

JUNE 2009 ISSUE

DHAC Newsletter

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Welcome

Welcome to the June Issue of the District Health Advisory Councils (DHAC) e-newsletter.

Inside This Issue

- Newsletter re-designs
- District Health Advisory Councils Chairpersons Forum (2 & 3 June 2009)
- Advocacy Report
- Article from HCRRA

The Patient for Patient Safety Conference is taking place on the 7th of July for those who are attending. It will be a great conference with lots of relevant information about some of the issues facing patients in today's society.

The Health Consumers' Council is still looking to redesign the e-newsletter, as we would like it to be more representative of the different DHACs and the regions you operate in. If you could send us any photos of your region, photos of projects you are currently working on or anything you think represents your DHAC would be fantastic.

The DHAC which sends us the best photo, judged by Michele Kosky, Cheryl Rugdee and Danielle Scott will be featured in our DHAC e-newsletter.

The last issue of Health Matters was a special version dedicated to rural and remote areas. If you missed out on a copy, please call or contact us at the Health Consumers Council and we will organise to send one out to you.

If you have any items of interest that you would like to share with other DHACs, please send them through to cheryl.rugdee@hconc.org.au

Also, please circulate this newsletter to other members of your DHAC.

HCC seeks to enable consumers to have their say in the way that health services, policies and programs are developed.

Join Today!!



District Health Advisory Councils Chairpersons Forum 2 & 3 June 2009

Working together with Ministers and the WA Country Health Service (WACHS) CEO to inform and contribute in addressing important issues relating to health in their communities, 21 chairs (volunteers from country areas) from various District Health Advisory Councils (DHAC) attended this Forum. Indeed, they had to brave such inclement weather and gave up roughly 3 days of their time to attend, but the difference they hope to make to health services in their regions are apparent from this forum will be mentioned in this article.

The following speakers/organisations attended and addressed various aspects of the DHAC workshop:

- ★ Kim Snowball, WACHS CEO
- ★ Hon Minister of Health, Kim Hames
- ★ The Hon Minister Assisting the MFH, Minister for Sport and Recreation, Racing and Gaming, Terry Waldon
- ★ Jenny Stevens, WACHS Area Director: Aged Care
- ★ Richard Menasse, Area Director: Mental Health
- ★ Karen Bradley, Executive Director: Nursing and Planning
- ★ Jill Porteous, Director of Safety & Quality
- ★ Peter Jarmen, Director: Dental Services
- ★ Tyana Lawless & Kathryn Kerry from WACHS Transport
- ★ Simon Towler, Mark Slattery and Claire Mullen from Health Networks
- ★ Lissa Manolas, Communication Manager WACHS
- ★ Carers WA
- ★ Health Consumers' Council

The most pressing issues for many of these country communities included Dental Health, Access to Nurse Practitioners, community based aged care and Aboriginal Health, and achieving a reliable and capable workforce to meet their needs. Dental health service access for people in the community on a low income or living where there are little to no dental services is an area of concern. DHACs identified their frustration with "buck passing" between various departments and government. The DHACs have endeavoured to raise access to dental services over the past 4 years but this progress is slow and inadequate, and they will be taking on board this issue for action and advocacy with the Health Consumers' Council.

The DHAC chairs were keen to see Nurse Practitioners work in partnership with other medical and health service providers soon. Their few immediate questions were "where are Nurse Practitioners? Why the delay? What is and can be done to promote their role to communities?" They also look to building on the success that the Health Councils had in influencing health service improvement while seeking better support for struggling DHACs, Chairs of the various DHACs recognised the value of strengthening community and consumer participation as a key driver and support for health service improvement and change. This was an area the DHACs would like to lend support to WACHS in achieving.



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The Chairs encouraged WACHS to improve communication with communities and consumers and ensure they were all on the same page with regards to what changes were being made, what successes were happening as well as the reality of issues such as budgets and workforce shortages, as well as what was being done to tackle these situations. By enhancing this dialogue between the parties, consumers and the community as a whole could contribute to solutions and would feel more trusting of health service providers and managers.

All in all, the two day workshop organised and coordinated by Melissa Vernon was insightful and effective as an arena for DHAC chairs to network with WACHS and other organisation, but also for them to brainstorm with one another and find creative ways to build on their current strengths and overcome pending issues and concerns using strategies employed by other DHACS. I look forward to working with the DHACs in using some of these ideas to engage further consumer participation in the country health services.

Cheryl Rugdee
Consumer Participation Project Coordinator

Carers need an advocacy service

It is not uncommon for the Health Consumers' Council advocacy service to receive calls from people who are not themselves the consumer with a problem in the health system. People who are calling on behalf of another person, either with or without the knowledge of the consumer, will contact the Health Consumers' Council seeking advice or assistance.

We are very conscious of the need to know the wishes and views of the person who is the consumer with the problem. We avoid engaging with carers to provide advocacy unless we have spoken with the consumer and have received their express consent to deal with someone else on their behalf. If the person with the problem cannot speak for themselves, as a child or a person with dementia or another reason that makes them unable to give us consent, we will do what we can within limits. It is the view of the Health Consumers' Council that an advocacy service is needed to deal with the many carers who are struggling to support and advocate for people in their lives. We believe that this service would be best placed in an agency that is providing other systemic advocacy services in the community for carers.

Knowing the day-to-day challenges of carers, through providing advocacy assistance, is the best way to lobby for changes for carers at all other levels.

There is an increasing number of people declaring themselves to be the 'carer' of someone in their life who needs someone to stand up for them. Some of these people will be designated as a carer through Centrelink benefit criteria. Others will elect to say that they are a carer for other reasons, possibly because they feel that this title now has greater authority attached to it and therefore they will be taken more seriously. It is important that the real authority to make decisions stays with the person and this means any decisions which will affect that person at an immediate and personal level. Carers are of course welcome to call the Health Consumers' Council for advice, however the priority for our advocacy assistance will always be given to health consumers.

Maxine Drake
Advocate

Chemotherapy Mentoring Program

An interesting article entitled '*Education to Improve Cancer Care in Rural South Australia*' appeared in this month's Rural and Remote Health, an electronic magazine put out by the Australian Rural Health Education Network (ARHEN).

The article dealt with a Rural Chemotherapy Mentoring Program (RCMP) which was trialled recently in South Australia. The aim of the program was to provide opportunities for rural health clinicians, both nurses and GPs, to enhance their knowledge and skills relating to chemotherapy and cancer care by giving them clinical placements at metropolitan oncology units. Prior to their placements, rural clinicians had identified a need to improve their skills, particularly in relation to some technical aspects of chemotherapy and the steps necessary to safely prepare patients to receive treatment. In addition, and somewhat disturbingly, almost half of those who responded to a survey lacked confidence in their ability to assess the fitness of patients to receive chemotherapy and over 60 per cent were not confident to discuss the effects and outcomes of the treatment with their patients.

The vast majority of participants expressed high levels of overall satisfaction about their involvement in RCMP. However, it was not all smooth sailing apparently. Survey respondents identified three main problem areas:

- The lack of 'hands on experience' in the administration of chemotherapy, and limited opportunities for monitoring and managing patients through the chemotherapy process;
- Difficulties associated with integrating education into what was not primarily a teaching facility and
- Quality and safety issues associated with the limited knowledge and skills of some participants.

As would be expected when trying any new approach, this scheme obviously has some teething problems, but really, this is only to be expected. Nothing here is insurmountable. It is important that we keep our eyes on the main game and that is to improve the skills of rural clinicians to treat cancer patients. You can read the complete article at:

www.arhen.org.au



Seeking Input from DHACs

Dear DHACs, we are seeking an update of what is going on in your area so we can see if there is a trend of a problem occurring across the State. Can you send us the top three issues relating to health care faced by consumers in your region to include in next months update?



Health Consumers' Council Membership

The Health Consumers' Council would like to encourage you to become a member. There are many benefits to becoming a member, besides the fact that it is totally free!

As a member of the Health Consumers' Council you will:

- Be kept up to date about health issues
- Be able to have your say on health policy and on the way that health services are delivered
- Receive free *Health Matters* magazines
- Be able to go on our distribution list so you can find out about all the events other consumers and the Health Consumers' Council are involved in

If you would like to become a member, please call Cheryl Rugdee on (08) 9221 3422 or Free Call 1800 620 780 and we will send out the appropriate forms.

The Health Consumers Council also has a website: www.hconc.org.au Visit the website today to find up to date health issues, relevant links and lots of interesting information.



The Health Consumers' Council



TELEPHONE: (08) 9221-3422

FREE CALL: 1800 620 780

Our mission
*To promote quality
 health services in
 Western Australia.*