

# DHAC Newsletter

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## Welcome

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

You will be pleased to find some constructive changes made to the newsletter with this issue. These were made in the hopes of providing you with further information and reference materials in consideration of the work your DHAC does for the community. If there is something you would like to share with other DHACs, please send this through to HCC and we will endeavour to provide this information in future issues.

Local Health Advisory Group members from Karratha might identify some of the pictures of your regional landscape being used in this issue – I took a couple of pictures during my trip and hope to share these with everyone. These images that I take during my trips will serve as a reminder of how unique the country areas are, and why we need to constantly think about the needs of the country as well when we endeavour to make the WA health system more patient orientated.

I hope that this issue will serve as an essential source of information for your health district. If you need further information or assistance, or to contribute something for future issues of this e-newsletter, please contact me on 9221 3422 or email me at [cheryl.rugdee@hconc.org.au](mailto:cheryl.rugdee@hconc.org.au)

**Cheryl Rugdee** | Consumer Participation Programme Coordinator

Please circulate this newsletter to those who might be interested, thank you! Sharing is caring!

### Inside This Issue

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

Join us Today!!





## Ngala's online services to support families in rural and remote areas



**Brendon Grylls**

**Minister for Regional Development; Lands; Minister Assisting the Minister for State Development; Minister Assisting the Minister for Transport**

Regional Development Minister Brendon Grylls today launched the Ngala Online project at Kensington with \$80,700 provided from a Royalties for Regions grant.

Ngala received the funding through grant applications across five Regional Development Commissions. Ngala is a Western Australian not-for-profit provider of early parenting services for families with babies and young children and the new on-line services are to address the changing communication needs of modern day parents.

It also extends the reach of its services to more families in rural and remote locations. Mr Grylls said the first development of the project was to establish a website at <http://www.ngala.com.au/>

"The internet is increasingly becoming a more important source of information and is available to families at any time of day from anywhere access is available," he said. "This website has a family information section entitled 'You and your Family', which includes tips and strategies on a range of parenting issues including Brain Development, Feeding, Sleep, Nutrition, the Importance of Play and many more.

"The next stage of development will be the introduction of webcam consultations which will allow families to hold face to face consultations with a Ngala representative from anywhere in the state with internet access and a webcam.

"These consultations are designed to provide a quick response to families who require assistance with individual concerns."

To assist families in rural and remote locations, where the penetration of internet access to households isn't as common, the Online Project includes the establishment of links between Ngala and many of the State's network of Telecentres, or Community Resource Centres.

These links will provide families with internet and webcam access via the centres, the distribution of parenting 'Tip Sheet' information, the promotion of Ngala's services to the local community and assist in identifying the needs of local families.

Ngala Head of Corporate Services, Estelle Dawes said the project will help many remote families use new technology and communications to obtain education and information. "Certainly the internet system plays an important role in modern day parenting and this service will assist families in accessing that information from remote and regional centres across the State," Ms Dawes said.

Minister's office - 9213 7000

### HCC Highlights!

#### New Members Morning Tea

**When:** Saturday 21 November  
11 am to 1 pm  
**Where:** HCC Office  
40 Lord Street, East Perth

#### Primary Care Roundtable

**When:** Mon 23 November  
12 pm to 2 pm  
**Where:** HCC Office  
40 Lord Street, East Perth

#### HCC Christmas Morning Tea

**When:** Wednesday 2 December  
10.30 am - 12 pm  
**Where:** HCC Office  
40 Lord Street, East Perth

RSVP for these events to  
Rosemary Caithness on 9221 3422  
or email  
[rosemary.caithness@hconc.org.au](mailto:rosemary.caithness@hconc.org.au)

**DHAC eNewsletter is  
now available on our  
website!**

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**[www.hconc.org.au/courses/DHAC.html](http://www.hconc.org.au/courses/DHAC.html)**

## HCC Advocacy Corner

### Country Consumer Issues

These are my personal observations of health issues for country people as opposed to those of city folk - formed by reflection upon the matters that are brought to me and others as advocates at HCC. Apologies if this sounds, in parts, like a restatement of the obvious. Hopefully it might spark some healthy debate.

Clearly health problems exist in the city and country alike. I haven't seen much which seriously differentiates the physical health of country folk from city folk - although I understand that there are disorders that are more prevalent in country or city. However it does seem to me from the calls I receive that what might be gained in terms of the slower pace and good country air can be lost when country people need good access to choice and to more specialised forms of health care in particular.

City folk can certainly access a wide variety of services without straying too far from their front door – even though waiting for permission to access these services can be a problem. Many complex medical needs can be met and managed from or near home. Medical conditions can be determined, dealt with, rehabilitation programmes set in motion and recovery monitored with a comparative ease. Options are more readily available when the provider or consumer becomes disenchanted with the other.

There are fewer resources in the bush. That means that there are fewer choices of service provider at all levels. This applies particularly to specialists – many of whom, if you're a public patient, may only be found in the major teaching hospitals. It can also mean that there is a lack of supporting infrastructure – clinics, hospitals and the like. Some consequences of this are more obvious than others.

One very obvious one is financial cost. The cost of living is generally higher in country areas anyway, because of distance. When it comes to health issues, this greater cost ↗

includes everything from phone calls to travel and accommodation. Time is another factor, not so much when one connects with local services, but more so when travelling for care. Travelling to and from services can take time enough without the additional waiting times imposed by health providers. These factors cannot be separated from social and emotional cost.

Lack of access to information and clear lines of support can be another problem. You have a problem and need to know where to take it - some organisations seem faceless. Often people arriving at HCC have been given the run around by other agencies. I hope we don't do the same. Long distance calls cost money. How hard is it to give that little bit of extra time or direction to those who need it most? Knowledge and certainty are very valuable commodities. A consequence of living in the bush may be that the "unwell" wait longer before seeking medical help - because of the extra effort involved in accessing it.

A less obvious factor in the delivery of health services is the impact of "provider attitude" - also including the attitude of the provider's staff. It sometimes seems that where there are few service options the potential impact of someone's bad day on the "unwell" can be far more profound than where there are many service options. This applies across the board, city and country.

In effect, the more limited or controlled the resource the more the provider of these can control their provision– and get away with lack of understanding, rudeness and bullying.

In the city however this might apply only in some medical specialities. In the country, with far more limited access to medical resources in general, it applies more broadly. Country callers appear more concerned not to upset their provider than city people as a) they may have nowhere else to go and b) they have to continue to live in the town.

In other word, country people appear to have a greater stake in keeping the [cont'd on p.4]

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provider happy, which in itself can mean a greater acceptance of a lesser quality service - anything rather than complain. The sad thing about this is that a complaint well meant and well received can help bring positive change.

The city public hospital, for example, does seem to have more open, formal and affective complaint mechanisms. There is a lot to be said for a designated patient liaison service – particularly when this service sees prime value in acting as a conduit between the consumer and provider for the good of both parties. They are their least successful when defensive and running to insurers as a first step in managing complaints. Complaint mechanisms in private and country hospitals do not (generally) appear to be as clear cut. A more ad hoc system may be a necessity in some circumstances, because of size for example, but clear and transparent complaint processes, trained personnel in the roles and a supportive management are a must.

Another difficulty apparent in some country areas is a concept that people only become “ill by appointment”. A classic example might be the provision of, say, a dental service to a district every three months. The message is don't get a toothache in between times. Put simply it can mean that treatment cannot be consistently provided by any one provider.

An outcome is that those people who want consistency and would travel elsewhere to get it can be punished by having to bear the extra cost themselves – becoming ineligible for any travel subsidy for example. Conversely it can mean that the “unwell” and less financially endowed are required to wait rather than take their problem elsewhere as the required service is seen to be provided locally, albeit it at a totally inconvenient time.

As said at the beginning of this article, these are my own observations based upon my experience as an advocate at HCC. These comments are also reflective of the ↗

### Useful Links

Check these links out for further services and assistance to your needs

**Department of Health - Country Hospital Info**  
<http://www.health.wa.gov.au/emergencyactivity/beds/countryhealth.cfm>

**WA Country Health Service**  
<http://wacountry.health.wa.gov.au/>

**Health Consumers of Rural and Remote Australia**  
<http://hccra.ruralhealth.org.au>

**Carers Australia**  
<http://www.carersaustralia.com.au/>

Want to improve the Health System in your district?

### HCC Advocacy Workshop

Might just be what your DHAC needs!



Topics covered:

- Health Consumers' Rights
- Advocacy
- HCC Support for DHACs

Ring Cheryl Rugdee on 9221 3422 or email [cheryl.rugdee@hconc.org.au](mailto:cheryl.rugdee@hconc.org.au) for further details or to arrange a session for your DHAC!

experiences of other advocates here. In no way should they be interpreted as suggesting that providers in the country are any less dedicated or skilled than their metropolitan counterparts. To say that would be to do them an extreme disservice. My point is that the foregoing is what country people are telling us. They are saying that they have difficulties and disadvantages in certain circumstances that city people might not have. By putting these matters forward in a general way my hope is that dialogue on this subject will help towards a better understanding for country health consumers at the provider level, country and city.

**Written by Bill Fox, Consumer Advocate**

## Aboriginal Participation Program – Update

The Health Consumers' Council Aboriginal participation project is funded to (amongst other things) deliver complaints management workshops for Aboriginal Community Controlled health services in WA. In October we visited Kalgoorlie to run a 2 day workshop for staff from Ngunyntju Tjitji Pirni - Mums and bubs health service. We tried something new and co-hosted the workshop with the Office of Health Review.

We discussed best practise complaints management and how important it can be to have someone available for consumers to talk to about their issue, before they have even decided whether they want to make a complaint. It familiarised staff with the services of both agencies and highlighted many of the barriers Aboriginal consumers have making an official complaint.

These range from barriers to putting a complaint in writing; to having enough trust that a matter would be dealt with and with no negative repercussions for the consumer – especially living in small communities where a complaint can follow you to the shops and into other areas of your life. Many people also fear complaints will have a negative impact on the service and value the service even when they do have a complaint. Also sadly we often talk to Aboriginal consumers who feel that ignorance about Aboriginal culture and racism impacts the kind of service they receive.

### HCC Medical Board Roundtable – Thurs 8 Oct

Sharon Gaby, who handles complaints that come through to the Board and as well as the Professional Registration of Doctors, was invited by HCC to speak to consumers about the New Medical Act and the Medical Board.

Sharon explained that the purpose of the Medical Board was to check the registration of doctors and to protect the public's safety. Complaints were received by the Medical Board through telephone, letter or by completing this form (this is available at: [http://www.medicalboard.com.au/pdfs/C1 Complaints Form.pdf](http://www.medicalboard.com.au/pdfs/C1_Complaints_Form.pdf)).

A Complaints Coordinator is the first port of call in the process as they will assess and direct the complaint. All complaints are logged in their computer database, which was established in 2000.

Should a complaint be followed up, more information will need to be obtained from the consumer with the complaint. A case manager is assigned and will commence investigations with an initial review.

This information will be assessed by the Complaints Assessment Committee and if they go ahead with the matter, the doctor will need to respond to the complaint and this be sent to the complainant for comment all in a span of 2 weeks. This is because of their tight timeframes subjected to when committees meet, which is on a monthly basis. The Complaints Assessment committee gives their recommendation to the Board and the Board considers whether to dismiss a complaint or to take further actions.

For more information on what was discussed, contact HCC on 9221 3422 for a copy of the discussion notes.

**Written by Gio Terni , Consumer Advocate**

### **“Mental Health Services get grim report card”, The West Australian p. 4**

*Shadow Mental Health Minister Roger Cook said **the (Auditor General's) report** showed people were slipping between the cracks because of a lack of coordination and pro-active programs”*

*Refer to the Auditor General's Report at [http://www.audit.wa.gov.au/reports/report2009\\_10.html](http://www.audit.wa.gov.au/reports/report2009_10.html)*

## What is your country health care experience?

What are the top 3 health care issues that are faced by consumers in your region?

Share your knowledge with us! If there is a trend that occurs across the State, HCC would be in a position to identify this! Write / email us at HCC and we will include this information for future newsletters!

We look forward to hearing from you!

## 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 involving HCC and other consumers!
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If you would like to become a member, please call Cheryl Rugdee on (08) 9221 3422 or Free Call 1800 620 780 and we'll help you out!

The Health Consumers Council also has a website: [www.hconc.org.au](http://www.hconc.org.au)

Visit the website today to find up to date health issues, relevant links and lots of interesting information.

### HCC's Vision

To be an independent, authoritative and effective voice of and for health consumers in Western Australia



The Health Consumers' Council



TELEPHONE: (08) 9221-3422

FREE CALL: 1800 620 780