**Tip Sheet 2: Getting started with partnerships with consumers**

**Before you start anything….**

You need to remember that there is no single approach to partnering with consumers. How you choose to establish and maintain partnerships with consumers needs to reflect your organisation’s context, the purpose of the partnership, the desired outcome of the partnership and the environment in which the partnership is occurring.

Where possible, the strategies implemented should build on pre-existing structures and may operate across different levels of the organisation.

As a first step, you need to look at the type of governance and organisational arrangements you already have in place, as you may already be doing things that will meet the requirements of National Safety and Quality Health Service (NSQHS) Standard 2. Some health service organisations have had systems for partnering with consumers in place for some time, other organisations may have had informal partnerships, and others may be starting to explore how they could form partnerships.

**Using strategies that meet more than one action**

It is important to note that there are a number of actions within the NSQHS Standards which are similar, consequently there may be situations where you can use one strategy to address multiple actions.

For example, NSQHS Standard 2 Action 2.1.1 requires that healthcare organisations involve consumers and/or carers in the governance of the organisation and Action 2.2.1 requires the establishment of mechanisms to involve consumers and/or carers in strategic and/or operational planning.

Your organisation could address both of these actions by:

* engaging a consumer on the Board or an executive committee
* establishing a consumer committee or critical friends group and including strategic and/or operational planning as a recurring agenda item at meetings
* establishing a regularly scheduled open forum to consult with consumers and community members on strategic and operational planning for the organisation.

When thinking about the types of activities you need to undertake to meet each of the actions try and group them together. This will help you to identify strategies that are broad enough to help you address multiple actions.

**Self-assessment**

A first step in working towards meeting NSQHS Standard 2 is to consider how your organisation currently partners with consumers, including looking at the structures and processes you have in place to engage with consumers across the organisation. Tip Sheet 1 in this series provides information about who is a consumer and the different types of partnerships which can occur.

Using a self-assessment tool is a useful way to reflect on, and identify the extent to which your organisation engages with consumers. It also helps to identify gaps and clarify where you may need to focus your effort to address the requirements of NSQHS Standard 2.

The Commission has developed a self-assessment tool, adapted from work by the Institute for Patient- and Family-Centered Care. It includes a table with a series of questions aimed at identifying and recording how your organisation currently partners with consumers and what systems you currently have in place which enable partnerships. The table also includes actions from the other nine NSQHS Standards which are closely related to NSQHS Standard 2. Using this type of self-assessment tool is the first step in developing a systematic and organisation-wide approach to partnering with consumers.

This tool differs from the Commissions NSQHS Standards Hospital Accreditation Workbook (<http://www.safetyandquality.gov.au/wp-content/uploads/2012/10/Hospital-Accreditaton-Workbook-%E2%80%93-October-2012.pdf>). The Workbook helps your organisation identify whether you have the evidence needed to prove that you meet the actions under the NSQHS Standards, whereas the tool below helps you identify how your organisation stands in terms of its readiness and existing infrastructure that supports an approach to health care based on partnerships with consumers.

In addition, Queensland Health has also developed a highly detailed suite of audit tools and measurement plans, including for NSQHS Standard 2. These focus on identifying evidence to demonstrate meeting actions under the NSQHS Standards and can be found at: <http://www.health.qld.gov.au/psu/safetyandquality/nsqhss-audit-tools.asp>

**Setting the groundwork for partnering with consumers**

Establishing effective partnerships with consumers to improve safety and quality is a long term process, and requires the commitment of leaders to enable change to occur throughout the organisation.

NSQHS Standard 2 includes four core actions that need to be met as part of the first accreditation assessment after January 2013. These actions, however, sit within a larger framework of activities that are needed to embed the concepts and processes of partnering with consumers within the operation of the health service in an ongoing way.

To address NSQHS Standard 2 in a comprehensive way, systems and processes need to be put in place (or adapted) which set the expectation that consumers will be engaged in the governance, planning, design and delivery of services within the healthcare organisation. Including this expectation in an overarching vision, framework or consumer engagement policy is a useful first step in achieving this.

This overarching framework can be supported by ensuring that policies and processes around governance, improvement and planning reflect the inclusive principles of partnering with consumers and include steps which engage with consumers in ways that are practical and useful for the organisation.

For example, when checking with consumers that an information brochure is easy to understand a small rural hospital may have a simple process based on gathering feedback from consumers within waiting rooms, whereas a local health district may have a more complex process involving convening a focus group so that it can more efficiently test multiple materials at once. The method involved can vary significantly from service to service, as long as the intent is maintained and the purpose – in this case gaining meaningful and useful feedback on how to make information easier to understand – is achieved.

**Flexibility and documentation**

Given this flexibility in the method of achieving the action, it is crucial that how the action is achieved is documented.

The more formal approaches of including consumers in committees, focus groups, workshops and planning teams will generally automatically create an evidence trail in the associated documentation for these activities. However, effort needs to be taken to ensure that the less formal approaches, such as waiting room consultations, critical friends groups and phone surveys are recorded in some way, for example through file notes, diary entries, meeting agendas or other records.

**Further information**

Safety and Quality Improvement Guide Standard 2: Partnering with Consumers: <http://www.safetyandquality.gov.au/publications/safety-and-quality-improvement-guide-standard-2-partnering-with-consumers-october-2012/>

A toolkit for consumer participation and engagement (Paediatric Integrated Cancer Service and Australian and New Zealand Children’s Haematology and Oncology Group): <http://www.pics.org.au/AToolkitforConsumerParticipationandEngagement>

Consumer involvement toolkit (Cancer Australia): <http://consumerinvolvement.canceraustralia.gov.au/>

Patient-based care challenge (NSW Clinical Excellence Commission): <http://www.cec.health.nsw.gov.au/__documents/programs/partnering-with-patients/cec_patient_based_care_challenge_dl_brochure_web.pdf>

Standard 2 audit tool (QLD Health): <http://www.health.qld.gov.au/psu/safetyandquality/nsqhss-audit-tools.asp>

<http://www.health.qld.gov.au/psu/safetyandquality/docs/cons-audit-facility.pdf>