

**Project:**

Community of Practice for  
Consumer Engagement

**Client:**

HCC & WAPHA

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**Report:**

WORKSHOP REPORT

The logo for Aha! Consulting features the word "Aha!" in a blue, sans-serif font with a yellow exclamation mark. The word "Consulting" is in a smaller, blue, sans-serif font. A yellow swoosh underline is positioned under the "Aha!" part of the logo.

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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.

A face to face workshop was held on April 5, followed by an online forum on the same day.

Both workshops explored the results from the survey conducted in the lead up to the workshop, the purpose of a community of practice and the possible features that the community would/could offer.

These notes are a combination of feedback gathered from both events.

Noting the encouragement on the day to “start small” this information, as well as the results of the survey, will be used by a working group of staff and consumer/carer representatives to bring the community to life.

The raw notes for all sections can be found in appendix 1

## 2 Purpose

The overwhelming purpose for this community of practice was seen to be “development of the practice of engagement in the health sector”.

It would focus on building a community of consumers, carers, clinicians, health service staff and other stakeholders that are interested in progressing engagement from consultation to outcomes. It was even suggested that engagement was seen as offering a different way of running a health system.

It was important to people that the community itself be a living model for what we are practising. i.e.: inclusive, collaborative and transparent.

Creating a space where staff in health services can exchange information and ideas, as well as connect with others working in engagement was seen as important. The role of consumers and carers in this group was seen as key, as it allows for a diversity of people to be represented and develops consumers' skills, confidence and understanding of how to engage and be engaged through the system.

It was suggested that while there are many possible objectives and activities for a group of this nature, it was important to start small and build from there.

### 3 Key Features – LIVE interaction (face to face or online)

Some of the key features that were considered possible to deliver as live interaction:

- Ensure sessions blend ideas and practical applications
  - Getting people to explore 'what are you going to do differently'
  - Record event for others to access afterwards
  - Model innovative engagement methods at events
- Providing a chance for less formal networking
- There could be a fee charged according to ability to pay
  - There may be some need to explore funding to support consumer and carer participation
- Themes can be determined through the survey results and the online discussion

### 4 Key Features – Online/on demand

- Ensure the online space has a clear purpose
  - Document storage and sharing
  - Communication and linking people together
  - Group updates on progress and success stories
- Ensuring security of information was important
- Looking at how to send updates via email, plus provide hardcopy to keep those not online on same page
  - Look at mechanism for requesting hardcopies
- There would need to be a communications plan
  - How to get people engaged and how to keep them engaged

## 5 Governance

- Important to identify responsibilities
  - working group with 'set of rules' to establish 'management' committee
  - defined purpose and roles and guidelines of operation as an umbrella (?) to avoid burnout of lay people
- also needed a good communication system that is broad and efficient
- Look at the legal structure – not incorporated
- Opportunities for sub groups on specific projects
- Still needs a couple of worker bees, “queen bee”, legal ethics to keep humming along, e.g. falls Community of Practice
- some resourcing required to support activities, e.g. face to face events and manage online drive
- take it in turns - capacity building to share workload

## 6 Other features to consider:

- 3-4 minute videos
- Reading material, summaries and innovation for how we communicate and engage
- news bulletin from COP to engage
- accessible through an app
- translation, lay language for conference presentations and case studies
- hard copy DIY resources at libraries and community centres which includes a directory which may include a register of consumer representatives, consumer engagement programs, health leaders, interest areas and pull together consumers with same interests
- informal mentoring to pass on knowledge and experience, register of mentors needed
- Facebook and Twitter
- resources with best practice examples, new articles and documents including critical analysis of these
- training on good engagement, i.e. how to 'do this best practice'
- a pressure group with the aim to make services realise that good engagement practice is an expectation that needs resourcing properly in terms of time, people and funds
- WACOSS 'DropIn Platform could be considered – it has appropriate functionality and is open access
- replicate information to allow access by diverse groups (e.g. language)

## 7 Activation

- Look at developing broad communication channels
  - health service communications directorate (WAPHA consumers, peak industry bodies, private hospitals)
  - Health Service Providers communication
  - email distribution consumer groups CAG CAC networks
  - all health staff
  - local government groups
- Looking at what promotion could be competed
  - front page editorial
  - consumers – media campaigns, funded and unfunded or funding from industry
- Connect with IAP2 community of practice
- citizen senate
- neighbourhood centres, men's sheds, CWA, seniors groups
- hard to reach groups. i.e. disability groups, advocacy groups, carers

## Appendix one – Raw notes

### Purpose

- living model for what we are practising
- supporting progression from engagement to outcome
- system service cons/patient experience
- resourcing will determine scope
- capacity building of all involved
- increase hope?
- shared experiences
- build network to support movement towards change/awareness, momentum to effect change
- address our imbalances
- force people to raise the bar
- putting into practice standard 2 (2<sup>nd</sup> ed.)
- a group where people have shared goals, not competing
- improve health outcomes by enhancing patient experience
- identify specific needs
- empower community, individual and culture
- networking
- develop and share co-designed resources for front line staff to support implementation
- developing the practice of engagement
- engagement about the movement, a different way of running a health system
- involvement of consumers from the start (representative)
- need for payment of consumer and care time
- re-establish human connection (common purpose between humans)
- discussion board
- reduce barriers
- professional network where 'profession' includes those with lived experience and consumers
- drive culture change across health sectors
- improve communication
- connecting the connections, expanding the network
- professionals putting on their 'consumer' lens
- tool to gain easy access to work that is underway
- workshop ideas
- two-way learning, feedback and input in strategy
- support ongoing culture change and activate implementation

### Audience

- commissioners of services, e.g. Mental Health Commission, WAPHA
- contract managers at Dep of Health
- consumers and potential consumers, i.e. human beings
- clinicians
- families
- people on the ground
- blobs and squares
- politicians to win votes, to change perceptions and policy
- allied health
- management
- variety of people, diversity
- staff and consumers
- government clinical front line and non-clinical (need a mix between front line expertise and ability to influence change)

## FEATURES Online (on demand)

- sharing spaces, resources and the conversation
- networking
- and encompasses health literacy, i.e. understanding the services and knowing what to expect (multi-literacies)
- moderators free of bias with the openness to agree to disagree
- multilingual/cultural
- platform for opinion/reflection on face to face forums, network advertising reaching a larger audience
- free platform WACOSS “drop in”
- inspire COP audience to continuously learn and improve
- Engagement Hub is a cheaper platform, Bang the Table is expensive
- a place for testing ideas based on need, e.g. floating topics and themes, education and training and forums
  - to see current consumer initiatives
  - to find better practice
- an ideas place, future meetings, future events, suggestions
- discussion boards
- be transparent and nurture trust, create a safe space by agreeing on a code of conduct which can be co-designed as a first activity
- differentiate the audience into adolescents, disabilities, young mums, the elderly
- style guide
- anonymity
- option for notifications, digests of activity
- fresh content and multiple content contributors
- a showcase that is easy and has an intuitive interface
  - to log consumer events/committees
  - to collaborate



## FEATURES Live (Face to face or online)

- formal and informal parts
- set topic
- inviting a speaker/expert which rates very highly and should be a focus
- interactive
- safe space
- addressing power imbalance
- independent facilitation was strongly supported
- face to face canvassing of webinars with front line staff on shift change
- clear purpose
- culturally secure and sensitive
- filmed and available for those who cannot attend
- location important in terms of parking, disability access and proximity to public transport
- what about front-line clinicians?
- encourage people to bring a friend
- equipment and hardware available, i.e. laptop, printer, photocopier if necessary
- facilitation to ensure opportunities for new connections, introducing each other
- some open space
- CPD aspect, professional development
- equality with the necessary adjustments so all can engage
- an opportunity for all to have a say
- networking as in breakfast catch ups
- cross fertilisation between groups
- food, welcoming environment
- consumer presentations are very powerful
- feedback loops
- regular, e.g. quarterly with plenty of notice
- webinar functionality that we can log into and use for our own purposes
- timing is important as it needs to fit both unpaid consumers, carer representatives as well as salaried staff
- informal common space, not an organisational space, have a buddy, provide mentoring
- opportunity to register for mailing list etc.
- dance cards? business cards for conversation
- facilitate specialist working groups

## Governance

- Health Service Boards to be 'on board to drive culture change
- needs carefully managed network
- needs identification of different roles/skills needed, e.g. IT etc.
- all sectors need to have ownership
- START SMALL
- all committee roles on rotation with mentorship/understudies
- negotiated roles/accountability
- strength and stability related to quality accreditation
- more powerful if well resourced, greater ability to impact change
- clear communication mechanism and processes
- consensus statement; commitment to work across organisations/sectors to partner/engage well
- needs budget so people's time is taken into account
- needs person with ultimate accountability
- identify who owns what/responsibility
- communication which empowers COP to stay involved
- flexibility to bring new people in
- tap into agency workers
- support from agencies to engage in interagency networking around consumer engagement
- clear purpose, 'terms of engagement'
- respecting the benefits of being informal

- otherwise too much structure, not approachable, shuts people down, unfamiliar
- new recruitment, needs to be sustainable
- action list, short and sharp

– End of document –