

**SERVICE DELIVERY POLICY AND PROCEDURES**  
**RESOURCE DEVELOPMENT, PRODUCTION & DISTRIBUTION & CONSULTANCY**  
**(INCORPORATING HCCNSW COMMENT ON EXTERNAL AGENCIES' RESOURCES/INITIATIVES)**

<b>POLICY</b>	
<b>INTRODUCTION</b>	<p><b>1. This Policy describes the approach taken by the Hepatitis C Council of NSW (the Council) regarding resource development and production, and consultation on external resources and initiatives. It takes into account the following points:</b></p> <p>1.1 The Council considers the development, production and distribution of information resources as an essential part of its core business, as described in its Strategic Plan 2006-2010.</p> <p>1.2 The aim of these guidelines is to ensure the Council responds appropriately and effectively to broad community needs in relation to hepatitis C resources development.</p> <p>1.3 The <i>Coordinator: Information &amp; Resources</i> will generally lead on resource development projects. However, individual projects may be undertaken by any Council project staff.</p> <p>1.4 These policies and guidelines apply to educational and promotional resources. They do not apply to the Council's quarterly magazine, <i>The Hep C Review</i> or the <i>Lower Literacy, Easy Read Hep C Magazine</i> which are an ongoing initiatives rather than one-off projects.</p> <p>1.5 They take account of and complement the NSW Health draft policy '<i>NSW AIDS Program-funded education resources approvals policy</i>' and guide the Council's '<i>Checklist for development of new resources</i>'.</p> <p>1.6 These policies guide Council comment and contributions to external inquiries, reviews, policy and strategic planning, and to external resource development including written resources, telephone services, video and speaking services.</p>

<b>PROCEDURES</b>	
<b>DEVELOPMENT</b>	<p><b>2. Recognition of issues:</b></p> <p>Community issues are recognised via input from a number of sources:</p> <ul style="list-style-type: none"> <li>2.1 The <i>Hep C Helpline</i> and the <i>Hep C Review</i></li> <li>2.2 Research and needs assessments</li> <li>2.3 Individual clients and individual client advocacy</li> <li>2.4 Representation on national, state and AHS committees</li> <li>2.5 Networks and partnerships with other agencies</li> <li>2.6 Participation in community consultations</li> <li>2.7 Sector experts including our Medical &amp; Research Advisory Panel (MRAP):  <p>These comprise health professionals and academics in the fields of clinical and social research, viral hepatitis treatment, general practice and drug and alcohol treatment.            Additionally we draw from the views of dietitians, complementary therapy practitioners, nurses, psychologists and a range of allied health professionals.</p> </li> <li>2.8 Feedback on existing resources.</li> </ul>
	<p><b>3. Initial assessment:</b></p> <p>Staff members considering a community concern or need should conduct an initial assessment and determine whether:</p> <ul style="list-style-type: none"> <li>3.1 the need is of a temporary or ongoing nature, ie. will the client need still exist once resource is ready for distribution?</li> <li>3.2 existing information resources (hardcopy and/or other) can meet the need. It may be that information resources already exist but are not accessed by the intended audience due to poor distribution, poor promotion or poor writing. It may be that client need can be met via non-hardcopy resources, eg. telephone helplines and websites.</li> </ul>

	<p><b>4. Discussion at resources meeting:</b></p> <p>If the staff member determines that the community need is of an ongoing nature and is not expected to be met via existing resources and services, the issue should be raised at a Council resources meeting:</p> <p>4.1 Depending on the size of the need and potential scope of a possible project, a project proposal should be developed (see Council's <i>Project Proposal Pro-Forma</i>). Smaller issues would involve verbal proposal and discussion.</p> <p>4.2 Project proposals and verbal reporting should be accompanied by all necessary data/information from the initial assessment – both in support of and in opposition to any potentially new project/resource.</p>
	<p><b>5. Decision-making:</b></p> <p>A decision to proceed with development of a new resource will hinge on several issues. Key questions include:</p> <p>5.1 Is there a significant need, ie. scope and/or impact?</p> <p>5.2 Can the need be quantified?</p> <p>5.3 Can an argument be established that successfully characterises the need?</p> <p>5.4 Is the need of an ongoing nature?</p> <p>5.5 Can it be met through existing resources?</p> <p>5.6 What would be the key aim of a response/initiative?</p> <p>5.7 Would another agency be better placed to meet the need?</p> <p>5.8 Does the Council have the financial and staff resources to develop, promote and implement a response that meets the need?</p> <p>5.9 Decision making should rely on group consensus, but where this is not possible, a decision will be made by the project proposer and <i>Coordinator: Information &amp; Resources</i> in consultation with the <i>Programs Director and Executive Officer</i> (who retains the ultimate decision-making role).</p>

<p><b>PRODUCTION</b></p>	<p><b>6. Recruitment of resource development project partners:</b></p> <p>6.1 Although one staff member may play a leading role in the project's ongoing development, a grouping of people (<i>working group, steering committee, project reference group, project partners, etc.</i>) should ultimately guide the project (see 9.4).</p> <p>6.2 Depending on the scope of the initiative, project partners may include peer organisations, professional groups, funding bodies or individuals (Council staff or external).</p> <p>6.3 The project partners should meet on a formal or as-needs basis to steer the project through the production process.</p> <p>6.4 The Executive Officer retains the ultimate decision-making role in any Council project or in regards to our involvement in a consortium project.</p>
	<p><b>7. Identification of stakeholders</b></p> <p>Aside from project partners, there will be a range of stakeholders who must be successfully co-opted into the project development process.</p> <p>These people generally include MRAP members, other key experts, eventual clients and those people who will be in a position to support the implementation of the resource. They should be identified and brought into the project if/as required.</p>

	<p><b>8. Project planning</b></p> <p>Depending on the nature of the resource and subject to budgetary availability, project planning should involve formal planning using the Council's <i>Project Proposal Pro-forma</i>, and include..</p> <ul style="list-style-type: none"> <li>8.1 Identifying project aims and objectives.</li> <li>8.2 Identifying the target group.</li> <li>8.3 Identifying sub-issues to be addressed.</li> <li>8.4 Proposing the general content.</li> <li>8.5 Proposing the general format (print/video/audio).</li> <li>8.6 Outline of resource and job allocation.</li> <li>8.7 Outline of peer review processes (obtaining comment from relevant peer workers on initial and subsequent drafts).</li> <li>8.8 Outline of focus testing processes (obtaining feedback from selected members of the target group).</li> <li>8.9 Project timeframe.</li> <li>8.10 Production plan (production of drafts, printing, copying).</li> <li>8.11 Distribution plan</li> <li>8.12 Project evaluation plan (see Council's <i>Evaluation Policy</i>)</li> </ul> <p>(As a guide, new videos, booklets, audio tapes and brochures will involve all the above aspects of planning, whereas new factsheets would involve 8.4, 8.7, 8.11 and 8.12)</p>
	<p><b>9. Production</b></p> <ul style="list-style-type: none"> <li>9.1 Ongoing, internal monitoring should be carried out throughout the above steps, to ensure that adequate standards are achieved and maintained.</li> <li>9.2 A delegated project manager should arrange for the appropriate administrative support and coordinate the relevant agencies, persons and resources to ensure cost-effectiveness of the overall project.</li> <li>9.3 The project manager should provide an appropriate level of reporting to project partners and the HCCNSW resources meetings.</li> </ul>

	<p><b>10. Steps involved in the production process for new publications of the Hepatitis C Council of NSW.</b></p> <p>10.1 First draft of content.</p> <p>10.2 Focus test with readers from the resource target group(s).</p> <p>10.3 Second draft of content circulated to AIDB for interim comment and other key external stakeholders, including the MRAP, CTAP (Complementary Therapies Advisory Panel) and where appropriate nurses and allied health professionals.</p> <p>10.4 Third draft of content checked for cultural appropriateness and equity issues. Plain English review conducted.</p> <p>10.5 Fourth draft of content undergoes formal clinical/technical review.</p> <p>10.6 Fifth draft including design and layout is focus tested.</p> <p>10.7 Final draft undergoes final formal clinical review if there are suggested changes.</p> <p><b>Steps involved in the adaptation or review of existing HCC of NSW resources.</b></p> <p>10.3 – 10.7 inclusive</p> <p><b>Steps involved in the reprinting of resources from other States or organisations.</b></p> <p>10.4 – 10.7 inclusive</p>
	<p><b>11. Accountability and AIDB/ NSW Health approval processes</b></p> <p>11.1 The Council will ensure a planned approach to resource development, including targeting, distribution and content.</p> <p>11.2 Within development, care should be taken to ensure that content is assessed for clinical accuracy, for any potential legal or liability issues which may arise and for overall appropriateness.</p> <p>11.3 Once the steps outlined above are completed, and prior to printing, the resource must be submitted to NSW Health for endorsement and approval (as per the Council's funding and performance agreement).</p> <p>11.4 Upon publication, a copy will be forwarded to the relevant NSW Health departmental contact officer, and to the relevant representative of any major funding bodies.</p>

<p><b>DISTRIBUTION</b></p>	<p><b>12. Delivery</b></p> <p>12.1 Delivery will be either to the Council's Strathfield South storage facility, 349 Crown St basement or the Council office.</p> <p>12.2 Resources should be placed/stacked so as not to impede access to previously stored resources, and to observe all OH&amp;S requirements with all boxes clearly marked as per content.</p>
	<p><b>13. Stock control</b></p> <p>Stocktake counts of resources should be undertaken at the end of every month. These figures are entered in the resources control file, enabling the Council to track actual stock levels and usage levels, and to estimate long term stock availability.</p>
	<p><b>14. Promotion</b></p> <p>14.1 New resources may be formally launched, depending on the cost-benefits of such, the timing of media events and available staff resources.</p> <p>14.2 In any case, new resources must be individually promoted through all relevant professional networks and sector publications. They should also enjoy ongoing promotion, along with other relevant resources, in the same networks and publications.</p>
	<p><b>15. Distribution</b></p> <p>15.1 The Council undertakes to distribute resources from the offices located in Crown Street, Surry Hills.</p> <p>15.2 Primarily, this work is processed by volunteers and paid casuals overseen by the <i>Coordinator – Information &amp; Resources</i>.</p> <p>15.3 Preparation of bulk mailout of information resources takes place in the Council library. Thus, a sufficient level of resource stocks must be maintained on level 1, and the library preparation tables must be kept as clear and neat as possible. Materials handling will take into account relevant Council OH&amp;S standards.</p> <p>15.4 Postage costs associated with resource distribution will be logged.</p>

<b>CONSULTATION</b>	<p><b>16. Commenting on the resources of external agencies</b></p> <p>The Council receives ongoing requests from external agencies for comment on their resources. We provide a range of comment, ranging from submissions to National or State hepatitis C related inquiries, input into State or regional hepatitis C strategies and feed back on stickers and magazine articles.</p> <p>16.1 In the first instance, requests for Council feedback should be forwarded to our Service Delivery Team Coordinators:</p> <ul style="list-style-type: none"> <li>▪ Information resource and website requests to the <i>Coordinator – Information &amp; Resources</i>.</li> <li>▪ Education and Development requests, and regional strategic planning requests to the <i>Coordinator – Education &amp; Development</i>.</li> <li>▪ <i>Helpline</i> requests to the <i>Coordinator – Client Services</i>.</li> <li>▪ National/State strategic planning requests to the <i>Executive Officer</i>.</li> </ul> <p>16.2 Team Coordinators will then action on an as-needs basis, taking into account recommended guidelines, as relevant.</p> <p>16.3 The Council routinely provides comment and input into development of Hepatitis Australia resources. The individual staff who are invited onto an Hepatitis Australia Project Reference Group will coordinate the Council's input into that resource.</p> <p><b>17.</b> Requests for comment and input into Hepatitis Australia resources that don't have a PRG should be forwarded to the <i>Coordinator – Information &amp; Resources</i> who will coordinate the Council's input into that resource.</p> <p><b>18.</b> The <i>Coordinator- Information &amp; Resources</i> and the <i>Project Officer – Information and Resources</i> provide input to and receive guidance from the National Resources Network (NRN) facilitated by Hepatitis Australia.</p>
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