**Consumer and Community Engagement in Health Care**

This position statement outlines the imperative for health, research and other organisations/services to engage and partner with consumers and the community in service planning, design, delivery, monitoring and review to improve the health and wellbeing of all Consumers.

 National and local healthcare policy and standards require health services to partner with consumers in the governance and management of health services. The World Health Organisation Declaration of Alma Ata (1978) states that ‘*The people have a right and a duty to participate individually and collectively in the planning and implementation of their health care”.*

Consumer and community engagement is underpinned by the following legislation, standards and policy;

# National Safety & Quality Health Service Standards Second Edition 2019 (Australia Commission on Safety and Quality in Health Care) Standard 1 aims to protect the public from harm and to improve the quality of health service provision. It describes the systems and strategies to use clinical governance systems to improve safety and quality improvement and partner with consumers to set these priorities and Standard 2 describes the systems and strategies to create a consumer centred health system by including consumers in the development and co design of quality health care.

 Health service governance and management must be informed and influenced by all people with lived experience, especially the most vulnerable individuals and groups, consumer advocates and representatives and the general public. Strategies must ensure people who are least likely to be heard inform the removal of barriers to safe, quality health care for all Consumers. These partnerships must genuinely reflect the needs, preferences and values of the people who use them and the communities who fund them. This means effective partnerships use structured, systemic approaches that engage:

•Individuals with lived experience of health conditions and services (consumers/patients, their family and carers)

•People trained and supported to consult with and represent their communities (consumer representatives). These communities can bring together:

1. people with shared lived experience, including patient organisations
2. people with shared access needs, for example cognitive and sensory support needs
3. groups who share life circumstances for example age; family context; geographic location; socio economic issues; risk factors such as domestic violence
4. groups who share culture, values and beliefs
5. people who fund and expect to be able to access health services when they need them (the general public).

To engage consumers and health services to achieve high quality, safe, consumer-centred care for all consumers. We promote and strengthen the voices, wellbeing, rights and leadership of health consumers