



australian healthcare &
hospitals association

the voice of public healthcare®



**AHHA RESPONSE TO THE DRAFT NATIONAL
CONSUMER ENGAGEMENT STRATEGY FOR
HEALTH AND WELLBEING**

Submission
04 September 2023



OUR VISION

A for a healthy Australia supported by the best possible healthcare system.

OUR MISSION

To conduct research, educate and influence the healthcare system to achieve better health outcomes, improved patient and provider experience, greater equity and sustainability.

OUR GUIDING PRINCIPLES

Healthcare in Australia should be:

Effective
Accessible
Equitable
Sustainable
Outcomes focused

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BACKGROUND

The following feedback was provided via an online survey in response to the release of the draft National Consumer Engagement Strategy for Health and Wellbeing, available at <https://consultations.health.gov.au/national-preventive-health-taskforce/draft-national-consumer-engagement-strategy-for-he/>

RESPONSE

For more than 70 years, the Australian Healthcare and Hospitals Association (AHHA) has been the national voice for public healthcare, maintaining its vision for an effective, innovative, and sustainable health system where all Australians have equitable access to health care of the highest standard when and where they need it.

The AHHA is Australia's national peak body for public hospitals and healthcare providers. Our membership includes state and territory health departments, Local Hospital Networks (LHNs) and public hospitals, community health services, Primary Health Networks (PHNs) and primary healthcare providers, aged care providers, universities, individual health professionals and academics. As such, we are uniquely placed to be an independent, national voice for universal high-quality healthcare to benefit the whole community.

We appreciate the opportunity to provide feedback on this strategy, as we feel it's direction aligns closely with the AHHA mission of creating a healthy Australia supported by the best informed health system.

GOOD PRACTICE GUIDELINES

Do you think the Guidelines are explained in a way that makes them useful, and further, do they describe what is needed to help policymakers work effectively with consumers?

The AHHA supports the inclusion of the guidelines as a clear method of addressing the uncertainty of best practice in consumer engagement. Barriers such as resourcing, tokenism, and the idea of finding 'the right people' have inhibited consumer engagement in the health landscape for too long. The inclusion of guidelines that provide a series of actions on how policymakers can plan, design, and engage in effective consumer engagement initiatives is highly commended. More explicitly, the inclusion of Guideline 8, *Don't let perfect be the enemy of good*, and Guideline 1, *Build and sustain relational, not transactional, partnerships*, are welcomed for their emphasis on addressing such barriers. However, there remains space throughout the strategy and within the Guidelines to address such organisational barriers in greater detail. Doing so will explicitly emphasise the reciprocal nature of consumer engagement, and alleviate the stigma surrounding engagement as a 'box ticking' exercise.



There is further opportunity for the Guidelines to be refined.

In the executive summary of the Strategy, it is recognised that “*Consumers can play various roles when participating in consumer engagement activities: patient, person with lived experience, carer, co-designer, co-producer, active citizen and representative.*” In our experience the concept that there can be different roles in the consumer engagement process can sometimes be overlooked by policy makers and health service providers. As such AHHA recommends that this idea should be reiterated and expanded upon throughout the Strategy particularly under Guideline 3, *Identify who to engage*.

Understanding the different types and levels of engagement should be a consideration when identifying who to engage, and the mechanisms through which to best engage, as different consumer roles will be valuable at different stages of the policy development and implementation process. Ensuring that policymakers understand this will better allow them to be purposeful in who they engage to ensure the development of a meaningful and trusted relationship that delivers value for both parties.

Further, we would argue that within the context of the overall Strategy, identifying who to engage fundamentally includes ensuring diversity. While it is possible to combine Guidelines 3, *Identify who to engage*, and 4, *Seek and support diverse engagement and participation*, we would instead suggest emphasising the role of diversity in Guideline 3.

Keeping Guideline 4 as its own recommendation, supported by the mentions of diversity in identifying consumers, contributes to the overarching Fundamentals, specifically *Inclusive*. Furthermore, the phrasing and number of Fundamentals (5) to ‘Good Practice’ Guidelines (10), suggests that the guidelines will not be as rigorously used in application by policymakers in developing consumer engagement approaches. Establishing the necessity of diversity in identifying consumers, alongside seeking and supporting diverse engagement as a separate guideline, prioritises diversity as a key component in the Strategy, and reflects the Inclusive Fundamental more holistically.

HELP TOOLKIT

Do you think the Toolkit will be easy to use, and help policymakers better engage consumers in policymaking?

The development and inclusion of the HELP Toolkit should be commended for providing an opportunity for policymakers to practically engage with the suggestions in the overall strategy. In particular, the factsheet medium for the Guidelines is a useful strategy for promoting their use.

Translating the Toolkit into a web-based resource, as suggested in the Strategy, should be done to provide accessibility of its resources. This can assist with policymakers developing engagement frameworks for their projects, but further with providing an education resource for consumers to learn from and expand upon.

However, the Toolkit would be greatly supported by the inclusion of case studies. This would provide an effective method for policymakers to engage in thinking holistically about engagement approaches, accounting for the complexities and diversity in consumer populations.



ENGAGEMENT STRATEGIES

Are there any other engagement approaches you have found helpful and effective?

As our health system moves to becoming even more patient centric, it is critical we use tools and approaches to help design the system to meet the needs of the population. The AHHA commends the inclusion of the HELP Toolkit as a part of the Strategy. However, the AHHA believes the Toolkit could be strengthened through examination of the jointly made AHHA and Consumers Forum of Australia (CHF) Experience Based Co-Design (EBCD) toolkit¹.

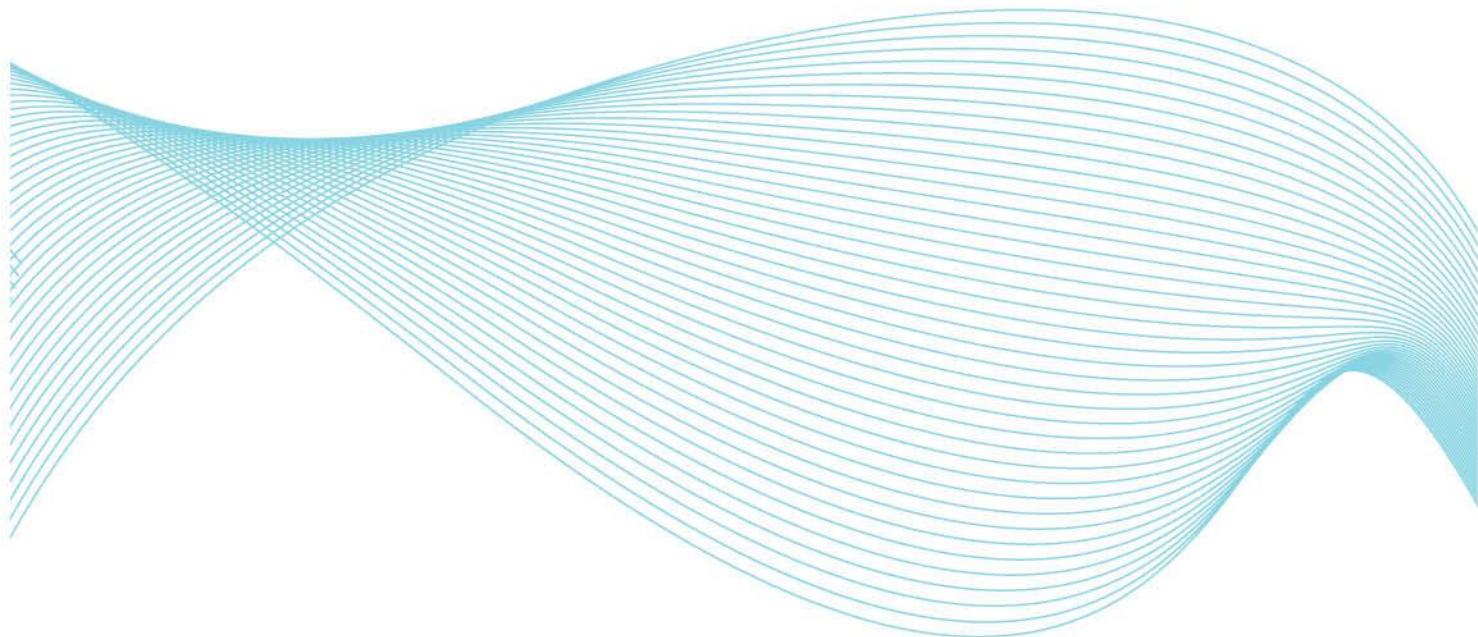
The toolkit brings together existing resources from the UK and New Zealand and utilises Australian case studies to provide a context that will support Australian health services to utilise the approach. Further, and as previously described, the HELP Toolkit suffers from a lack of case studies to provide nuance in the thought process behind utilisation of each engagement method. We would suggest they be included as they are in the EBCD Toolkit to provide transparency and facilitate conversations between policymakers on how to begin rather than where.

Utilising the EBCD toolkit further supports the notion vocalised throughout the Strategy, of the need not to reinvent the wheel, but to capitalise on tools and resources already available.

Similarly, the HELP Toolkit could benefit from the value-based engagement strategies outlined in the Queensland Allied Health Framework². In particular, *Experience Group Sessions* may be a beneficial Experience-based engagement approach to include within the HELP Toolkit. They consist of small groups of consumers with similar needs being brought together to identify health and lifestyle challenges that make it difficult to manage chronic medical conditions. This allows people and their families to talk openly about how they understand their health, what they fear in relation to their health or diagnosis, and what they need to live a full life.

¹Dawda P, Knight A, 2017, Experienced Based Co-Design – A Toolkit for Australia, Australian Healthcare and Hospitals Association, <https://ahha.asn.au/experience-based-co-design-toolkit>

²State of Queensland (Queensland Health), 2022, Allied Health Framework for Value-Based Health Care, <https://www.health.qld.gov.au/ahwac/html/VBHC>



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