



**Health Consumers'**  
Council WA (inc)

# Annual Report 2013

The Health Consumers' Council (HCC) is an independent (not-for-profit) community based organisation, representing the consumers' voice in health policy, planning, research and service delivery.

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# Board of Management

<b>Mitch Messer</b>	Chairperson
<b>Lorraine Powell</b>	Deputy Chairperson
<b>Nigel D’Cruz</b>	Secretary
<b>Alan King</b>	Treasurer
<b>Michelle Atkinson-DeGaris</b>	Member
<b>Tony Addiscott</b>	Member
<b>Glenn Pearson</b>	Member
<b>Phillip Gleeson</b>	Member
<b>Tim Benson</b>	Member
<b>Elizabeth Kada</b>	Member
<b>Sally-Anne Scott</b>	Member

## Staff

<b>Frank Prokop</b>	Executive Director
<b>Amy McGregor</b>	Operations Manager
<b>Pieter Di Marco</b>	Senior Advocate
<b>Laura Elkin</b>	Aboriginal Advocacy Program Manager
<b>Shirley Johnson</b>	Aboriginal Advocacy Program Officer
<b>Christine Ryan</b>	Advocate
<b>Vidya Rajan</b>	Advocate
<b>Louise Ford</b>	Consumer Participation Programme Coordinator
<b>Sophie Rabana</b>	Reception

Thank you to the following staff who have worked at HCC in the last year:

**Gio Terni, Caroline Rugdee, Jennifer Cramer and William Trott**

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# Chairpersons Report

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*“We need to ensure that we have a voice in planning the future for health services in this state. Too often we allow others to speak on our behalf, to take away the voice of the consumer.”*



I feel privileged and humbled to be able to write this year's Chairs report for the Health Consumers' Council (HCC), especially given the enormous legacy that has been left by my predecessors in the role as well as the support that I have been given by my fellow Board members, the Executive Director and staff. The past year has been a year of enormous change within the HCC, as we have bid farewell to long term Executive Director Michele Kosky and Chair Anne McKenzie. It is testament to their professionalism, skill and passion that the HCC continued to thrive even as these changes were happening.

Thanks must also go to Gio Terni, who as Acting Executive Director helped guide the operations of the organisation prior to the appointment of Frank Prokop in October 2012. He did a wonderful job in ensuring the smooth transition.

The Board and staff have been focused on ensuring that we create the right environment to implement the strategic plan that was finalised in the second half of 2012 and launched at the last AGM. The strategic plan was developed with input from our members, staff, funders and other partners through the feedback obtained during our in depth organisational review early in 2012.

The Council saw a number of Board members leave the organisation at the last AGM and we thank them for their support and guidance. We also welcomed a number of new members to the Board, who have each brought a solid background of skills and experience. It was especially pleasing to see two members elected who live in regional WA, which helps to ensure that we don't lose focus in providing a voice for health consumers no matter where they live in our state.

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Your Board made the decision to look at how the HCC reach out to members and supporters. It was recognised that in a changing world where people are often time poor and may have difficulty attending central meetings the Health Issues Group may not provide us with the best way of communicating with members, supporters and other stakeholders. Instead, the Board is looking to reinvigorate our forums on specific topics, our various newsletters and links to our members and community organisations to ensure that we hear about the issues that are of concern to health consumers.

As you will read in other parts of the report we have spent a great deal of time reinvigorating our eNews as this is the way the majority of our members and supporters wish to receive their communications from us. We also recognise that this does not suit everyone, there are some who do not have easy access and indeed do not wish to access information this way. We have taken that on board and will continue to provide hard copy information to our members and supporters.

One of the key benefits of electronic communications for our members and supporters is that we are able to send information in a more timely manner. It also allows them to access the information that is of interest more efficiently. In the coming year we are looking to further improve our communications and to ensure that our messages are more widely available through more effective use of our website and social media.

You will read about the work of our advocacy program elsewhere, however it would be remiss of me not to draw attention to the tremendous value that our advocates provide for individuals who find themselves in need of support. This is the longest standing of our services and one that continues to ensure that hundreds of Western Australians each year are able to have their issues dealt with in a caring and professional manner. The advocacy service is extremely valuable in highlighting system issues and gaps that have arisen through the sometimes siloed nature of our health services. In recognition of this the Board agreed to update the advocacy database so that it is better able to provide feedback on issues relating to specific health services and system issues. This work will be completed before the end of the year.

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During the year we also made some changes to our Aboriginal Advocacy Program (AAP), which has helped to more clearly define its role and to allow it to develop. We have had extremely positive feedback which is due in no small way to our AAP Manager Laura Elkin who has been with the service since it began.

One of the key areas of work the HCC has been involved in over the past two decades has been to champion the need for consumer involvement in decision making. This led to the development of the Consumer Representatives program and the HCC has been providing health consumers to health department committees and working groups and to other organisations for many years.

During this time the workload and complexity of the work that consumers are involved in has increased as the understanding of what they bring to the process has matured. The HCC has had a respected training program for consumer representatives for many years. As you will read elsewhere, we have been working to ensure that we continue to provide ongoing support and training to our representatives and also for those who wish to become involved.

We have also recognised that there are many areas of support that an organisation such as ours can provide for health service providers and others and so have developed some specific training that we are able to offer on a fee for service basis for organisations and individuals.

Following the changes that have occurred in the past year, the Board has also worked to ensure that we have refreshed, renewed and developed partnerships with other non-government organisations, the Department of Health and politicians from all sides of parliament.

Policy is an area that we have worked in for many years and will continue to do so, especially as there is always a need to respond to the changing environment. This has been shown in areas such as the new National Healthcare Standards, where finally the importance of consumer involvement is seen as a critical part of ensuring we have a world class health system and facilities. We also see the large expenditure on capital works in health through the development of the

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new Fiona Stanley hospital, the new Children's Hospital, the new Midland Hospital and the increase in size for a number of other facilities to be critical to the future of health services in WA. We believe that there needs to be increased dialogue with the community and engagement about how these changes should be used to drive an improvement in the outcomes for Western Australians who use the health system.

It has been pleasing to see that while the building of shiny new facilities has been going on, there is also a recognition that we need to empower the community through developing opportunities to enable the community to live well rather than just build more and more hospitals. We need to ensure that we have a voice in planning the future for health services in this state. Too often we allow others to speak on our behalf, to take away the voice of the consumer. The HCC will be working hard to ensure that the voice of the consumer is heard and that we work with our partners to ensure that the system can help create the environment in which true consumer engagement can occur.

It was also pleasing for the Board to be able to support the staff through the agreement to move new premises. Our old premises served us very well over a long period, however with the growth that has occurred in recent times, they had ceased to meet our needs. The new premises allow our team to work better together and we also have the ability to meet with those who use our services in a friendlier more confidential environment. The new premises also allow us to hold meetings, gatherings, workshops and forums in our own space. I am happy to say that we are working with our partners at the WA Country Health Service to set up a video conference facility that will enable consumers from throughout the state to participate more fully in our programs.

I wish to thank my colleagues on the Board who have made my job easy since the last AGM. They have taken the responsibility of stewarding the organisation in their stride. They have been professional in the work they have done on behalf of the HCC and given time well above the requirement to attend Board meetings. They have worked hard at dealing with the governance issues of the organisations and not

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interfering in the day to day operations. Special thanks to Glenn who will be stepping down from the Board at the AGM. His support over a number of years has been invaluable.

Thanks also to Frank Prokop and his team for working so tirelessly over the past year. Frank and his team have faced many challenges and have risen above all of them. He has a well-oiled machine and I look forward to watching the HCC grow from strength to strength under his leadership.

Finally special thanks must go to Lorraine Powell, who has been a great support as Deputy Chair. She stepped into the Acting Chair role with aplomb, good grace and professionalism when circumstances demanded it and the organisation owes her a huge debt.

**Mitchell Messer**  
**Chairperson**

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# Executive Directors Report

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*“We have some wonderful, dedicated and highly successful representatives and we want to ensure that they feel as valued as we value them..”*

The past year has been a very busy one for the Health Consumers Council. There has been a period of consolidation, as the organisation sought to determine how it would implement the strategic plan that was developed through a comprehensive consultation process. There was a new Executive Director and a new Board, although we were fortunate to have a number of long standing members with a strong corporate memory.

But at the coming AGM we lose some of these exceptional and dedicated Board members. Mitch Messer will have completed his ‘lifetime’ term according to the Constitution and Lorraine Powell and Glenn Pearson will be required by the Constitution to take a sabbatical before they can, if they choose, fill one more term on the Board. The Board undertook its own governance training during the year, to ensure that there was a clear understanding of the responsibilities that come with being a Director and kept focussed on strategic issues.

I have been heartened by the many well-wishers and the support of members and stakeholders as I have found my feet in this fascinating industry. We said farewell to Kim Snowball, the Director General of the Department of Health who has been a strong supporter and welcomed Professor Bryant Stokes to the role in an extended and welcome acting role.

We were fortunate to have the Hon Kim Hames continue in the role of Minister and Roger Cook as the Shadow Minister. Both of these politicians have experience and an understanding of the complexities of health, and we are certain that we can continue our productive relationship with them both. We also have the opportunity to work with the Hon Helen Morton, Minister for Mental Health and the Parliamentary Secretaries for both ministers.

It promises to be an exciting and challenging year as the new Mental Health Bill is debated in Parliament. The HCC will be working closely

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with all parties and stakeholders to ensure that the needs of consumers are being met.

The HCC has streamlined and improved its funding arrangements with the Department of Health. We have now moved to a single contract which is much clearer, concise and outcome focussed. We thank the Health Department officers who have facilitated this move which we are confident will enable a considered and quality driven growth strategy for our organisation. We also have the opportunity to continue to negotiate one off projects within health. An example of this is the project with the WA Country Health Service to develop opportunities for regional and rural consumers to have their voice heard.

The end of the financial year was complicated by my own health issues. It was 'interesting' to go from being on the 1-3 month waiting list to 'be here on Monday' for further surgery in Sydney. A few additional complications have delayed my return to work and I thank the Board, staff and members for their thoughts and wishes during my illness. It certainly gave me plenty of time to observe the health system first hand and to identify areas where we can work together to make the experience smoother for health consumers.

I would particularly like to thank Mitch Messer for acting as Executive Director during my time away. Mitch's experience and knowledge of the organisation and its strategic directions meant that there was minimal disruption to the Health Consumers Council. To ensure that there were no conflicts of interest, Mitch stepped down from the position of Board member and Chair. Deputy Chairperson Lorraine Powell did a magnificent job as Acting Chairperson and I was able to recuperate knowing the organisation was in good hands.

I am very proud of the way the staff has performed during the year. The Board has been briefed on the program areas during the year and this has greatly assisted the understanding of staff and Board in how the organisation is delivering services.

The Advocacy area has gone from strength to strength under the guidance of Senior Advocate Pieter DiMarco. We employed Vidya

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Rajan and Chrissie Ryan continued to provide wonderful support and advice to those who require our advocacy services. During the year we improved our case management system and the advocates were able to look for common threads in advocacy cases, while at all times respecting the confidentiality of those who use the service. Some of this data was able to be used in the Clinical Senate debate on the GP shortage. We were also able to pursue issues relating to S8 prescriptions and we will continue working to resolve this for consumers.

Laura Elkin has been formally recognised as Aboriginal Advocacy Program Manager and has relished the role. As the longest serving staff member, it was extremely pleasing to hear the praise for Laura from the winners of last year's Consumer Awards. We have now appointed Shirley Johnson to the program. I would like to thank both the Commonwealth government, through OATSIH (Office of Aboriginal and Torres Strait Islander Health), and the Aboriginal Health Division in WA Health for their support. This program is very well received throughout Western Australia and much of the credit goes to Laura for her dedication and passion.

Louise Ford has made significant inroads in the consumer representative area. The training has been very well received and strongly praised by those who have attended. Attracting and retaining quality consumer representatives who feel empowered within their roles, but who also communicate their progress, remains a challenge for all organisations in our sector.

We have some wonderful, dedicated and highly successful representatives and we want to ensure that they feel as valued as we value them. But we also have one or two representatives that raise the same single issue over and over, and who frustrate the committees and make it difficult to get the wider consumer needs addressed. Finding ways to address these issues with compassion but clear direction is a challenge for me and the Board. As I said at the last AGM, we are the Health Consumers' Council, not the Health Consumer Council and this

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is something we all have to work towards. We are lucky to have the advocacy program for single issue difficulties.

During the year the Board formalised its relationship with the Consumer Advisory Committee Chairs. We thanked outgoing Chairperson Anne Cordingly, and welcomed Ian Wright. Each of the individual committees does a great deal of good and the information exchange is important and invaluable.

Louise also developed and ran a number of cultural competency and health literacy courses during the year. We applied for supplementary funding for this part of the program. The courses have been extremely popular and, as they are outside of our core funding, many have been run on a fee for service model as we move towards a total outcome focus in our funding agreements.

One of the biggest changes during the year was to move into our new offices. We can't be accused of moving to far flung reaches as we moved across the courtyard in Wellington Fair. Quite simply, we had outgrown the old offices and the staff and members welcome new features such as a proper meeting room and a place where the advocates can meet with people seeking their support and advice in a more professional surrounding.



The move and many of the administrative changes, have been facilitated by Amy McGregor. The Board supported changing Amy's role to Operations Manager. Amy has been busy updating administrative procedures and, with the help of bookkeeper Clare O'Neill, treasurer Alan King and the ED, simplifying the financial systems and ensuring that the program areas have a clear understanding of their budgets and expenditures.

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The Board has approved the appointment of a Policy Officer. This position will help to ensure that the HCC is able to respond to issues in a timely and comprehensive way, while also helping us to be more proactive in regard to emerging issues. They will also be able liaise with the Department of Health on strategic issues and in areas of specific policy development. It will also allow the Executive Director to concentrate on highest level policies such as the Health and Wellbeing 2030 Steering Committee.

This initiative provides a forum to fundamentally change the way in which consumers will be engaged, included and valued in the medium term. It is not just a long term fob off, but will set a pathway that must be taken to ensure that consumers and health care professionals can work together for a healthier and better quality of life, by preventing the preventable, and treating those conditions which arise. It will also allow me to work more closely with the Board, to ensure that the directions which are set are being met by the staff and the organisation. I anticipate greatly enhancing the media profile of the HCC during the next 12 months.

Once again, thank you all for your support and sometimes indulgence during my recent medical challenges. It once again reinforces the knowledge that we don't know what tomorrow will bring and we need to cherish each day and try and make the world a slightly better place. Overall, it has been reinforced that we are lucky in Australia to have a very good health care system, but we cannot forget that there are opportunities to make it better. This is made much better and stronger if we all add our collective wisdom, and look at ways to improve the system.

I ask you to support us all as we strive to get our voices heard, our needs met and our future ensured. This will not be an easy journey, but with your help, and that of the dedicated Board which you elect, the next year offers much promise.

**Frank Prokop**  
**Executive Director**

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# Aboriginal Advocacy Program

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*“Now is a critical time for renewing national commitments to improving equitable health access for Aboriginal and Torres Strait Islander people..”*

The past year has seen some changes to our program. Firstly we warmly welcome Shirley Johnson who joined the program in May. Shirley is a Murri Woman from North Queensland who has been living in Perth for five years with her six year old daughter Jayme. She has a wealth of experience in community consultative work and has also worked in the mental health NGO sector for a number of years. We welcome Shirley and are delighted she has joined the HCC team.

As you may also have noticed, after some community feedback and consideration, we changed the name of our program to the *Aboriginal Advocacy Program* – simple!

We have been networking with Medicare Locals and their Aboriginal Health teams. These teams are assisting patients to access primary care services and importantly supporting patients to orient their way between services. We gave a presentation about engaging Aboriginal consumers for board members of Medicare Locals and members of Health Service Governing Councils at the Consumers Health Forum *Health Consumer and Community Leaders' workshop* held in Perth as part of their *Our Health, Our Community* project. We have met with staff from most Medicare Locals and will partner with them to engage Aboriginal consumers in their work, as well as extend our *Advocacy and Complaints Handling* training to their Aboriginal health teams.

We held a number of advocacy workshops and training events during the year, including a one day Advocacy workshop with 5 Aboriginal Health Workers; 3 Aboriginal Mental Health Workers; 2 Aboriginal Drugs and Alcohol Workers and an Aboriginal Health Coordinator from across the Wheatbelt and introductory advocacy skills workshops to over 25 Marr Mooditj Aboriginal Health Worker students.

We also gave presentations about our program and consumer health rights in the course of the year, including to over 60 Aboriginal participants at the South Metro Aboriginal Community Forum, 70 Medical students at Notre Dame University and over 80 participants at

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the Heart Foundation *Tackling disparities in cardiac care for Aboriginal people* workshop.

Over the past two years we have been members of the community steering group for the Looking Forward Project, which is a collaboration between the Telethon Institute for Child Health Research, Ruah Community Services and Aboriginal families in the Armadale region.

The project seeks to improve mental health service delivery to Aboriginal families. The project reached an exciting milestone last November when it brought over 40 mental health practitioners together with the project team, steering group and local Elders to collaborate on evaluation of the *Minditj Kaart, Moorditj Kaart - Open Hands Open Heart* framework.

Since 2010 we have been members of an Australian Learning & Teaching Council project led by Edith Cowan University: *Creating Cultural Empathy & Challenging Attitudes through Indigenous Narratives*. After interviewing Aboriginal families across the state this project produced patient stories aimed at nursing and medical students which can be used by universities across Australia. Last year, for the first time these stories were used in the classroom and it was heartening to see the insight gained by students as a result.

We still work closely with the Yagarrbulanjin Carers group in Broome and the Kimberley Mental Health & Drug Service. We attended a workshop with the Mental Health Commission Advisory Council to develop their Vision statement and objectives.

We were invited to meet with the Carnarvon Aboriginal Congress and delivered a presentation about our service and advocacy in the WA health system. We continue to sit on the Child and Adolescent Health Service Action & Advisory Committee and gave a joint presentation with CAHS staff to over 100 participants at the Inaugural Aboriginal Maternal & Child Health Conference last year.



*One of our Kullarri Aboriginal Consumer Group meetings, including members of Yagarrbulanjin Carers Group*

Now is a critical time for renewing national commitments to improving equitable health access for Aboriginal and Torres Strait Islander people. This year has seen the launch of a new *National Aboriginal and Torres Strait Islander Health Plan 2013-2123*, a key element and now road-map of the Close the Gap campaign.

April 2007 saw the launch of the campaign to *Close the Gap* in the health and life expectancy between Aboriginal and non-Aboriginal Australians within a generation, by 2030. Since then almost 200,000 Australians have signed a pledge to the campaign and with multi-party support from all Federal, State and Territory governments there have been important investments in Aboriginal health through the *National Partnership Agreements on Closing the Gap in Indigenous Health Outcomes*.

In WA the funding has doubled the amount of Aboriginal Liaison Officers in hospitals and Aboriginal Medical Services across the state, and established similar roles in Medicare Locals and General Practice Divisions. We have advocated for the expansion of these roles since our program began as they have a significant impact in supporting Aboriginal patients in their journey through the WA health system.

We are pleased to provide ongoing advice and support as members of the state-wide Aboriginal Liaison Program Reference Group. The first round of the *COAG Closing the Gap* funding has expired and we await

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further State and Federal government decisions to continue many other important projects. This highlights the challenges of achieving generational change within short-term political cycles.

The Close the Gap Campaign Steering Committee, whose membership includes the National Aboriginal Community Controlled Health Organisation; the Australian Indigenous Doctors' Association; the National Aboriginal and Torres Strait Islander Health Workers' Association; the Australian Medical Association; the Australian Medicare Local Alliance; and the National Congress of Australia's First People (to name a few) has called on an incoming Federal government to ensure the renewal with adequate funding of the expired *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes* within their first 100 days.

For further information:

[https://www.humanrights.gov.au/sites/default/files/Building\\_on\\_Close\\_The\\_Gap2013.pdf](https://www.humanrights.gov.au/sites/default/files/Building_on_Close_The_Gap2013.pdf)

We continue to provide advocacy assistance and advice to Aboriginal patients and their families across WA. We still find a lot of patients who need assistance to access services, and many still don't know who to go to when they have a problem. It is important that we not only continue to provide a voice for system change but also to be able to support individuals in need when we are able.

**Laura Elkin**  
**Aboriginal Advocacy Program Manager**

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# Advocacy Program

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*“The most common issues and concerns that were raised by Consumers related to treatment received from health services, which included injury or adverse outcomes, disagreement with the types of treatment received, diagnosis and standard of care.”*

The Health Consumers’ Council (HCC) Advocacy service has adapted to a changing Organisational landscape in the past year, with changes in personnel and the adoption and implementation of the new HCC Strategic Plan. We have taken these changes in our stride, and are still working consistently towards further innovation, direction and reinvigoration of the program.

In the last year, we have substantially reviewed and updated Advocacy program policies. We continue to reflect on the new information that arises from our cases, which in turn helps us keep abreast of changes and issues relevant to health consumers in Western Australia. There has also been a focus on professional development to enhance our skills and knowledge base, with a particular emphasis on negotiation, conflict resolution, and advocacy and policy training. Building on this training and further strengthening our professional development is a priority.

The Advocacy Service assisted with 386 new cases between July 1<sup>st</sup> 2012 and June 30<sup>th</sup> 2013, with 332 (86%) of these new cases involving health services in the metropolitan area. There were 194 new cases regarding metropolitan public services, while 138 of the metropolitan cases related to private health services. The breakdown for rural cases was 32 for public services and 28 for private health services.

The most common issues and concerns that were raised by Consumers related to treatment received from health services, which included injury or adverse outcomes, disagreement with the types of treatment received, diagnosis and standard of care. Interpersonal issues featured as the second most common concern, which was followed by access to services and individuals requesting information regarding their rights in a health care setting.

We are taking an active interest in continuing to establish connections between our individual cases and systemic issues by

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using our cases to identify policy gaps and the implications these have for consumers.

An area in which research is currently being undertaken is the prescription and regulation of Opioids (schedule 8 medicine) for pain patients. This is in response to trends in the data identifying this as a persistent consumer concern. Undertaking research has also assisted the Advocacy service to identify gaps in the connection between individual and systemic advocacy; refine our policy strategies and data collection methodology; and put steps in place to set up a policy framework and recommendations for our organisation.

A new electronic database for the Advocacy service is a project that was started during the year and will be fully implemented early in the coming year. This new system will build on the former system's capabilities. It will be accompanied by a reporting handbook for advocates that will support greater detail and uniformity in our data collection, which in turn will feed into improving our policy analysis and allow us to more readily identify areas of need/concern.

The compilation and transformation of the fortnightly e-News has been an evolving project with new features introduced such as the addition of 'Articles of Interest'. To produce a more user-friendly and aesthetically inviting newsletter, we began using MailChimp®. In addition to being able to improve our layout and readability, it has also allowed us to obtain real time feedback as to what our subscribers reading and the types of articles that are of interest to them. Consequently, we have been able to curate better and more relevant content, and we have seen an increase in readership of 7% over the course of the last four editions of the year.

It is pleasing to see that the opening rate for our e-News is 12.1% higher than the industry average for medical and healthcare newsletters.

We continue to work with Government, Non-Government Organisations and relevant stakeholders to highlight issues of importance and concern to Health Consumers. We have also continued to promote awareness

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about the role of the HCC through presentations to organisations such as the Asthma Foundation, Murdoch University, WACOSS, Carers Advisory Council and EDAC. We have also participated in open days and events such as the Cyril Jackson Senior Campus open day.

Participation as a member of the Peaks forum and attending the HCAG meetings are valuable in strengthening our links and communication with the complaint advisory groups. Furthermore, we also provided comments and feedback on the West Australian Complaints Management Policy 2013 for the Patient Safety Surveillance Unit and participated in the Office of Safety and Quality in Health Care 2013-2017 strategic plan stakeholder advisory forum.

The last 12 months has seen our attention focused on further consolidating and strengthening the work of our predecessors, adapting to a changing structure and implementing new initiatives for the future. These challenges have enabled us to grow as staff and as a program and we look forward to continuing our work into the future.

**Pieter Di Marco**  
**Senior Advocate**

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# Consumer Representatives Program

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*“A need for more sophisticated and vigorous skill development has been identified as a priority for experienced and active consumer representatives. The HCC will be developing new modules in response to this identified need, with input from experienced consumer representatives”*

During the past year the Program has undergone several changes in order to refocus and refresh it in response to the Health Consumers' Council's (HCC) Strategic Plan 2013 – 2015. When viewed objectively and strategically the Program encompasses all three Goals of the Plan which are: Empowered Health Consumers, an Effective Health System and Effective Health Policy Development and Implementation.

## **About the Program:**

### **Skill Development for Consumer Representatives**

We have reviewed and revised the Consumer Representative Skills Training Workshop in response to feedback about the length of the workshop and relevance of some aspects. The updated version - “Consumer Representative Skills Development Workshop” - runs over a four hour period and is now held on either Wednesday or Saturday between 9.30 am and 2.00 pm to accommodate the varying availability of those who wish to undertake the training. Between the beginning of July 2012 and the end of June 2013 seven workshops were held with a total of 51 people attending.



We are pleased to be able to report that two workshops were held outside of Perth, in Brookton and Beverley. We look forward to being able to work more closely with health consumers' who live in country WA in the next year.

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It is pleasing to report that we have had a strong response from attendees who have provided positive feedback. The new workshop has a focus on more personal engagement from participants as well as opportunities for role play and discussion.

A need for more sophisticated and vigorous skill development has been identified as a priority for experienced and active consumer representatives. The HCC will be developing new modules in response to this identified need, with input from experienced consumer representatives.

### **Consumer Representative Recruitment**

Potential consumer representatives have been recruited via the workshops and through advertising the HCC's website, e-News and through our networks e.g. Community Midwifery WA, the Mental Health Commission and Volunteering WA. This has led to engagement with a younger cohort, which is essential to refreshing the program, ensuring that it is relevant and providing greater diversity.

There remains a need to recruit potential e-representatives from a range of age, socio-economic, family structure, health service experiences and minority/disadvantaged groups to ensure we provide a voice that is truly representative of WA's population.

### **Consumer Representative Placements**

During the past twelve months the Program has had requests to support and advertise consumer representative vacancies for external agencies and to request consumer input for other organisations. These have included:

- Perth North Metro Medicare Local – 4 to 6 representatives
- Fiona Stanley Hospital Consumer and Community Advisory Council – 4 representatives
- NP Standards Review Project, Sydney Nursing School, The University of Sydney – a request for consumers to participate in

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a focus group – this occurred with the support of Jan Thair, CAC Chair, Rockingham Kwinana General Hospital

- Imaging West, Royal Perth Hospital – request for consumers to complete a survey and comment on brochure material
- UWA - School of Paediatrics, Dentistry & Health Science – 1 day session
- South Metropolitan Health Service (SMHS) - Mental Health Working Groups - Consumer / Carer Representatives
- Fremantle Medicare Local - Invitation to participate in project – “Identifying gaps in health service delivery for aged members of our local community”
- Flinders University - training sessions for general practitioners and nurses – part of the training to include participants talking/engaging with people with chronic conditions
- Griffith University – focus group - people who live with an ongoing health (chronic and long term) condition who come from a culturally diverse background (CaLD) who live in the Greater Perth area of Western Australia.

These were all promoted via the HCC’s website, via e-News and to HCC members who had expressed interest in the health areas related to those requests.

Eight consumer representatives have been placed on the following committees:

- Silver Chain
- Western Australian Trauma Education Committee (WATEC)
- WA Audit of Surgical Mortality (WAASM)
- Statewide Telehealth Advisory Group
- Discipline of Chiropractic - Course Advisory Council – Murdoch University School of Health Professionals
- PMH Paediatric Consultation Liaison Program Project Advisory Committee
- St John of God Subiaco CAG

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Six requests for a consumer representative were not filled. One nomination was deemed unsuitable, four EOs received no response and one requesting body has not responded to the Coordinator's requests for information regarding whether a nominee was placed or not, neither has the nominee.

The above committees all require high level skills of their consumer representatives and via a rigorous selection process HCC was able to place experienced and professional representatives on these committees.

Whilst there has been increased interest in consumer representation amongst newer members there are several issues that require further attention to ensure representatives are able to fulfil the potential roles.

Areas that require further attention and/or support include:

Representative

- confidence
- articulation
- self-presentation
- objectivity
- social and other skills

Without further training and support the majority of the thirty three people who attended the metropolitan Skill Development Workshops will struggle to participate effectively on a board or committee.

Therefore there is a need to have a more rigorous approach to recruiting consumer representatives and to encourage and engage others by providing alternative options for less skilled/able people to have a voice.

A community participation and development approach to gaining consumer input has the potential to support greater diversity in consumer representation and lend itself to community forums as a means of accessing consumer perspectives and experiences.

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## **Current Consumer Representative Placements**

There are currently 61 people active as consumer representatives or members of a CAC.

## **Consumer Representative Reports**

The main areas of concern raised were issues with bureaucracy and lack of understanding by Dept. of Health staff of the role of representatives. These issues need to be explored by the HCC to enable us to respond in an appropriate way by providing guidance and support for people within the health department and health services themselves.

## **Consumer Representative Network Meetings (CRNM)**

These meetings are held bi-monthly with attendance fluctuating. Most meetings have been attended by between 5 and 9 representatives. Several strategies have been trialled to encourage new members, to energise meetings and to empower the Network.

Strategies included:

- Asking people what they want from meetings - a survey was sent out to 50 active consumer representatives in June 2013.
- Providing an opportunity for members to brainstorm what future meetings might look like
- Encouraging greater member input and participation during meetings

A major outcome from the survey was for the network to set up a small working group to develop new Terms of Reference in order to provide an updated structure and guidelines for the network.

## **Consumer Advisory Council (CAC) Chairs' Meetings**

Meetings are held bi-monthly including two meetings per annum for all CAC members with the remainder being for Chairs only. During the past 12 months the Terms of Reference have been revised and the new

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version approved by members. Two new members have joined the group over the past 12 months, both from KEMH.

Members value the opportunity to share their experiences and to learn from each other at the Meetings. A new Chairperson has recently been elected and the group is working towards reinvigorating the meetings following a series of changes including the aforementioned revised Terms of Reference. A Report pro-forma has been provided to members to assist with the report writing process and encourage a focus on actions and outcomes as well as areas where the HCC may be able to provide further support.

In addition to the activities already mentioned the Coordinator has also been working on a number of other projects:

- An application for funding to cover the cost of police clearances for consumer representatives has been submitted to FaHCSIA (Dept. of Families, Housing, Community Services and Indigenous Affairs) – Volunteer Grants 2013. Included in the application is a request for a projector and screen to accommodate information sessions and workshops at HCC.
- An application for funding to run ‘Rights and Responsibilities in the Health Sector’ information sessions has been submitted to the Office of Multicultural Interests (OMI) – this will be aimed at people from new and emerging/CaLD communities and will also inform them about the HCC and what it does. It will also provide 3 workshops specifically aimed at community leaders to develop skills and knowledge regarding the issues to further assist and support their communities.
- A need for cultural competency in the health sector has been identified and responded to with the development of training workshop.

As this falls outside of our core funding, the training is provided on a fee for service basis. Information about the training can be found on the website or by contacting the coordinator. The

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training has been developed because people from CaLD communities, as health consumers, need to have access and equity in their health care experience. Due to the lack of cultural competency in staff employed in the health system they frequently fail to experience this, particularly in aspects such as the use of interpreters, questioning styles and the provision of information, all of which have led to some very negative experiences for CaLD health consumers.

- In May and June two 45 minute information sessions were delivered to staff at Fremantle Hospital. The first provided an introduction to the meaning of and implications inherent in working with new and emerging communities; the second provided an introduction to cultural competency and its importance in the provision of health care. The A/Staff Development Educator Corporate of Fremantle Hospital has indicated that there will be further requests for information sessions/workshops.

An information session about new and emerging communities and barriers to health care was given to the CAC at Bentley Hospital

- A request has been made by the fellow members of WARHAC (WA Refugee Health Advisory Committee) to the Coordinator to provide a briefing on the importance of including fathers in the maternity process – this is in regard to health consumers from new and emerging communities being unfamiliar with the health system in WA.

**Louise Ford**  
**Consumer Participation Program Coordinator**

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# Financial Accounts

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The Financial Report for the year ended 30 June 2013 including:

- 1.1 Auditors Independence Declaration
- 1.2 Independent Auditors Report
- 1.3 Board Report
- 1.4 Statement by the Board
- 1.5 Income Statement
- 1.6 Statement of Financial Position
- 1.7 Statement of Cash Flows
- 1.8 Statement of Changes in Equity
- 1.9 Notes to the Financial Statements

is available upon request.

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# Notes

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