

ADVISORY COUNCILS CONFERENCE

Saturday 4 November

The Niche

11 Aberdare Rd

NEDLANDS

Hosted by Health Consumers' Council

Introduction

This is the second Advisory Council Conference that the Health Consumers' Council has organised and provided the opportunity for members of Community Advisory Councils and District Health Advisory Councils, consumer representatives and other health consumers to come together to acquire knowledge, discuss issues and develop strategies for improvement of health services to consumers.

Although there were several country people at last years conference it was decided this year that extra effort would be made to enable representatives from rural areas to attend. The date of the conference was arranged to follow on from the Department of Health Conference on 2 and 3 November. We appreciate Melissa Vernon's support in making it possible for members of District Health Advisory Councils to be able to stay an extra day to attend.

One of the aims of the conference was to strengthen the links between the country and metropolitan councils. Therefore one of the sessions was on rural issues with three representatives of District Health Advisory Councils speaking about the difficulties experienced by country people in accessing health services. This was followed by workshops to develop some ways of improving country people's experiences in travelling to Perth for medical treatment. Some

of the ideas from the information gathered at the workshops will be implemented by the Health Consumers' Council Consumer Participation Project Officer.

The conference was very successful thanks to our guest speakers; Dr Andrew Robertson, Deidre Timms, Sonia Bray, Irene Mills, Jan Court, Julie Woods and Sandy Thomson; HCC Chair Tim Benson who was the facilitator for the conference and other HCC staff who provided help and support. Thanks also to all the health consumers whose attendance and involvement contributed to the positive outcomes of the conference.

For any further information or queries please contact Kathie McLure at the Health Consumers' Council on 9221 3422 or email kathiem@hconc.org.au

Kathie McLure

Rural & Metro Consumer Participation Project Officer

Health Consumers' Council

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ADVISORY COUNCILS CONFERENCE

Saturday 4 November 2006

The Niche, Corner Aberdare Rd & Hospital Avenue

Nedlands

The Chair of the Health Consumers' Council, Tim Benson opened the conference with a welcome to everyone and in particular the members of the District Health Advisory Councils who had travelled to attend.

Dr Andrew Robertson: WA Preparedness for an Influenza Pandemic

An influenza pandemic occurs when a completely new strain of influenza infects the human population. There have been three influenza pandemics in the last 100 years

- Spanish in 1918 killed 20 - 40 million people worldwide
- Asian in 1957, and
- Hong Kong in 1968

Influenza was first recorded in 412BC and there have been 31 pandemics since.

The strain mutates a little each year and sometimes a pandemic mutates so much that people have no immunity

H5NI Avian Influenza: there have been 223 infections and 153 deaths

Protection Measures:

- Quarantine/social distancing
- Australian Health Protection Committee
- Council of Australian Governments
- National Action Plan
- State Emergency Management Committee

WESTPLAN Human Epidemic

- Training
- Exercise FLEVSIS 2005
- Exercise CUMPSTON October 2006
- Business Continuity Plan

Question: Can flu be transferred through air-conditioning systems?

Answer: There is a risk – but probably a small one

Question: How effective are masks....100%?

Answer: Not 100%. Need social distancing as well

Question: What role can local governments play?

Answer: They are liaising with state government now. Local government environmental health officers can help through fever clinics and communication with general population.

Question: What is shelf life of antivirals and vaccines?

Answer: 5 years for antivirals, probably 5 years for vaccines.

Question: What about depression?

Answer: There is a 5 day infection phase, with a risk of secondary pneumonia not to mention the mental/psychological impact. Depends on severity.

Question: Do we have to get the strain to develop vaccine?

Answer: Yes

DO NOT “SOLDIER ON” if you get the influenza.

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More information can be obtained from www.health.wa.gov.au/disaster/index.cfm

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Deidre Timms: The WA Carers Charter

The *Carers Recognition Act 2004 (WA)* aims to change the culture of service providers so the impact on carers is considered when services are planned, delivered and reviewed. Under the Act a carer is a person who provides ongoing care or assistance (not paid carers)

Reporting organisations: Disability Services Commission, Department of Health WA, public hospitals MUST INVOLVE CARERS IN:

- v Policy and program development
- v Strategic or operational planning that might affect the role of carers.

The Western Australian Carers Charter

Carers must be treated with respect and dignity

- The role of carers must be recognised by including carers in the assessment, planning, delivery and review of services that impact on them and the role of carers
- The views and needs of carers must be taken into account along with the views, needs and best interests of people receiving care when decisions are made that impact on carers and the role of carers
- Complaints made by carers in relation to services that impact on them and the role of carers must be given due attention and consideration.

The Carers Advisory Council is made up of individuals who have knowledge of, and experience in, matters relevant to carers. Lois Gatley is the Chair.

Question: How do you get your voice heard when it comes to service provisions?

Question: What sort of assistance/encouragement do carers get from the government?

Answer: Carers Allowance from Centrelink, some subsidies [Carers WA have all the information].

Question: Carers making complaints on behalf of those they care for. You've made distinction to include category for carers making complaint on their own behalf, how things impact them in their role as carers.

Question: Does Homeswest have to report?

Answer: No. This legislation will be reviewed in three years. Another gap is education system (young carers)

Question: Do you have a facility to give carers respite?

Answer: There are numerous Commonwealth funded programs and state government

Comment re inadequacy of Centrelink Carer Payments (\$50 week)

As of 1st July the Commonwealth expects carers to also look for work (Voluntary for 1st twelve months, then compulsory)

Deidre: Let's take these comments to the Minister.

Patient First Project

Maxine Drake, Acting Executive Director for Health Consumers' Council introduced the Patient First Project which was launched at the Department of Health Conference on Thursday 2 November 2006. The Patient First information

will be circulated to all patients in WA health services. It was produced by the Health Consumers' Council and the Office of Safety and Quality with lots of consumer input and involvement. There is a booklet and DVD which was screened during the morning tea break.

Sonia Bray: Open Disclosure Project

The Open Disclosure Project is about providing an open consistent approach to communicating with patients and their family and carers following an adverse event. This includes expressing regret or sorrow for what has happened to them, maintaining a dialogue that gives them the facts about the event, providing information about their ongoing care and communicating the steps to be taken to prevent recurrence. Inherent in the principle of changing systems is the requirement to accept the fallibility of individuals and to move beyond the culture of blame. The Open Disclosure Standard defines an adverse event as an incident in which unintended harm resulted to a person receiving health care.

Civil Liberties Act – we can now acknowledge regret without claiming liability.

Question: Do you think Open Disclosure might actually reduce liability claims because people often went to lawyers just to find out information?

Answer: There is a possibility that there would be a small reduction.

Comment: I want to congratulate you – you're actually making people more responsible for their actions.

Question: How are you going to make these people listen?

Answer: It is now state policy – move to LEGISLATE. It is slow... a big change in how people think. The State feeds back to the Commonwealth.

Question: When it is instituted, will it be applied to all hospitals in WA?

Answer: All hospitals in Australia, public and private

Question: Who do people report to? Is it just the Hospital Board?

Answer: The Chief Medical Officer at the Office of Safety and Quality for serious events, or Executive Medical Director at the hospital who refer the matter to their Clinical Governance Committee.

Comment: Complaints that are paper based – it took five months for a response to my complaint.

Question: What about actual products?

Answer: Make a complaint to manufacturer of drug.

Comment: I think things are improving. Personal hospital experience – things explained, follow up telephone calls after procedure, written printout.

Personal question: How will Open Disclosure process affect an exemption under Freedom of Information?

Answer: AIMS forms.

Policies are in place now. Standard released in 2003. We give report to Minister and it then becomes legislation. From 2008 it will be a 'markable' thing.

Question: Medications in regard to temperature and transport to remote areas.

Answer: Wouldn't they be refrigerated?

Answer: No, transported by road.

Question: As an Indigenous person, what information is getting out to our people? Their rights? Pathways to complain?

Answer: I work at Fremantle Hospital where we should have Aboriginal Liaison Officers and they should be coming out to you.

Comment: People's attitudes: this is what you have been told – walk away and accept it, never question.

Response: The same with my parents. We are trying to change the mentality. Make people realise: you need to ask and keep asking questions and take personal responsibility.

Anyone with feedback about the Open Disclosure Project is encouraged to contact Sonia with that information. Sonia's contact details are:

Sonia Bray, Project Coordinator WA Open Disclosure Pilot

South Metropolitan Area Health Service based at Fremantle Hospital

Phone: 08 9431 2864

Email: sonia.bray@health.wa.gov.au

Rural Health Consumers: Irene Mills, Jan Court, Julie Woods

Three representatives from District Health Advisory Councils in the WA Country Health Service spoke about the experiences and situation for people in country areas.

Irene Mills – Avon/Wheatbelt

The Avon/Wheatbelt regional health service covers 154,000 square kilometres, has 45 local Governments, 20 Government hospitals and health services and three District Health Advisory Councils.

People who live in rural areas health is generally far worse than those in metropolitan areas. Thirty percent of the WA population lives in rural areas. Between Joondalup and Geraldton there are no services for delivering babies.

Issues

- Major issue is the WORKFORCE, actually getting people out there and the money to do so.
- We need more people to be trained for rural work across all disciplines
- Multi skilling of staff has become the normal to cope
- Doctors is pharmacy in many places as there is no other pharmacy
- Transport is big issue
- Ambulance service is funded locally and staffed by volunteers
- Specialists – irregular basis. Transport is a problem and while HACC cars are available there are limitations on who can use them.
- Mental health- virtually nil psychological counselling. Statistics tell us that one farmer commits suicide every four days
- Oral and dental health virtually non-existent
- Community advocacy – dedicated volunteers
- District Health Advisory Council is becoming better known as attitudes from old system change

Jan Court - Avon/Western Wheatbelt

Jan lives in Lancelin on the coast. The population is 900 and there is a purpose built health facility and chemist now.

In Gin Gin a mental health office has opened

Art therapy

Transport issue: No public transport

HACC vehicle only for HACC clients

Videoconferencing (another new initiative) is a wonderful way to stay in touch

Private practitioners – difficult when they don't take up initiatives

Julie Woods Wyndham/Kununurra

A lot of our services are gone as the guts of Wyndham has been ripped out and moved to Kununurra.

You have a different person each time you go to the hospital, not doctors. There are two doctors but they often have weekends, holidays etc off together with no replacement; nurses have to ring doctor in Kununurra – ambulance is used to take patient to Kununurra just for antibiotics

Aboriginal health – no-one ever asks Aboriginal people what they need

Wyndham is a small community and we all care for each other

Feedback from Rural Health Issues Workshops

1 What are the issues for people in rural and remote areas in accessing health services in their local area?

- Confidentiality/privacy
- RU 486 availability
- Moral judgement
- Regular and ongoing services available
- Transport difficulties
- Language
- No doctors, no hospitals, no chemists – Reasons why: doctors don't want to stay in sub-standard housing

2 What are the issues for people in rural and remote areas in travelling to the metropolitan area to access treatment?

- Lack of service and appointment coordination
- Transport
- Social support
- Some areas have Director of Nursing
- Doctors give false impressions e.g. migrant doctors may not understand the system

- Need “Ronald McDonald” house attached to metropolitan health services and/or billeting
- Cultural barriers i.e. ESL
- Lack of coordination of services
- Funding
- To metropolitan and regional centres

Ø Transport and accommodation costs in city. PATS doesn't cover enough (for carers too)

Ø Time lost/work

Ø Communication – eg PATS: coordinating people's appointments. Pooling.

- Local coordinator for each area

└ Useful for system and consumer

- Central coordinator
- HACC transport \$\$ should be just that – could be more flexible
- Need TRANSPORT vehicle
- Is this a job for HCC – collecting individual stories of people circumstance/difficulty of make it public
- Hard to organise infrastructural change. Whose responsibility. Too often too hard basket
- ACCOMMODATION and SAFETY
- Hospitals
- Check security issues
- How many complaints have been received
- What about people sent rural → metro during day and released @ 1am etc?
- Discharge plan? / often not followed
- Accommodation: proximity to hospital
- Should be a STANDARD: where is this person from, follow up
- Discharge plan starts on admission!
- TRANSPORT, ACCOMMODATION, SUPPORT
- Lack of transport, no coordination of services – no public transport, lack of HACC services

3 Which groups of people are the most disadvantaged in accessing health services in rural and remote areas?

- Low income people
- Special needs
- Chronic illness
- Frail, aged
- Youth
- Elderly
- Disabled
- Indigenous
- Reasons - accessing health in local area
- Transport
- Roads
- Dollars?
- Lack of holistic approach
- Lack of coordination of services i.e. transport going into town
- Tyranny of distance
- Lack of services
- Provider numbers for practitioners
- Specialist services – waiting time
- Tyranny of distance
- Aged, disabled

4 How can Community Advisory Councils support District Health Advisory Councils?

- Needs analysis/prioritise
- Talking to DHAC and community
- Achievable outcomes
- If DHAC communicate problems they are having and ask CAC to look at

5 How can Community Advisory Councils help people from rural areas to have improved access to health services in the metropolitan area?

- Resource base to share information and coordination
- Information in appropriate language
- Transport and accommodation – some accommodation for cancer patients and there is a model for Aboriginal people
- Community Advisory Councils through the Chairs to lobby the Minister for Health

- A questionnaire developed for patients to identify what assistance they need when travelling to metropolitan area for treatment.
- Information about accommodation, transport etc needs to be collected and collated through the CAC Chairs and the HCC Consumer Participation Project Officer. This information to be placed on websites – HCC, DHACs, health services
- Use pictures for people whose 1st language is not English, low literacy
- Liaison between the Councils – Community Advisory Councils and District Health Advisory Councils
- A newsletter to be developed to provide a means of communication between the Councils.
- Let consumers know their rights

Sandy Thomson: Consumer Participation in Accreditation Processes

Sandy presented a Powerpoint presentation of the ACHS Accreditation process concentrating on the consumer involvement/participation. A copy of the presentation can be found in appendix.

Topics covered were:

- Understanding accreditation
- Why health services seek to be accredited under the ACHS program
- What is involved; and
- How consumers can add value to the process

-

Consumers can add value to the process through:

- Ø Individual or carer involvement in care and treatment
- Ø Through formal and informal representative participation in a range of activities

Examples to support individual involvement;

Standard 1.1.2

Care is planned and delivered in partnership with the consumer/patient and where relevant the carer to achieve the best possible outcomes

You should know how long you will be in hospital, and what is going to happen to you during your stay and the discharge process

Evidence

Care and treatment plans are signed by the patient/carers

Surveyors speaking to a sample of patients

Standard 1.1.3

Consumers/patients are informed of the consent process, understand and provide consent for their healthcare

You should understand the procedure that you are having, the risks and options

Evidence

Consent is always obtained and documented before a procedure commences

There are policies and procedures to protect from adverse outcomes

The main focus of the presentation was *Standard 1.6*

The Governing Body is committed to consumer participation

In a health context participation.....

- is an ethical and democratic right
- improves service quality
- improves health outcomes

- makes services more responsive to needs

The benefits for a health service are.....

- Improved service quality
- Improved profile in the community
- Insights into how people perceive care and treatment
- Joint problem solving
- Likely to lead to fewer complaints

The benefits for consumers are.....

- Increased understanding of health service issues
- A greater sense of influence in the decision making processes
- Opportunity for positive input into quality issues

Issues for successful participation

- Ø **Leadership** – willingness to embrace participation
- Ø **Framework** – clear policies, procedures, structures
- Ø **Learning to listen** – consumers are a great source of information
- Ø **Appropriate resources**
- Ø **Training and development**
- Ø **Size and complexity**

There was then a discussion around examples of successful consumer participation strategies, barriers and the reasons and what can be done to improve consumer participation?

Consent issues directly between doctor and patient. Signed consent is a mandatory standard. What about how well people understand it? Patient First project is intended to address this.

Swan/Kalamunda and Armadale – good consumer participation models

- Mystery Observer Exercise

Drive to hospital and look at access eg signage

Consumer telephones to make an appointment eg radiology

- Look at brochures before they are released
- Reviewing policy should involve consumers
- Surveys
- Strategic planning

Question: what about private practices? Who pays for accreditation and costs of meeting the standards? What if doctors threaten to leave if you introduce Consumer participation and Accreditation Process?

Question: How do we coordinate accreditation where there are several small combined health services?

Answer: ACHS is grappling with this at the moment to deal with variances

Question: Do training providers for Aboriginal Health Workers meet or teach standards?

Comment: re barriers for successful consumer participation; often the consumers turn up for meetings but the professionals don't even turn up. This discourages consumers (who are often volunteers); don't feel valued.

Suggestion: put admission procedures into pictorial form for people whose first language is not English and illiteracy.

Appendix 1

GUEST SPEAKERS

Dr Andrew Robertson

Dr Andy Robertson is the Divisional Director, Health Protection Group and Chief Health Officer within WA Health. With specialist qualification in Public Health Medicine and Medical Administration, he served with the Royal Australian Navy from 1984 until 2003, including completing three tours to Iraq as a Biological Weapons Chief Inspector with the United Nations Special Commission in 1996 and 1997. In October 2003, he took up the position of the Director, Disaster Preparedness and Management in WA Health, a position that has since been integrated into his new role. In December 2004, he led the Australian Medical Relief team into the Maldives post tsunami, and has subsequently managed WA Health's response to the 2005 Bali Bombing, its preparations for a potential influenza pandemic and led the WA Health team into Indonesia after the Yogyakarta earthquakes in June 2006.

Deidre Timms

Deidre Timms has some 15 years management and community development experience in the not for profit sector in rural and metropolitan environments. She has managed programs and organisations in the areas of disability, women's health, aboriginal health, aged care and community care. This experience identified a lack of inclusion and support for carers. Deidre is a passionate advocate for social justice and feels honoured to be working for carers. Her formal qualifications are in education.

Deidre is employed by Australian Red Cross (WA) as Senior Manager Community Care.

Sonia Bray

Sonia's role at present is Project Coordinator, Open Disclosure Pilot Project. Her base qualifications are in Mental Health Nursing, where she has been involved in both the Public and Private sectors, in acute and long stay facilities, working as a clinician and as a facilitator for individual and group programs for over 30 years.

For the last 8 of those years Sonia has worked in Quality Improvement, Complaints management and project management. At present she is managing the role of education and evaluation of the pilot project, Open Disclosure, which is an initiative of the Office of Safety and Quality".

Sandy Thomson

Sandy was appointed to the position of Assistant Auditor General - Strategy, Policy & Innovation on 13 March 2006.

She was previously Director of Accreditation WA Country Health Service and in 2003, principal author for the development of the health reform discussion paper on Output Structure and KPI review. She also held the position of General Manager for the Peel and Rockingham Kwinana Health Service in 2001-2003.

Her interest in health care management, health care systems and general business management has extended into the following spheres of activities, past and present:

- Immediate past President - Australasian Association for Quality in Health Care
- Honorary Member of the West Australian Department of Health State Quality Council
- Current Chairman - Edith Cowan University School of Health Sciences Consultative Committee
- Member of Commonwealth Expert Advisory Group - Safety and Quality in Aged Care (representing AAQHC)
- Current Councillor - Health Care Association of Western Australia
- Current Surveyor - Australian Council for Health Care Standards
- Board Member - Peel Community Development Group
- Board member - Mandurah Performing Arts Centre
- Nominee - Telstra Business Woman of the year 2003

- Board Member - Health Services Credit Union (1977-2002)

Sandy has completed a Masters Health Services Management in December 2001. She was also awarded the status of Fellow of the Australasian Association for Quality in Health Care as recognition of skills and competencies in the area of safety, quality and governance. In 1993, she was awarded the National Shilkin Prize by the Australian Organisation for Quality in recognition of work in quality business management.

Appendix 2

List of Attendees

Thankam Abraham	Health Consumers' Council
Hope Alexander	Health Consumers' Council
Don Anderson	Murchison District Health Advisory Council
Trish Anderson	Sir Charles Gairdner Hospital Community Advisory Council
Anne Atkinson	Royal Perth Hospital Community Advisory Council
Gerry Atkinson	Royal Perth Hospital Community Advisory Council
Ann Banks	Armadale Health Service Community Advisory Council
Tim Benson	NMAHS Ambulatory Care Community Advisory Council
Pat Booth	Bentley Health Service Community Advisory Council
Dorothy Broun-Barton	Bentley Health Service Community Advisory Council
Janet Brown	Pilbara District Health Advisory Council
Dermot Buckley	Health Consumers' Council
Brian Charlie	Health Consumers' Council

Jan Court	Avon/Wheatbelt District Health Advisory Council
Ellen Dziensz	Women's Health Interest
Laura Elkin	Health Consumers' Council
John Fentiman	Osborne Park Hospital Community Advisory Council
Shirley Fitzhum Swan/Kalamunda Health Service CAC	
Cathy Gianatsis Gascoyne District Health Advisory Council	
Noeline Hartley	Health Consumers' Council
Dot Henry	Health Issues Group
Iren Hunyadi	Health Consumers' Council
Gary Manning	Geraldton District Health Advisory Council
Marie Matthews	Bentley Health Service Community Advisory Council
Kathie McLure Health Consumers' Council	
Irene Mills	Avon/Wheatbelt District Health Advisory Council
Agnes Misztal	Health Consumers' Council
Michele Oldham	South West
Nancy Pierce	Health Consumers' Council
Jane Robertson Osborne Park Hospital Community Advisory Council	
Greg Rose	Gascoyne District Health Advisory Council
Margaret Ryan Royal Perth Hospital Community Advisory Council	
Rasa Subramaniam	Health Consumers' Council
Ann Taylor	Princess Margaret Hospital Community Advisory Council
Elizabeth Taylor	NMAHS Community Advisory Council
Sandy Thomson	Guest Speaker

Lynne White	Eastern Wheatbelt District Health Advisory Council
Julie Woods	Kununurra/Wyndham District Health Advisory Council
Sonia Yeates	Health Consumers' Council
Sebastian Zammit	Health Consumers' Council

Apologies

Anne McKenzie

Glenys Chappell

Melissa Vernon

Richard Smith

Julie Brown

Michele Kosky

Helen Hoey

Chacko Abraham

Alva Curtis

Appendix 3

Glossary

ACHS Australian Council Healthcare Standards

CAC	Community Advisory Council
DHAC	District Health Advisory Council
ESL	English as a Second Language
HACC	Home and Community Care
PATS	Patient Assisted Transport Scheme

Appendix 4

Evaluations

1 How did you find out about the conference?

Through a Community Advisory Council	12
From Health Matters	9
Through a health consumer group	5
Health Consumers' Council	4
Health Service	1

Please rate the following sessions from 1 to 5 in terms of their value in developing your knowledge as a health consumer.

2 WA Preparedness for a flu epidemic

Excellent 13

Very Good 5

Good 4

Fair 2

3 The WA Carers Charter

Excellent 8

Very Good 11

Good 4

Fair 2

4 Open Disclosure Project

Excellent	5
Very Good	10
Good	5
Fair	3
Poor	1

5 Experiences of Rural Health Consumers

Excellent	6
Very Good	8
Good	6
Fair	2
Poor	1

6 Consumer Participation in Accreditation

Excellent	12
Very Good	5

Good	3
Fair	1
Poor	1

7 Conference Facilitation

Excellent	12
Very Good	4
Good	2
Fair	3
Poor	1

8 Venue – Location and Quality

Excellent	11
Very Good	4
Good	2
Fair	2
Poor	3

9 Overall Conference Organisation

Excellent	12
Very Good	4
Good	3
Fair	1
Poor	2

10 Please list the best aspects of the conference

- v The very relevant topics
- v Pleasant venue
- v Good speakers, interesting topics
- v Good time management
- v Appetising healthy food
- v Informality
- v Meeting people
- v Sharing information
- v Variety of topics
- v Workshops, flu pandemic
- v Emphasis on consumer participation

- v All health services to aspire for accreditation
- v Knowledge and social interaction
- v Organised, time managed
- v Topic focused
- v Good speakers and networking opportunities
- v Topics and speakers very interesting and informative
- v &nb, sp; Rural CAC roles etc – very important
- v Friendliness, ability to ask questions, networking
- v Good variation of speakers/topics
- v Good idea to colour code name badges to make breaking into groups easier
- v ACHS discussion and area health discussion
- v Speakers and sessions kept to time – excellent
- v Variety of speakers

11 Please list the weakest aspects of the conference

- v None
- v I didn't think there were any weak aspects
- v Not enough time for workshops
- v Not on time
- v Nothing significant
- v Cross section of people
- v Young people, Aboriginals, Males
- v Consumers who waffle and do not stay focused on issue, lack of sensitivity re consumers anecdotal stories

- v Too much time allowed for questions that may not have been relevant
- v A microphone needed in future, some speakers could not be heard
- v With each speaker allow a little more time for questions ie instead of speaking for half an hour plus five minutes for questions speak for 25 minutes and 10 minutes for questions
- v Unable to hear all
- v The dominance of one or two at the workshop session – not controlled by facilitator
- v None

12 How could we have improved the conference?

- v No I don't think it needed to be other than it was
- v Keeping everyone in check
- v More discussion time, workshops
- v You have done well
- v Previously ask for presentation of papers
- v More networking opportunities
- v Allow more time for consumer questions to be answered
- v More group discussion with short time on each topic/question
- v A microphone
- v Use the microphone as a couple of the rural women were soft spoken and people at the back had trouble hearing
- v Also have a roving microphone for question time
- v Have a better microphone

13 Please list any other topics you would like to learn about.

- v Any topical health issues e.g. men's health and need for them to be more aware
- v The patient's perspective
- v What people are doing and how they work with some of our Indigenous people?
- v Focus for disabilities e.g. Blind or hearing impaired
- v Why rural men don't use health services and what can be done about it
- v Background and achievements consumer movement locally, nationally and internationally
- v Include a topic about toxic chemicals
- v Community health services
- v Men's health issues
- v The public dental system. Reasons for delays – what is the government doing about the system?
- v Complaints against specialists
- v More interaction between rural and metro and sharing of services

14 Other comments

- v A very enjoyable informative day
- v Very good conference
- v V.G. conference
- v Very enjoyable
- v Attitude was excellent and access inclusive
- v Congratulations to organisers and facilitators

- v Very well organised in respect of signing in, information supplied
- v PS the food was very good and good to see different diets taken into consideration i.e.
- v vegetarian, coeliac disease etc
- v Feedback from the discussion groups and the constructive suggestions for interaction

Appendix 5

CARERS ADVISORY COUNCIL

C/o Carers Secretariat at the Office for Seniors Interests and Volunteering, 7th Fl
2 Havelock Street, West Perth 6005, telephone (08) 6217 8518, email
carersac@dcd.wa.gov.au fax 9481 3886

Note: the website www.carersadvisorycouncil.wa.gov.au is under construction and may not be available until November 2006

RESOURCES:

Carers Recognition Act 2004

- Authorised copies of the legislation are available from the State Law Publisher, 10 William Street Perth 6000 (08) 9321 7688 at a cost of \$9.05 per copy
- Full text copies are available on the internet at <http://www.slp.wa.gov.au>

Carers Recognition Act 2004 brochure

- Available from Carers Secretariat by phoning (08) 6217 8500 or email carersac@dcd.wa.gov.au or print from www.carersadvisorycouncil.wa.gov.au

Carers Charter – poster

- Available from Carers Secretariat by phoning (08) 6217 8500 or email carersac@dcd.wa.gov.au or print from www.carersadvisorycouncil.wa.gov.au

Carer Involvement Framework

- Available from the Disability Services Commission website at <http://www.dsc.wa.gov.au> in the Carers section of Publications and Links

Creating Carer Friendly Workplaces: an information kit for employers to assist employees with carer responsibilities

- Available from Dept of Consumer and Employment Protection website in the Labour Relations/Resource/Publications – Work Life Balance at <http://www.docept.wa.gov.au>

EVENTS

‘Broadening the Horizon’ 2nd WA Transcultural Mental Health Conference incorporating Convention of Mental Health Carers

16 – 17 November – Perth

EventEdge (08) 9387 1488 email info@eventedge.com.au website: <http://www.broadeninghorizon.health.wa.gov.au> fax: 9387 1499

SERVICES – free statewide telephone services

Carers Counselling Line 1800 007 332

Commonwealth Carer Resource Centre 1800 242 636

Commonwealth Carer Respite Centre 1800 059 059

Commonwealth Carelink Centre 1800 052 222