

# DHAC/ LHAC Newsletter

## September/October 2011

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### **Letter from the Editor**

Welcome to our September/October 2011 edition of our new DHAC/LHAC e-newsletter packed with the latest on upcoming events, opportunities to have your say and information that may be of interest..

Diversity Dialogues "Health, Healthcare and Culture", HCC's Health Issues Group Community Forum will be held on Thursday 3 November, from 1 - 4.30pm at Grace Vaughan House, 227 Stubbs Terrace, Shenton Park. The forum is open to the public and all are invited to participate.

If you are interested in registering for the forum, contact Louise Ford at 9221 3422 or [louise.ford@hconc.org.au](mailto:louise.ford@hconc.org.au) . We hope to see you there!

Update on the Consumers' Reforming Health Conference 18-20 July: Keynote presentations can now be viewed via the following link

<http://www.healthissuescentre.org.au/documents/items/2011/08/376133-upload-00001.docx>

Enjoy the rest of the newsletter!

**Kind regards  
Caroline Rugdee  
Speakers' bureau Coordinator  
Health Consumers' Council**



## Advocacy Corner – Medicare Locals

Report by HCCAdvocate Christine Ryan

Medicare Locals has been funded by the federal government to focus on the primary health care needs of their local community. Primary health care is the area that is first accessed by the patient or health consumer, such as the GP, the Emergency Department, the dentist, the ambulance or whatever is appropriate. This is a part of the Australian Government's National Health Reforms and Medicare Locals are being established nation-wide.

Initially there are 2 in WA, the Southwest Medicare Local (SWML) and Perth North Metro Medicare Local (PNMML) which replaces the Osborne Park GP Network. A total of 19 Medicare Locals have commenced Australia wide in the first tranche in July 2011, 15 more in the second tranche in January 2012 and the final 27 in July 2012. There is a total of 8 for WA out of 59 for all states. (There are 62 different boundaries)

Medicare Locals will coordinate primary health care delivery and tackle local health care needs and identify where there are gaps in the services provided. They will drive improvements in primary health care and ensure that services are better tailored to meet the needs of local communities.

Medicare Locals will have a number of key roles in improving primary health care services for local communities.

Broadly speaking they are:

- understand needs of population
  - to develop health improvement plans for communities
  - to commission/purchase services for health improvement
  - organise GP's (who are often highly fragmented, with no governance and minimal regulation)
  - using the Divisions of General Practice, who are quite a mature sector. Lot of expertise in GP networks
  - need local solutions to Commonwealth priorities
  - need to become much more sophisticated in ordering/contracting of services
  - will need 2/3 years to shake down
  - They will make it easier for patients to access the services they need, by linking local GPs, nursing and other health professionals, hospitals and aged care, and maintaining up to date local service directories.
  - Unite services
- educate health providers and the community on specific healthcare areas

The South West WA Medicare Local aims to improve the long-term health outcomes of the community it serves.



This new organization commenced in July 2011, with its head office in Albany and Area offices to be established in Northam, Busselton and Albany. Medicare Locals are being established by the Commonwealth Government to make it easier for people to access a wider range of quality, coordinated and integrated primary health services.

The South West WA Medicare Local has developed an innovative model of primary health care support with community engagement at its core. The Medicare Local will work with providers, peak bodies, research / education organizations, workforce support bodies and consumers to:

- Strengthen the linkages between local GPs, nursing and other health practitioners, hospitals and aged care services,
- Develop and maintain accessible and up to date local service directories;
- Encourage Primary Health Care and hospitals to work well together for their patients;
- Develop and support local after hours face-to-face GP services;
- Identify gaps in service provision in local communities and coordinate services to address those gaps; and
- Support local primary health care providers, such as GPs, practice nurses and allied health providers to adopt and meet quality standards.

The South West Health Alliance (SWHA) was established in November 2010 to set up and guide the development of the South West WA Medicare Local (SWML). It is an alliance of:

- GP Down South
- Greater Bunbury Division of General Practice
- Great Southern GP Network

A commitment to community engagement is central to the SWHA as it develops the South West WA Medicare Local. The need to engage a wide range of organisations and community groups has influenced the design of an innovative organisational structure for the South West WA Medicare Local.

The key features of the structure of the South West WA Medicare Local include:

- Community and health service provider engagement at every level of the organization.
- An administrative structure with clear lines of reporting and accountability to make sure that services are effective and of high quality.
- A clear delineation of functions. The administrative/management function is distinct from the consultative, planning and resource allocation function.
- No duplication of roles and infrastructure already in place in the community.

## Maintaining Communication

The Southwest Health Alliance produces a newsletter to keep stakeholders informed:

Further consultation with stakeholders and partners will commence in July 2011. Feedback and comments are welcomed by the South West WA Medicare Local.

### South West WA Medicare Local

106 Stirling Terrace  
Albany  
Western Australia, 6330

**Phone:** (08) 9842 9322

**Fax:** (08) 9842 3844

**Email:** [jess@sw-medicarelocal.com.au](mailto:jess@sw-medicarelocal.com.au)



A SW (WA) Medicare Local meeting was held in Bunbury on 19<sup>th</sup> October, 2011 to look at aged care facilities in the area and try to reduce the amount of people who end up in emergency departments and after hour services. Increasing integration of care services should help reduce these after hour presentations, coupled with improved communication between providers, patients and their families and carers. An after-hours GP helpline is now included with the Health Direct infoline services to aid this. Phone Health Direct on 1800 022 222.

**Chrissy Ryan Advocate** Information obtained from South West WA Medicare Local Website. October 2011.

## Health Consumers' Council Advocacy Services

The Health Consumers' Council is an independent community based organisation representing the consumer's voice in health policy, planning, research and service delivery.

The Health Consumers' Council provides free assistance to consumers in Western Australia in order to resolve recent grievances related to health care. The Council will provide general advice, information, referral options and advocacy services in a manner that is helpful, timely and efficient. The Council has a toll free phone line for consumers who live in regional areas.

Our advocacy service consists of three advocates who are able to assist consumers who have a range of problems or challenges within the health system: The principal aim of the Advocacy service is to ensure that health consumers are always treated with dignity and fairness. Advocates may provide assistance to consumers in accessing health services to meet their needs, as well as assisting in making complaints. For example, advocates will assist consumers draft letters or complaints to address their concerns within the health care system, or will attend meetings or consultations with health consumers acting as an advocate or independent third party.

The Council also undertakes more systemic advocacy which involves action designed to achieve changes in policy, practice and attitudes towards health consumers in the WA health system.

Our goal is the improvement of health care systems leading to better health outcomes for consumers. We are ready to assist you in your dealings with consumers and we would be pleased if you would encourage consumers to contact us.

Accordingly, our advocacy brochures are available for your information and can be accessed by clicking on the following link: [http://www.hconc.org.au/ourservices/Advocacy\\_brochure/Advocacy1.pdf](http://www.hconc.org.au/ourservices/Advocacy_brochure/Advocacy1.pdf) . We have a toll free number for regional consumers which is 1800 620 780.

If you have any questions with regard to any of the above, please feel free to contact Michele Kosky at 9221 3422 or [michele.kosky@hconc.org.au](mailto:michele.kosky@hconc.org.au) .

## Meet Louise! – Our new Consumer Participation Programme Coordinator

Greetings everyone,

I am taking this opportunity to introduce myself and am looking forward to contact with you in the future.

I commenced employment as a Consumer Participation Programme Coordinator in September and hope that my skills and knowledge will be a positive contribution to the organisation and to health consumers.

Previous employment roles have included a range of capacities, the most recent including the re-settlement of refugees and humanitarian entrants, developing and delivering workshops on topics relevant to working with new and emerging community members and teaching English to non-English speakers. In my personal life I have been, and remain, involved with people from various parts of Africa which has given me great pleasure, been an incredible privilege, and has taught me a great deal. It has also enabled me to develop a far better understanding of the issues that confront both those who access health care providers and the providers themselves. This exposure to the complexities involved is equally applicable to the work I have done with people from other CaLD backgrounds.

My qualifications are a Bachelor of Arts – Double Major in Aboriginal and Intercultural Studies and Social Sciences (including Anthropology and Sociology), a Grad Dip Ed (Secondary), Cert 1V Workplace Trainer and Assessor and TESOL (Teaching English to Speakers of Other Languages).

Please don't hesitate to contact me with any concerns or queries.



**How well equipped is your country health service?**

To find out more about advocacy and how your DHAC can implement the Patient First Program, email Caroline at [caroline.rugdee@hconc.org.au](mailto:caroline.rugdee@hconc.org.au).

## ESPERANCE ABORIGINAL COMMUNITY MEETING JULY 2011

**Facilitators:** Health Consumer Council

**Attendees:** 14 Aboriginal Community Members, 13 service providers

**Introduction:** Don Abdullah, Billy Trott and Gio Terni

**Welcome to Country:** Gail Reynolds- would like something positive to come out of the day

*Geraldine Ennis, Regional Director WA Country Health Service* – explanation of her role and responsibility within WACHS Goldfields – introduced the WACHS Esperance Team. Described the health environment, the structure and governance of state funded health services across WA

*Les Schultz – Alcohol and Drug Councillor, Bega – Concerned for his people.* He wants to help community to better access services. Good communication is important. He would like to see a positive outcome from today. Not without hope there is an opportunity to build better health holistically – spiritually as well as better social and emotional well being. Need real answers and real solutions

### **What are the community's concerns?**

- Lack of resources in agencies for community – no Aboriginal people in mental health, hospital, DPC or Centrelink.
- Community needs to come together to get the government to do things for the Esperance community.
- Need to have more Aboriginal people working in these agencies.
- Need to see agencies come out to the community, not just stay in their offices.
- Self referral and agency referrals do not work for the community. Frustration based on too few Aboriginal people delivering health services.
- Lack of access to appropriate services in Esperance
- Need a partnership between Aboriginal and non-Aboriginal people to come together as a whole community to support Aboriginal people to get their lives on track
- Improvements in care, communication and information by local providers
- Community health literacy needs to improve

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### **It is essential to have Aboriginal people working in the system**

- Aboriginal people need to take more responsibility for finding out their health needs
- Drug and alcohol is a problem and concern for the Aboriginal community in Esperance
- Housing major issue for Aboriginal community
- Mental health centre at hospital needs to be reopened
- Pool our efforts to get some resources to establish a rehabilitation centre in Esperance for people to 'dry out'.

### **Community Issues**

- Lack of doctors at the hospital – nurses have to ring doctors to come out on call
- Hospital sends people home with just Panadol (i.e. Went down to Esperance hospital and was sent away with a panadol then went to Kalgoorlie hospital and was diagnosed with pneumonia)
- Daughter 31 years old sent home from hospital and died
- Rhonda sent home from the hospital with Panadol – has a heart problem and is now in RPH with serious issues
- Waiting times at the hospital are not good
- Attitude of staff at the hospital towards Aboriginal people. Staff needs cultural training. Staff are disrespectful and rude.
- A Aboriginal Liaison person working in the hospital is needed
- Communication breakdown between Aboriginal and non-Aboriginal people. Needs to be two way communications. Needs an Aboriginal face at the hospital.
- Come together as a community to solve problem

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### **Geraldine Ennis – Response to Community**

- State health looks after the hospital, mental health and community health
- GPs are a private business and the hospital buys in doctors to provide services. The hospital does not have doctors based there 24/7.
- Triage system (1 to 5) –a nurse will talk to you first to work out whether you need to see a doctor. They will either call a doctor if it is serious or the nurse will refer you to the GP surgery
- 12 doctors in Esperance – only 1 doctor works full time all the other doctors work part time and have other jobs
- Southern Inland Health Initiative – government commitment to getting doctors back into the southern inland including Esperance – within the next 3 to 6 months a doctor will be in the hospital 12 hours a day:
- Medical practice on the hospital site is being negotiated
- State health have talked to local GPs to negotiate a way of extending GP surgery hours – but they Esperance GPs are not been willing to do this
- Hospital complaints process includes filling in a form or making the complaint by telephone
- Lack of confidentiality in ED and Outpatients – hospital has funds for redevelopment which includes remodelling the ED – building will start late 2012
- WACHS-Goldfields will employ a male and female Aboriginal Liaison officer

### **Sonny Graham – concluding comments**

- The answers are in the community. Need to talk to each other to solve the problems.
- Pull together a Reference Group for WACHS to access
- Employ more Aboriginal people
- Need a community engagement mechanism – a reference group
- Transport is another issue for community

**Advanced Healthcare directives – Frequently asked questions**

<http://www.health.wa.gov.au/advancehealthdirective/home/faqs.cfm>

## Are you looking for a Speaker?

The Health Consumers' Council has volunteer speakers available to speak in Country Areas on Health System Literacy. Further information regarding the presentations can be found in the poster below.

### We've Got Something to Hoot About!

*The Health Consumers' Council is an independent community based organisation representing the consumers' voice in health policy, planning, research & service delivery*

Our wise team of volunteer speakers are keen to get on their perch and present to your group!

Talks last 30 minutes with the opportunity for questions. The topics covered include:

- The WA health system
- Health consumer's rights
- Emerging issues for patients & families
- Health Consumers' Council services & activities
- Health System Literacy



**Knowledge is power. If you're interested in hosting a talk & improving community health through increased health literacy contact Caroline on 9221 3422 or [caroline.rugdee@hconc.org.au](mailto:caroline.rugdee@hconc.org.au)**



### **GP Helpline Proves Popular – by HCRRA**

We told you about the launch of the GP Helpline (1800 022 222) last month. In response to a friendly question in parliament this month, Minister Roxon informed the house that 20,000 services had already been provided through the initiative! How did we ever do without it?

### **A Spoonful of Sugar – by HCRRA**

Muesli. With all that fibre, fruit, nuts and other healthy stuff it has to be good for us right? If it wasn't, why would anyone in their right mind want to eat it? Well, according to CHOICE magazine there's muesli and there's muesli. One brand was found to contain twice the amount of fat than you would find in a double quarter pounder. Another brand proudly declared that it contained 'no added cane sugar' but the dried fruit content and added honey resulted in a product that was almost 28% sugar. CHOICE has called for front of pack traffic light labelling on all products making nutrient or health claims, to assist consumers to make healthier choices should they want to do so.

**'This is a clear example of how traffic light labels can benefit consumers, helping us make quick and healthy choices on products we often assume are low in sugar and fat.'**

- To help us buy the most nutritious muesli, CHOICE suggests we should:**
- Check the Nutritional Information Panel (NIP), for fat and saturated fat – less than 12% is better than average for most muesli.**
- Check the ingredients' list for added sugar (it can be disguised as honey, maple syrup, golden syrup or glucose).**
- Check the NIP for 10% (10g per 100g) or more of fibre – don't rely on claims like 'good source of fibre' or 'high in fibre'.**

**Apparently many mueslis with more than average fibre often don't advertise the fact.**

If you don't have the time or energy for all that, in our experience, the one that tastes the worst is usually the best for you... and vice versa.



## National Rural Health Alliance - Media Release: 20 September 2011: Lesley Barclay to lead National Rural Health Alliance

At its 20th AGM yesterday, members of the National Rural Health Alliance elected as its new Chair Lesley Barclay, Professor and Director of Sydney University's Lismore-based University Centre of Rural Health. The Alliance is the peak body for rural health, comprised of 32 national organisations whose shared objective is to improve health outcomes for the more than seven million people in rural and remote Australia.

Lesley Barclay said she was honoured to take on the role. "I look forward to a busy and productive year for rural health and am delighted to have the support of such a strong membership, Council and staff team."

Lesley began her career as a midwife and is now a health system reformer and maternity services researcher whose projects have improved services for women in remote and urban Australia, as well as internationally. On Council of the Alliance she represents the Australian Rural Health Education Network. She succeeds Dr Jenny May, Tamworth-based doctor and academic who this week completed three years as Alliance Chairperson.

At the organisation's Annual Dinner last night, Executive Director, Gordon Gregory, thanked Dr May for her excellent leadership over three years.

"Jenny's work as our Chairperson has been characterised by openness, fairness and the need to amplify the quiet voices; and she has exercised real leadership ...

in her representation of the Alliance in a range of settings," Mr Gregory said.

Dr Kathy Kirkpatrick was re-elected Deputy Chairperson of the Alliance. Kathy is a general practitioner in Dalby and is Chair of the National Rural Faculty of the Royal Australian College of General Practitioners.

Heather Wieland from Gladstone was elected Secretary. Heather is National President of the Country Women's Association of Australia. Nicole O'Reilly, an occupational therapist and Senior Manager Service Development within the Aged and Disability Program of the Northern Territory Department of Health, was elected Treasurer.

Other members of the new Board are optometrist Phil Anderton from Manilla; remote area nurse Sophie Heathcote from Dubbo; physiotherapist Rob Curry from Darwin; and rural GP Tim Kelly from Crystal Brook in South Australia.

The 34 [Members of Council](#) have been in Parliament House discussing priority actions for improving rural and remote health.



### What's your view on Fly-in, Fly-out services?

The Alliance is making a submission to the House of Representatives Inquiry into the use of fly-in, fly-out workforce practices in regional Australia. We would like to hear your views; send to [nrha@ruralhealth.org.au](mailto:nrha@ruralhealth.org.au)

### NRHA Council takes rural priorities to Parliament House

As part of its annual get-together in Canberra, Council of the Alliance reviewed current priorities in rural and remote health in preparation for meetings with Parliamentarians. The three top priorities were:

- strong support for the new agency in the Department: *Rural Health Australia*; with recommendations for its early development of a national rural health plan and for reporting processes to ensure public accountability;
- strong support for new investment in oral health, including the workforce to 'make it happen' in rural and remote areas;
- a plan for a clear pathway to enable a greater number of rural students to move through high school and tertiary studies to work as professionals in rural/remote areas.

The full list of nine priorities, and background on each, is available on the [Alliance's website](#).

The NRHA Council met with Mark Butler, Minister for Mental Health and Ageing, and discussed the challenges that should be addressed in the Government's response to the Productivity Commission report, *Caring for Older Australians*.

## Maternity services Budget Package

The Alliance is involved with evaluation of the Maternity Services Budget Package 2009-10. The Package will open up the MBS and PBS to privately practising midwives working in collaboration with medical practitioners; provide scholarships for midwives and GPs to undertake procedural training; and expand rural and remote services through the Medical Specialist Outreach Assistance Program. These initiatives are consistent with rural strategies outlined in the National Maternity Services Plan 2010 at <http://www.health.gov.au/internet/main/publishing.nsf/Content/maternityservicesplan>



*Your Voice on Health*

## HEALTH CONSUMERS' COUNCIL

### ADVOCACY & PATIENT FIRST TRAINING PROGRAMME

#### Interested in Advocacy and Patient First?

The Health Consumers' Council provides this workshop to all DHAC members at **no cost**. With this information, DHAC members are in a better position to advocate for changes in the health system, ensuring the needs of consumers are met. Topics covered include the **rights of health consumers**, as well as different types of **advocacy**, like **systemic advocacy**.

We also provide information and training on implementing the **Patient First Programme** in your Health District.

Contact Caroline Rugdee on 9221 3422 or email [caroline.rugdee@hconc.org.au](mailto:caroline.rugdee@hconc.org.au) if you would like to:

- ★ Arrange for this training to be provided **at your health district area**; or
- ★ If your community is interested in a **brief overview** of this training: this can be delivered **face to face** or via a **video conference**.



## DATES FOR YOUR DIARY

Day	OCCASION/NOTE	TIME	ADDRESS*	Contact for Information
Thursday 3 November 2011	Community Forum Diversity Dialogues: Health, Healthcare and Culture	1.00pm -4.30pm	Grace Vaughan House 227 Stubbs Terrace Shenton Park	Lousie Ford Ph: 9221 3422 Email: <a href="mailto:louise.ford@hconc.org.au">louise.ford@hconc.org.au</a>
Saturday 12 November 2011	Consumer Representative Skills Training	9.30am - 3.30pm	Health Consumers' Council Crn Lord & Wellington Streets East Perth	Lousie Ford Ph: 9221 3422 Email: <a href="mailto:louise.ford@hconc.org.au">louise.ford@hconc.org.au</a>
Friday 25 November 2011	Health Professionals Roundtable: Engaging with Communities	12 noon 2.00pm	Health Consumers' Council Crn Lord & Wellington Streets East Perth	Lousie Ford Ph: 9221 3422 Email: <a href="mailto:louise.ford@hconc.org.au">louise.ford@hconc.org.au</a>
Wednesday 7 December 2011	Annual Christmas Morning Tea	10.30am – 12 noon	Health Consumers' Council Crn Lord & Wellington Streets East Perth	Rosemary Caithness Ph: 9221 3422 Email: <a href="mailto:rosemary.caithness@hconc.org.au">rosemary.caithness@hconc.org.au</a>
Thursday 2 February 2012	Health Issues Group Meeting	1.00pm- 3.00pm	Health Consumers' Council Crn Lord & Wellington Streets East Perth	Lousie Ford Ph: 9221 3422 Email: <a href="mailto:louise.ford@hconc.org.au">louise.ford@hconc.org.au</a>

If your DHAC would like to contribute information and articles for the next issue of this e-Newsletter, please send them through to us via email: [info@hconc.org.au](mailto:info@hconc.org.au) or by post: Reply Paid, GPO Box C134 Perth WA 6839

Please circulate this bi-monthly newsletter to those who might be interested. For an online copy: [www.hconc.org.au/ourservices/DHAC.html](http://www.hconc.org.au/ourservices/DHAC.html)