CONSUMER & COMMUNITY PARTICIPATION FRAMEWORK

2016 - 2019
ACKNOWLEDGEMENTS

WE WOULD LIKE TO ACKNOWLEDGE THE INVALUABLE CONTRIBUTION OF MEMBERS OF THE CONSUMER AND COMMUNITY PARTICIPATION FRAMEWORK WORKING PARTY, CONSUMER AND COMMUNITY COUNCIL, COMMUNITY REPRESENTATIVES, HEALTH CONSUMERS, CARERS AND HEALTH DISTRICT STAFF.

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IT GIVES US GREAT PLEASURE TO INTRODUCE THE NEW SOUTH WESTERN SYDNEY LOCAL HEALTH DISTRICT (SWSLHD) CONSUMER AND COMMUNITY PARTICIPATION (CCP) FRAMEWORK (2016 - 2019).

Consumers and members of the community play a vital role in shaping our health services, with CCP principles and actions incorporated into the SWSLHD Strategic & Healthcare Services Plan (Strategic Priorities in Healthcare Delivery to 2021) and Corporate Plan (2013-2017).

This Framework builds on the previous work and documents that have been developed to support Community Participation in Sydney’s south west.

It underpins the philosophy, approach, processes, priorities and structure of community participation in all aspects of work across the District.

Consumer, carer and community representatives are valued participants in the organisational and strategic processes that guide the planning, design and evaluation of health services. Hospitals are evaluated on this partnership under Standard 2 of the National Safety and Quality Health Service Standard.

Consumer, carer and community representatives have participated in the development of health service strategic plans for research, cancer, advance care planning, education and training, oral health, children, young people and families and mental health. Consumer and community participation is also embedded in hospital operational and service business plans across the District.

The Framework is aligned with the SWSLHD vision of Leading Care, Healthier Communities and the NSW Health CORE Values of Collaboration, Openness, Respect and Empowerment. Through this framework we give a commitment that all consumer and community participation activities will be undertaken in the spirit of these principles. A copy of the Values Framework which includes the District’s mission, priority strategic directions and corporate areas of action can be found at www.swslhd.nsw.gov.au

The Framework contains a range of resources for our consumers, carers, community and health service staff, so that they can feel equipped to understand the engagement processes, especially from a practical level.

We wish to recognise the work of our consumers, carers and community representatives across the District who have initiated and driven the process of reviewing and rewriting the Framework.

We acknowledge the passion and dedication of our consumer, carer and community representatives and look forward to building on this document into the future and working more closely with the local community.

Mrs Sharon Smith
Chairperson
SWSLHD Consumer and Community Council

Professor Phil Harris
Chairman
SWSLHD Board
IF YOU WOULD LIKE MORE COPIES OF THE FRAMEWORK, PLEASE CONTACT US OR DOWNLOAD A COPY FROM OUR WEBSITE.


CONTACT US

SWSLHD
Consumer and Community Participation Unit Manager
P: 9828 5783

WRITE TO US

SWSLHD
Consumer and Community Participation Unit Manager
Locked Bag 7279 Liverpool BC NSW 1871

Facility Consumer and Community Participation Coordinators Contacts

<table>
<thead>
<tr>
<th>Network</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bankstown Network</td>
<td>9722 8283</td>
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Carers Program

4654 6265

Aboriginal Liaison Officers

<table>
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<tr>
<th>Location</th>
<th>Contact</th>
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<tbody>
<tr>
<td>Liverpool</td>
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<td>9722 8000</td>
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<td>Campbelltown</td>
<td>4634 3967</td>
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<td>Bowral</td>
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Clinical Services Consumer Participation Contacts

<table>
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<tr>
<td>Oral Health Services</td>
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<td>Primary and Community Health</td>
<td>8738 6049</td>
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<tr>
<td>Mental Health Services</td>
<td>9616 4365</td>
</tr>
<tr>
<td>Drug Health Services</td>
<td>8717 4036</td>
</tr>
<tr>
<td>Cancer Services Consumer Advisory Committee</td>
<td>8738 9816</td>
</tr>
</tbody>
</table>

Health Interpreter Service

Telephone 24 hours, 7 days a week
9828 6088

Hearing impaired people may like to phone these numbers through the National Relay Service on 1800 555 660
SOUTH WESTERN SYDNEY LOCAL HEALTH DISTRICT (SWSLHD) COVERS THE LOCAL GOVERNMENT AREAS (LGA’s) OF BANKSTOWN, CAMDEN, CAMPBELLTOWN, FAIRFIELD, LIVERPOOL, WINGECARRIBE and WOLLONDILLY.

In 2014 the population of SWSLHD was estimated at 922,000 people. South Western Sydney has experienced ongoing population growth and is one of the fastest growing regions in NSW. By 2026, it is projected that approximately 1.16 million people will live in the District. Growth is driven in part by a high number of births e.g. 13,321 babies were born to local residents in 2014; and a high fertility rate (the average number of babies born to a woman through her reproductive life) which is well above the NSW rate of 1.87 births. Growth is also driven by urban development, particularly the South West Priority Growth Area (in Liverpool, Camden and Campbelltown LGA’s), with 300,000 residents expected by 2045. Other areas targeted for development include areas to the south of Macarthur i.e. Menangle Park, Mt Gilead and Wilton, areas around Badgery’s Creek Airport and areas surrounding railways stations from Glenfield to Macarthur and Sydenham to Bankstown.

SOME KEY AREAS WHERE SOUTH WESTERN SYDNEY DIFFERS FROM NSW INCLUDE:

- 21% of the population in SWSLHD is school aged, compared to 18% for NSW

- Greater cultural diversity with 51% of residents speaking only English at home compared to 73% of NSW residents

- 41% or 9,200 of all NSW Humanitarian Stream (Refugee) arrivals between 2010 and 2014 were re-settled in South Western Sydney

- Large Aboriginal communities, with a higher proportion of Aboriginal people and Torres Strait Islanders in Campbelltown LGA (3.2%) than NSW (2.5%)

- SWSLHD has some of the poorest communities in NSW (ABS 2011) with higher rates of unemployment and lower rates of school completion. There are also higher rates of disability

- Approximately 24,000 social housing dwellings (Community Housing and Housing NSW) with waiting lists for housing exceeding five years in most LGAs. There are also 3,600 homeless people and almost 5,000 people living in crowded dwellings

- Higher levels of psychological distress reported (13.2%) compared to NSW (11.1%)

- SWSLHD residents were generally less likely to rate their health status as good, very good or excellent than the NSW average; report higher rates of daily and occasional smoking; lower rates of physical activity and higher rates of overweight and obesity
HISTORY OF CONSUMER & COMMUNITY PARTICIPATION

The idea of community participation in health, first appeared in the early 1970s when it became clear that the basic health needs of many countries could only be met through the greater involvement of local people. The World Health Organisation (WHO) articulated this at the Alma-Ata conference in 1978 and consequently a campaign was launched by WHO along with several member governments to promote wellness and the prevention of disease through public empowerment.

Physician centred care and hospital based programs were identified as being inadequate in achieving global health. It was thought that the attainment of good health centred on health promotion and empowerment of local communities through collective action (David, Zakus and Lysack 1998).

As a result, the concept of community participation became integrated into international health policy and formed the cornerstone for strategic planning to achieve health for all (David, Zakus and Lysack 1998).

WHAT IS CONSUMER & COMMUNITY PARTICIPATION (CCP)?

CCP participation is a practice that embraces a philosophy of ‘working with’ rather than ‘doing to’ people. Community participation is the involvement of consumers and carers in decisions about individual health care, as well as the involvement of consumers and communities in decisions about the provision of health care services.

There is growing evidence to demonstrate that commitment to CCP results in improved health care for consumers and promotes a transparent and also accountable health service that includes consumers, carers and communities in the planning and evaluation of its services.

Through participation and sharing their perspectives, consumers and community members make a valuable contribution to SWSLHD and strengthen links between the health services and communities.

The Charter of Healthcare Rights for Consumers, and The Australian Commission on Safety and Quality in Health Care are National Standards developed by the Australian Commission on Safety and Quality in Healthcare. These standards include CCP to improve patient outcomes in the journey through health services and will underpin all activities within the health service.

This Framework identifies a range of commitments to the implementation of participation partnerships between SWSLHD, its services and communities. The flexible yet formal structure provides guidance to all health services and consumer and community representatives within SWSLHD undertaking participation.
**AIMS OF CONSUMER & COMMUNITY PARTICIPATION**

**THE AIMS OF CCP IN SWSLHD ARE TO ENSURE THAT:**

- the health service involves consumers, carers and the community in planning, delivery and evaluation of services
- local communities are well informed about local and district health service issues and priorities
- there is transparency and accountability in the health service decision-making and evaluation

**SWSLHD WILL ACHIEVE THIS BY:**

- working in partnership with consumers, community and both health and non-health services
- building the capacity of staff and organisation to undertake consumer, carer and community participation - from the level of individual care to the level of system changes
- providing and integrating structures and processes for participation in all aspects of policy development, health service planning and quality improvement processes
- providing resources to ensure that CCP occurs equitably throughout the District
- providing information to our communities
- recruiting from the community, consumers to work with staff to actively undertake CCP
- promoting, supporting and developing the capacity of community members to participate in health service planning, delivery and evaluation
- ensuring those involved in participation reflect the diversity of the SWS population
- encouraging innovative approaches to participation
- ensuring the LHD facilities, clinical and speciality units meets the National Standards for Safety and Quality in Health Care
- training and supporting staff to undertake CCP
- creating an open, transparent and accountable organisation
Our Community

Consumer & Community Participation Structure

- Bankstown Community Representative Network (2-3 Delegates)
- Fairfield Community Representative Network (2-3 Delegates)
- Liverpool Community Representative Network (2-3 Delegates)
- Wingecarribee Community Representative Network (2-3 Delegates)
- Macarthur Community Representative Network (2-3 Delegates)

Consumer & Community Participation Unit

10-15 elected local Network Consumer & Community Representatives
2 Appointed SWSLHD Board Members
Ex Officio—Staff of CCPU, SWSLHD Chief Executive

Consumer & Community Council

- Consumer & Community Participation Managers
- Consumer & Community Participation Unit
- SWSLHD Chief Executive
- SWSLHD Board

Primary Health Network Community Advisory Council
- Drug Health Consumer & Carer Engagement Framework
- Oral Health Services Consumer Advisory Committee (OHSCC)
- Cancer Consumer Advisory Committee
- Mental Health Consumer & Carers, Community Committee
- Primary & Community Health CCP Strategy

Consumer & Community Consultative Committee (OHSCCC)

Consumer & Community Participation Framework 2016 to 2019 SWSLHD

Consumer & Community Council Membership

CONSUMER & COMMUNITY PARTICIPATION FRAMEWORK 2016 TO 2019 SWSLHD

8
9.1 LOCAL HEALTH DISTRICT BOARD

- Improving local patient outcomes and responding to issues that arise throughout the Local Health District
- Monitoring the performance of Local Health District against performance measures in the Service Agreement
- Delivering services and performance standards within an agreed budget, based on annual strategic and operating plans, which form the basis of Local Health District Service Agreement
- Ensuring services provided are efficient and accountable. Production of Annual Reports that are subject to State financial accountability and audit frameworks
- Maintaining effective communication with local and state public health stakeholders

Further Board information can be obtained from the SWSLHD website

www.swslhd.gov.au

THE BOARD HAS SEVERAL BOARD COMMITTEES:

- Health Care Quality and Safety
- Audit and Risk Management
- Finance
- Research and Teaching
- Aboriginal Health

The Board Committee structure does contain a reporting relationship to the CCC. However the CCC is not a Board committee. The CCC minutes are included within the Board meeting papers and tabled at every Board meeting.

THE SWSLHD BOARD CHARTER STATES:

- The Board is to receive regular reports and advice from the CCC
- The Board confers with the Chief Executive on how to support, encourage and facilitate community and clinician involvement in the planning of services
- The Board seeks the views of providers and consumers of health services and of members of the local community concerning its policies, plans and initiatives for the provision of health services

Further Board information can be obtained from the SWSLHD website

www.swslhd.gov.au
9.2 CONSUMER AND COMMUNITY PARTICIPATION UNIT (CCPU)

The CCPU is responsible for developing, implementing, marketing, monitoring and evaluating health CCP across SWSLHD.

The Consumer and Community Participation Manager will work closely with the Chief Executive, SWSLHD Board, Facility General Managers, Clinical Directors, SWSLHD Executives and most especially, the CCP Managers and the consumer representatives. The Unit provides full executive support to the CCC.

Externally, the Manager works with a range of related stakeholders such as service groups, non-government sector, including peak agencies such as Health Consumers NSW, Other state-wide Consumer and Community Manager positions, Health Education and Training Institute, Agency for Clinical Innovation, Bureau for Health Information, Clinical Excellence Commission, Consumers Health Forum, and other state and federal peak bodies to ensure proper support and advocacy for SWSLHD.

The Manager position reports directly to the Chief Executive.

9.3 CONSUMER AND COMMUNITY COUNCIL (CCC)

The CCC acts as a representative body of the SWSLHD health consumer and community participation and is the strategic link between communities within SWSLHD catchment and the Board.

AIMS:

- To act as a representative body of SWSLHD CCP
- To implement the Business Plan of the CCC
- To encourage involvement of health consumers and community representatives in all aspects of the health district
- To be a strategic link between SWS communities, SWSLHD and the Board
- To monitor and enhance the SWSLHD commitment to consumers, carers and community participation within the SWS communities
- To ensure CCP is included in health planning by the SWSLHD
- To present the views and recommendations of the SWSLHD CCRN to SWSLHD and the Board
- To provide feedback from the Board and SWSLHD to the SWSLHD Consumer and Community Representatives Networks.

9.4 FACILITY CONSUMER AND COMMUNITY PARTICIPATION MANAGERS

Facility CCP Managers are based in health Facilities across SWSLHD and are responsible for recruiting, supporting and coordinating health CCP within their local network. Generally, Managers are required to:

- Work closely with both staff and community to increase knowledge and skills in the value of health CCP
- Promote the values of patient centred care
- Promote, recruit and support CCR
- Advocate for and manage resources allocated to CCP at the Facility level
- Build capacity of both consumers and staff
- Provide on-going support for a positive culture of participation.

Manager’s report directly to their Facility General Manager and are supported by the CCPU Manager.
9.5 CONSUMER AND COMMUNITY REPRESENTATIVE NETWORKS (CCRN)

THEIR ROLE IS:

• To advocate for CCP within the health Facility and other services

• To enhance the understanding of SWSLHD health services

• To research and discuss, and where needed, raise issues to their Facility General Manager and make recommendations to the SWSLHD CCC

• To facilitate the sharing of information between stakeholders

• To maintain an accessible structure and community representatives.

9.6 MENTAL HEALTH CONSUMER CARER AND COMMUNITY COMMITTEE (MHCCCC)

The MHCCCC brings together consumers, carers, community groups, other related service providers and senior representatives of the SWSLHD Mental Health Service to work to improve, promote and encourage continuity of care in SWS.

The MHCCCC operates within the framework of the Fourth National Mental Health Plan, the National Standards for Mental Health Services, the NSW Mental Health Plan and the strategic and operational plans of the SWSLHD.

The MHCCCC may concern itself with any issue of relevance to the mental health of the people of South Western Sydney.

The MHCCCC extends to making recommendations within the SWSLHD to the SWSLHD Director of Mental Health, Board and Chief Executive.

9.7 ORAL HEALTH SERVICES CONSUMER CONSULTATIVE COMMITTEE (OHSCCC)

AIMS:

Seeks to involve consumers and providers in decision-making about oral health care, oral health service planning, oral health policy development, setting priorities and addressing quality issues in the delivery of Oral Health Services (OHS).

Objectives:

• To advise the Oral Health Executive on strategies to enhance and promote consumer and community participation at all levels

• To identify and advise the OHS on priority areas and issues requiring consumer and community participation

• To participate in the OHS strategic planning and service development processes

• To assist the OHS in communication with the OHS community and consumers

• To assist with the development and monitoring of key performance indicators for quality service.
9.8 ABORIGINAL HEALTH

Community engagement and input is a fundamental principle of all effective Aboriginal Health programs. To ensure community input at a strategic level SWSLHD has established an Aboriginal Health Board Committee that includes LHD Board and executive members and importantly senior representatives from KARI Aboriginal Resources Incorporated, Gandangara Health Services and Tharawal Aboriginal Medical Service.

The mandate of the Aboriginal Health Board Committee is to set the specific strategic priorities SWSLHD will pursue to improve access to health services and health outcomes for Aboriginal communities in South Western Sydney. The engagement of the three Aboriginal community organisations in this process is critical to ensuring our strategic priorities align with community need and there is a mechanism for ongoing consultation and feedback.

9.9 PRIMARY AND COMMUNITY HEALTH (P&CH)

Primary and Community Health is committed to consumer and community participation. P&CH has a Community Participation Manager position who works with local service managers and team members in a ‘champion’s model’ to support work to improve the standard and quality of care provided to their clients.

P&CH works closely with the existing LHD and Facility networks and structures. Consumer representatives from the LHD facility network committees sit on our committees, including the Quality and Safety Committee.

P&CH has set up a “critical friends” network which compliments but does not duplicate the work being done at other facilities. The Critical friends group is an ‘opt-in’ email/ SMS group that can be used for simple client and consumer consultation or to invite more extensive consultation.

A complete CCP strategy will be developed that will guide the future plans and processes into the future.

9.10 DRUG HEALTH CONSUMER ADVISORY COMMITTEE

The Advisory Committee will guide the development of Drug Health Services Consumer and Carer Engagement and Participation Plan. It will establish consumer and carer-centred service models and clinical practice.

It seeks to ensure an improvement in health outcomes through the development of higher quality services that are more responsive to consumer needs. There will also be more highly developed systems to assist in meeting accreditation standards.

9.11 CANCER SERVICES CONSUMER REPRESENTATIVE COMMITTEE

Cancer Consumer Advisory Committee Services Consumer Representative Committee has been established for several years, and acts as our patient voice. Some of the valued input this group has provided has been around designing new buildings and refurbishments, parking and transport, patient information, volunteer strategies and fundraising.

CANCER WELLNESS & SURVIVORSHIP
We have developed a program of supportive services to address the ongoing needs of survivors. There are two components to this new service where we want to increase our engagement with the community – the construction of the facilities in which to provide the service, and the individual programs that are provided.

CANCER VOLUNTEER PROGRAMS
The Palliative Care Volunteer program has been highly successful, demonstrating a willingness in the community to participate, as well as the importance of well-managed and supported volunteers. With this model in mind, we aim to increase our volunteer recruitment rate, by eliminating barriers and offering incentives.
9.12 SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK (SWS PHN)

SWSPHN is a not-for-profit health organisation dedicated to supporting general practitioners, practice nurses and other primary health providers to deliver the best possible care for their patients and improve access to quality local health care for the whole community.

Servicing the 7 LGA’s of Bankstown, Fairfield, Liverpool, Campbelltown, Camden, Wollondilly and Wingecarribee, SWSPHN is one of 31 Primary Health Networks across Australia aiming to improve the efficiency and effectiveness of health services delivered in our region. SWSPHN achieves this by supporting local clinicians; understanding the health care needs and service gaps in our community through planning and consultation; and by focusing on improving access to primary care services for patients, particularly those in our community at risk of poor health outcomes.

SWSPHN engages with stakeholders through a range of mechanisms such as LGA specific Local Health Councils, the region-wide Community Advisory Committee and Clinical Council, a number of specific advisory groups and regular direct contact with community services providers and community members. This range of engagement activities allows SWSPHN to identify and be informed of health service needs and gaps, as well play an active role in addressing these issues and supporting stakeholders to promote the best possible care for their patients and the wider community.

9.13 POPULATION GROUPS

SWS is made up of many vulnerable groups and populations.

These groups are welcome to be involved and included in the work of the Networks and Facilities. However at times, due to their vulnerability, additional strategies may be more appropriate to ensure consultation with these groups. Examples include: consulting with staff working with these populations, approaching populations/communities through existing connections such as multicultural playgroups or reaching out to cultural associations and leadership groups.

Strategies should be developed that suit the community and population that you are trying to reach.
This framework builds upon the examples of community participation activities within the health service. It recognises and respects our past endeavours and guides our way forward.

Throughout its history, the health service has engaged communities in a variety of ways. Examples of prior activities include involvement in hospital auxiliaries, volunteer programs, local advisory groups, Hospital Boards and community development programs.
THE CONSUMER & COMMUNITY PARTICIPATION FRAMEWORK IS A LIVING DOCUMENT

2009
Revised SSWAHS Community Participation Framework launched
Official Launch of Area Disability Plan and Carers Plan
First Close the Gap Day held in March
First AHAC Convention all community delegates attending
Liverpool Cancer Therapy Garden Project partnering with Bunnings completed
Winners of the Harry Collins Award were Judy and John North from Liverpool Network
3rd Annual CCP Conference – “Community Participation in SSW – Building Evidence”

2011
National Health Reforms in place on 1 January.
SSWAHS divided into two LHDs – SLHD and SWSLHD
5th Annual CCP Conference – “The 3 C’s Consumers, Carers and Community Together in Health”
Winner of the Harry Collins Award was Ros Birch from Macarthur Network

2012
Launch of new CCP Framework for SWSLHD by Health Minister Jillian Skinner at Liverpool Hospital
Transition of CCP into 2 LHD’s
Passing of foundation member Mr Bill Little
Winner of Harry Collins Award was Joan Liebman from Bowral Network

2013
First “Bill Little Key Note Address” given by Mayor of Liverpool Ned Manoun at 7th Annual CCP Conference - Theme – “Partnerships with Medicare Local”
Inaugural meeting of Mental Health Consumer, Carer and Community Committee
Winner of Harry Collins Award was Christine Crooks from Macarthur

2014
8th Annual CCP Conference – “Creating better partnerships for our Community” in partnership with HCNSW and Health Issues Victoria
Second “Bill Little Key Note Address” given by Ms Mary Potter OBE
Launch of SWSLHD CCP Facebook page
Winner of the Harry Collins Award was Tricia Parker

2015
Meeting of MHCCCC delegates with SWSLHD Board Community Forum held at Campbelltown to discuss the Wellbeing Centre planned for Camden
Oral Health, Community Health and Mental Health Accreditation takes place
Winner of the Harry Collins Award was Sharon Smith from the Macarthur Network

2016 to 2019
Presentation of Advance Care Planning and Community Participation at the Inaugural Advance Care Planning International Conference Melbourne
Partnership developed with health consumer advocates and other invited partners to form Health Consumers NSW
Winner of Harry Collins Award was Brian Rope from Liverpool Network

2017
8th Annual CCP Conference
"Creating better partnerships for our Community” in partnership with HCNSW and Health Issues Victoria
Second “Bill Little Key Note Address” given by Ms Mary Potter OBE
Launch of SWSLHD CCP Facebook page
Winner of the Harry Collins Award was Tricia Parker
from Bankstown Network
Community Health CCP position commences

2018
8th Annual CCP Conference
“Creating better partnerships for our Community” in partnership with HCNSW and Health Issues Victoria
Second “Bill Little Key Note Address” given by Ms Mary Potter OBE
Launch of SWSLHD CCP Facebook page
Winner of the Harry Collins Award was Tricia Parker
from Bankstown Network
Community Health CCP position commences

2019
8th Annual CCP Conference
“Creating better partnerships for our Community” in partnership with HCNSW and Health Issues Victoria
Second “Bill Little Key Note Address” given by Ms Mary Potter OBE
Launch of SWSLHD CCP Facebook page
Winner of the Harry Collins Award was Tricia Parker
from Bankstown Network
Community Health CCP position commences

2020
8th Annual CCP Conference
“Creating better partnerships for our Community” in partnership with HCNSW and Health Issues Victoria
Second “Bill Little Key Note Address” given by Ms Mary Potter OBE
Launch of SWSLHD CCP Facebook page
Winner of the Harry Collins Award was Tricia Parker
from Bankstown Network
Community Health CCP position commences

2021
8th Annual CCP Conference
“Creating better partnerships for our Community” in partnership with HCNSW and Health Issues Victoria
Second “Bill Little Key Note Address” given by Ms Mary Potter OBE
Launch of SWSLHD CCP Facebook page
Winner of the Harry Collins Award was Tricia Parker
from Bankstown Network
Community Health CCP position commences

2022
8th Annual CCP Conference
“Creating better partnerships for our Community” in partnership with HCNSW and Health Issues Victoria
Second “Bill Little Key Note Address” given by Ms Mary Potter OBE
Launch of SWSLHD CCP Facebook page
Winner of the Harry Collins Award was Tricia Parker
from Bankstown Network
Community Health CCP position commences

2023
8th Annual CCP Conference
“Creating better partnerships for our Community” in partnership with HCNSW and Health Issues Victoria
Second “Bill Little Key Note Address” given by Ms Mary Potter OBE
Launch of SWSLHD CCP Facebook page
Winner of the Harry Collins Award was Tricia Parker
from Bankstown Network
Community Health CCP position commences

2024
8th Annual CCP Conference
“Creating better partnerships for our Community” in partnership with HCNSW and Health Issues Victoria
Second “Bill Little Key Note Address” given by Ms Mary Potter OBE
Launch of SWSLHD CCP Facebook page
Winner of the Harry Collins Award was Tricia Parker
from Bankstown Network
Community Health CCP position commences

2025
8th Annual CCP Conference
“Creating better partnerships for our Community” in partnership with HCNSW and Health Issues Victoria
Second “Bill Little Key Note Address” given by Ms Mary Potter OBE
Launch of SWSLHD CCP Facebook page
Winner of the Harry Collins Award was Tricia Parker
from Bankstown Network
Community Health CCP position commences

2026
8th Annual CCP Conference
“Creating better partnerships for our Community” in partnership with HCNSW and Health Issues Victoria
Second “Bill Little Key Note Address” given by Ms Mary Potter OBE
Launch of SWSLHD CCP Facebook page
Winner of the Harry Collins Award was Tricia Parker
from Bankstown Network
Community Health CCP position commences

2027
8th Annual CCP Conference
“Creating better partnerships for our Community” in partnership with HCNSW and Health Issues Victoria
Second “Bill Little Key Note Address” given by Ms Mary Potter OBE
Launch of SWSLHD CCP Facebook page
Winner of the Harry Collins Award was Tricia Parker
from Bankstown Network
Community Health CCP position commences

2028
8th Annual CCP Conference
“Creating better partnerships for our Community” in partnership with HCNSW and Health Issues Victoria
Second “Bill Little Key Note Address” given by Ms Mary Potter OBE
Launch of SWSLHD CCP Facebook page
Winner of the Harry Collins Award was Tricia Parker
from Bankstown Network
Community Health CCP position commences

2029
8th Annual CCP Conference
“Creating better partnerships for our Community” in partnership with HCNSW and Health Issues Victoria
Second “Bill Little Key Note Address” given by Ms Mary Potter OBE
Launch of SWSLHD CCP Facebook page
Winner of the Harry Collins Award was Tricia Parker
from Bankstown Network
Community Health CCP position commences

2030
8th Annual CCP Conference
“Creating better partnerships for our Community” in partnership with HCNSW and Health Issues Victoria
Second “Bill Little Key Note Address” given by Ms Mary Potter OBE
Launch of SWSLHD CCP Facebook page
Winner of the Harry Collins Award was Tricia Parker
from Bankstown Network
Community Health CCP position commences

2031
8th Annual CCP Conference
“Creating better partnerships for our Community” in partnership with HCNSW and Health Issues Victoria
Second “Bill Little Key Note Address” given by Ms Mary Potter OBE
Launch of SWSLHD CCP Facebook page
Winner of the Harry Collins Award was Tricia Parker
from Bankstown Network
Community Health CCP position commences

2032
8th Annual CCP Conference
“Creating better partnerships for our Community” in partnership with HCNSW and Health Issues Victoria
Second “Bill Little Key Note Address” given by Ms Mary Potter OBE
Launch of SWSLHD CCP Facebook page
Winner of the Harry Collins Award was Tricia Parker
from Bankstown Network
Community Health CCP position commences

2033
8th Annual CCP Conference
“Creating better partnerships for our Community” in partnership with HCNSW and Health Issues Victoria
Second “Bill Little Key Note Address” given by Ms Mary Potter OBE
Launch of SWSLHD CCP Facebook page
Winner of the Harry Collins Award was Tricia Parker
from Bankstown Network
Community Health CCP position commences

2034
8th Annual CCP Conference
“Creating better partnerships for our Community” in partnership with HCNSW and Health Issues Victoria
Second “Bill Little Key Note Address” given by Ms Mary Potter OBE
Launch of SWSLHD CCP Facebook page
Winner of the Harry Collins Award was Tricia Parker
from Bankstown Network
Community Health CCP position commences

2035
8th Annual CCP Conference
“Creating better partnerships for our Community” in partnership with HCNSW and Health Issues Victoria
Second “Bill Little Key Note Address” given by Ms Mary Potter OBE
Launch of SWSLHD CCP Facebook page
Winner of the Harry Collins Award was Tricia Parker
from Bankstown Network
Community Health CCP position commences

2036
8th Annual CCP Conference
“Creating better partnerships for our Community” in partnership with HCNSW and Health Issues Victoria
Second “Bill Little Key Note Address” given by Ms Mary Potter OBE
Launch of SWSLHD CCP Facebook page
Winner of the Harry Collins Award was Tricia Parker
from Bankstown Network
Community Health CCP position commences

2037
8th Annual CCP Conference
“Creating better partnerships for our Community” in partnership with HCNSW and Health Issues Victoria
Second “Bill Little Key Note Address” given by Ms Mary Potter OBE
Launch of SWSLHD CCP Facebook page
Winner of the Harry Collins Award was Tricia Parker
from Bankstown Network
Community Health CCP position commences

2038
8th Annual CCP Conference
“Creating better partnerships for our Community” in partnership with HCNSW and Health Issues Victoria
Second “Bill Little Key Note Address” given by Ms Mary Potter OBE
Launch of SWSLHD CCP Facebook page
Winner of the Harry Collins Award was Tricia Parker
from Bankstown Network
Community Health CCP position commences

2039
8th Annual CCP Conference
“Creating better partnerships for our Community” in partnership with HCNSW and Health Issues Victoria
Second “Bill Little Key Note Address” given by Ms Mary Potter OBE
Launch of SWSLHD CCP Facebook page
Winner of the Harry Collins Award was Tricia Parker
from Bankstown Network
Community Health CCP position commences

2040
8th Annual CCP Conference
“Creating better partnerships for our Community” in partnership with HCNSW and Health Issues Victoria
Second “Bill Little Key Note Address” given by Ms Mary Potter OBE
Launch of SWSLHD CCP Facebook page
Winner of the Harry Collins Award was Tricia Parker
from Bankstown Network
Community Health CCP position commences
WHAT IS ACCREDITATION?

Accreditation is where independent external surveyors will assess an organisation based on the requirements which are set out in the National Safety and Quality Health Service Standards. Hospitals and Services of SWHLHD are not only assessed on the 10 National Standards but also on an additional set of five standards from the Australian Council on Healthcare Standards. Accreditation helps organisations to further improve. It also provides confidence to the community that their hospital is providing a good quality care.

HOW OFTEN DOES THE ASSESSMENT HAPPEN?

The accreditation cycle has four main steps. Two involve surveyors visit to the hospital. The accreditation cycle is generally completed over four years. When the surveyors complete their assessment they not only speak to staff and consumers/community representatives they also look at the evidence presented by the hospital to demonstrate that they are meeting the standards.

1. Organisational-Wide Survey: Surveyors will go through all the accreditation standards and if they have been met the organisation will receive a 4 year accreditation. The Surveyors may make some recommendations where areas need improvement.
2. Self-Assessment Support: The organisation will perform a self-assessment upon themselves to locate areas or gaps that may need improvement. The report is submitted to the ACHS for further assessment.
3. Periodic Review: Surveyors will visit the hospital again and go through some of the selected standards and any recommendations from the Organisational-Wide Survey. The Periodic Review is completed 2 years after the Organisational-Wide Survey. Surveyors may make some recommendations where areas need some improvement.
4. Self-Assessment Support: This is similar to step 2.

STANDARDS

All the standards have criteria where consumer/patient participation is required whether it be with:
- reviewing documents – policies, procedures, protocols or information to be given to patients/consumers
- feedback on care and service received
- working in partnership in decisions about their care
- assisting with developing documents
STANDARD 2 PARTNERING WITH CONSUMERS

THERE IS GROWING EVIDENCE ABOUT THE IMPORTANCE OF PARTNERSHIPS BETWEEN HEALTH SERVICE ORGANISATIONS AND HEALTH PROFESSIONALS, PATIENTS, FAMILIES, CARERS AND CONSUMERS.

Partnering with Consumers describes the systems and strategies to create a consumer-centered health system by including consumers in the development and design of quality health care.

The importance of health systems and health services that are based on partnerships with patients, families, carers and consumers is reflected in national and international quality frameworks. In Australia, consumer-centered care is one of the three dimensions in the Australian Safety and Quality Framework for Health Care. Partnerships with patients and consumers also form the basis of a range of national and jurisdictional health policies and programs (The Australian Commission on Safety and Quality in Health Care 2013).

Standard 2 of the National Safety and Quality Health Service Standards requires the involvement of consumers in the organisational and strategic processes that guide the planning, design and evaluation of health services.

The actions identified in Standard 2 build on emerging evidence of the benefits partnering with consumers can bring to health services. For example, involving consumers in service planning, delivery, monitoring and evaluation is more likely to result in services that are more accessible and appropriate for consumers.

There is no single approach to partnering with consumers. How healthcare organisations choose to establish and maintain their partnerships needs to reflect the organisations context, the purpose of the partnership, the desired outcomes and the environment in which the partnership is occurring. Where possible, strategies to engage with consumers should build on existing processes.
TRAINING AND DEVELOPMENT

SWSLHD PROVIDES TRAINING PROGRAMS TO SUPPORT THE LEARNING AND DEVELOPMENT OF CONSUMER, CARER AND COMMUNITY REPRESENTATIVES.

CONSUMER AND COMMUNITY PARTICIPATION UNIT
Attending orientation is mandatory for all CCR as soon as possible after completing the appropriate documentation to become a member. Orientation is conducted at various locations throughout the year depending upon the number of new community representatives to be trained.

FACILITY
Orientation at the individual Facility (hospital) that the community representative will be working more directly with, is recommended, giving the person a better insight into the local issues and items that would need to be understood (e.g. fire safety). It is also a networking opportunity to meet the new staff that may be working alongside representatives. There are a number of mandatory training sessions that all consumers formally participating with CCP need to undertake. The Facility CCP Managers will ensure this is arranged.

GENERAL TRAINING SESSIONS
CCR’s can attend SWSLHD training and education programs, and are invited to attend seminars and forums run by SWSLHD on issues and subjects they may have an interest in.

HEALTH EDUCATION AND TRAINING INSTITUTE
Health Education Training Institute (HETI) and Centre for Education and Workforce Development (CEWD) are training providers for health staff, volunteers, contractors and health consumers. Where possible training access will be arranged by CCP staff. For example consumers may participate in the selection committee for health staff, but they will need to complete the recruit and selection training as offered through CEWD. The provision of training is flexible in some cases and can be tailor-made to suit CCR.

CONFERENCES AND EXTERNAL TRAINING
CCR who wish to attend workshops, conferences and forums where there is a cost involved will need to complete an ‘Application to Attend Conference or Training’ (Appendix A6) and submit to the CCPU for consideration. If it is a locally based forum then the CCR will need to discuss attendance with their CCP Manager.

A database will be kept at the CCPU of all training, workshops, conferences and forums where the community representative have represented and/or been funded by the health service to attend.

CCR who do attend workshops, conferences and forums (internal or external to health) on behalf of the health service will be asked to provide formal feedback to the CCPU or Networks. This could be either written or a verbal presentation.

GUEST SPEAKERS
At most CCP Network and CCC meetings guest speakers are invited to attend and give the group information about their service or projects. This is a form of professional development for members and also a Forum where staff can consult directly on issues with health consumers.
Patient stories involve collecting stories from consumers’ personal experiences in the health system. People’s stories highlight not only what happens to people as they navigate their health and healthcare but what this means for their lives from their own perspectives and in their own words. They can evoke empathy in readers, viewers or listeners and can demonstrate the impact of systems, services and self-care on individuals, their families and communities.

Patient stories can be used for a number of purposes:

- To understand patients’ feelings and perceptions as they navigate the system
- To provide valuable insights on how we can improve different aspects of service delivery and care in our hospitals and community-based health care programs
- To showcase interactions or lack thereof between the patient and health care staff
- To assist staff in improving the experience for patients through education and reflection
- As a means of data collection to identify any problems in the health service and act as a change agent in making improvements
- May be used to promote the achievements of the service improvement activity, sharing lessons learnt and spreading the learning throughout the organisation
- As a means of improving quality and safety throughout the health service
- They have the potential to supply important evidence as to how health interventions and expenditure could be better targeted towards improving health outcomes. Consumer Health Forum (CHF)

Patient stories can be used as a learning tool in health services orientation programs, in key hospital and district committee meetings, in conferences, forums targeted at patient safety and as a focus in Grand Rounds for doctors and nurses.

Board or governance level strategies to facilitate patient-centred care include starting each board meeting with a patient story, shared by the patient or a staff member.

**STAFF CONSIDERATIONS WHEN UTILISING PATIENT STORIES:**

- **Why do you want the story?** Where will it be presented?
- Do you have informed patient or carer consent to use this story?
- **How will it be utilised** – in what context?
- What will the impact be on the person’s time and energy, in coming to tell their story. Will they be reading it from their own written notes a written story? Has this been considered to assist organize thoughts?
- **Is there any support** before the person tells their story to assist if required? Who will do this?
- If the person is coming to tell in person – what are the arrangements to ensure it is as “hassle free” as possible, such as parking and access to the place you need them to go?
- **How will they be supported afterwards?** This process may be emotionally taxing for them. Will they need to, or would they like to have “de brief’ afterwards?

**SUGGESTED LINKS**


WHY DO WE HAVE THE “TICK”?

As part of the ever expanding health service and its policies and procedures, there is growing demand for staff to produce flyers, brochures and general information for patients, carers, families and the wider community. There is growing understanding that the health literacy of our community is quite low with around 60% of the community having a literacy level of a Year 8 student. Health Literacy also applies to staff as they need to be able to ensure that patients and carers understand the information they are providing and sharing.

Under the ACHS National Standards, in Standard 2 “Partnering with Consumers” it states in 2.4 (2.4.1 and 2.4.2) “Consulting consumers on patient information distributed by the organisation”. This includes mechanisms to provide feedback on publications and action is taken to incorporate feedback. It is an item that we are being clearly assessed against.

SO WHAT DO I HAVE TO DO?

If you are considering producing information for patients, carers or family members, in a flyer, brochure or booklet format then please consider the following:

• Does your Facility have a policy that relates to this?

• Who is your audience?

• Is it written in plain language?

• Does it contain “health speak” or health terms difficult for a non-clinician to understand?

• Under what conditions will they be given the publication – prior to admission; upon admission; whilst on the ward; at their clinic visit; upon discharge or transfer of care?

• Could you use your own patients or carers to review and input into the document?

• How health literate is it generally?

SUGGESTED RESOURCE


FINAL TIPS

Try and get the document “as good as you can make it”. Make sure there are no “typos” or grammatical errors.

If you want the Facility CCP Network to have a look at this – consult with your CCP Manager and check the best way for this to happen. Networks meet regularly and the group may discuss or work on this individually. This depends on their work priorities.

“USING YOUR OWN” PATIENTS AND CARERS

If you involve patients, carers or families on your ward, in your clinic or service, then you are still able to get the CCPU Tick of approval. You will need to liaise with your local CCP Manager to get their endorsement. You will have to show some evidence that you have consulted with your patients and/or carers.
WHAT DOES IT LOOK LIKE?

SUPPORTED BY

SWSLHD
CONSUMER & COMMUNITY PARTICIPATION
HEALTH LITERACY IS THE “ABILITY OF INDIVIDUALS TO GAIN ACCESS TO, UNDERSTAND AND USE INFORMATION IN WAYS WHICH PROMOTE AND MAINTAIN GOOD HEALTH” (NUTBEAM, 2008)

Health Literacy is important as “people cannot achieve their fullest health potential unless they are able to take control of those things which determine their health” (WHO 2013).

From the most recent statistics, 2006 Australian Bureau of Statistics, it found that only 41% of 15-74 age group have adequate health literacy (AIHW 2012).

There have been studies conducted which have shown that those with low levels of health literacy are linked to poorer outcomes of health. These people are more likely to have poorer understanding of:

- their health condition;
- medication instructions;
- being able to access health service and information;
- being able to make the right treatment options;
- being aware of their rights and responsibilities; and
- general the right healthy living style.

This shows the importance of health literacy in relation to safety, quality and effectiveness of health care.

The Australian Commission on Safety and Quality in Health Care have developed a “National Statement on Health Literacy”. According to the Chair of the Commission “addressing health literacy is critical to effective partnerships with consumers. Improving health literacy contributes to a greater sense of empowerment, better quality of care and can also lead to improved outcomes for people and their families.”

The National Statement on Health Literacy shows the ways that the health service can make the health system easier to understand and for patients to make the right informed choices. The statement gives the patient better engagement which leads to better quality of care and improved outcomes for patients/families/carers. There are 3 areas where actions can be taken to enable people to access the health service, understand information and to be able to act on the information given to them.

1. Embedding health literacy into systems: developing, implementing systems and policies which encourage awareness and action on health literacy within the healthcare organisations to make it easier to access.
2. Ensuring effective communication: providing print, electronic or other communication that supports an effective partnership between the patient/family/carer, health service staff and others.
3. Integrating health literacy into education: educating patient/family/carer, health service staff and others on the benefits of effective communication.
Health literacy plays an important part with the way patients/families/carers and health service staff communicate whether it is verbal or written.

SWSLHD CCP strives to have a high standard of information provided to the patients, families and carers. To have effective communication requires the information written for the patient, to consider a number of requirements such as:

- **Presentation and Layout** – whether the print is easy to read; whether the information flows; are diagrams/pictures used are relevant, clearly labelled; etc

- **Language and Readability** – this relates to the way the information is communicated such as the tone; words are easily understood; words such as you, I, are used; etc

- **Content** – the information flows; aims/objectives are clearly stated; what information is included; medical jargon is explained; who has written the document and when; etc

- **Treatment and Outcomes for Health Care** – options available for treatment; etc.

The SWSLHD CCPU has developed forms which can be used to assist reviewing publications.

- “Assessing Health Literacy on Written Health Information for Staff and Consumers” – in depth review (Appendix A7)

- “Feedback Form of Written Patient Information for Patients/Consumers” – for patients/families (Appendix A8)

**SUGGESTED SITES**

BECOMING A CONSUMER OR COMMUNITY PARTICIPATION MEMBER IN SWSLHD

1. THE ROLE AND RESPONSIBILITIES OF A CONSUMER AND COMMUNITY REPRESENTATIVE

THE ROLE

• Actively participate in health service activity
• Advocate for health consumer issues
• Consider matters referred to by the health service
• Promote and monitor the progress of programs and projects
• Promoting the interests of carers, consumers and the community
• Provide a health consumer perspective
• Educate and inform the broader community about relevant health issues
• Reporting back information of interest to local networks.

CCR play an important role of working in ‘partnership’ with the health service, resulting in improved delivery of healthcare in the community.

The District recognise there is greater public confidence in health committees that have CCR working with clinicians and health staff.

Health consumer and community representation gives the health service more credibility and provides a broader perspective from the viewpoint of people with a lived experience.

THE RESPONSIBILITIES

• Adhering to the code of conduct
• Observing confidentiality
• Declaring conflicts of interest
• Acting in an ethical and respectful manner
• Not speaking on behalf of the health service
• Ensuring that information provided to local networks and the health service is accurate before communication with the broader communities is undertaken.
2. RECRUITMENT
The process for recruiting potential community representatives is a joint responsibility between the CCPU, CCP Managers, health staff and CCR.

This may involve:
• word of mouth
• encouraging existing patients or carers
• use of social media – such as the CCPU or LHD Facebook pages
• placing advertisements in local newspapers
• placing community service announcements with local radio stations
• distributing information flyers
• webpages
• writing to local community organisations
• writing to stakeholders of a service
• placing posters on notice boards
• promoting and conducting presentations to appropriate services and groups.

An application form to become a community representative will be used for the recruitment process. A package of information about CCP and SWLHD will also be provided to all enquirers.

3. INTERVIEW
The CCP Manager will meet with the applicant ensuring the criteria are met and that they understand the role and responsibilities.

Some key points to discuss may include – the persons health or community interests; what has inspired them to be involved; whether there are any support requirements; barriers to active participation; expectations of the role and the organisation and conflict of interest.

4. SELECTION OF CONSUMER AND COMMUNITY REPRESENTATIVES
Once the applicant is interviewed, the CCP Manager will consider suitability, and may invite them to attend a meeting to meet other consumers. This will give all concerned an opportunity to see how things operate and if the applicant feels their suitability.

The next steps of the process may take a formal path of completing some key documents to ensure they can later have access to the meetings, sites and information in order to undertake the full health consumer participation role. These documents include the following:

- Application to Join the Consumer and Community Participation Unit
- National Criminal Record Consent Form – Non Child Related Position
- NSW Health Code of Conduct
- Community Representative Confidentiality Agreement
- 100 Point Identification Check – proof of identification must be shown.

PLEASE NOTE
Paperwork and orientation must be completed before a consumer and community representative is accepted and their participation can formally commence.
RECRUITMENT TO COMMITTEES

Expression of Interest (EOI) Process
Where CCR are required for committees, then EOI will be called from individuals to become a member.

Normally CCP members on the database are eligible to be on health service committees. However, there are times where specific patients, current or past, may be required as they have specific knowledge of the subject the committee will be working on. This may be the case as well if working on time limited projects where the completion of the recruitment documents may not be fully required. In most cases to ensure confidentiality, a code of conduct or confidentiality agreement will be required to sit on the committee or project team.

Facility Committees
The CCP Manager sends out an EOI to representatives that have expressed interest. This information should contain relevant committee information such as the Terms of Reference.

Where possible, the Selection Panel will consist of a CCP Manager and the Committee Chairperson (or delegate). In some cases a consumer may also be a part of this selection process.

A letter of appointment for one or two years from the commencement of the first meeting, will be sent to the selected consumer or community member.

The term of the appointment can be extended with periodic reviews depending on the needs of the committee, the consumer and the organisation. This decision could be made by the Chairperson of the committee. During this term of appointment, the Chairperson of the committee has the discretion to discontinue the consumer’s membership to the committee. This decision will be made in consultation with the CCP Manager and the member concerned.

All representatives selected to sit on Facility committees will formally report back to their Networks, this is usually at the Network meetings and may be written or verbal. The report template in the Framework (Appendix A4) is a useful guide to assist structure and document the report. It may be helpful to use points from minutes of the committee, or from your own notes taken at the meeting. The CCP Manager can advise further regarding reporting.

Local Health District Committees
The CCPU will send out an EOI to all interested consumer and community representatives. This information should contain information such as the Terms of Reference.

A selection process will be similar to the facility process, and may involve the LHD CCP Manager and the Chair of the Committee (or delegate) seeking consumers.

A letter of appointment will be sent to the selected consumer with the dates of appointment and other relevant information.

All consumer or community representatives selected to sit on SWSLHD Committees will need to formally report back to the CCC using the report form in the Framework, and if a CCC member, verbally with some key points at the next CCC meeting.
Number of Representatives on Committees
Two positions will be made available on committees that are seeking CCR. This allows community representatives to support each other or represent each other during absences. There may be occasion where more than two representatives are sought.

Committee Resignation
Representatives can resign from a committee at any time, by notifying the Chairperson of the Committee and Facility or LHD CCP Manager. Written notification, or an email, is preferable within two weeks of their decision.

CCR will be informed in writing when their term of appointment is due to expire. Outgoing representatives can reapply for a further appointment through the usual EOI process.

SWSLHD STAFF RESPONSIBILITIES WHEN SEEKING CONSUMER AND COMMUNITY REPRESENTATIVES ON HEALTH SERVICE COMMITTEES
Staff will consider the following points:

- Why do you want community representatives on a committee?
- What do you hope to achieve from having community representatives on a committee?
- What level of involvement do you want from the community representatives?
- Do you have a Buddy for the community representatives e.g. Committee Chairperson?
- Does the committee have a Terms of Reference?
- Does the committee understand the role of community representation? What do they expect?
- Are you aware of the role and responsibilities of having community representatives on a committee?
- What will be the mechanism for communication of committee activities?
- Are you aware that your committee membership needs to include positions for two community representatives where possible?
Interested consumer or community member → Interview with Consumer & Community Participation Manager, consumer may attend Network meeting as an observer → Acceptances as Consumer & Community Participation member

Initially, the consumer participates in meetings and/or other activities.

Request for Consumer on a Committee → Expression of Interest and selection process undertaken → Consumer appointed to a Committee

The consumer then completes paperwork and undergoes orientation.

Throughout this process, the consumer may attend Network meetings as an observer.

Letter of appointment sent to Consumer
WHAT IS A BUDDY?

All CCR on health service committees will be offered a staff member as a buddy, who will act as a support person. There will be instances where a buddy is not required. On occasion the buddy may leave the committee, and the CCP Manager needs to be informed of this so a new person can be arranged if required.

In addition, there may be occasion where a buddy is determined to be an experienced CCR.

THE ROLE OF THE BUDDY IS TO:

- Provide a contact point for the CCR representatives with that committee between meetings
- Answer any questions in relation to the focus and operation of the committee
- Provide additional information about the work of the committee where needed
- Provide support to the representatives in understanding the work of the committee.

It is envisaged that reliance on the buddy by the community representatives will diminish over time as the representatives become accustomed to the business of the committee.

STAFF ARE ADVISED CONSIDER THE FOLLOWING POINTS

- Why do you want community representatives on a committee?
- What do you hope to achieve from having community representatives on a committee?
- Can you ensure that the position for the consumer is not tokenistic, and you can ensure it will be valued?
- What level of involvement do you want from the community representatives?
- Do you have a Buddy identified for the community representatives e.g. Committee Chairperson?
- Does the committee have a Terms of Reference?
- Does the committee understand the role of consumer or community member?
- Are you aware of the role and responsibilities of consumers as identified in the CCP Framework?
- What will be the mechanism for communication of committee activities to the consumer – such as email or mailing hard copies? Can you ensure they are available to the member in a timely way?
- Can you ensure timely communication if a meeting is cancelled so the consumer has enough time to rearrange their activities/commitments?
- Are you aware that your committee membership needs to include positions for two consumer or community representatives where possible?
- Does your committee conduct an annual review and is the consumer included in the review?
- Do you expect the consumer to formally report on your committee activities to another forum? This may be their Facility network, service or CCC.
- Can the consumer access the meeting room space? Or do they require an access pass?
RESOURCES FOR CONSUMER & COMMUNITY PARTICIPATION

FUNDS FOR CCP ACTIVITIES ARE PROVIDED FOR AND INCLUDED IN BUDGETS AT LOCAL HEALTH (LHD) AND FACILITY LEVEL.

It is recognised that CCR incur expenses through their involvement in SWSLHD participation processes. Arrangements will be made to reduce these expenses, for example, access to telephone, fax and photocopying facilities.

To enable the involvement of CCR with additional needs, the health service will provide relevant resources, for example, mobility assistance, wheelchair access venues, large printed material, childcare, interpreters and specific dietary needs.

Representatives are to keep a receipt or record of out of pocket expenses incurred (other than private vehicle use for which a separate travel log needs to be completed) and to complete a Claim for Reimbursement Form (see Appendix A5).

CCR submit reimbursement forms to the LHD Manager of CCP within 6 months of the expense being incurred.

The claim for reimbursement can be directly mailed to the LHD CCP Manager, emailed or given to their Facility CCP Manager. Paperwork to sign consumers up through the LHD financial systems will be discussed and arranged with the CCPU Manager.

Other resources to support attendance and participation in meetings via tele or video conference can also be arranged as and when required.

Where possible, and mainly on a Board Sub-Committee, a computer will be provided if necessary to assist with communication.

In the case where consumers cannot attend a meeting, then teleconference or video conference facilities maybe considered if available.

GLOSSARY

Teleconference
This is where a conference is held via a telephone or network connection

Video conferencing
This is where a conference between 2 or more participants at different sites by using computer networks to transmit audio and video data.

SUGGESTED SITES FOR FURTHER INFORMATION

www.chf.org.au/resources-for-representatives.php

SWSLHD USES A NUMBER OF MECHANISMS TO COMMUNICATE IMPORTANT INFORMATION CCR INCLUDING:

- Conducting regular Network or Service meetings – formal meeting process and meeting business papers such as agenda, minutes, correspondence tabled, business plans

- Guest speakers attending meetings including senior health staff that may give formal or informal report; utilize the group for consultation and promote discussion

- Emails and hard mail

- Accessible websites

- District Newsletter – emailed monthly and hard copies tabled at meetings and in display areas

- CCPU Facebook page

- Committee reporting process – written and/or verbal

- Invitations to community events and forums.

STAFF OF SWSLHD ARE KEPT UP TO DATE WITH CCP INFORMATION BY:

- Updating information on the CCP website and staff intranet

- District Newsletter - “District News” articles

- CCP Facebook page

- Formal reporting of CCP Network activity and issues directly to General Manager and key staff and committees

- Inviting staff to the Annual CCP Conference and other CCP forums

- CCR and CCP staff conducting training directly to staff.

THE BROADER COMMUNITY ARE UPDATED ON SWSLHD CCP ACTIVITY THROUGH:

- Posts on Facebook

- Articles in local newspapers

- Updates on the CCP website, and utilizing the calendar of events in the site

- CCR and CCP staff giving presentations to the community

- Invitation to CCP and LHD events such as Annual Conference and Annual Public Meeting.
SOCIAL MEDIA OR WEB 2.0 IS AN INSTRUMENT OF SOCIAL COMMUNICATION WHICH IS CHARACTERISED BY INTERACTION AND HAS BEEN DEFINED AS “A GROUP OF INTERNET BASED APPLICATIONS... THAT ALLOW THE CREATION AND EXCHANGE OF USER GENERATED CONTENT” (KAPLAN & HAENLEIN 2010).

Social media incorporates a range of modes such as written text, blogs, short messages and push notifications, photos, video clips (YouTube), online community groups and others (Kaplan & Haenlein 2010).

Current literature points to social media being one of the most powerful and efficient forms of communication with the capacity to reach a vast number of users. What is considered most valuable about it is that it increases the potential for interaction, engagement, customisation and participation of the users because of the way information can be personalised, and presented (CDC 2011, Cowie, Hill and Robinson, 2011). It can be used for one to one, one to many, and many to many communication making it a unique media (Weber, Scamps and Jones 2013). Research now indicates that the majority of the population have access to the internet, including 80% having smartphones, even those who are vulnerable (AIMA 2014).

Social media has been described as changing the “expert model” so that instead of receiving a lecture through static web pages, users are “collectively engaged in a conversation that leads to the generation of online content – collective intelligence” (Thackeray and Neiger 2009 p 339). Some studies have found that information can be better and more willingly understood when it comes from social networks such as family, friends and co-workers rather than professionals (Levac & O’Sullivan 2010, Thackeray and Neiger 2009). Other added benefits for some projects have been the number of people who have been able to be reached, cost savings and flexibility (Gov 2.0 2009).

There are risks to using social media as it can be difficult to ensure information is authentic as often users are in control and there is no filter or screen to what information is posted or shared, and privacy can be an issue (O’Keefe and Clarke-Pearson 2011). For government organisations there is no ability to “control the conversation”, this is counter to the aims of social media of relevance, transparency and timeliness (Gov 2.0 2009). Consumers, services and the LHD therefore need to carefully consider and plan implementation of social media projects. Those wanting to develop social media projects should be guided by the LHD Social Media and Communications policy.

MANAGEMENT OF GRIEVANCE & COMPLAINTS

SWSLHD is committed to providing a safe and harmonious environment for all employees and CCR. SWSLHD will provide CCR with information and support to enable CCR to raise issues of concern as they arise to an appropriate member of SWSLHD staff.

The role of a CCR is an important one and CCR are bound by the NSW Health Code of Conduct (PD 2015_035) which all CCR agree to when signing up to the SWSLHD CCPU. SWSLHD manages grievances in accordance with best practice principles, such as those set out in NSW Health 2010 Effective Workplace Resolution. This approach incorporates the use of effective communication and feedback, including facilitated conversations, to enable people involved in the grievance or concern to resolve the issues in a respectful manner toward a mutually understood outcome.

A CCR with a grievance or concern should first attempt to directly discuss the matter with the person concerned if appropriate. If unresolved then the CCR should approach the most suitable SWSLHD manager to assist in resolution.

For Example, if the grievance or concern is about a:

- **Member of the consumer and community** Network at the Facility – then it can be raised with the CCP Manager or Manager of CCPU
- **Committee representative** – then it can be raised with the CCP Manager, Chair of the committee or the Facility/service General Manager
- **Consumer and Community Participation Manager** at the Facility – then it can be raised with the facility General Manager or Manager of CCPU
- **General Manager** – can be raised with the Manager of CCPU
- **Manager of Consumer and Community Participation Unit** – can be raised with the Chief Executive.

Should a grievance or complaint arise concerning the performance of the consumer and community member on a committee or network, the views of the CCR will be sought by the Chair and CCP Manager with the aim of resolving any difficulties.

All attempts will be made to resolve the matter to mutual satisfaction which may include further meetings with clear direction about actions required as a result of the grievance or complaint. A record of meetings regarding the grievance or complaint may be kept and a copy of the notes may be provided to all parties concerned.

SWSLHD will manage complaints or concerns from CCR in a fair, equitable and timely manner in order to resolve the matter in good faith. In the event the matter cannot be resolved SWSLHD will give consideration to alternate remedies. This may incorporate concluding a CCR appointment where SWSLHD is of the opinion that the CCR is not maintaining their communication and/or behaviour in line with the Code of Conduct.
APPENDICES
APPLICATION TO JOIN THE CONSUMER AND COMMUNITY PARTICIPATION UNIT

PERSONAL DETAILS

Mr/Miss/Ms/Mrs Surname: ______________________________

Given Name: ____________________________________________

Address: ________________________________________________

Phone (H): _________________________ (M):  __________________

Email: ___________________________________________________

What is your preferred method of contact:  Phone    Email    Mail

Do you speak any languages other than English?  Yes  /  No

If yes, language(s) spoken: _______________________________________

Which is your age range:  (Please tick the correct response)

☐ 18 – 25 years        ☐ 56 – 55 years
☐ 26 – 35 years        ☐ 66 – 75 years
☐ 36 – 45 years        ☐ 76+ years
☐ 46 – 55 years

What are your areas of interest in health? (Please tick one or more responses)

☐ Aged Care        ☐ Disability Services
☐ Allied Health (eg Physiotherapy, Occupational Therapy, etc) ☐ Emergency Department
☐ Cancer Services ☐ Health Promotion Initiatives
☐ Community Health ☐ Health Research
☐ Carer Issues ☐ Mental Health Services
☐ Cultural Diversity Services ☐ Palliative Care
☐ Dementia Services ☐ Paediatric Services
☐ Diabetes Services ☐ Stroke Services
☐ Youth Services

Other: ____________________________________________________
What is your connection to the health service?

- I am a current patient / consumer
- I am a carer
- I am a past patient / consumer
- I am a relative of a patient / consumer
- I live in the local area

Please list any community activities you may be involved in. (eg Rotary, Lions Club, social groups, church groups, Probus, etc)

________________________________________________________________________

________________________________________________________________________

Please provide any other information regarding your skills, qualifications and interests that you think might be relevant.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What support will you need from the District to be effective as a consumer of community representative?

________________________________________________________________________

STATEMENT/AGREEMENT (Consumer and Community Representative’s Statement)

I understand that this information is being provided to the Manager, Consumer and Community Participation Unit and will also be kept on a confidential database.

I understand that as a Consumer and Community Representative I am entitled to receive out of pocket expenses for my participation, but my involvement does not attract any salary.

Signature: ___________________________ Date: ________________
This questionnaire has been developed to assist you in your annual review and planning session. The review meeting enables you to provide feedback to the Facility CCP Manager or LHD Manager of CCPU regarding your participation, to plan actions that will support you and to discuss any other aspects of your involvement in CCP. Please take the time to consider these questions carefully so that the session provides a focussed approach.

Name: ___________________________________________________________
Position: __________________________________________________________
Facility: __________________________________________________________
Date: ____________________________________________________________

1. What have been the most satisfying aspects of your participation?
   ___________________________________________________________________
   ___________________________________________________________________

2. What do you consider to be your key achievements during the past 12 months?
   ___________________________________________________________________
   ___________________________________________________________________

3. Have there been any difficulties, barriers or frustrations that have affected your ability to fully participate?
   ___________________________________________________________________
   ___________________________________________________________________

4. Have you participated in any training or development activities during the past year?
   YES/NO
   If yes, what was the training?
   ___________________________________________________________________

5. Is there any training or other activities you would like to attend and undertake?
   ___________________________________________________________________

6. Do you have any suggestions to improve consumer and community participation?
   ___________________________________________________________________
ANNUAL REVIEW AGREEMENT

Reviewer Name:___________________________________________________
Review period: From__________________to____________________________
Date completed:___________________________________________________

What would you like to see happen over the next 12 months:
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

Next review date:__________________________________________________
Signature of reviewer:______________________________________________
Signature of consumer / community member:___________________________
COMMITTEE EXPRESSION OF INTEREST

Committee applying for:

☐ Facility/Service ☐ Local Health District (LHD)

Name:

Address:

Preferred Contact Details:

Please tick the Network you are a current member of:

☐ Bankstown ☐ Fairfield ☐ Liverpool

☐ Macarthur ☐ Wingecarribee ☐ MHCCC

☐ Other

Have you completed the SWSLHD Community Representatives Orientation Training? Yes / No

Have you read and understood the Committee’s Terms of Reference? Yes / No

Comments:

What skills and experience do you feel that you could contribute to the Committee or Meeting?

Do you sit on any other LHD or Facility Health Service Committees? Yes / No
If yes, please list the committees.

Please return to:

Consumer and Community Participation Unit
Locked Bag 7279
LIVERPOOL BC NSW 1871
CONSUMER AND COMMUNITY REPRESENTATIVES REPORT FORM

Your name:
Your committee or project:
Period covered by this report:

KEY POINTS

1

2

3

4

5

ACTIONS

1

2

3
CLAIM FOR REIMBURSEMENT

SOUTH WESTERN SYDNEY LOCAL HEALTH DISTRICT
CONSUMER, CARER & COMMUNITY REPRESENTATIVES
CLAIM FOR REIMBURSEMENT

Name: ............................................................................................................................................................

Address: .......................................................................................................................................................

Phone Number: ..............................................................................................................................................

Consumer Group/Advisory Committee and area/sector: ..............................................................................
(if appropriate)

TRAVEL REIMBURSEMENT

Vehicle engine size: over 1600/under 1600 cc (cross out whichever not applicable)

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Purpose of Journey</th>
<th>Kms</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Details of other reimbursements (receipts required): ………………………………………………………………

Participant/Representative’s Signature: ....................................................... Date: .....................................

OFFICE USE

(Rate: over 1600cc – 0.375c per km; under 1600cc – 0.315c per km)

Total Kms = 0 @ = Total: $ 0.00

Other reimbursement = Total:

Total Claim: $ 0.00

Certified correct in terms of Section 7.20 of the Accounts and Audit Determination: Date:

Authorised in terms of 7.22 of the Accounts and Audit Determination: Date:

Cost Centre: Account Code: Amount:

Refer to NSW DOH Policy Directive PD2009-016 on Official Travel Updated 14/8/09 IB2009_049
APPLICATION TO ATTEND CONFERENCE OR TRAINING

Name: ____________________________________________

Address: ____________________________________________

Preferred Contact Details: ________________________________

Facility: ____________________________________________

Name of Conference/Training: ____________________________

Conference/Training conducted by: _________________________

Location of Conference/Training: _________________________

Conference/Training Dates: _____________________________

I am requesting funding support:

Conference/Training Registration: _________________________

Accommodation: Number of Days: _________________________

Airfare: _________________________

Total funding sought: _________________________

Cheques to be made payable and sent to:

____________________________________

What skills and experience do you feel that you will gain from this Conference/Training?

____________________________________

How will you be reporting back to the Consumer and Community Participation Unit or Network?

☐ Verbal: ____________________________________________

☐ Written: ____________________________________________

Please return to: Consumer and Community Participation Unit

Locked Bag 7017

LIVERPOOL BC NSW 1871

OFFICE USE ONLY To be completed by SWSLHD Consumer and Community Participation Unit

I Do ☐ Do Not ☐ Approve this application _________________________

Signature: _________________________ Date: / /
# Assessing Health Literacy on Written Health Information for Staff and Consumers

**Document Name:**

**Date Reviewed:**

## Presentation/Layout

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the print easy to read?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the colour print easy to read?</td>
<td></td>
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</tr>
<tr>
<td>When colour print is copied in black &amp; white is it easy to read?</td>
<td></td>
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</tr>
<tr>
<td>Is there too much information that might stop the consumer from reading it?</td>
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<tr>
<td>Is the information presented in sections?</td>
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</tr>
<tr>
<td>Are all headings clearly identifiable?</td>
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<tr>
<td>Are the paragraphs short (2 to 3 sentences)?</td>
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<tr>
<td>Are the sentences length reasonable (not too many words)?</td>
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<tr>
<td>Is there enough spacing between the sentences?</td>
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<tr>
<td>Is there enough spacing between the sections?</td>
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<tr>
<td>Are points easy to identify?</td>
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<tr>
<td>Do the diagrams/pictures relate to the information?</td>
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<tr>
<td>Are the diagrams/pictures clearly labelled with the relevant parts?</td>
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<tr>
<td>Are the diagrams/pictures a good size?</td>
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</tbody>
</table>

## Language/Readability

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the language and tone written in a friendly way?</td>
<td></td>
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<tr>
<td>Is the language and tone direct/talking down to the consumer?</td>
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<tr>
<td>Are personal pronouns used, eg you, I, he, she, etc?</td>
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<tr>
<td>Can the consumer understand what is written (to a level of a year 6 to 8 student)?</td>
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<tr>
<td>Are the words used easy to understand, eg evaluating/assessing?</td>
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<tr>
<td>Is the brochure available in other languages?</td>
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</tbody>
</table>

## Content

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the information follow an order of most useful first?</td>
<td></td>
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<tr>
<td>Is the information included current (dates listed)?</td>
<td></td>
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<tr>
<td>Is the information presented in a balanced and non-biased way?</td>
<td></td>
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<tr>
<td>Is there any unnecessary information included?</td>
<td></td>
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<tr>
<td>Are the aims/objectives of the information clearly stated?</td>
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<tr>
<td>Does the information meet the aims?</td>
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<tr>
<td>Is there any information that the consumer needs to be aware of and is not listed?</td>
<td></td>
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<tr>
<td>Are all instructions clear, brief and easy to understand?</td>
<td></td>
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</tr>
</tbody>
</table>
Is the evidence provided referenced?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>N/A</th>
</tr>
</thead>
</table>

Does the brochure encourage and support shared decision making/allow consumers to ask questions about their treatment?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>N/A</th>
</tr>
</thead>
</table>

Is the support and services listed easy to access?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>N/A</th>
</tr>
</thead>
</table>

Has information about other services or where to get more information been included?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>N/A</th>
</tr>
</thead>
</table>

Does the information help with areas of uncertainty?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>N/A</th>
</tr>
</thead>
</table>

Could a checklist of what needed to be done been included?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>N/A</th>
</tr>
</thead>
</table>

Is the medical terminology, abbreviations and jargon explained?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>N/A</th>
</tr>
</thead>
</table>

Is the terminology used consistent throughout?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>N/A</th>
</tr>
</thead>
</table>

Does the information consider cultural sensitivity?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>N/A</th>
</tr>
</thead>
</table>

Is the health service logo included on the brochure?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>N/A</th>
</tr>
</thead>
</table>

Is the date of the publication/review been included?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>N/A</th>
</tr>
</thead>
</table>

Does the brochure contain the name/s of the author/s?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>N/A</th>
</tr>
</thead>
</table>

Has the “CCP Tick” been given?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>N/A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Treatment and Outcomes for Health Care (specific to treatment)</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are all the treatment options included?</td>
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<tr>
<td>Is there a description of all the treatment options?</td>
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<tr>
<td>Is there an indication of the quality and level of evidence to support these options?</td>
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<tr>
<td>Are the risks and benefits of treatment outcomes been provided?</td>
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<tr>
<td>Are the treatment outcomes quantified?</td>
<td></td>
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<tr>
<td>Is there a comparative analysis of the treatment choices?</td>
<td></td>
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</tr>
<tr>
<td>Is there mention of what might happen if no treatment option is selected?</td>
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<tr>
<td>Is information about the gaps and uncertainties with the treatment been provided?</td>
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</tbody>
</table>

Any other comments:  
(Eg: What colour paper is this going to be printed on?)

Adopted from:  
Well-Written Health Information: A Guide Communicating with Consumers Series 1  
Checklist for Assessing Written Consumer Health Information  
Plain English Foundation  
Plain English top tips – Key elements of plain English  
Health Communications Consultant, Advantage Consulting Service, LLC  
Health Literacy Recommendations Checklist  
Centre for Health Literacy, Maximus and McGee & Evers Consulting, Inc  
Quick Checklist for Plain Language  
ECRI Institute – Healthcare Risk Control - Risk and Quality Management Strategies 9  
Health Literacy:
Name of Publication: ________________________________

Date and Venue of Review: ________________________________

Interpreter Present for Consumer Feedback:  Yes ☐  No ☐  N/A ☐
If Yes please list language: ________________________________

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<tbody>
<tr>
<td>1</td>
<td>Is the publication easy to read?</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>Is the print large enough to read?</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Does the publication contain words that you don’t understand (eg medical language). If yes could you please provide examples:</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Did you find the information to useful?</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Did you find the publication interesting to look at eg pictures, use of colour, etc</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Is it clear what the publication is about?</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>What is the information that most stands out to you?</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Is there other information you would like to see included in this publication?</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Is there any changes you would like to see included in this publication eg flow or order of content?</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Other comments:</td>
<td></td>
</tr>
</tbody>
</table>

Adapted From: Illawarra Shoalhaven Local Health District
**IAP2’s Public Participation Spectrum**

The IAP2 Federation has developed the Spectrum to help groups define the public’s role in any public participation process. The IAP2 Spectrum is quickly becoming an international standard.

### INFORM
- To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.

### CONSULT
- To obtain public feedback on analysis, alternatives and/or decisions.

### INVOLVE
- To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.

### COLLABORATE
- To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.

### EMPOWER
- To place final decision making in the hands of the public.

#### Promise to the Public

<table>
<thead>
<tr>
<th>Public Participation Goal</th>
<th>INFORM</th>
<th>CONSULT</th>
<th>INVOLVE</th>
<th>COLLABORATE</th>
<th>EMPOWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.</td>
<td></td>
<td>To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.</td>
<td>To place final decision making in the hands of the public.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.</td>
<td>To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.</td>
<td>To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.</td>
<td>To place final decision making in the hands of the public.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To consult the public and provide feedback on how public input influenced the decision.</td>
<td>To provide feedback on how public input influenced the decision.</td>
<td>To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.</td>
<td>To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.</td>
<td>To place final decision making in the hands of the public.</td>
<td></td>
</tr>
</tbody>
</table>

**The IAP2 Public Participation Spectrum Association for public participation, Sydney**

© IAP2 International Federation 2014. All rights reserved.
The Australian Charter of Healthcare Rights describes the rights of patients and other people using the Australian health system. These rights are essential to make sure that, wherever and whenever care is provided, it is of high quality and is safe.

The Charter recognises that people receiving care and people providing care all have important parts to play in achieving healthcare rights. The Charter allows patients, consumers, families, carers and services providing health care to share an understanding of the rights of people receiving health care. This helps everyone to work together towards a safe and high quality health system. A genuine partnership between patients, consumers and providers is important so that everyone achieves the best possible outcomes.

**Guiding Principles**

These three principles describe how this Charter applies in the Australian health system.

1. **Everyone has the right to be able to access health care and this right is essential for the Charter to be meaningful.**

2. **The Australian Government commits to international agreements about human rights which recognise everyone’s right to have the highest possible standard of physical and mental health.**

3. **Australia is a society made up of people with different cultures and ways of life, and the Charter acknowledges and respects these differences.**

**What can I expect from the Australian health system?**

<table>
<thead>
<tr>
<th>MY RIGHTS</th>
<th>WHAT THIS MEANS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access</strong></td>
<td>I have a right to health care. I can access services to address my healthcare needs.</td>
</tr>
<tr>
<td><strong>Safety</strong></td>
<td>I have a right to receive safe and high quality care. I receive safe and high quality health services, provided with professional care, skill and competence.</td>
</tr>
<tr>
<td><strong>Respect</strong></td>
<td>I have a right to be shown respect, dignity and consideration. The care provided shows respect to me and my culture, beliefs, values and personal characteristics.</td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td>I have a right to be informed about services, treatment, options and costs in a clear and open way. I receive open, timely and appropriate communication about my health care in a way I can understand.</td>
</tr>
<tr>
<td><strong>Participation</strong></td>
<td>I have a right to be included in decisions and choices about my care. I may join in making decisions and choices about my care and about health service planning.</td>
</tr>
<tr>
<td><strong>Privacy</strong></td>
<td>I have a right to privacy and confidentiality of my personal information. My personal privacy is maintained and proper handling of my personal health and other information is assured.</td>
</tr>
<tr>
<td><strong>Comment</strong></td>
<td>I have a right to comment on my care and to have my concerns addressed. I can comment on or complain about my care and have my concerns dealt with properly and promptly.</td>
</tr>
</tbody>
</table>

For further information please visit www.safetyandquality.gov.au
# Standards

<table>
<thead>
<tr>
<th>Standards:</th>
<th>Criteria:</th>
<th>Actions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSQHS = 10</td>
<td>EQuIP = 5</td>
<td>209 Core (24 Mandatory) NSQHS = 256 EQuIP = 111</td>
</tr>
</tbody>
</table>

## National Safety and Quality Health Service (NSQHS) Standards

<table>
<thead>
<tr>
<th>1. Governance for Safety and Quality of Health Service Organisations</th>
<th>6. Clinical Handover</th>
</tr>
</thead>
<tbody>
<tr>
<td>- These are integrated systems of governance to actively manage patient safety and quality.</td>
<td>- Health service organisations implement effective clinical handover systems.</td>
</tr>
<tr>
<td>- Care provided by the clinical workforce is guided by current best practice.</td>
<td>- Health service organisations have documented and structured clinical handover processes in place.</td>
</tr>
<tr>
<td>- Managers and the clinical workforce have the right qualifications, skills and approaches to promote safe, high quality health care.</td>
<td>- Health service organisations establish mechanisms to include patients and carers in clinical handover processes.</td>
</tr>
<tr>
<td>- Patient safety and quality incidents are recognised, reported and analysed, and this information is used to improve services.</td>
<td>- Blood and Blood Products.</td>
</tr>
<tr>
<td>- Patient rights are respected and their engagement in their care is supported.</td>
<td>- Health service organisations have systems in place for the safe and appropriate prescribing and clinical use of blood and blood products.</td>
</tr>
</tbody>
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<thead>
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<tbody>
<tr>
<td>- Governance structures are in place to form partnerships with consumers and/or carers.</td>
<td>- The clinical workforce accurately records a patient’s blood and blood product transfusion history and indications for use of blood and blood products.</td>
</tr>
<tr>
<td>- Consumers and/or carers are supported by the health service organisation to actively participate in the improvement of the patient experience and patient health outcomes.</td>
<td>- Health service organisations have systems to receive, store, transport and monitor transfusion of blood and blood products.</td>
</tr>
<tr>
<td>- Consumers and/or carers receive information on the health service organisation’s performance and contribute to the ongoing monitoring, measurement and evaluation of performance for continuous quality improvement.</td>
<td>- Patients and carers are informed about the risks and benefits of using blood and blood products and about the available alternatives when a platelet transfusion is developed.</td>
</tr>
</tbody>
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<tbody>
<tr>
<td>- Effective governance and management systems for healthcare-associated infections are implemented and maintained.</td>
<td>- Health service organisations have governance structures and systems in place for the prevention and management of pressure injuries.</td>
</tr>
<tr>
<td>- Strategies for the prevention and control of healthcare-associated infection are developed and implemented.</td>
<td>- Patients are screened on presentation and pressure injury prevention strategies are implemented when clinically indicated.</td>
</tr>
<tr>
<td>- Healthcare facilities and the associated environment are clean and hygienic. Reprocessing of equipment and instruments meets current best practice guidelines.</td>
<td>- Patients who have pressure injuries are managed according to best practice guidelines.</td>
</tr>
<tr>
<td>- Information on healthcare associated infection is provided to patient, carers, consumer and service providers.</td>
<td>- Patients and carers are informed about the risks, prevention strategies and management of pressure injuries.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Medication Safety</th>
<th>9. Recognising and Responding to Clinical Deterioration or Incapacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Health service organisations have mechanisms for the safe prescribing, dispensing, supplying, administering, storing, manufacturing, compounding and monitoring of the effects of medicines.</td>
<td>- Organisation wide systems consistent with the National Consensus Statement are used to support and promote recognition of, and response to, patients whose condition deteriorates in an acute healthcare facility.</td>
</tr>
<tr>
<td>- The clinical workforce accurately records a patient’s medication history and this history is available throughout the episodes of care.</td>
<td>- Patients whose condition is deteriorating are recognised and appropriate action is taken to escalate care.</td>
</tr>
<tr>
<td>- The clinical workforce is supported for the prescribing, dispensing, administering, storing, manufacturing, compounding and monitoring of medicines.</td>
<td>- Appropriate and timely care is provided to patients whose condition is deteriorating.</td>
</tr>
<tr>
<td>- The clinical workforce informs patients about their options, risks and responsibilities for an agreed medication management plan.</td>
<td>- Patients, families and carers are informed of recognition and response systems and can contribute to the processes of escalation and care.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Patient Identification and Privacy Matching</th>
<th>10. Preventing Falls and Harm from Falls</th>
</tr>
</thead>
<tbody>
<tr>
<td>- At least three approved patient identifiers are used when providing care, therapy or services.</td>
<td>- Health service organisations have governance structures and systems in place to reduce falls and minimise harm from falls.</td>
</tr>
<tr>
<td>- A patient’s identity is confirmed using three approved patient identifiers when transferring responsibility of care.</td>
<td>- Patients on presentation, during admission, and when clinically indicated, are screened for risk of a fall and the potential to be harmed from falls.</td>
</tr>
<tr>
<td>- Health service organisations have identified risks from falls and are engaged in the development of a falls prevention plan.</td>
<td>- Prevention strategies are in place for patients at risk of falling.</td>
</tr>
<tr>
<td>- Patients and carers are informed of the identified risks from falls and are engaged in the development of a falls prevention plan.</td>
<td>- Patients and carers are informed of the identified risks from falls and are engaged in the development of a falls prevention plan.</td>
</tr>
</tbody>
</table>

## EQuIP Content

<table>
<thead>
<tr>
<th>Service Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>- The community health service organisation identifies its needs.</td>
</tr>
<tr>
<td>- Access and admission processes to the service are prioritised according to the healthcare needs.</td>
</tr>
<tr>
<td>- Consumers and/or patients are informed of the consent process, and they understand and provide consent for their health care.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Care and Services</th>
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</thead>
<tbody>
<tr>
<td>- Health care and services are evaluated to ensure they are appropriate and effective.</td>
</tr>
<tr>
<td>- The organisation meets the needs of consumers / patients and carers with diverse needs and from diverse backgrounds.</td>
</tr>
<tr>
<td>- Better health and wellbeing are promoted by the organisation for consumers / patients and their carers and the wider community.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provision of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Assessment and care planning ensure that current and emerging needs of the consumer / patient are identified.</td>
</tr>
<tr>
<td>- The organisation ensures that the nutritional needs of consumers / patients are met.</td>
</tr>
<tr>
<td>- Systems for ongoing care and discharge / transfers are coordinated and effective and meet the needs of the consumer / patient.</td>
</tr>
<tr>
<td>- The care of dying and deceased consumers / patients is managed with dignity and comfort and family and carers are supported.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Workforce Planning and Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Workforce planning supports the organisation’s current and future ability to address needs.</td>
</tr>
<tr>
<td>- The recruitment, selection and appointment system ensures that the skill mix and competence of staff, and mix of volunteers, meets the needs of the organisation.</td>
</tr>
<tr>
<td>- The continuing employment and development system ensures the competence of staff and volunteers.</td>
</tr>
<tr>
<td>- Employee support systems and workplace relations assist the organisation to achieve its goals.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Information Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Health records management systems support the collection of information and meet the consumer / patient and organisation’s needs.</td>
</tr>
<tr>
<td>- Corporate records management systems support the collection of information and meet the organisation’s needs.</td>
</tr>
<tr>
<td>- Data and information are collected, stored and used for strategic, operational and service improvement purposes.</td>
</tr>
<tr>
<td>- The organisation has an integrated approach to the planning, use and management of information and communication technology (ICT).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Corporate Systems and Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>- The organisation provides quality, safe health care and services through strategic and operational planning and development.</td>
</tr>
<tr>
<td>- Governance is assisted by formal structures and delegation practices within the organisation.</td>
</tr>
<tr>
<td>- Effective service providers are managed to maximise quality, safe health care and service delivery.</td>
</tr>
<tr>
<td>- The organisation’s research program develops the body of knowledge, protects staff and consumers / patients and has processes to appropriately manage the organisational risk.</td>
</tr>
<tr>
<td>- Safety management systems ensure the safety and protection of consumers / patients, staff, visitors and contractors.</td>
</tr>
<tr>
<td>- Buildings, signage, plant, medical devices, equipment, supplies, utilities and consumables are managed safely and used efficiently and effectively.</td>
</tr>
<tr>
<td>- Emergency and disaster management supports safe practice and a safe environment.</td>
</tr>
<tr>
<td>- Security management supports safe practice and a safe environment.</td>
</tr>
<tr>
<td>- Waste and environmental management supports safe practice and a safe and sustainable environment.</td>
</tr>
</tbody>
</table>
A12 REFERENCES

Australian Interactive Media Industry Association (AIMIA) 2014 ‘Yellow Social Media Report: What Australian people and businesses are doing with social media’.


Centre for Clinical Research in Health 2006, Public Involvement in Health Services, UNSW, Sydney.

Consumers Health Forum of Australia 2013, Literature and Practice Review: Capturing, analysing and using consumers’ health experience narratives to drive better health outcomes, Consumers Health Forum of Australia, Canberra.


SWSLHD 2014, Social Media Guidelines for SWSLHD staff, SWSLHD, Sydney.

Health Promotion Practice, 10, p 171-175.


Australian Council on Healthcare Standards and National Standards Quality Health Standards Program. (ACHSNSQHS)

ACHS NSQHS was introduced in 2013 as the new standard in accreditation for hospital and day procedure centres. The primary aims of the standards are to protect the public from harm and to improve the quality of care provided by Health Care Service Organisations. The standards provide a quality assurance mechanism and a quality improvement mechanism.

Capacity Building
An approach to the development of sustainable skills, organisational structures, resources and commitment to health improvement in health and other sectors, to prolong and multiply health gains many times over. (Hawe et al, 1999)

Carer
A carer is someone who cares for a family member or friend who has an ongoing illness, disability or condition. The carer does this in an unwaged capacity. (Carers NSW)

Community
All individuals who live within the boundaries of SWSLHD, including organisations that represent the diverse Sydney South West (SSW) communities and population groups (for example: people with a disability, specific cultural groups or a particular age group).

Community Development
The process of supporting communities to identify their health issues and to plan, develop and implement strategies to address inequalities or injustices for social action or social change. A result of these activities is increased self-reliance and decision-making power.

Community Engagement
An informed dialogue between an organisation and consumers, carers and the community which encourages participants to share ideas or opinions and undertake collaborative decision making, sometimes as partners. (Health Canada)

Community Participation
The process of involving community members in decision making about their own health care, health service planning, policy development, setting priorities and addressing quality issues in the delivery of the health services.

Confidentiality
An undertaking that information provided from one person to another will not be disclosed.

Consultation
The ways used to gain community input or feedback around a specific issue or topic. These are usually one-off or short term.

Consumer
A person that uses or is a potential user of health services together with family and carers of healthcare recipients and clients.
**Consumer Advocate**
A person or organisation appointed to speak or act on behalf of a consumer or group of consumers.

**Health Literacy**
Is the knowledge and skills needed to understand and use information relating to health issues and health services – (CEC Partnering with Patients – Basics of Health Literacy)

**Observer**
A person who only attends a committee or forum by invitation of the Chairperson. This person has no formal voting rights. Invitees can speak at the discretion of the Chairperson.

**Partnerships**
The process where joint decision making, planning, accountability and responsibility occur between the community and the health service.

**Patient Centred Care**
Is an innovative approach to planning, delivery and, and evaluation of health care is grounded in mutually beneficial partnerships among health care providers, patients and families. Patient – and – family centred care applies to patients of all ages, and it may be practiced in any health care setting” (ACSQHC – Institute for Patient Centred Care)

Patient Centred Care is a philosophy that sees patients as equal partners in planning, developing and assessing care to make sure it is most appropriate for their needs. This involves patients and families being at the heart of all decisions (The Health Foundation – helping Measure Patient Centred Care)

**South Western Sydney Local Health District (SWSLHD)**
SWSLHD is one of eight metropolitan Local Health Districts, and one of 15 across NSW. It is directly accountable to the NSW Minister for Health. The local government areas covered in this catchment include Bankstown, Fairfield, Liverpool, Camden, Campbelltown, Wollondilly, and Wingecarribee. SWSLHD manages five facilities (hospitals). The facilities are Bankstown, Fairfield, Liverpool, Wingecarribee and Macarthur (Camden and Campbelltown).
Each hospital has a General Manager and an Executive Team.
ACRONYMS

ACSQA Australian Commission on Safety and Quality in Healthcare

BHI Bureau for Health Information

CCC Consumer and Community Council

CCP Consumer and Community Participation

CCPU Consumer and Community Participation Unit

CCRN Consumer and Community Representatives Networks

CCPM Consumer and Community Participation Manager

CE Chief Executive

CEC Clinical Excellence Commission

CEWD Centre For Education and Workforce Development

CHF Consumers Health Forum

CRC Criminal Record Check

EOI Expression of Interest

GM General Manager

HETI Health Education and Training Institute

HCNSW Health Consumers New South Wales

IAP2 International Association for Public Participation

LHD Local Health District

MOU Memorandum of Understanding

NGO Non-Government Organisation

SSW Sydney South West

SSWAHS Sydney South West Area Health Service

SWS South Western Sydney

SWSLHD South Western Sydney Local Health District