



BNPCA CONSUMER CHARTER

WHAT IS THE BNPCA?

The BNPCA is the Banyule-Nillumbik Primary Care Alliance, a voluntary alliance of health and community service providers in the local Government areas of Banyule and Nillumbik. It has been created to implement the Victorian Government's objectives outlined within the Primary Care Partnership Policy directions for more effective co-ordinated delivery of primary care services. The goal of the BNPCA is to improve the local community's health and well being and access to services by:

- enhancing the capacity of the existing service system
- facilitating the improvement and development in the service system
- ensuring the commitment of all stakeholders, including consumers as partners in the process.

The BNPCA is governed by a Strategic Partnership Group with representation from the following agencies:

- Austin Health
- Banyule City Council
- Banyule Community Health
- Berry Street
- Children's Protection Society
- Nillumbik Community Health Service
- Neami
- Nillumbik Shire Council
- North East Valley Division of General Practice
- Northern Health through Bundoora Extended Care
- Royal District Nursing Service

WHO IS THIS CHARTER FOR?

This Charter is for everyone who uses a primary care service in the Banyule-Nillumbik Primary Care Alliance catchment.

For the purpose of this Charter, the term 'Consumer' denotes both the individual and the collective interest. Consumer refers to those currently using services, past users of services, potential users of services, as well as their carers, families and support people. Consumer is also used to convey the broader rights of citizens in using or potentially using services.

WHAT IS THIS CHARTER ABOUT?

It is a comprehensive statement reflecting the BNPCA's commitment to promoting the health and well being of the local community and facilitating the development of an integrated primary care service system that places consumers at the centre of primary care delivery.

It outlines:

- Five consumer focused principles to operationalise the BNPCA's overarching commitment to a Social Model of Health
- Twenty broad strategies that the BNPCA will undertake to ensure the principles are realised; and
- A description of the Rights and Responsibilities of consumers when accessing a primary care service within the BNPCA catchment.

THE SOCIAL MODEL OF HEALTH

The Banyule Nillumbik Primary Care Alliance has developed a strategic plan for 2009 – 2012 to address its vision of "A healthy and well community; supported by a service system that is comprehensive and accessible"

The BNPCA has adopted the World Health Organisation's definition of health: "*A state of complete physical, social and mental wellbeing and not merely the absence of disease or infirmity*".

The Social Model of Health expands this concept by acknowledging that the determinants of health status are not solely individual but also social, and that a range of social and environmental factors have a significant impact on the health status of the community. The Social Model of Health is a conceptual framework that underpins all the activities of the BNPCA.

It is a framework within which improvements in the local community's health and well being are achieved by directing effort towards addressing the social and environmental determinants of health, in tandem with biological and medical factors. The range of BNPCA activities and projects aim to enhance the capacity of all primary care services to ensure their approach to consumers considers this broader context and that people seeking to use services within the catchment are dealt with holistically.

CONSUMER FOCUSED PRINCIPLES

Partnering

The concept of partnering is a core value of the Primary Care Partnership strategy. Partnering is about relationship building and the promotion of behaviours such as trust, open communication, co-operation, mutual support and respect, and encouraging innovation and change that produces benefits for both consumers and primary care service providers.

Participation

A crucial component of the Social Model of Health is consumer participation. Consumer participation also promotes local democracy, accountability, development and responsive services and promotes confidence in services. Research has indicated that consumers who are involved in the development and delivery of their own health care have better health outcomes.

Empowerment

Empowerment literally means to cede some power to others. Empowering consumers to be full and equal partners in their own care and treatment improves health and care outcomes. The benefits of empowerment can include:

- more appropriate use of health services
- better access to services
- a sense of control over one's health, which can extend to other areas of life
- more positive feelings about the value of local culture and the community

Access & Equity

These principles are geared towards ensuring that health services are available according to need, regardless of ability to pay, and are free of any form of discrimination.

Within the context of an integrated primary care services system, access also means that the practices, processes and protocols between agencies are streamlined to enhance coordination and ease of entry for the consumer.

Equity requires the factors affecting health are identified and a focus on strategies designed to ensure those most affected receive the services they need within the limitations of available resources.

Strengthening Social Capital

Social Capital is the level of trust, goodwill and co-operation between consumers, services, neighbourhoods and all spheres of government.

The level of social capital evident within a community is a measure of the health and well being of a community. Social capital is a 'bottom up' approach which originates with people forming social networks and connections.

BROAD STRATEGIES TO UPHOLD THE PRINCIPLES

Partnering

The BNPCA will ensure:

1. The existing partnerships that primary care and related services have established with their consumers are further strengthened and supported.
2. All Groups, Forums, Working Groups, Networks and Project Reference Groups of the Alliance are developed within a culture characterised by open mindedness, flexibility and reflective criticism such as required to achieve service improvements for consumers.
3. A plan for Consumer Consultation is mutually developed and implemented, and that feedback and outcomes from all consultations

are acted on and built into ongoing service planning and development processes.

4. A comprehensive Communication Strategy is developed which ensures that consumers are well informed about the nature and strengths of primary care and related services within the Banyule-Nillumbik catchment.
5. It supports the commitment of service providers to consumer engagement by facilitating and supporting shared learning between providers and consumers on best practice approaches to consumer participation/engagement and continuous improvement strategies.

Participation

The BNPCA will ensure:

6. It promotes the ongoing development of an integrated primary care services environment that:
 - recognises the rights of every individual
 - involves consumers in informed decision making
 - recognises that participation is fundamental and integral to quality health services, not an add on, one-off event.
7. Consumers are able to choose their level of involvement in the BNPCA from a range of alternatives. These will include opportunities for involvement in the Alliance's governance arrangements and working groups; feedback and evaluation, surveys, interviews, focus groups, and ongoing agency discussions with consumers.
8. Consumers will have the skills and resources to work collectively to address local health and wellbeing issues and priorities. This will be achieved by working with the local primary care and related services in the development of an education program to build capacities in consumer participation.

Empowerment

The BNPCA will ensure:

9. Consumers are knowledgeable about health issues and aware of the social factors which impact on health. This will be achieved by strengthening existing health information and communication processes within and between agencies and undertaking and disseminating relevant research and planning on local health and wellbeing needs/issues.
10. The model of consumer self management for chronic health conditions is promoted within the Alliance. The Self Management Model emphasis is on the whole person not their illness. It is concerned with consumer directed problem solving and decision making. The Alliance's Health Promotion and Disease Management Projects will implement this model of care in all aspects of project design, development and implementation.

Access and Equity

The BNPCA will ensure:

11. A commitment to social justice by promoting the capacity and empowerment of groups whose health needs may not be adequately met through existing strategies e.g. Koori people, homeless people, young people, low income people, people with disabilities, people from culturally and linguistically diverse backgrounds
12. Through its partnership arrangements and commitment to working collaboratively with providers and consumers it:
 - raises the visibility of services
 - acts as a resource to the local community by providing resources and support for identification and discussion of local health issues
 - maintains and advocates for sustainable funding levels for primary care

- advocates on behalf of the community's health needs, taking a broad perspective of problems and causes
 - improves linkages between primary care providers and between these and related services.
13. The BNPCA supports the existing service system to achieve functional integration and subsequent improved consumer access to services. Functional integration means that while services remain independent of each other in a structural sense, they work in a cohesive and coordinated way so that consumers experience a seamless and integrated response to needs.
14. The primary goal of the Service Coordination Program is to enhance effective consumer access to a cohesive service system and is met through:
- demonstrated improvements in the assessment of consumers needs
 - reduced assessment duplication
 - more effective referral and feedback
 - consistent and timely service provision
 - enhanced coordination of services
15. The availability of information to consumers is improved via the development of a range of options for accessing services information, including, the development of health and lifestyle information that recognises consumer diversity.

Strengthening Social Capital

The BNPCA will ensure:

16. Primary health services are developed and delivered in such a way that they not only deliver quality services but also increase the community's social capital. It will achieve this by:
- encouraging and promoting a community development approach to health promotion and service planning within the primary care sector
 - promoting social networks to assist people to help each other and facilitate the growth of social capital
 - actively demonstrating its commitment to facilitating the social view of health with its emphasis on consumer education, consultation, participation, empowerment and health promotion.

CONSUMER RIGHTS AND RESPONSIBILITIES

This section of the Charter lists the fundamental rights a consumer has under a quality primary health care system. These rights are articulated in the majority of agency Charters on Consumer Rights and Responsibilities within the BNPCA catchment. They are provided in this Charter as a demonstration of the Alliance's commitment to quality consumer focused services and as a checklist for service providers. In addition to Consumer Rights, the Charter also describes consumers' responsibilities. These responsibilities demonstrate the Alliance's commitment to engaging with consumers as equal partners and support reciprocity between providers and consumers.

CONSUMER RIGHTS

The BNPCA believes that all consumers who participate in programs, activities or receive a primary care service within the Banyule-Nillumbik catchment have the following rights:

Respect: Consumers have the right to quality and respectful health care regardless of country of birth, language, culture, race, family situation, sexual preference, intellectual, physical or psychiatric disability, medical status, religion or political beliefs. Services should be provided within a reasonable time, with courtesy and in an appropriate environment that is safe and provides adequate privacy and recognition of personal dignity.

Confidentiality: Consumers have the right to expect that all communications and records pertaining to their involvement with a service are treated as confidential and that information is provided to other service providers and a family member, only after consumer consent to do so has been gained.

Information: Consumers have the right to be given adequate information on services, treatments available, illnesses, health and lifestyle matters, in terms which are understandable.

Competent Staff: Consumers have the right to expect that service providers are up to date in their professional knowledge about needs/illnesses and their management; and that staff are appropriately skilled, qualified, experienced, supervised and supported.

Quality of Life: Consumers have the right to expect that services enhance their quality of life.

Participation: Consumers have the right to expect that service providers will actively encourage and facilitate their participation in the management of their health and wellbeing; and that opportunities are available for them to participate in service planning, delivery and evaluation through providing input and feedback in relation to health needs and services.

Right to Complain: Consumers have the right to make a complaint about any service or treatment they receive within the BNPCA catchment; and to expect that this complaint will be investigated fairly and that they will not be disadvantaged in receiving continuing service by making a complaint.

Anonymity: Consumers have the right to remain anonymous when requesting information about any BNPCA primary care service.

CONSUMER RESPONSIBILITIES

These responsibilities aim to assist consumers to receive the services they need to achieve optimal health and wellbeing outcomes.

Consumers have a responsibility to and will be encouraged to:

- Learn as much as they can about the local service system
- Actively participate in the management of their own health and wellbeing (to the best of their ability)
- Treat the staff of the services they attend with respect for their rights, safety and dignity
- Provide appropriate feedback about service quality and delivery.

For more information or to make further comments you can contact the BNPCA Executive Officer on 9450 2614 or email bnpca@bchs.org.au