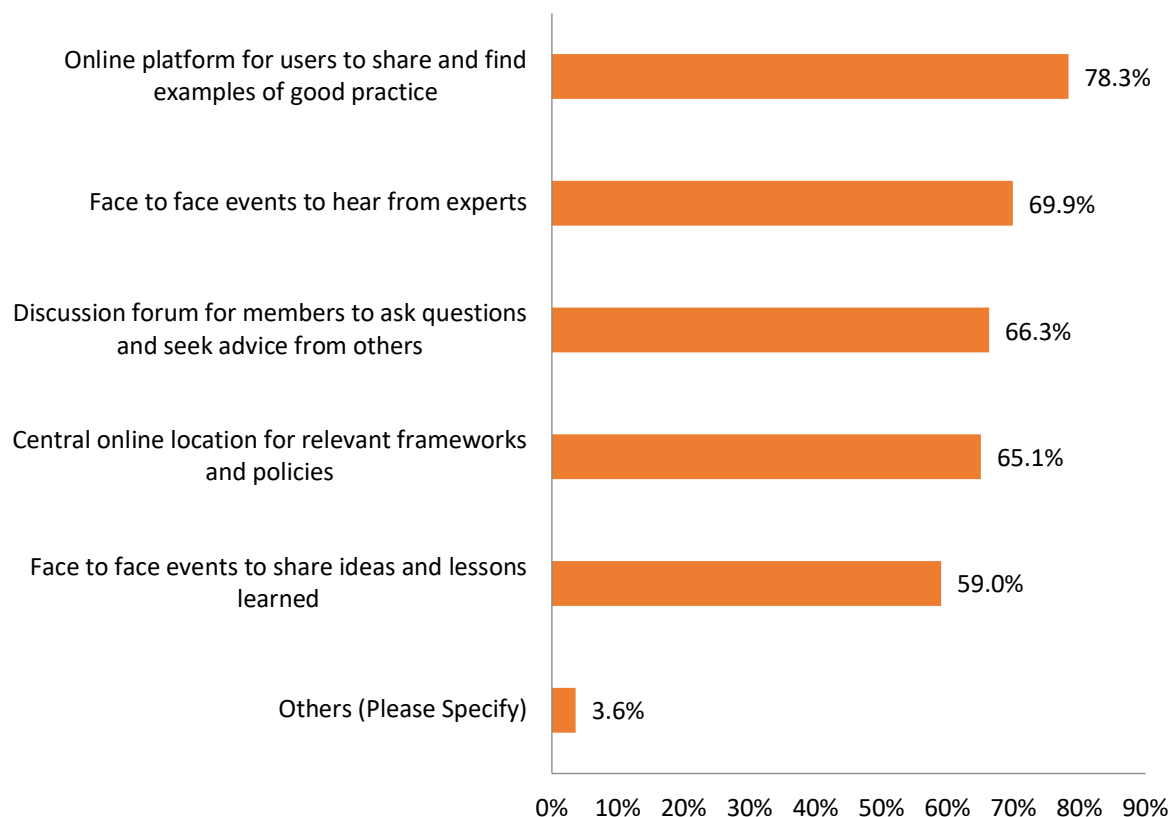
The last question to assess staff's interest in a community of practice was about the activities and content respondents would most likely use or participate in. The use of an online platform for users to share and find examples of good practice 78.3% (n65) was the most popular choice amongst staff respondents (which was different to the top preference of respondents from the consumer cohort), followed by face to face events to hear from experts (69.9%, n58) and participating in a discussion forum for members to respond to questions and seek advice from others (66.3%, n55).

Further, there were 65.1% (n54) of respondents who indicated that they would use a central location online for relevant frameworks and policies and 59.0% (n49) who would attend face to face events to share ideas and lessons learned.

Comments provided by the 3.6% (n3) of respondents who indicated others were:

- A central database to promote consumer engagement events to services and consumers directly. Increased links with sub-populations of consumers already engaged with events that may not be aware of other opportunities;
- Creating consumer partnerships around clinical networks;
- Collaboration!!!! Experts in engagement are consumers NOT professional!!

Staff: What kinds of activities and content would you be most likely to use or participate in?



5 Interest and Role of Consumer Engagement in Health

This section sought to explore individuals' interests in consumer engagement. These questions were based on the areas of consumer engagement and service provision outlined in the North Metropolitan Health Service C4 Framework³.

5.1 Consumer

Consumer were assessed in their role in health consumer engagement. Perhaps unsurprisingly, most respondents (64.6%, n31) indicated they participated in consumer engagement activities that are led by other people while half of them (50.0%, n24) worked with others to support and influence people to carry out consumer engagement.

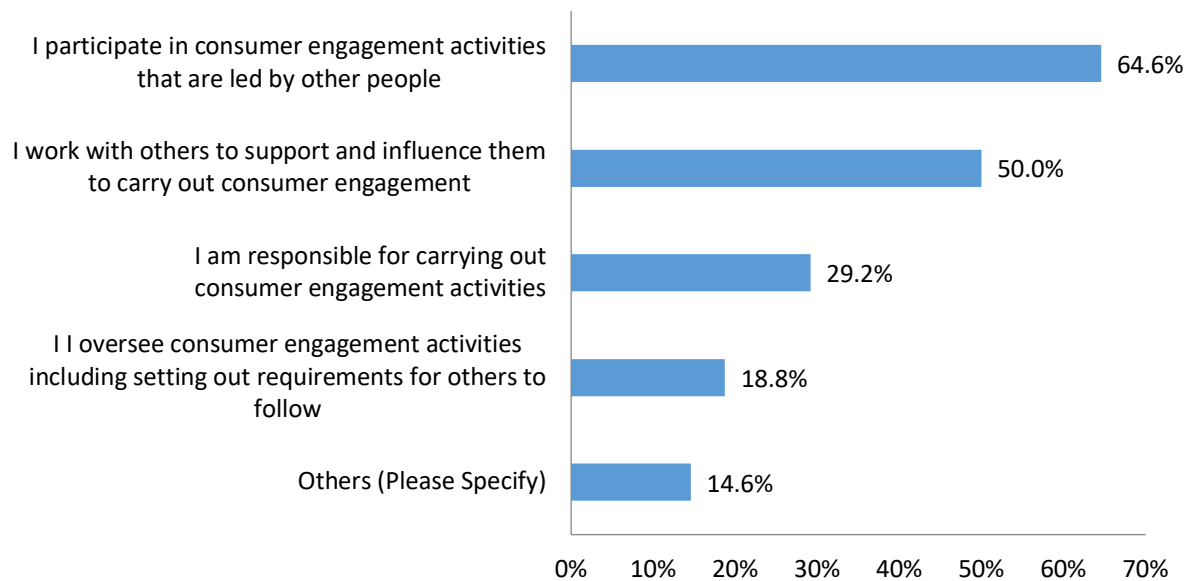
The roles of being responsible for carrying out consumer engagement activities and overseeing consumer engagement activities including setting out requirements for others to follow had comparatively smaller number of consumer respondents at 29.2% (n14) and 18.8% (n9) respectively.

There were 14.6% (n7) who indicated they were in other roles and provided further insights to their circumstances:

- Am a member of a consumer advisory committee;
- As I said earlier, I visit people in their homes/hospital, but do not directly engage in any of the areas mentioned above;
- Community advocate;
- I am an activist who fights for change in WA health;
- I co-chair a lived experience advocacy body which advocates for engagement to occur and be remunerated;
- Share personal recovery story and provide awareness with parental postnatal mental health;
- Strategise, monitor, review.

³ <http://www.nmahs.health.wa.gov.au/pdf/NMHS%20C4%20Framework.pdf>

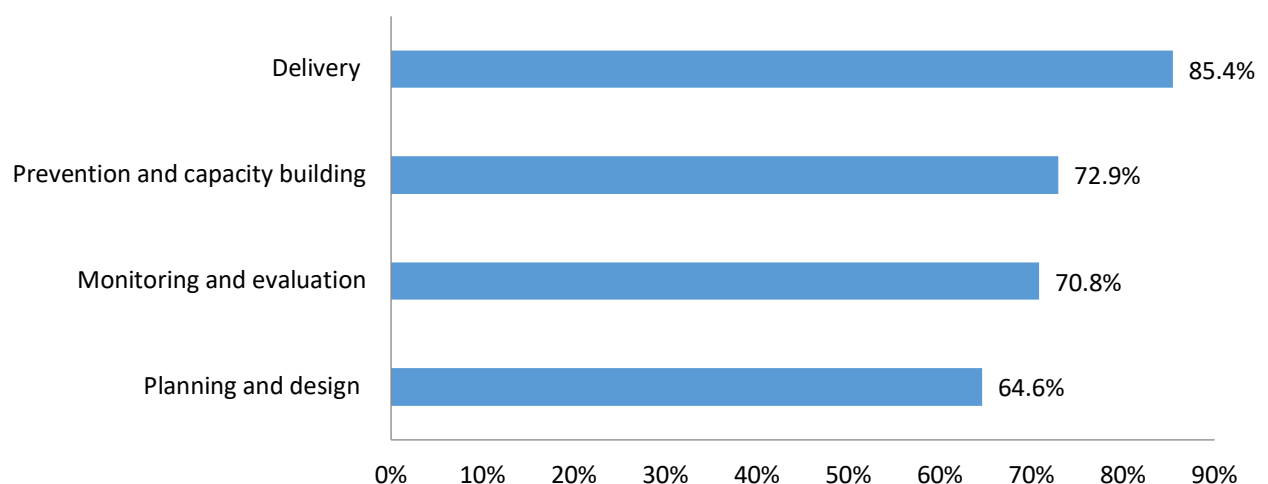
Consumer: Role in Consumer Engagement



For consumer respondents the area of *delivery* (summarised as “engaging to improve the consumer experience, efficiency, quality, safety of existing services”) had the highest number of respondents at 85.4% (n41).

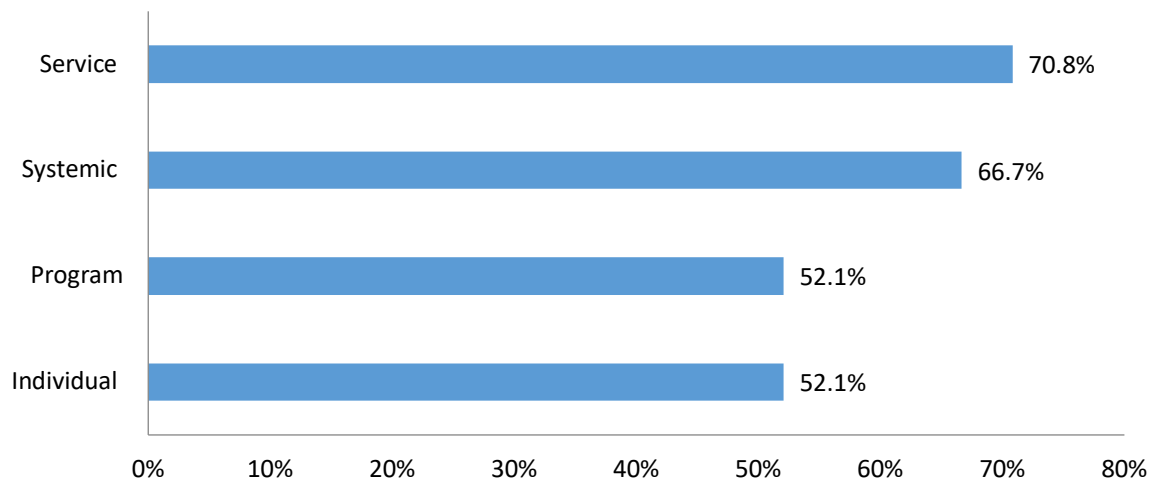
This was followed by the areas of *prevention and capacity building* at 72.9% (n35) and *monitoring and evaluation* 70.8% (n34). Prevention and capacity building involves engaging to improve people’s ability to self-manage their health, while monitoring and evaluation includes engaging to monitor change, performance and to improve outcomes. The least popular area of interest was planning and design at 64.6% (n31), which involves engaging on the design of service such as location, priorities, model of care etc.

Consumer: Area of Interest in Consumer Engagement in Health



Consumers were asked about their interest in the area of service provision for consumer engagement. Over 70% of respondents (70.8%, n34) indicated that they were interested in the area of *service*, which was about the development of a group of programs and services including referral pathways, collaboration between services and an individual's transition through programs. The *systemic* area of service provision had 66.7% (n32) of respondents indicating they were interested in this, followed by program and individual, both with the same number of respondents at 52.1% (n25) each.

Consumer: Interest in Area of Service Provision for Consumer Engagement



5.2 Staff

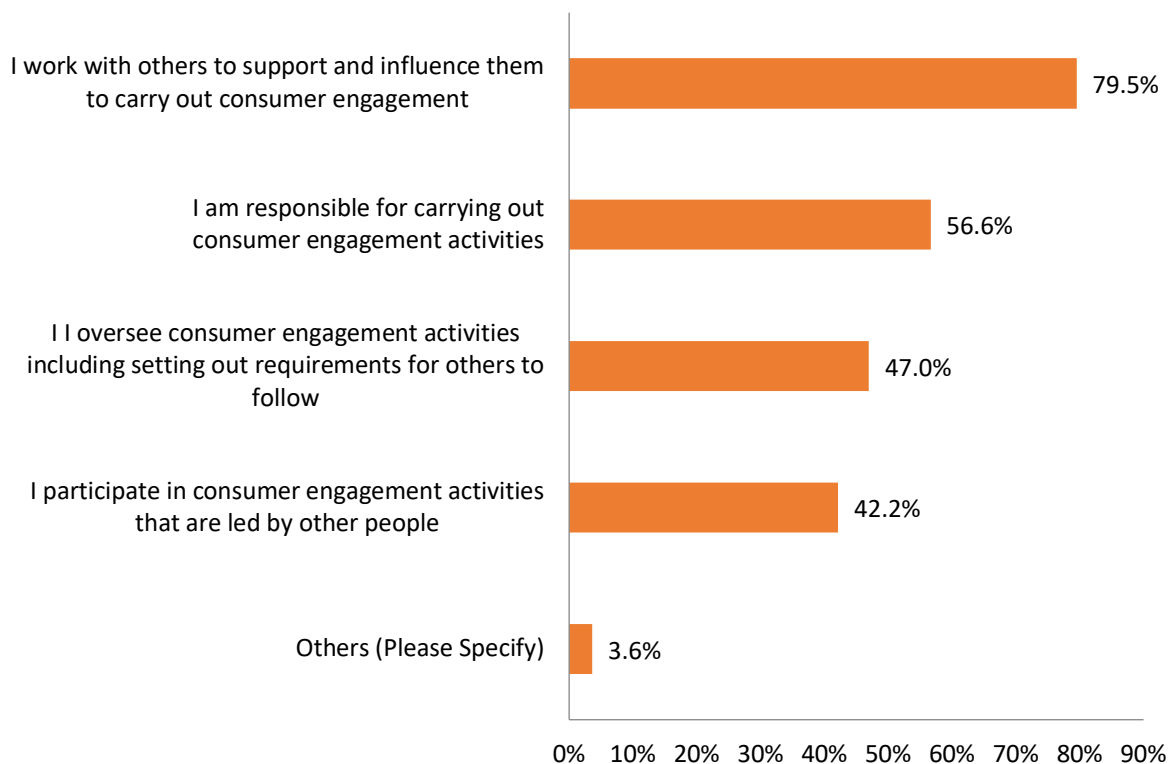
Staff's role in health consumer engagement was somewhat different from consumer's. Most respondents (79.5%, n66) indicated they worked with others to support and influence people to carry out consumer engagement while more than half of them (56.6%, n47) are responsible for consumer engagement activities.

The roles of overseeing consumer engagement activities including setting out requirements for others to follow and participating in consumer engagement activities that are led by other people had fewer staff respondents at 47.0% (n39) and 42.2% (n35) respectively.

There were 3.6% (n3) of respondents who specified their own roles in consumer engagement:

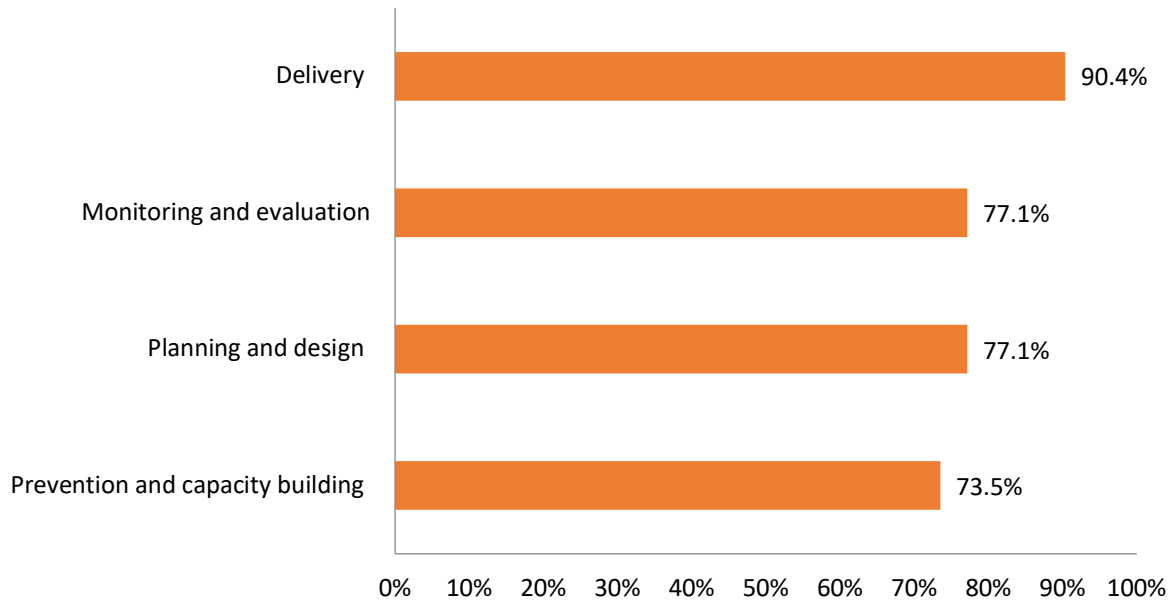
- Evaluation;
- Limited consumer engagement at this time feel need to increase the consumer engagement in the development of programs;
- None really currently but see an important role.

Staff: Role in Consumer Engagement



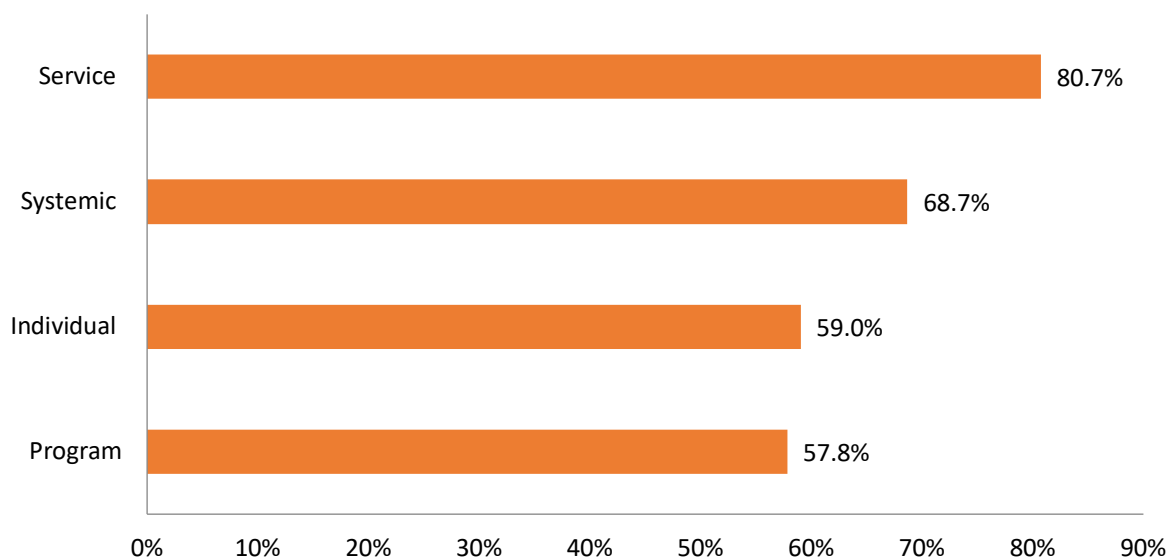
Much like consumers, the majority of staff respondents 90.4% (n75) were interested in the area of *delivery* for health consumer engagement. This was followed by the areas of *monitoring and evaluation* at 77.1% (n64) and *planning and design* at 77.1% (n64). The least interest indicated by staff was in the area of *prevention and capacity building* (73.5%, n61).

Staff: Area of Interest in Consumer Engagement in Health



The overall trend of staff being interested in the areas of service provision for consumer engagement was exactly the same as consumers. Engagement at the service level had the most interest with 80.7% (n67) of respondents indicating this, followed by system level with 68.7% (n57) of respondents, individual at 59.0% (n49) and program at 57.8% (n48).

Staff: Interest in Area of Service Provision for Consumer Engagement



6 Consumer Engagement in health in WA

This section sought to understand the overall sentiment towards consumer engagement in WA Health.

6.1 Consumer

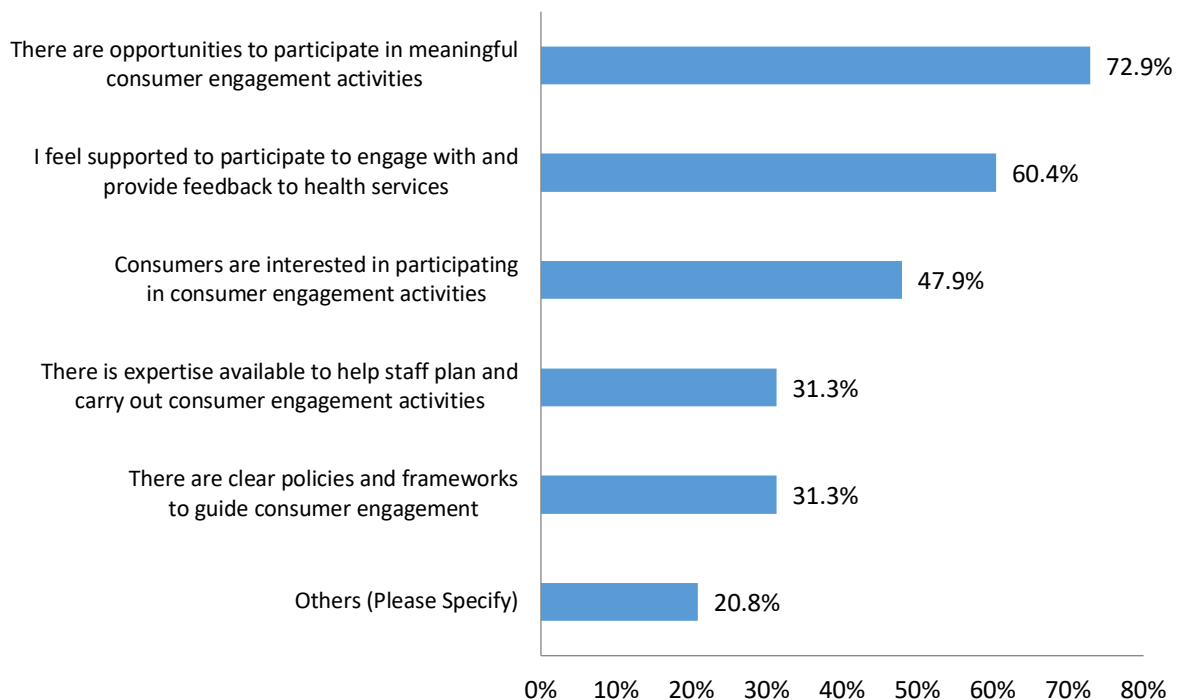
Consumers were asked to feedback on what they personally find is working well for their consumer engagement activities. *Opportunities to participate in meaningful consumer engagement activities* topped the list with 72.9% (n35) of respondents indicating this as an area that is working well, followed by 60.4% (n29) of respondents who cited the fact that they are supported to participate in consumer engagement activities as an area that is working well.

Close to half of respondents (47.9%, n23) found that the fact that consumers are interested in participating in consumer engagement activities is working well. There were 31.3% (n15) of respondents who felt that access to expertise to help staff plan and carry out consumer engagement activities and that there are clear policies and framework to guide consumer engagement were areas that are working well.

For the 20.8% (n10) of respondents indicating others and provided further feedback, their comments were:

- Again, other than being a member of the East Kimberley DHAC, I am not specifically involved in any of the above;
- Could do much better;
- Foundational resources;
- Having access to information. Knowing how and where I can be involved;
- I don't agree with any of the above;
- I don't feel the consumer perspective is valued much by the organisation;
- I don't actually see anything WAPHA do in my community;
- I think that too high a percentage of people in health, and in other sectors, do not really understand how to engage consumers;
- Support given by senior clinicians working in the particular service I am involved in;
- There is recognition of the value of consumer engagement

Consumer: Works Well for Consumer Engagement Activities Personally



On challenges faced by consumers in consumer engagement activities, 43.8% (n21) of respondents, which was the highest proportion, found the way some engagement activities are organised make it difficult for consumers to engage and/or provide meaningful feedback. This was followed by 31.3% (n15) of respondents who thought insufficient time was allocated to consumer engagement and 29.2% (14) of respondents who found that feedback was routinely being ignored or not included.

There were 27.1% (n13) of respondents who indicated that the same people are asked to participate repeatedly, 20.8% (n10) who felt that they were not being able to contribute due to the amount of jargon and medical terminology, 18.8% (n9) of respondents who felt that not receiving an appropriate induction to the committee was a challenge and 8.3% (n4) of respondents who did not feel confident or welcome.

Of the 37.5% (n18) respondents who indicated others, comments from 16 of them were:

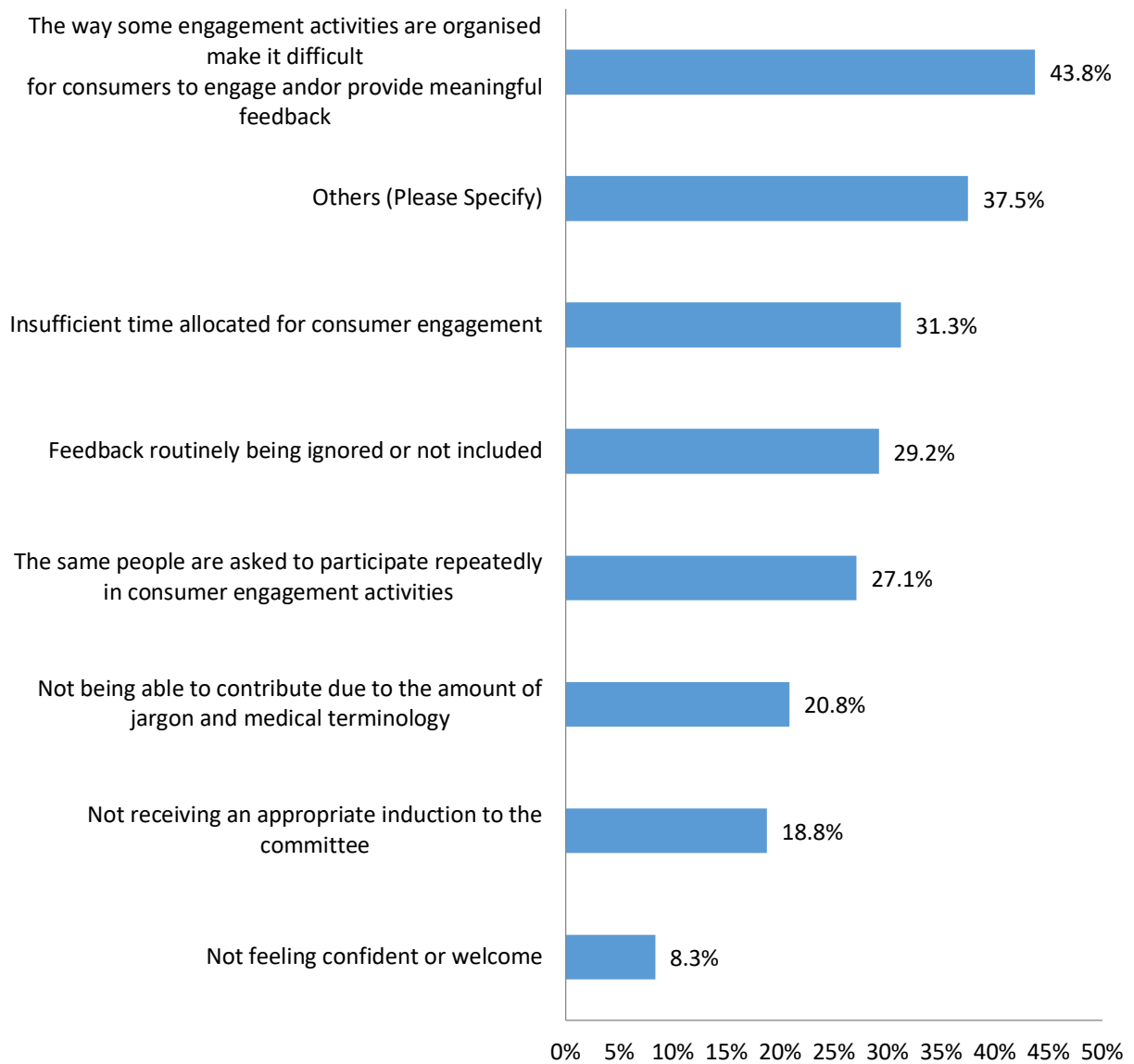
- Again, I rarely make a specific contribution to DHAC as so much if it is hospital oriented;
- Exploitation of reps as part paid, part unpaid volunteers;
- Far too much information to the point of drowning in paperwork and policies. It renders the process into nonsense;
- Feel the process is more about ticking the box for accreditation purposes rather than genuine consumer engagement or involvement;
- Hearing enough diverse voices;

- Many references to staff information which is not accessible to consumers, limiting consumer input;
- Nil value ascribed to the expertise of consumer representatives;
- Not enough thought put into consumer engagement, feels tokenistic by certain senior members of staff;
- Shortage of funds to help community to maintain / resolve issues, of those in community after being at the Mental Health Clinic;
- Staff not understanding my role. Not being remunerated or recompensed for expenses. Not having access to all information. Other reps undermining me;
- Taking time to learn the Acronyms & Jargon used;
- The lack of clarity in the industry as to what consumer engagement seeks to achieve;
- There is little that I find challenging at the moment. My experience is that there is very strong support for consumer engagement in the service I am involved with;
- Time and energy spent on documents and projects that do not lead to positive change;
- Times of meetings. Access to information. Many consumers do not know they can contribute, nor how to. I don't believe there is a systems approach to begin involved (despite having policies). No payment for preparation meaning it costs me to be involved;
- Trying to understand how the health system works/the networks/the terminology used to surround the health system

From these “other” responses, a number of comments relate to:

- Planning and clarity about the practical purpose of consumer engagement activities – as opposed to activities being undertaken to meet a performance indicator
- The format, quantity and process for receiving information relating to their consumer engagement activities by consumers.

Consumer: Personally Challenging in Consumer Engagement Activities



6.2 Staff

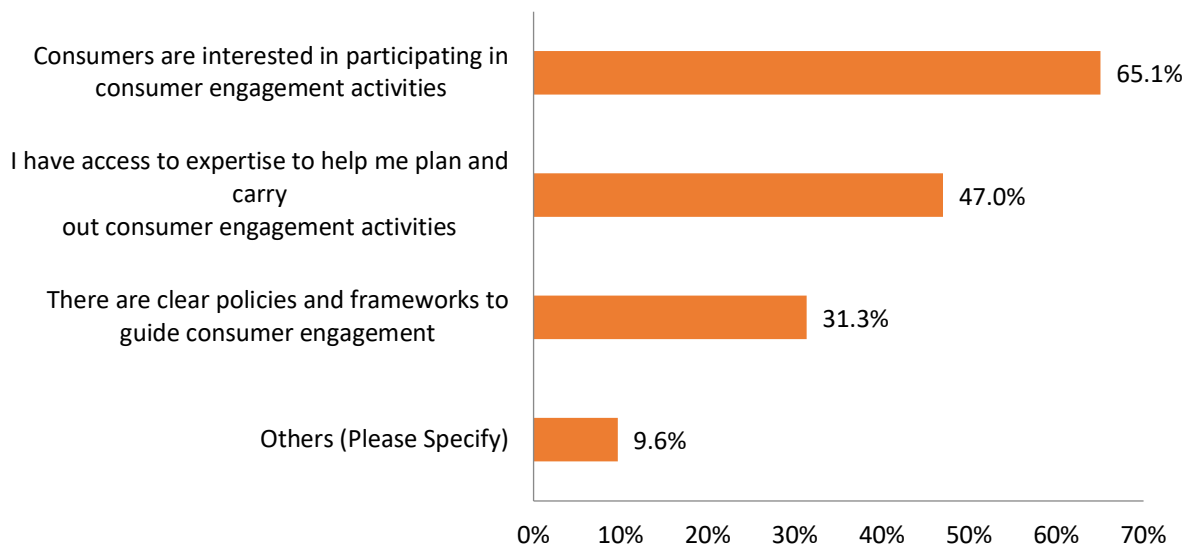
Staff were asked to feedback on what they thought is working well for their consumer engagement activities.

Interest from consumers in participating in consumer engagement activities topped the list with 65.1% (n54) of respondents indicating it is working well for them, followed by 47.0% (n39) of respondents who felt they have access to expertise to help them plan and carry out consumer engagement activities. There were 31.3% (n26) of respondents who thought clear policies and frameworks to guide consumer engagement are working well for them.

Of the 9.6% (n8) of respondents who indicated others, seven of them provided feedback on what is personally working well for them for their consumer engagement activities:

- A little of the other two options but not as detailed/ robust as is needed. Services are also increasingly interested in having consumer engagement and improving the quality of these engagements;
- As I have my own practice I have freedom to engage in a range of ways;
- It is a necessity but not done well within organisations that are driven by KPIs rather than quality of care;
- Practical experience from the initiation of a consumer reference group for our hospital department. The group is well supported, enthusiastic and generating many ideas to improve services;
- The Mental Health Commission is currently in the process of developing a state-wide consumer, family, carer and community engagement framework. In addition, we have developed a paid participation policy which both support consumer engagement activities;
- The organisation prioritises consumer engagement;
- What works well for this service is the genuine approach to engagement based on open honest communication with an emphasis on listening and being respectful and creating trust essential first step in achieving collaboration and engagement.

Staff: Works Well for Consumer Engagement Activities Personally



On challenges faced by staff in consumer engagement activities, 60.2% (n50) of respondents, which was the highest proportion, felt that finding a diverse range of people to participate was challenging, followed by 56.6% (n47) of respondents who thought that finding a budget to pay consumers for their participation in line with relevant policies was challenging.

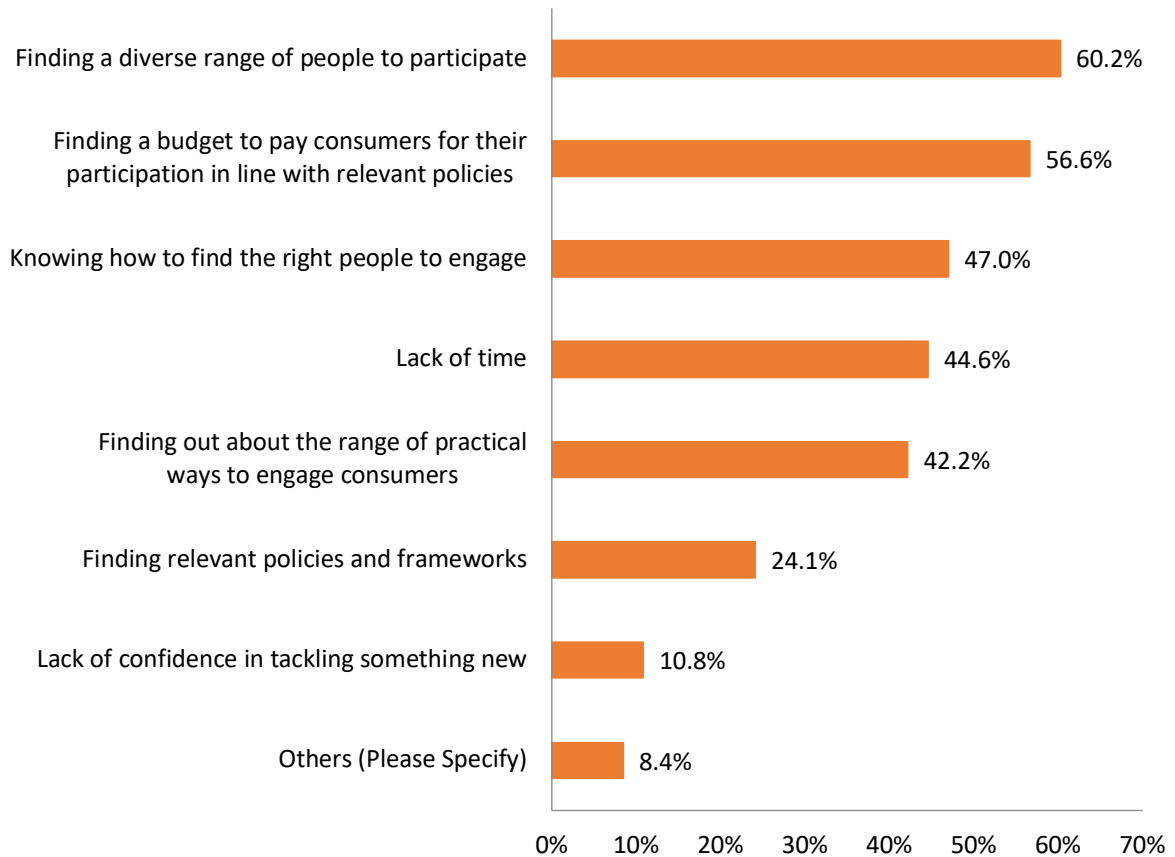
Knowing how to find the right people to engage, lack of time and finding out about the range of practical ways to engage consumers were challenges cited by 47.0% (n39), 44.6% (n37) and 42.2% (n35) of respondents respectively. Finding relevant policies and frameworks (24.1%, n20) and lacking of confidence in tackling something new (10.8%, n9) were the least challenging issues faced by staff respondents.

For the 8.4% (n7) of respondents who indicated others, their feedback were:

- Can be resistance to engaging consumers from some stakeholders - think they may not understand the value. Also need to be mindful that meeting structures/chairing allow consumers to genuinely contribute. Often only one funded where more diversity needed;
- Embedding CE as a mechanism right across the service, in a meaningful way. Ensuring that people see it as a core function of every role and not an 'add-on' that can be considered at the end;
- Engaging with a specific target population;
- Kick starting the process to form a consumer carer committee, partly internal re-organisation responsible for delays;
- Lack of uptake/agreement on meaningful engagement, consultation on options vs. client directed outcomes;
- Over managed approaches to implementation and poor engagement with local services;

- The multiple different frameworks and policy documents are confusing for staff let alone consumers. Lack of transparency of information within the health system and the many silos within WA Health

Staff: Personally Challenging in Consumer Engagement Activities



7 Example of Good Practice

In this section, respondents were requested to provide examples of good quality engagement that they were aware of in as much detail as possible for the purpose of following up where appropriate.

7.1 Consumer

Of the 48 respondents, 47.9% (n23) provided their comments on the basis of examples of good practice. The comments were divided into four main themes namely, examples of good practice cited (52.2%, n12), involvement in good practice (13.0%, n3), constructive feedback (17.4%, n4) and negative comments (17.4%, n4).

Overall, there were numerous examples provided by consumers on good practice in consumer engagement in health. The information underlined and bold is the main details of the examples provided for easy reference to source.

Theme	Feedback/Comments
Examples of Good Practice Cited	" <u>Living Skills Centre</u> " in Calista was very good - lack of funds meant it was sold and relocated to a back room of the Clinic in Rockingham, was working now staff doing their best under the circumstances.
	A handbook I picked up at the New Zealand THEMIS conference two years ago called <u>ON Track</u> . Knowing where we are going. Co-creating a mental health and addiction system NZ want and need.
	The current working party with the Office of the Chief Psychiatrist reviewing the <u>Electro Convulsive Therapy guidelines</u> in WA - a small and high-powered group of passionate individuals with a well-managed, focussed agenda - an opportunity to provide real improvement for West Australians.
	The recent <u>Alcohol and Other Drug (AOD) Think Tank</u> for a WA AOD Consumer Peak Body.
	The <u>WAPHA community stakeholder engagement</u> . The co-produced mental health drug and alcohol engagement policy/framework. <u>District Health Advisory Council (DHAC)</u> handbook and matrix of responsibilities.
	Ward visits by <u>Community Advisory Council (CAC)</u> members at Armadale/Kalamunda group. Participating in the You Matter document. Voices were heard and understood by the facilitator. Being involved in

	<p>developing Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) policy (although it was not followed through due to staff changes).</p> <p><u>Pharmaceutical Society of Australia</u> are particularly good at consumer involvement, they introduce consumer representatives and ask their opinions first in any discussion. In addition, they are proactive to new opportunities in health.</p> <p>Co design and co-production.</p> <p><u>North Metropolitan Health - Mental Health Adult Program Peer Workforce.</u> Executive sponsor is Karen Kyrioakou, peer work coordinator Nicole Nannen.</p> <p><u>WA State-wide Engagement Framework</u> - WA Mental Health Commission.</p> <p><u>WA Mental Health Commission Payment Policy:</u> https://www.mhc.wa.gov.au/media/2224/paid-partnership-policy-final.pdf</p> <p>Small groups of people representative of difference sectors/backgrounds engaging in discussion enables more opportunity for contribution. This is done regularly at <u>WAPHA</u> meetings.</p> <p><u>State-wide Engagement Framework</u> (MHC).</p> <p><u>DHACs</u> are a good tool for Health practices and outcome-based decisions and advocacy forums.</p> <p><u>North Metro Mental Health Adult Program.</u> Has an employed peer workforce that is supported by training, access to health emails, supervision by peers, open communication and strong executive (leadership) support.</p>
<p>Involvement in Good Practice</p>	<p>Being invited to represent consumers on committees.</p> <p>The consumer advisory group that I am involved with seems to be an excellent example of good quality engagement that could usefully be adopted more widely. Happy to provide more information if it would be appropriate for you to email me.</p> <p>Currently involved in a project group that is working on a strategy for consumer engagement at North Metropolitan Health Service Mental Health. Being involved at the grass roots level in the development of this strategy has been very challenging and rewarding. It is early days but there is a deep commitment to the process of partnering with consumers, carers, clinicians and community to achieve a positive outcome.</p> <p>We also have recently (late 2016 and a 2nd wave in late 2017) appointed Consumer and Carer Consultants to the service to complement our Peer</p>

	workforce. This has meant we now have consumers and carers engaged in all service areas, serving on committees and working groups. And there is currently a body of work being done to further develop the meaningful participation.
Constructive Feedback	Good communication between patient and the doctor involved.
	Good quality engagement for consumers includes (or should include) consumer input into the design of relevant materials, practices and theories which consumers show interest in.
	Patient opinion. Consumer speakers at training. Linking medical staff with consumers for training (training of the medical staff not the consumers!!).
	Patient Opinion & Feedback forms from consumers.
Negative Comments	I am not aware of any I would consider worthy of benchmarking for excellence.
	Does it exist?
	Nil.
	Nothing of value.

7.2 Staff

Similar to consumers, staff respondents provided numerous local and international examples of good practice in consumer engagement in health. The information underlined and bold is the main details of the examples provided for easy reference to source.

Of the 83 respondents, 34.9% (n29) provided their comments on the basis of examples of good practice. The comments were divided into three main themes namely, examples of good practice cited (86.2%, n25), involvement in good practice (6.9%, n2) and negative comments (6.9%, n2).

Theme	Feedback/Comment
Examples of Good Practice Cited	A list of what we have used in creating our framework - maybe useful <ol style="list-style-type: none"> <u>You Matter</u> available from http://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/health%20improvement/PDF/You-Matter-Guideline.pdf <u>C4 Engagement Framework</u> available from

[https://nmhs-](https://nmhs-healthpoint.hdwa.health.wa.gov.au/workingatnmhs/C4Engagement/Pages/default.aspx)

[healthpoint.hdwa.health.wa.gov.au/workingatnmhs/C4Engagement/Pages/default.aspx](https://nmhs-healthpoint.hdwa.health.wa.gov.au/workingatnmhs/C4Engagement/Pages/default.aspx)

3. **The Beryl Institute**. www.theberylinstitute.org 2006 – current

4. **Patient Experience is not Patient Satisfaction, understanding the fundamental differences**. Subashnie Devkaran PhD, FACHE, MSCHM, CPHQ, BScPT. 2014

5. **Australian Commission on Safety and Quality in Health Care**. Review of patient experience and its measurement in Australian Hospitals. 2015

6. **Picker Institute Europe**. Using Patient Feedback 2009

7. **Australian Commission on Safety and Quality in Healthcare**. Patient-centred care: Improving quality and safety through partnerships with patients and consumers. Sydney, NSW: ACSQHC; 2011.

8. **Agency for Healthcare Research and Quality**. The CAHPS Ambulatory Care Improvement Guide. Section 2: Why Improve Patient Experience? Rockville, USA: AHRQ; 2017.

9. Luxford K, Sutton S. **How does patient experience fit into the overall healthcare picture?** Patient Experience Journal. 2014;1(1):20-7.

10. Doyle C, Lennox L, and Bell D. **A systematic review of evidence on the links between patient experience and clinical safety and effectiveness**. BMJ Open. 2013;3.

11. **North Metropolitan Health Service Strategic Plan 2017 – 2021** Available from:

[https://nmhs-](https://nmhs-healthpoint.hdwa.health.wa.gov.au/workingatnmhs/AboutNMHS/StrategicPlan2017-21/Documents/NMHS_Strategic%20Plan_DRAFT.pdf)

[healthpoint.hdwa.health.wa.gov.au/workingatnmhs/AboutNMHS/StrategicPlan2017-21/Documents/NMHS_Strategic%20Plan_DRAFT.pdf](https://nmhs-healthpoint.hdwa.health.wa.gov.au/workingatnmhs/AboutNMHS/StrategicPlan2017-21/Documents/NMHS_Strategic%20Plan_DRAFT.pdf))

12. **Australian Commission on Safety and Quality in Health Care Standard 2** available from <https://www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/national-safety-and-quality-health-service-standard-2-partnering-with-consumers/>

13. **Review of Safety and Quality in the WA Health System** available from <http://ww2.health.wa.gov.au/~media/Files/Corporate/general%20documents/Review%20of%20Safety%20and%20Quality/Review-of-safety-and-quality.pdf>

14. **National Healthcare Charter your service, your say**. Using patient feedback to improve healthcare services.2012.

15. Gerteis M, Edgman-Levitan S, Daley J, Delbanco T. **Through the Patient's Eyes: Understanding and Promoting Patient-Centered Care**. San Francisco: Jossey-Bass,1993.

CAC at Women and Newborns' Health Service - provide feedback on publications.

At seminars/conferences - consumer attendance and participation in discussions.

Work alongside consumers on National and State Boards - offer alternate views on subjects, can look at care through a non-professional lens (or bias).

Child and Youth Policy development, **Health Networks DOH**.

Community Advisory Council at King Edward Memorial Hospital is extremely engaged, passionate and influencing change.

District health advisory committees in regional Western Australia.

District Health Advisory Councils have been a consistent approach for country WA.

District Health Advisory groups.

Drafting the **You Matter** engagement guideline - the initial development relied on the Department of Health partnering with consumers and carers.

East Metropolitan Health Service Community & Population Health have a range of health promotion and self-management programs offered throughout the metropolitan area of Perth.

Grow local via **WAPHA** and **Australian Medical Association** in rural and remote WA.

Headspace Fremantle Youth Reference group involvement. The support for, ongoing inclusion, and adoption of reference group recommendations is excellent. Could increase representation diversity of experience slightly and explore payment of members. Consistent organisational incorporation and support for reference group members within all areas of service delivery is excellent though.

Headspace model engagement activities.

Historically in **South West WA** there was an annual community and consumers event which was supported with a standing committee of consumers and community representatives who met in between the event as planned for this activity. In the annual event a range of engagement processes were used including citizen's juries, informed consumers lead forums, and many displays and mini-workshops relating to specific issues or conditions.

<http://www.wch.sa.gov.au/support/consumer/index.html> **SA Women and Children's Health Network** has strong organisational and strategic goals for embedding solid consumer involvement throughout the service. This includes an online forum similar to what is being proposed here.

I think there are policy documents in **WA Health** but haven't looked at for a while.

Patient experience, **CAC** meetings.

South West WACHS has strong consumer engagement activities.

The draft **state-wide engagement framework** includes examples of good practice. Please note the examples of good practice will be updated in the final version of the framework.

The **Stay On Your Feet WA** (R) volunteer program coordinated by Injury Matters.

The **WACHS DHACC** model

The **Youth Reference Group of Youth Mental Health NMHS** have provided considerable expertise and advice on issues relevant for young people. The

	<p>projects have included music events and they have produced the booklet " What does Self- Care Mean to You?></p> <p><u>WA health sustainability survey</u></p> <p><u>WA Youth Health Policy</u></p> <p><u>WA Youth Participation Kit, Department of Local Government and Communities.</u></p> <p>We seek to engage consumers in all the work of the <u>South Metropolitan Health Service Futures Program</u> for which I am the clinical lead in addition to my role as a specialist in intensive care.</p>
Involvement in Good Practice	<p>I engage on a one to one basis with clients and then with client's useful/helpful feedback try to implement change/improvement in the local service system.</p> <p>I don't support the concept of a grand plan for engagement as I believe based on experience that successful consumer engagement of any sort or for any purpose is based on good rapport that develops from trust in the provider not a service model.</p> <p>I am currently undertaking a five days certificate course at North Metropolitan Mental Health and completed the first of the engagement essentials by the International Association for Public Participation and have enjoyed participation component and the how it promotes sustainable decisions along with all parties in the decision making process.</p> <p>The next two models are particularly of interest engagement design and engagement methods.</p>
Negative Comments	<p>N/A</p> <p>Not able to provide.</p>

8 Other Information

The last section of the survey was for respondents to input any other information they felt was relevant to supporting a community of practice for health service staff on consumer engagement in health.

8.1 Consumer

There were 14.5% (n7) of consumer respondents who provided their thoughts on supporting a community of practice. Majority of these comments were positive with respondents finding a community of practice to be a positive way forward and valuable.

Theme	Feedback/Comments
Feedback on a Community of Practice	All participants need to be clear about why the COP exists and what it is intended to achieve for whom.
	Having participated in multiple groups involved in consumer engagement including the CAC of a major hospital and Health Department working parties I have become somewhat despondent at the lack of real change that has been affected, the duplication of groups, the intervention by some within the department due to internal politics and the siege mentality of some not for profits.
	I have recently commenced IAP2 training as part of the C4 Engagement Strategy at North Metropolitan Health Service Mental Health and have found this whole approach both fascinating and at the same cumbersome. To quote Joel Levin, it is a messy process. I'd be keen to learn more about best practices in this area to help us avoid unnecessary resource waste and risk to reputation.
	I think this would be a positive and effective direction to follow.
	We are always told that 'consumers have all the power' but it is difficult as a consumer to identify appropriate mechanisms for exercising that power productively. A community of practice could be an excellent way to activate consumer engagement and bring together consumer representatives and health professionals.
Remarks	Am glad to be a Consumer Representative with PCH.
	Please keep me informed.

8.2 Staff

There were 13.3% (n11) of staff respondents who provided their thoughts on supporting a community of practice. Many of the comments encompassed the idea that having a community of practice would be valuable to include consumers from the whole community such as migrants, refugees, ATSI and regional consumer representatives as this would create a dynamic environment with a wide variety of perspectives fostered.

Theme	Feedback/Comment
Feedback on a Community of Practice	<p>I have spent over 40 years working at high levels across many states and in different countries and I am baffled why services are continuing to focus on the framework, policy and processes and not the intent and the doing!! This is not difficult to do well! It is in fact intuitive for a humanistic workforce and policy developers, planners and project officers add a layer of confusion and although well intentioned only delay achieving positive long overdue change! To do this well, costs very little in terms of money and resources and cannot be micro -managed!!</p>
	<p>I like the idea of a wide variety of perspectives fostered in to some agreed ways of being, working and sharing information to benefit health consumers from all walks of life and experience.</p>
	<p>I think a community of practice should be considered a dynamic environment with different participants at different levels of maturity/expertise and experience in their practice. This environment should encourage personal and organisational development and be accessible/inclusive on many domains such that consumers can tell their story. For example, people with communication difficulties or intellectual impairments are often excluded from mainstream consumer engagement but their story is equally compelling and important to tell, it is our job to enable that to happen.</p>
	<p>I would be very interested in working with other clinicians, consumers and carers in the community area as I continue to develop models of engagement in the inpatient unit.</p>
	<p>I would like a specific focus group for Indigenous health rather than the usual primary health set up of forums. Mainstream does not apply to Aboriginal Health at all. In the years WAPHA and the PHN's exist, there has been no delivery of anything specifically to Aboriginal Health. Sad indeed.</p>

	<p>I would only be interested in this community of practice if it involved consumers (or their representatives) from the whole community including migrants/refugees, ATSI people, LGBTQI+ etc.</p>
	<p>It would be valuable to have regional groups to engage in the specific communities where we are seeking to improve access, quality of care and refine care pathways.</p>
	<p>Please include Telethon so that consumers can contribute not only to health services but also research and evaluation.</p>
	<p>There are different levels of engagement within the health system, from the individual treatment level to service, system and sector level engagement. It would be beneficial to have dedicated streams within the community of practice for the differing levels of engagement; to recognise that people involved in a community of practice on consumer engagement in health will have an interest or focus on a particular level/s of consumer engagement.</p>
<p>Remarks</p>	<p>Great idea thank you.</p>
	<p>No.</p>

9 Conclusion

The results of this survey suggest there is interest from staff and consumer representatives to progress the implementation of a community of practice to support good consumer engagement practice across all areas of health services in WA.

Initial responses suggest most interest from stakeholders within the state health system. This could be due to higher levels of interest, but it could also be due to the practicalities of distributing a survey to a disparate health system (non-WA Health services), as well as the implementation of the National Safety and Quality Health Service Standards which have been in place in hospital services since 2011.

What's working well and can be built on?

For consumer representatives, the existence of opportunities for meaningful engagement, and feeling supported to participate in engagement are elements which are working well.

For staff the fact that consumers are interested in participating in engagement activities and that they have access to expertise to support them in their engagement activities are working well.

What's challenging and could benefit from input across the system?

For consumer representatives, it is often difficult to engage because of how activities are organised and the fact that insufficient time is allocated for engagement.

For staff, they find it challenging to find diverse groups to engage with, as well as finding a budget to fund participation.

These are all issues that are faced across the system and staff may benefit from the opportunity to hear from people in other parts of the system about how they've tackled these issues.

Community of practice idea

There is strong support from those who responded for a community of practice. Consumers hope to maintain their motivation and connect with others, while staff hope to learn about the variety of methods to engage; and save time with relevant information all being in one place.

As to the sorts of activities that respondents would value – there was support from staff and consumer representatives for face to face events, including with experts; while staff respondents also valued the online platform.

Many examples of good practice exist already. Given the comments about the volume and format of information in the system already, a key consideration will be how to organise the material so that it can be easily found and doesn't become difficult to navigate.

10 Appendix A: Survey

Please select the option that best describes your role (if you are a Board member or have another role in the health system, please select the option that most closely describes your main role): (Choose any one option) (Required)

- I am a health consumer representative
- I am a member of staff working within the health sector
 - Clinician (see patients in some capacity)
 - Nurse or midwife
 - Doctor
 - Allied Health
 - Other (please specify)
 - Manager or administrator in the health system (works in the health system in a non-clinical role)
 - Health consumer representative (involved in any working groups or committees across the health system)
 - Other - please specify

Interest and role in consumer engagement in health

Please tell us what area of consumer engagement in health you're interested in? (tick all that apply) (Choose all that apply)

- Prevention and capacity building: engaging to improve people's ability to self manage their health
- Planning and design: engaging on the design of services (location, priorities, models of care etc)
- Delivery: engaging to improve the consumer experience, efficiency, quality, safety of existing services
- Monitoring and evaluation: engaging to monitor change, performance and to improve outcomes

Please tell us which area of service provision you are interested in with regards to consumer engagement (tick all that apply): (Choose all that apply)

- Individual: Development of the individual's experience and how they access and interact with a particular aspect of the provision of care
- Program: Development of the operations of a specific program and service within a site
- Service: Development of a group of programs and services; including referral pathways, collaboration between services and an individual's transition through programs
- Systemic: Development of system-wide policy, processes and priorities.

What is your role in regards to consumer engagement? (tick all that apply) (Choose all that apply)

- I am responsible for carrying out consumer engagement activities
- I work with others to support and influence them to carry out consumer engagement
- I participate in consumer engagement activities that are led by other people
- I oversee consumer engagement activities, including setting out requirements for others to follow
- Other (please specify)

Consumer engagement in health in WA

What do you personally find is working well for you in your consumer engagement activities? (tick all that apply) (Choose all that apply)

<i>Consumer response options</i>	<i>Staff response options</i>
<ul style="list-style-type: none"> • There are clear policies and frameworks to guide consumer engagement • There is expertise available to help staff plan and carry out consumer engagement activities • Consumers are interested in participating in consumer engagement activities 	<ul style="list-style-type: none"> • There are clear policies and frameworks to guide consumer engagement • I have access to expertise to help me plan and carry out consumer engagement activities • Consumers are interested in participating in consumer engagement activities • Other (please specify)

<ul style="list-style-type: none"> • I feel supported to participate to engage with and provide feedback to health services • There are opportunities to participate in meaningful consumer engagement activities • Other (please specify) 	
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What do you personally find challenging in your consumer engagement activities? (Choose all that apply)

<p><i>Consumer response options</i></p> <ul style="list-style-type: none"> • Not receiving an appropriate induction to the committee • Not being able to contribute due to the amount of jargon and medical terminology • Not feeling confident or welcome • Feedback routinely being ignored or not included • The way some engagement activities are organised make it difficult for consumers to engage and/or provide meaningful feedback • The same people are asked to participate repeatedly in consumer engagement activities • Insufficient time allocated for consumer engagement • Other (please specify) 	<p><i>Staff response options</i></p> <ul style="list-style-type: none"> • Finding relevant policies and frameworks • Finding out about the range of practical ways to engage consumers • Lack of confidence in tackling something new • Finding a diverse range of people to participate • Knowing how to find the right people to engage • Finding a budget to pay consumers for their participation in line with relevant policies • Lack of time • Other (please specify)
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Examples of good practice

Please provide examples of good quality engagement that you are aware of, or any relevant materials or documents we could refer to, either in WA, or elsewhere. Please provide as many details as you can so that we can follow this up if that's appropriate.

Upload any relevant materials or documents relating to good quality engagement.

File 1:

File 2:

File 3:

Upload any relevant materials or documents relating to good quality engagement.

Interest in a community of practice on consumer engagement in health

<p>Consumer question: Do you believe a community of practice on consumer engagement would be valuable to support health service staff engage with consumers more effectively?</p> <ul style="list-style-type: none"> • Yes • No • Not sure 	<p>Staff question: How valuable would a community of practice on consumer engagement be for you? (Choose any one option)</p> <ul style="list-style-type: none"> • Extremely valuable • Very valuable • Somewhat valuable • Slightly valuable • Not at all valuable
<p>Consumer question: Would you be interested in participating in a community of practice to support health service staff engage with consumers more effectively? (Choose any one option)</p> <ul style="list-style-type: none"> • Yes • No 	<p>Staff question: Would you be interested in joining a community of practice on consumer engagement in health? (Choose any one option)</p> <ul style="list-style-type: none"> • Yes • No

- Not sure

- Not sure

Consumer and staff question: How likely would you be to do the following (Very likely, Somewhat likely, Neither likely nor Unlikely, Somewhat unlikely, Very unlikely)

- Access this community of practice in person?
- Access this community of practice online?
- Contribute content?
- Participate in a discussion?
- Promote this community of practice?

What would you hope to get out of participating in a community of practice on consumer engagement in health? (tick all that apply) (Choose all that apply)

<i>Consumer response options</i>	<i>Staff response options</i>
<ul style="list-style-type: none"> • Opportunity to connect with others who share my interest • Save time by having access to many resources in one place • Share my experiences with others • Maintain my motivation for consumer engagement • Other (please specify) 	<ul style="list-style-type: none"> • Opportunity to connect with others who share my interest • Find evidence about the benefits of consumer engagement • Learn about different methods to engage consumers • Learn about ways to identify consumers to engage with • Save time by having access to many resources in one place • Share my experiences with others • Get feedback on my ideas • Maintain my motivation for consumer engagement • Other (please specify)

Please tell us why you're not interested in a community of practice on consumer engagement (Required)

Answer this question only if you have not chosen "No" for "Would you be interested in participating in a community of practice to support health service staff engage with consumers more effectively?"

If you are not likely to either contribute or access, can you help us understand what the platform would have that would make it more attractive to you to either use or contribute to?

Answer this question only if you have not chosen "No" for "Would you be interested in participating in a community of practice to support health service staff engage with consumers more effectively?"

Answer this question only if you have chosen "Other (please specify)" for "What would you hope to get out of participating in a community of practice on consumer engagement in health? (tick all that apply)"

What kinds of activities and content would you be most likely to use or participate in? (tick all that apply) (Choose all that apply)

Consumer and staff response options

- Central online location for relevant frameworks and policies
- Online platform for users to share and find examples of good practice
- Discussion forum for members to respond to questions and seek advice from others
- Face to face events to share ideas and lessons learned
- Face to face events to hear from experts
- Other (please specify)

Is there anything else you'd like to tell us with regards to supporting a community of practice for health service staff on consumer engagement in health?

About you

Gender (Choose any one option)

- Female
- Male



- Gender diverse
- Intersex
- Indeterminate
- Prefer not to say

Age (Choose any one option)

- Under 18
- 18 - 25
- 26 - 31
- 32 - 48
- 49 - 67
- 68+
- Prefer not to say

Do you identify yourself as Aboriginal or Torres Strait Islander? (Choose any one option)

- Yes
- No
- Prefer not to say

Is English your first language? (Choose any one option)

- Yes
- No
- Prefer not to say

Location (approximate) (Choose any one option)

- Within 30mins drive of Perth
- Between 31 and 90 mins drive of Perth
- Over 91 mins drive from Perth
- Between 91 mins and 5 hours
- Over 5 hours

Appendix B: Other Sector

Consumer Comment	Staff Comment	Staff Comment
Chair of consumer advisory group	Acute Care	Hospital management
Chairman Blackwood District Health Advisory Council (DHAC)	Acute care and an Executive member	Maternal and Women's health
Child And Adolescent	Acute care coordination	Maternity care - midwifery
Committees	acute care/ tertiary hospital	Medical Imaging
Community representative	Acute setting	Nursing - management
Conconsumer representative on Lower Great Southern DHAC. Also local ADHA representative.	Administration tertiary care	People with disability
Consumer in advisory role	Alcohol and Other Drug	Planning, Evaluation and Monitoring
consumer interests	All health care provision	Preventative health
FH CAC member	Child and teen health	Research
Health Advisory Council	Consumer Advocate for Health Researchers wanting to work with Health Consumers and the community	Safety and Quality
Health Consumer Representative and Member	Consumer and community engagement	Safety and quality strategic policy
I am out visiting, on behalf of a religious organisation, people in the communities of Kununurra, Wyndham and Kalumburu in the Kimberley region if WA.	Dental Health	Safety, Quality & Performance including patient experience and consumer engagement. Tertiary setting.
Nurse and Consumer representative.	Drug and alcohol	staff and consumer engagement officer
SHR CCRG; Hospitals; medical research	Health Education	tertiary and area health service
Tertiary health governance	health policy	WA Health
Tertiary Hospital	Health Service Provider Consumer and Carer Engagement Program	youth health
Volunteer - Community Advisory Committee	High need patients (intensive care)	

– End of document –