



Greater Metropolitan
Clinical Taskforce

Guidelines on Consumer and Community Participation

Written October 2004
Updated June 2006

'There is strong evidence that great advances are possible when consumers, carers and health professionals work together.'

**Consumer Focus Collaboration, May 2001.
The Evidence Supporting Consumer Participation in Health:
Department of Health and Aged Care.**

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Greater Metropolitan Clinical Taskforce

Consumer and Community Participation

INTRODUCTION TO GMCT

Thank you for your interest in the Greater Metropolitan Clinical Taskforce (GMCT). The purpose of this paper is to provide you with background and practical information as an introduction to consumer and community participation in the GMCT and its clinical networks.

Background

The NSW Greater Metropolitan Transition Taskforce (GMITT), was established in November 2001 as an advisory body to the NSW Minister for Health and Director General. The GMITT worked with clinicians (doctors, nurses, allied health professionals and managers) and consumers in a number of specialty areas to identify and address the current and future needs of the population of greater Sydney including almost 5 million people in Sydney, the Central Coast, Illawarra and Hunter.

The Taskforce made numerous recommendations for improvements within the public hospital system, and funding was provided to implement these changes. During the 2002/03 financial year \$64.6m in additional annual recurrent funding was approved. Subsequent enhancements have taken the total GMCT funding to over \$72m.

A number of Specialty Service Networks have been established, and new clinical groups will continue to be developed. In these networks, clinicians and consumers work together with the aim of improving health outcomes for patients in NSW through the provision of the highest quality medical care and enhanced access to health services.

In July 2004 as part of a major restructure of NSW Health, the creation of the Greater Metropolitan Clinical Taskforce (GMCT) was announced by the Minister for Health to continue the work of the GMITT as one of 13 Health Priority Taskforces. The GMCT continues to report to the Minister for Health and to the Director General through the Health Care Advisory Council, the peak clinical and community advisory body on health in NSW.

The GMCT is committed to ensuring that its processes are transparent and accountable to the NSW community it serves. Consumer and community participants take part with medical, nursing and allied health staff and health managers in the continued development of these clinical initiatives. Our consumers are active partners who provide positive and effective input into these specialty service networks by contributing the consumer perspective - a challenging yet exciting role developing new health care services in NSW.

For further general information on the GMCT Consumer & Community Participation project contact

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See our web site at: <http://www.health.nsw.gov.au/gmct> for an outline of GMCT and network activities

ROLE DESCRIPTION

a) What is a GMCT consumer or community participant?

The NSW government is committed to involving consumers in decisions made in the health system. In 2000, the NSW Consumer and Community Participation Implementation Group produced a report, 'Partners in Health Sharing information and making decisions together', that included a wide range of recommendations to encourage the involvement of consumers and community members as equal partners in the health team. This included that:

“Committee membership should include individuals and a mix of people with effective community networks and those representing groups with specific health needs such as Aboriginal and Torres Strait Islander people, people of a non-English speaking background, people with disabilities, veterans, older people and young people”.

The Consumer and Community Implementation Group also agreed the following definitions:

- *Participation* – The term participation is usually used to reflect the longer-term involvement of consumers in the decision –making and planning of health services.
- *Consumer* – The term consumer is used for individuals who use or are potential users of health services, including the family and carers of patients and clients.
- *Consumer representative* – The term is used to describe someone who is nominated by and accountable to a consumer organisation.
- *Community* – the term is used to describe the broad range of stakeholders with an interest in health services. This includes individual consumers, organisations and groups, health professionals and specific population groups such as youth and families with young children, Veterans, Aboriginal and Torres Strait Islanders and people from non-English speaking backgrounds.

In developing procedures for the GMCT Consumer and community participation, the GMCT has paid close attention to the NSW Department of Health's policy for the engagement of consumers and advertises vacancies for consumer participants to join the Specialty Service Networks. When recruiting, care is taken to achieve a range of participants from across the 4 groups listed above.

Ideally, the GMCT would like to have two or three participants contributing to the discussions in each Specialty Service Network. These should include a 'consumer' participant (a person affiliated to a consumer organisation) and a 'community' participant (a stakeholder within the community). Having more than one consumer in a network permits the workload to be shared and also allows mutual support and ensures contributions during absences.

Proxy participants are not permitted.

b) How to become a GMCT consumer or community participant?

- Any individual can respond to an advertisement to become a GMCT consumer or community participant.
- All applicants will be required to complete a GMCT application form, which covers their personal relevant experience, membership of support groups or consumer organisations, community involvement and their employment history.
- The applicant will be asked to provide the names of two referees (either personal or professional) and a statement in their own words of the skills they will bring to the group (no more than 500 words).
- GMCT will invite selected applicants for interview. *The interview panel will include a GMCT consumer and/or community participant.*
- If successful following interview, participants will be asked to complete a consent form to undergo a compulsory criminal record check and a prohibited employment check. *Health Services have a duty of care to all patients and clients receiving services. For this reason consumer and community participants are subject to employment screening. Appointment to a GMCT Specialty Service Network cannot be made unless a criminal record clearance is obtained.*
- Potential participants will be selected by matching the skills and experiences of applicants with the needs of the relevant GMCT group.
- Appointment of consumer and/or community participant(s) to GMCT groups is undertaken on an annual basis (or when numbers of participants are low).

Orientation

Prior to attending meetings of the Specialty Service Networks, participants will be provided with orientation. The relevant GMCT Network Manager will provide this either through invitation to attend a formal GMCT 'Orientation Day' or through contact by telephone and mail. The orientation will include:

- Role of consumer and community participants;
- Brief overview of the objectives of the relevant Specialty Service Network;
- Membership of the group and its executive;
- Background information on meeting frequency, venue, meeting times;
- Terms of Reference of the group (where these are available);
- Questions and general discussion.

c) Applicant Requirements

Successfully appointed GMCT consumer and/or community participants will be required:

- **To attend and actively participate in the regular meetings (*frequently held in the evenings*) of the relevant Specialty Service Network to ensure that the group recognises consumer, community and especially, patients' and carers' perspectives.** Network Meeting frequency varies. You will be provided with details of your Network's meetings. Some groups meet monthly or more frequently especially if the group is just becoming established, perhaps reducing to only two times per year once the group is established.
- **To attend additional meetings (ie if a subcommittee is established) as may be requested.**
- **Where possible, to attend the GMCT Consumer Forum (a meeting of all GMCT Consumer participants, from across the various Specialty Service Networks) which is convened 5-6 times per year.**
- **To maintain the confidentiality of any material that comes into participants' possession and to confine discussion of this material to meetings of the relevant clinical groups.**

Consumer and/or community participants **should not**:

- **Disseminate, distribute or share proceedings of the group with any outside parties or discuss confidential issues that are under consideration by the clinical group, *without the express permission of the group / chairperson.***
- **Speak to the media on behalf of the group, *unless specifically authorised by GMCT.*** Public comment includes public speaking engagements, comment at other health forums, comments on radio and television and views expressed in letters to newspapers, on line services (such as Internet bulletin boards) or in journals, books or notices where it might be expected that the publication or circulation of the comment will spread to the community at large.

d) Selection Criteria

- Capacity to develop a constructive working relationship with clinicians and managers.
- Ability to relate personal experience to broader consumer and community health issues.
- A committed individual willing to devote time to contributing to the objectives of the clinical group, recognising that the GMCT clinical networks operate as a voluntary collaborative. *Neither the doctors, nurses, allied health staff – nor the consumer or community participants - are paid to participate in these groups*. (*Exception: The GMCT Full Committee is a designated Health Priority Taskforce. As such, any member of the GMCT Full Committee, who is not a public health/service employee, is eligible to receive the specified sitting fee).*
- Ideally, bring personal experience in the specialty area. This may be your own experience or that of a dependent or close family member.
- Strong communication skills.
- Previous experience working on a community committee.
- Some knowledge of the NSW public hospital system.

- An understanding of the issues of regional and rural patients.

e) Period of Appointment

The term of appointment of consumer and community participants to a GMCT clinical network will be for a minimum of one year, with two possible extensions, to a maximum of three years.

Membership will be reviewed annually by the Chairperson(s) and GMCT Network Manager of the group. The Chairperson(s) will inform participants one month before their term expires.

Should questions arise concerning the performance of a consumer participant, the views of the consumer and/or community participant will be sought with the aim of resolving any difficulties. If the matter is not then resolved, and if conciliation is not successful, the participant will be verbally informed of the decision to conclude his / her appointment with written confirmation to follow.

Consumer and community participants can resign from the GMCT Specialty Service Networks *at any time*. We would ask that you notify the chairperson or the nominated GMCT Network Manager, providing one month's notice of your intention to resign.

If circumstances permit, outgoing consumer and community participants may be requested to provide feedback on their experience as a member of a GMCT clinical network and to provide some orientation to new participants.

CODE OF CONDUCT AND THE GMCT 'CONFIDENTIALITY UNDERTAKING'

For consumer participants, like all employees of NSW Health and Area Health Services., compliance with the NSW Health Code of Conduct, October 2005 is mandatory - see: http://www.health.nsw.gov.au/policies/pd/2005/pdf/PD2005_626.

Communication and consumer and community input

GMCT invites consumer and community participation in network discussions because we see the contribution of consumers and community stakeholders as important, and an essential element to improving health outcomes for patients in NSW.

The overall purpose of consumer and community participation in clinical group discussions is to bring a variety of patient, carer, community and consumer organisation views to meetings. The information flow is expected to be 'inward' from the consumer and/or community participant to clinicians, rather than 'outward' by the consumer and/or community participant. However, there are many ways in which your GMCT Specialty Service Network may wish to use your contacts in the community to further the objectives of the group. This may be through working with you:

- To develop approved presentations for community forums;
- To liaise with contacts in the community;
- To develop resources such as publications;
- To disseminate GMCT published brochures or reports; or on occasion
- To illustrate stories for the media with the examples you can provide.

In all cases, these external communication activities should be discussed and agreed in advance with the Chairperson(s) of the GMCT Specialty Service Network to which you have been appointed, or with your GMCT Network Manager.

It is important to note that NSW Health has established protocols that must be followed regarding making statements to the media. Like any other member of the GMCT you are governed by these restraints and are not permitted to make unauthorised public statements on behalf of your Network.

Confidentiality Undertaking

Clearly some of the information you may hear at meetings is confidential. We trust that you will use your best judgement and the guidance provided below to maintain the confidentiality of such sensitive issues.

As the confidentiality of issues being discussed at clinical group meetings is essential, we ask successful applicants to sign a confidentiality statement. This statement makes clear that there are laws concerning privacy, confidentiality and disclosure which apply to information that you may gain through participation in a GMCT clinical network. Furthermore, at all times you must protect the privacy of patient information as required by the NSW Health Department's Privacy Code of Practice:

www.health.nsw.gov.au/health-public-affairs/publications/infopriv/

We understand that consumer and/or community participants on GMCT Specialty Service Networks may wish to tell their constituent members (if affiliated to a consumer organisation) or

community that they are a member of a particular GMCT group and the objectives of the group. They may also wish to discuss general issues related to that clinical speciality or to share copies of GMCT publications that are in the public domain. This is appropriate, as long as the following rules of specific disclosure apply:

- Consumer and community participants are asked not to disclose any material that is not already in the public domain. This may include plans, projects or proposals that are under consideration by a GMCT network. It also includes the dissemination of minutes, reports or proceedings of clinical group meetings, unless with the express permission of the group.
- Information under discussion at clinical meetings should not be discussed with people who are outside the membership of your group.

Conflict of interest

GMCT has a policy of declaring 'conflicts of interest' at meetings. Conflicts of interest might occur where there is a particular relationship between the business of a Network or Committee and the personal interests (including financial) of a member of the Network or Committee. It is your responsibility to disclose any potential or actual conflict of interest to the GMCT Network Manager or the Chairperson(s) of the meeting you are attending. You are not required to declare all financial relationships that you may have, only those that relate to items of business on the Agenda of the meeting you are attending, or any items of business that arise under "Any Other Business".

For example, you may have shares in a medical transport company. If there were no issue being discussed on the Agenda that related to the transporting of medical specimens then you would not be required to make a declaration. However, if the working group is discussing options for a medical transport contract you would be obliged to declare a potential conflict of interest.

Declarations may be made prior to the meeting directly to the Chairperson(s), or at the commencement of the meeting. The Chairperson of the meeting will determine the most appropriate course of action when a declaration is received. This could include asking you to abstain from discussion relating to that subject, or to absent yourself from the meeting during the related discussion.

RESOURCES

Mentor

If successfully appointed to a GMCT Specialty Service Network, the consumer and/or community participant will be assigned a contact person or “mentor”. This person is generally the Network Manager of the relevant GMCT Specialty Service Network to which the participant is appointed. The Network Manager will initiate contact with newly appointed consumer and community participants and will be able to answer any questions you may have about the particular group. They will provide you with specific details regarding your Network including the structure of the Network, membership list, frequency of meetings, times and venues for meetings, current minutes, approved Work Plan and any relevant publications.

Reimbursement of expenses

Consumer and community participants will be reimbursed for reasonable travel expenses incurred as a direct result of their participation in meetings if travelling within the greater metropolitan region. Please see the following section for further details.

Where participants are selected from non-metropolitan regions they will routinely participate via teleconference facilities booked by GMCT at no charge to the participant.

Consumer and community participants on GMCT Specialty Service Networks do not receive sitting fees or one off payments to attend meetings. Neither clinicians nor Chairpersons of GMCT Networks receive payment for their contributions to GMCT activities*. (**Exception: The GMCT Full Committee is a designated Health Priority Taskforce. As such, any member of the GMCT Full Committee, who is not a public health/service employee, is eligible to receive the specified sitting fee.*)

Travel Expenses

In recognition of the travel costs incurred in attending meetings, consumer and community participants may claim travel expenses. In all instances where reimbursement is sought original receipts must be provided and prior approval sought from the relevant GMCT Network Manager. It is also expected that participants should use the most economical and appropriate form of travel to and from meetings.

Public Transport

Reimbursement of costs related to travel by public transport - including trains, buses and ferries - should be claimed through your identified Network Manager and will be provided **only when original receipts / tickets are available**.

Private Motor Vehicle Allowance

Consumer and community participants may need to use their own private motor vehicles to attend meetings. The NSW Health’s recommended rates for reimbursement of mileage (Casual Journey Rate as detailed in DOH circular 2003/74) are provided overleaf.

Please note that the motor vehicle allowance can only be paid where certain insurance requirements are met, and the driver of the car is in possession of a current driver’s licence.

Consumer and community participants must complete GMCT's *Authority to Travel - Use of Private Motor Vehicle Form* (available from your GMCT Network Manager) and provide the completed form together with a copy of both their comprehensive motor vehicle policy and driver's licence to the GMCT Network Manager. If no comprehensive motor vehicle policy is in place, alternative travel arrangements should be used to attend meetings. Please speak with your Network Manager.

The NSW Health recommended rates for reimbursement of mileage:
(Casual Journey Rate as detailed in Premier's Department circular
C2005-31 Review of Meal, Travelling and Related Allowances)
Please note this allowance is exempt from GST.

Engine capacity (cc)	Rate per kilometre
Over 2700	28.1 cents
1600-2700	26.1 cents
Under 1600	22.0 cents

Taxi Expenses / Cabcharge Vouchers

It may be necessary for participants to catch taxis, in particular where there is a need for special transport arrangements, due to a disability or medical condition, or in cases where no other form of transport is available. Payments of taxi fares in such cases can be claimed and reimbursed on production of original receipts.

To alleviate the need for you to pay and then be reimbursed, *Cabcharge* vouchers may be sent to participants prior to meetings. Please discuss this with your identified GMCT Network Manager well in advance of upcoming meetings so that vouchers may be mailed to you.

Because of budget constraints, please note that taxi expenses can only be claimed for travel within the Sydney metropolitan area (and excluding Illawarra, Hunter, Central Coast regional areas) and should always be agreed in advance with your GMCT Network Manager.

Personal Property

Personal property is the responsibility of the individual and no claims will be accepted by GMCT.

Accommodation and meal allowances

Due to its limited budget, GMCT is unable to cover other costs that may be associated with participation in meetings, including travel by air or over night accommodation.

Refreshments including tea, coffee, water, juice and cake and/or sandwiches are usually provided at all Network meetings at no cost.

FREQUENTLY ASKED QUESTIONS

The Frequently Asked Questions (FAQ) below include typical questions asked by consumer and community participants on GMCT Specialty Service Networks.

Q: What is GMCT?

The NSW Minister for Health established the Greater Metropolitan Clinical Taskforce (GMCT) was set up in June 2004 as an advisory body to the NSW Minister for Health and the Director General through the Health Care Advisory Council. The GMCT is one of thirteen designated Health Priority Taskforces also established in 2004 when NSW Health services were reorganised.

The GMCT is carrying forward work to improve NSW health services which was initiated in 1999 with a report of the NSW Health Council. This led to the establishment of the Greater Metropolitan Services Implementation Group (GMSIG) which was co-chaired by Jon Blackwell and Kerry Goulston. Subsequently in November 2001 the Greater Metropolitan Transition Taskforce (GMITT) was established, chaired by Kerry Goulston.

The GMSIG, the GMITT and the GMCT have made numerous recommendations for improvements within the NSW public health system and funding has been provided to bring about these changes. During the 2002/03 financial year \$64.6m in additional annual recurrent funding was approved, which has risen to more than \$72m with additional clinical project enhancements.

Specialty Service Networks have been formed in numerous specialty areas. These include networks for those specialising in bone marrow transplantation, burns, brain injury, cardiology, gynaecological oncology, neurosurgery, nuclear medicine, ophthalmology, radiology, renal, spinal cord injury, stroke transition care for young people with chronic childhood illness/disability, trauma, gastroenterology, orthopaedics, respiratory medicine, urology, aged care, home enteral nutrition. Specialty areas are typically specialised clinical services which would benefit from closer coordination and networks to improve quality and safety of patient care, improve access and facilitate optimal use of scarce resources.

The GMCT website provides an overview of the range of activities covered by the GMCT and its Specialty Service Networks. **See: <http://www.health.nsw.gov.au/gmct>**

Q: How are consumers selected to participate in GMCT clinical program working groups?

The term 'consumer' is used to describe individuals who use or are potential users of health services in NSW. It includes the family and carers of patients and clients and the broad range of stakeholders with an interest in health services.

Consumer and community participant selection is accomplished by GMCT through a staged process.

- Firstly, the GMCT invites 'Expressions of Interest' through an advertisement in a newspaper eg Sydney Morning Herald or a range of local community newspapers (eg. Blacktown Sun, Liverpool Champion, Fairfield City Champion) and by informing Area Health Services and relevant NSW consumer health organisations.
- The GMCT considers applications received and decides on a 'short list' of applicants to be called for interview. *Applicants will be selected based on their answers to questions in the application form, the statement they provide on personal experiences and interest in the*

clinical specialty. It is important to note that there are often many more applications than there are available positions. Not all applicants will be invited to interview.

- Short listed applicants will be invited to attend an interview with a panel of GMCT representatives. *The interview panel is generally made up of the Network Manager and/or Chair of the Committee that is recruiting, one or two clinician members of the group and a GMCT consumer and/or community participant.*
- If an applicant is being considered for an offer of appointment, the GMCT will contact their nominated referees as part of the decision making process.
- As a final step, applicants will be asked to consent to undergoing criminal and prohibited employment record checks.
- Once all these processes are completed, successful applicants will be offered an appointment to a GMCT Specialty Service Network or other clinical group for one year and will be notified of specific meeting dates and relevant background on the objectives of the group. Compliance with the NSW Health Code of Conduct, October 2005, is mandatory for volunteers, as it is for employed staff of NSW Health. A copy is available at: http://www.health.nsw.gov.au/policies/pd/2005/pdf/PD2005_626.pdf

Q: Why is there a need for consumer and community participation in GMCT Specialty Service Networks? What good can consumer and community participation do?

Consumers and community participants are able to bring a unique perspective on the health system that comes from their experiences as users of services.

Contribution of the consumer and community perspective to clinical program working group discussions may:

- Help improve the provision and quality of medical care and enhance access to health services in NSW.
- Lead to changes that will improve health outcomes.
- Ensure transparency of decision making and increase accountability.
- Help clinicians become aware and more responsive to the needs of consumers and the community.
- Facilitate understanding and support of issues under consideration and greater acceptance of decisions taken.
- Provide an early warning system for public concerns and needs and may be a sounding board for proposed programs and initiatives.

Participation in clinical discussions may also lead to a better understanding by consumer and community participants of health issues, services and issues of concern to clinicians – in addition to a better understanding of the consumers and patients' views by clinicians.

Q: What are the 'real' expectations of this position?

Consumer and community participants are encouraged to actively take part in meetings of the relevant clinical group to make sure that the group recognises consumer, community and especially, patient concerns. This may involve contributing to the development of Terms of Reference of the group, reading papers that sometimes include complex medical terms, and on occasion assisting in the development of publications or reports. A number of consumer and community participants have helped to develop written publications for the benefit of patients.

Meetings are held regularly, frequently in the evenings, and vary according to each clinical specialty. Meetings may be held monthly or more often as the group is becoming established, with

this reducing in frequency once the group is established. Participants may on occasion be invited to attend additional meetings by the Chairperson(s) or GMCT Network Manager.

Q: How many consumer and community participants will be appointed to each clinical program working group?

Specialty Service Networks may have as many consumer and/or community participants as they believe are necessary. Two or three is often considered the ideal number, with one participant from a relevant consumer organisation and one from the community.

Q: Is there any support available if I feel that I do not have all the necessary skills for the role? What orientation is provided to consumer and community participants?

We do not want to exclude anyone who may not have all the skills desired, but who has relevant personal experience and a consumer perspective to contribute. The essential element to being a 'good' consumer and/or community participant is being comfortable in a large group of health clinicians and being confident about speaking up and providing input at meetings.

It is important to remember that the GMCT will provide orientation once participants are appointed. This may be through direct one to one contact with the relevant Network Manager or through attendance at a GMCT 'Consumer Orientation', where presentations on the background of the GMCT will be provided together with further clarification of the role of the consumer and/or community participant.

Q: The information mentions that the GMCT Network Manager will be a consumer 'contact' person. Would this person be able to help me with photocopying? What can I ask them to do for me?

If you are successfully appointed to a GMCT Specialty Service Network, you will receive written confirmation of this appointment, and the details of the relevant Network Manager who is identified as your 'contact' person or mentor. The Network Manager will make contact with you to make sure that you fully understand the background to the clinical group, know who the Chairperson(s) and members of your group are, and that you understand what input will be expected of you.

This is the person you should turn to with queries regarding meetings (ie time of day/date of meetings, papers under discussion, membership of the group). This is also the person you should notify if you have difficulties printing any papers that are circulated to the clinical group for discussion at meetings.

Q: Will GMCT cover my travel expenses? What if I live outside the Sydney metropolitan area?

Payment of reasonable costs related to your travel to meetings (whether by public transport, taxi within the Sydney metropolitan area only, and/or use of private motor vehicle) will be reimbursed by GMCT. For further details see pages 11-12 of these guidelines.

It is expected that participants will use the most economical and appropriate form of travel to and from meetings. All travel arrangements (where reimbursement is being sought for attendance at meetings) should be discussed and agreed in advance with your GMCT Network Manager. Due to its limited budget GMCT is unfortunately unable to cover any air travel or accommodation costs.

Some members of clinical groups who are based far from the Sydney metropolitan area make use of 'teleconference' facilities to provide their input to network discussions.

Q: If a consumer or community participant has a particular scientific expertise in a clinical specialty, will this individual be assigned to a panel that complements his or her training and experience?

The Network will seek to utilise any skills that the consumer or community participant may have. However participants serve as 'lay' members. They are selected on the basis of their consumer, patient and/or carer experience in a particular clinical specialty (eg burns, cardiology, renal care etc.). Therefore, consumer and/or community participants may not be assigned to a Network which is relevant to their scientific and technical expertise.

Q: Will there be an opportunity for me to meet with other GMCT consumer and community participants to share information and to discuss my experiences as a member of a particular Network?

The GMCT holds a regular Consumer Forum to bring together all its consumer and community participants. At this Forum, you will have the opportunity to meet participants involved in other clinical groups, to share ideas about the different ways consumers and community participants can contribute and have the opportunity to raise any relevant issue of general concern or interest, for discussion.

Consumer and community participants may also be asked to contribute to planned media activities.

ACKNOWLEDGEMENTS

Thank you to everyone who contributed their time and effort to develop these guidelines which were produced following consultation with consumer and community participants on Greater Metropolitan Clinical Taskforce (GMCT) Specialty Service Networks, GMCT Network Managers and personnel from NSW Health's Consumer and Community Development Branch.

REFERENCES

NSW Government Action Plan *Partners in Health sharing information and making decisions together*. Department of Health 2001.

NSW Health (Draft). Policy for the Engagement of Consumer Representatives on NSW Health Service Committees.

Consumer Focus Collaboration, May 2001. *The Evidence Supporting Consumer Participation in Health*. Canberra Department of Health and Aged Care.

National Resource Centre for Consumer Participation in Health. Fact sheets.
www.participationinhealth.org.au

NSW Health Code of Conduct, October 2005
http://www.health.nsw.gov.au/policies/pd/2005/pdf/PD2005_626.pdf