

Engaging consumer participation in drug and alcohol service delivery

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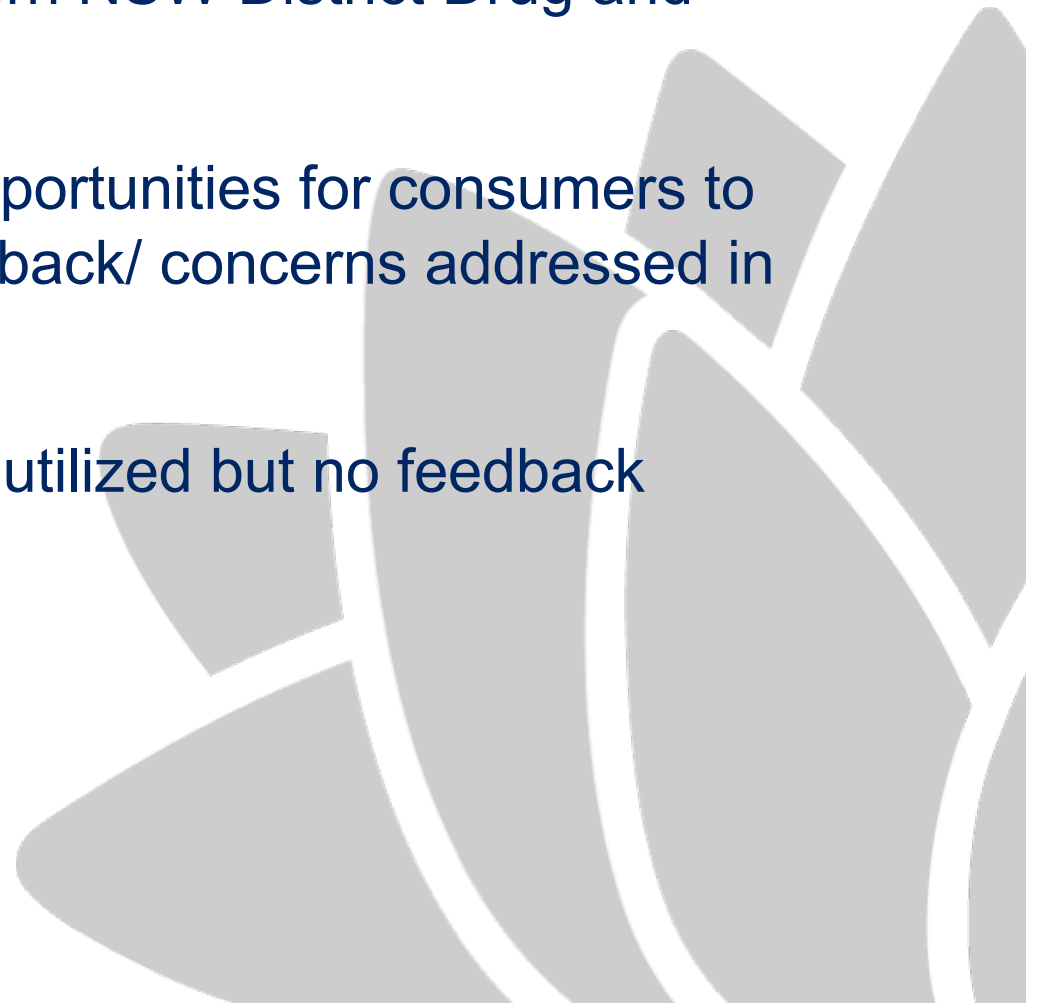
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Health
Northern NSW
Local Health District

Background

- No formal consumer or lived experience representation in Northern NSW District Drug and Alcohol (D&A) services
- Lack of processes or opportunities for consumers to have suggestions / feedback/ concerns addressed in a timely manner
- Suggestion boxes were utilized but no feedback mechanism



Analysis

- D&A consumer survey was conducted in December 2014 for a 3 month period
- 54 responses – low scores in how D&A services respond to concerns and felt there was lack of consumer involvement in service delivery
- 33/54 consumers stated their involvement would have a positive effect on service delivery

Analysis

- Staff survey was conducted in November 2014 – majority of staff agreed that consumers should be involved in
 - Utilization of suggestion boxes
 - Committees
 - Writing of brochures, fact sheets
 - Planning and development of services
- Staff disagreed with consumers being involved in recruitment processes / interview panels
- Results showed majority of staff and consumers keen to become involved but pockets of disappointing culture

Implementation

- Proposal to commence a D&A community committee
- EOI – for people with lived experience / carers / Local Health District (LHD) staff and Board members – informal interviews, letters of offer
- Terms of reference developed and the Drug and Alcohol Community Advisory Committee (DACAC) commenced in June 2015 as a sub-committee of the LHD Board
- Current membership 17 people (7 consumer reps) – Mix of carers, lived experience, past and current clients, NGO's, D&A staff and Board members (including the LHD Board Chair)
- Currently recruiting for more lived experience members, some turnaround with members.
- Excellent commitment from all members, wanting to improve services - the committee has a strong voice and advocates well for people with a lived experience and the wider community

Achievements to date

- Patient surveys – yearly snapshots, feedback to patients, posters, action plans addressing concerns / improvements
- Reviewed Models of Care – consumers on all working parties and all DACAC members involved in the process
- Lived experience members have presented at ICE community forums / symposiums / staff training in D&A
- On staff recruitment interview panels
- Intrinsic in the Inpatient Withdrawal Unit remaining open over Christmas period (historically always closed for at least 4 weeks)
- Reviewed brochures, literature, policies and procedures
- Developed family and carers policy
- Currently writing brief for request for funding for D&A peer worker positions
- Changing terminology from ‘consumer’ to a ‘person with a lived experience’

Introduction - To Dell Swift – current lived experience representative on DACAC

