



HEALTH CONSUMERS'
COUNCIL
YOUR VOICE ON HEALTH

Contract Report
WA Health
Reporting Period
1 January to 30 June 2015

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SERVICE 1 – Community Awareness, Advocacy, Media

Output 1. Education & Community Development Programme

1.1 Brochures and Pamphlets

Number of brochures distributed	Number
Advocacy Brochures	980
Consumer Participation/ Consumer & Community Engagement Brochures	2231
Aboriginal Advocacy Program Brochures	3150
Making a Complaint	700
Living with a Chronic Condition	25
Living with a Chronic Condition DVD	26
Preparing and Advance Health Directive	26

1.2 Health Consumers' Council Forums

	Number of Participants
Mental Health Partnership Forum	
See report pages 2-22	

1.3 Education Forums and Workshops

Presentations by and Workshops Organised Health Consumers' Council (HCC)	Number of Participants
Consumer Participation Program	
See page 6	
Aboriginal Advocacy Program	
See report pages 12-14	
Advocacy	N/A

1.4 Referral and Information Line

Number of call through 1800 Health Information and Referral Line	No of Calls
1800 Number used by consumers	224

1.5 Health Consumers' Council Newsletter Health Matters

	No. of copies
February 2015	1050
June 2015	1100

1.6 Health Consumers' Council Newsletter eNews

Distributed HCC eNews bi-weekly to an average of 531 people	531
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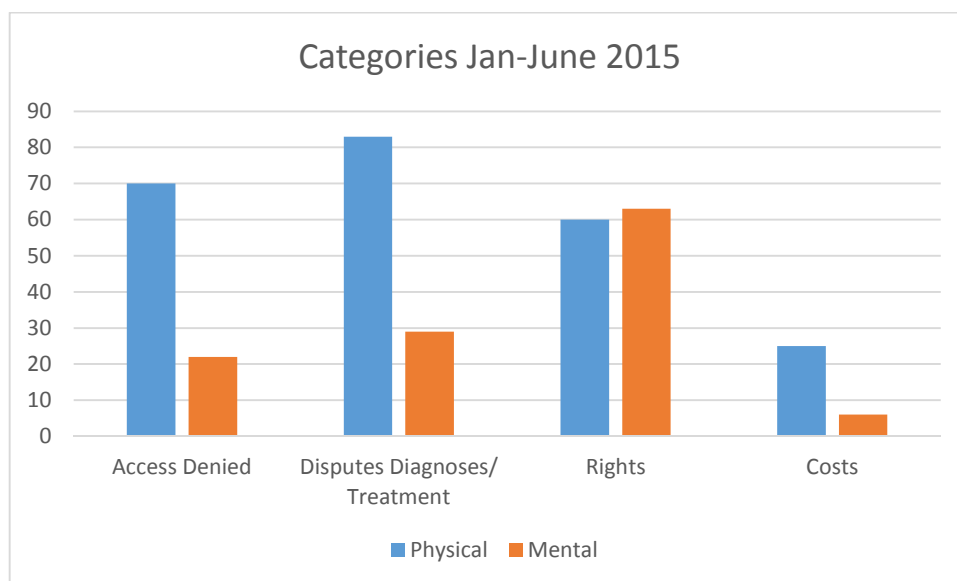
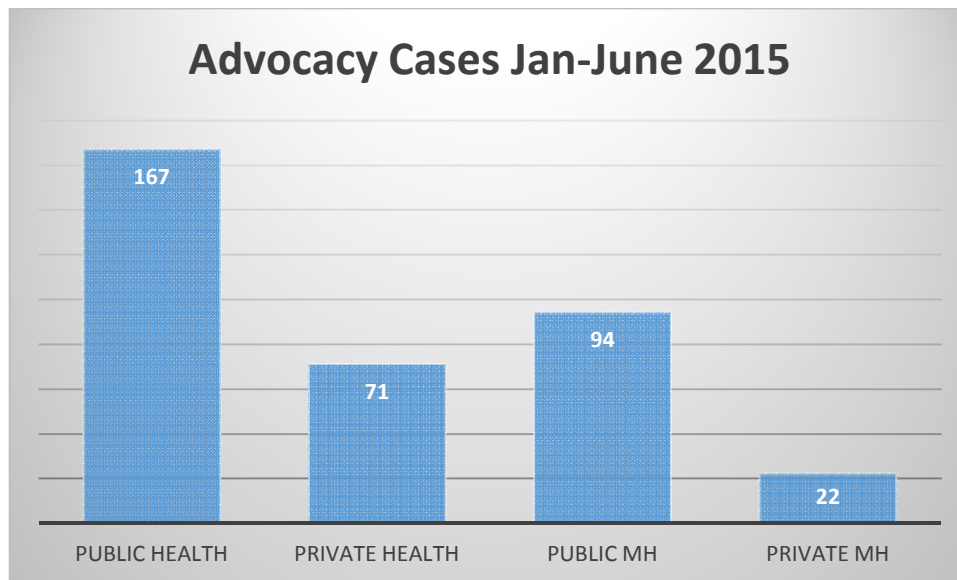
Output 2. Community Participation Program

2.1 Consumer Representatives on Committees	
Number of Consumer Representatives Health Consumers' Council nominated to Committees	7
Number of Consumer Representatives Health Consumers' Council currently supports	65
Number of Committees HCC currently supports	120
2.2 Consumer Representative Training and Support	
Training Course	Number of Participants
Number of Consumer Rep Skills Development Workshops delivered at the HCC	2
Number of HCC members trained as Consumer Representatives at above sessions	24
Number of Consumer Representative Network meetings held	2
Number of Consumer Representatives attending	17
Number of Community Advisory Council Chairs Roundtable held	2
Numbers attending CAC Chairs Roundtable	16
Fee for Service cultural competency for healthcare workers workshops held for various health service providers	5
Diversity Dialogues x 1 + 4 country areas accessed via VC	67
Consumer Rep Skills Development Workshop for Rockingham Health Service CAC	1
As above for CAC members at Bruce Rock, Narembeen and Derby via video conferencing	3
Presentation re engaging with CaLD consumers for Bentley Health Service	1
2.3 Consumer Representatives Database	
Number of Consumer Representatives available for participation on health care decision making bodies	Number of Participants
Consumer Representatives on database at June 30th 2015	72
2.4 Mentoring	
An opportunity for mentorship occurs informally during the Consumer Rep Network and CAC Roundtable Meetings. People can also contact the Program Manager and Coordinator as and when they require support.	
2.5 Rural Consumer Support	
HCC has not had the opportunity to address rural regional and remote issues. However in the 2015-16 financial year there will be opportunities to travel with the Aboriginal Advocacy Service.	
2.6 Health issues group	
This group no longer meets. The Consumer Representative Network provides feedback on systemic issues, as does the CAC Roundtable. HCC has also undertaken surveys of our Consumer Representative network.	
2.7 Membership	
Individuals	857
Organisation/ Associations	63

2.8 Consultations and Submissions	
End of Life Care in Acute Settings – partnership with Clinical Senate, WA Health Networks. Consumer forum held, Consumer representatives chosen to address March 2015 Clinical Senate	
Mental Health Partnership Agreement – consumer forum held and Submission provided to HaDSCO	
ANMAC Accreditation of Midwives Re-entry – consumer input provided to forum	
People with Disabilities WA Disability Abuse Inquiry – de-identified case studies provided.	
Provided advice to LungScreen WA to facilitate consumer input into pilot design, advertising and information material from a consumers perspective for Pilot Lung Cancer Screening Study	
Advocates and Community Leaders Open Day partnership event with HaDSCO, Carers WA, COMHWA, ARAFMI, Advocare, EDAC	
Community Research Training with the Cancer Council	
Submission on eHealth legislation	
Patient First - Health information stakeholder groups – attended Metrix facilitated event to provide feedback	
Project Support Group provided to the Health Navigator Service in the Lower Great Southern.	
WA Department of Health - South Metropolitan Health Service (SMHS) Human Research Ethics Committees (HRECs) – asked for assistance to engage community representatives	
Bentley Health Service CAG – Engaging with CaLD	
Bentley Health Service CAC – assistance with advocating for continued services at Bentley with A/DG of WA Health	
2.9 Current working group	
Consumer Representative Network (10)	
CAC Chairpersons Roundtable (14)	
Kullarri Aboriginal Consumer Group: Broome (15)	

Output 3. Advocacy Service and Health Issues

3.1 Issues addressed



Case Summary 1 – Mental Health Carer

At the request of a young adult patient and their parent an HCC advocate attended a meeting between the patient, their psychiatrist and the parent to discuss the patient's transition for public sector clinic mental health support to the care of a GP. The patient who was blind and therefore unable to read and the parent were both concerned about continuity of care and communication in regards to care plans and medication. The HCC advocate suggested that the psychiatrist and the GP with the patient's permission provide the parent with all copies of documents relating to ongoing care, most notably medications, so that the patient and parent can discuss ongoing care. All agreed this would be a helpful process.

Case summary 2 – Pain Medication

P had an accident well over 20 years ago which resulted in long term chronic pain in his leg. Has recently moved to WA from the East Coast. He never encountered any issues accessing his pain medications whilst living in the Eastern States but during a recent hospitalisation in WA was taken off his medication by a specialist at SCGH, who informed the Health Department resulting in no WA doctor now willing to prescribe such medications. P says that the alternative medications prescribed provide little relief and he is now living in constant pain. Advocate contacted the Health Department to ascertain the current stance with regards to any flags against P regarding prescribing S8's, accompany P to his appointment with the pain specialist who ceased the medications, consider assisting with a second opinion

Case summary 3 – Consumer concerned about being placed on a Community Treatment Order

A young woman seeking advocacy to prevent hospital staff from placing her under CTO enforcing depot injections. She had been in RPH Ward 2K for 9 days. She presented voluntarily to ED because she was suicidal. She wanted an advocate to contact the hospital prior to her meeting/review this as she feared they would place a community treatment order on her for depot injections even though she has been compliant with oral medications. The Advocate rang and spoke to the Ward. She later phoned the consumer who advised she had not been put on CTO, nor was she given depot injections. The consumer was advised her to call back if further help required.

3.2 Consumer advocacy – number of individuals assisted = 358

	Jan	Feb	Mar	Apr	May	June
TOTAL CASES	24	56	64	75	98	41
PUBLIC	6	32	28	33	77	28
PRIVATE	5	8	16	18	21	13
PUBLIC MH	8	8	14	22	33	13
PRIVATE MH	1	8	6	2	1	0

3.3 Media – topic and type of contribution

Pip Brennan	The West Australian, Perth. 'Midland hospital KPIs secret'. Page 7.	Tuesday 7 th April, 2015
Pip Brennan	Radio Station 6EBA FM. Radio interview regarding HCC services with Suresh Rajan	Tuesday 14 th April, 2015
Pip Brennan	Radio 720 ABC Perth. Talkback Radio: What are your experiences with the WA health system? Pip Brennan live with John McGlue	Wednesday 20 th May, 2015

Output 4. Information Base

4.1 Agencies linked to the Health Consumers' Council
Aboriginal Health Council of WA
Advocare
Alzheimer's Australia WA
Australian Medical Association
Bentley Armadale Medicare Local
Broome Recovery Centre
Broome Regional Aboriginal Medical Centre
The Bump WA
Cancer Council of WA
Carers WA
Centre for Social Impact - UWA
Coeliac WA
CoMHWA
Community West
WA Centre for Rural Health
Child & Adolescent Health Service
Community Physiotherapy Services
Consumer Health Forum of Australia
Consumers' Association of WA
Council on the Ageing
Department of Consumer & Employment Protection
Department of Premier and Cabinet
Derbarl Yerrigan Aboriginal Health Service
Disabilities Services Commission
Edith Cowan University School of Medical Sciences
Ethnic Communities Council of Western Australia
Geraldton Indigenous Women's Cancer Support Group
Great Southern Aboriginal Health Service
HBF
Health and Disabilities Services Complaints Office (HaDSCO)
Health Consumers Queensland
Health Consumers' Alliance of South Australia
Health Issues Group, Victoria
Healthcare Consumers' Association ACT
Heart Foundation WA
Institute of Child Health Research
International Alliance Patients' Organisation
ISHAR Multicultural Centre for Women's Health
Keedac Aboriginal Corporation
Kidney Health Australia
Kimberley Aboriginal Medical Services Council
Kimberley Interpreting Service
Kimberley Pilbara Medicare Local
Langford Aboriginal Association
Mamabulanjin Aboriginal Resource Centre
Marr Mooditj Aboriginal Health Worker Training College
Mawarnkarra Health Service Aboriginal Corporation
Medicare Local – Perth Primary Care

Mental Health Law Centre
Murdoch University
Office of Safety and Quality
Ongoing contact with Cochrane Collaboration
Ord Valley Aboriginal Health Service
Parkinsons WA
People with Disabilities (WA) Inc
Rare Voices
South West Aboriginal Medical Service
Southern Aboriginal Corporation
Specialist Aboriginal Mental Health Service
St John of God: Arts and Health
Telethon Institute for Kids
The University of Notre Dame Australia
The University of Western Australia – School of Population Health and School of Dentistry
Volunteering WA
WA Country Health Service
WACOSS
WHO – Patients for Patient Safety
Wheatbelt Aboriginal Health Service
Yorgum Aboriginal Corporation
Yura Yungi Aboriginal Health Service

4.2 Policy Information provided from the Website

Sample Complaint letter for Consumers
HCC Cultural Competency Training
Template Freedom of Information Request Letter for Consumers
Advanced Care Planning

4.3 Brochure distribution

Number of brochures distributed	Number
Advocacy Brochures	980
Consumer Participation/ Consumer & Community Engagement Brochures	2231
Aboriginal Advocacy Program Brochures	3150
Making a Complaint	700
Living with a Chronic Condition	25
Living with a Chronic Condition DVD	26
Preparing and Advance Health Directive	26

4.4 Research Participation by Health Consumers' Council

Partnership discussions with Telethon, UWA, Murdoch, Curtin, ECU
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4.5 Health Consumers' Council Website Access

	Number
Accessing www.hconc.org.au hits	6775
Actual number of pages viewed	16,039
Total Unique Hits	5,412
Average number of visits per day	37.63
Average pages viewed per visit	2.37

SERVICE 2 Aboriginal Advocacy Program

Output 1: Establish of three (3) new Aboriginal Health Issue Groups at Narrogin, Geraldton and Esperance

Please note: as previously mentioned we have been in discussion regarding changes to these outputs since 2012. Some of these groups were first established in 2008/9 and have not all wanted to continue to meet regularly. We still support consumers in these areas, particularly when they or someone they know need advocacy assistance.

1.1 Narrogin Aboriginal Community Reference Group (NACRG) Issues raised and acted on:

We had one meeting with the Chair and other members of the group, though the group have not formally met in some time. We had a lot of contact with the group in 2008/9 when they were leading an interagency forum to advocate for local services to support people at risk of suicide, following a high number of local tragedies in a very short time period.

They highlighted their concerns about the loss of some local Social and Emotional Well-Being programs. They identified the PEEDAC Personal Helpers and Mentors Program as providing vital, holistic support for people with a diagnosed mental illness. They also discussed concerns about the treatment of mental health patients presenting in to the emergency department, and the support we can offer the patient to make a complaint.

We presented to 16 Aboriginal Health Workers at the Wheatbelt Regional Noongar Health Forum in Narrogin. Many of them said whilst they are primary health care workers, they came across challenges related to underlying Social and Emotional Well-Being, and getting people to actively manage their physical health needs when they are depressed.

We continue to sit at the 'Wheatbelt Regional Aboriginal Planning Forum' and monitor progress of the 'Footsteps to Better Health Programs' (formerly COAG Closing the Gap Programs) which are enabling better access to services in the region.

1.2 Geraldton Aboriginal Consumer Group Issues raised and acted on:

- We have not held a community meeting in Geraldton in this time period.

1.3 Esperance Aboriginal Consumer Group

- No meetings have been held in this time period.

1.4 Number and name of government and non-government stakeholders at meeting

Not applicable

Output 2: Maintain support for Kullarri Aboriginal Consumer Group (KACG) Broome

2.1 Number of meetings held

Two meetings

2.2 Number and kinds of issues raised by group and actions taken to follow up concerns

We continue to work with the Yagarrbulanjin Aboriginal mental health carers group, who are also members of KACG. They continue to raise concerns about lack of after hour services that can respond to a mental health emergency; lack of information and engagement with carers in administering and reviewing patients' medication. These issues have been tabled at the Kimberley Mental Health Drug & Alcohol Service Consumer and Carer Advisory Group (KMHDS CCAG).

KMHDS are establishing four paid positions for two carers and two consumers to work with the service and have designated one of each position for an Aboriginal consumer and carer. We were consulted about the development and promotion of the positions, and to provide training to consumers, carers and staff about the positions. We presented to the KMHDS CCAG and guests from other agencies in Broome about the establishment of paid Consumer and Carer advisory positions and separately with staff. We provided two professional development sessions for 40 staff members of KMHDS about working with and supporting consumers and carers in these roles.

They are also interested in further training once the positions have been established and filled. At the moment they are facing challenges establishing the positions formally. We have also approached Consumers of Mental Health WA about the training they provide. CoMHWa provide training to consumers and services, but have not yet done much work in regional WA or with Aboriginal consumers. We hope to assist them to connect with the Yagarrbulanjin Carers and other Aboriginal mental health consumers to get direct feedback and input from them.

We also teamed up with People With Disabilities for a Broome field trip to follow up on some complex advocacy cases. We represented one family in a State Administrative Tribunal, and assisted another family to engage with PWD to attempt their ongoing problems with a disability service provider. Their cases have highlighted the need for face-to-face service provision from advocacy services in regional and remote WA. Many of our peak advocacy bodies are not well resourced to provide services on the ground, at the same time that families who have complaints or problems with a service provider have less alternatives and heightened concerns about making a complaint.

There remain ongoing concerns about patients who have to travel to Perth to access services, especially elderly patients travelling alone. There are also concerns that the need for an Interpreter and an escort for language reasons, are not being recognised properly.

Output 3: Promote and explain new initiatives

Telehealth; E-Health; Medication Safety and Advance Care Directives

3.1 Evidence of community participation and feedback

The team has been promoting consumer choices about Advance Health Care Directives; Personal Electronic Health Records, Telehealth initiatives and medication safety since January 2011. Whilst we continue to promote important consumer incentives, the main consumer interest in our program is to promote consumer health rights and addressing complaints and problems. A lot of consumers are still unsure of who and how to approach complaints, or do not have faith it will address their problems.

We held an information stall at the Survival Day Concert, and also the South Metro Fremantle Aboriginal Health Day. We gave presentations to the Perth East Central Medicare Local Rivervale and Guildford Aboriginal consumer groups; the Derbarl Yerrigan Health Service Heart Health Clinic and Stolen Generations women's group; and the Bentley Armadale Medicare Local Aboriginal health team.

SERVICE 3

Output 1 – Consumer Representative Support

1.1 Provide report to stakeholders on support needs and information provided to consumer representatives at six (6) monthly intervals

During this reporting period of January to June 2015, the HCC supported 63 active consumer representatives in their positions on 121 committees. Some of the active consumer representatives are involved with more than one committee, and some committees have more than one consumer representative position.

The HCC has gone through a process of ensuring its consumer representative data base has only people who are able to be active consumer reps identified on it; this and the fact that many past consumer reps have retired or failed to respond to HCC's contact requests has meant that, for the reporting period, there are 79 active consumer representatives recorded in its membership database. These include consumers who have expressed an interest in consumer representation as well as active consumer representatives sitting on boards and/or committee(s). Other factors that have impacted on consumer representative engagement are:

- Requests for consumer participation are not within people's area of interest as indicated to the HCC.
- People are unable to fulfil the commitments required by the committee (e.g. meeting times)
- Committees seek a consumer representative with specific qualities not present in many of the current candidates
- Experienced consumer representatives retiring
- Through the Consumer Representative Programme, only the most suitable consumer representative will be nominated by the panel (consisting of the Executive Director and an external member of Health Consumers' Council). Unsuccessful applicants nominated by the HCC are always encouraged to apply for suitable consumer representative opportunities in the future
- Departments and organisations recruiting their own consumer representatives
- Many requests for consumer representatives are for high level positions limiting the number of available candidates with appropriate skills

Conferences, consultations & event invitations

The following information/invitation to attend was provided to consumer representatives during the January to June 2015 period:

- Prevention and Promotion Services re Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 – consumer input invited
- Action Research Project - Collaboration to Recovery – CoHMWA
- Expressions of Interest - Chronic Conditions and Aged Care Program Advisory Committee
- The 10 Year Mental Health and Drug and Alcohol Plan Consultation Forums
- Diversity Dialogues "Health, Healthcare and Culture" forum May 2015
- HepatitisWA - a free event for people working with Culturally and Linguistically Diverse (CaLD) communities
- Focus group: Communication at end-of-life in hospital

- School of Nursing and Midwifery at Curtin University requiring consumers with an active voice who have experienced health care by Credentialed Diabetes Educators
- Sleep Apnoea forum/workshop
- World Cafe – the role of the community sector in delivering services under the Mental Health, AOD Services Plan - WAAMH
- Project team to work on a state wide policy to harmonise provision of Home Enteral Nutrition in Western Australia.
- Choices in Cancer Control consultation
- Mental Health Seminar
- Choices in Cancer Control consultation
- Mental Health Seminar on April 22nd 2015
- Midland Collaboration to Recovery (C2R) Forum
- Consumer input into pilot design, advertising and information material from a consumers perspective for Pilot Lung Cancer Screening Study
- Advocates and Community Leaders Open Day
- Community Research Training with the Cancer Council
- Have your say on eHealth legislation: Discussion Paper
- Education and information sessions, run by the Office of the Public Advocate
- Patient First - Health information stakeholder groups
- The Cochrane Consumers and Communication Review Group - ideas for future research topics in the area of health communication and participation
- Pain Health Working Group participation
- Consumers, carers, mental health workers, psychologists and psychiatrists interested in designing a Residential House for people with a borderline personality disorder
- Consultation on draft Clinical Care Standards (Delirium and Hip Fracture Care)
- Consultation on resources for community health services implementing the NSQHS Standards
- WA Disability Abuse Inquiry

As well as the above, requests were also received for specific input/information from consumers on the following:

Project Support Group to assist with the implementation of the Health Navigator Service in the Lower Great Southern.

WA Department of Health - South Metropolitan Health Service (SMHS) Human Research Ethics Committees (HRECs) – community representatives

Bentley Health Service CAG – Engaging with CaLD

Requests were also received for consumer reps for the following organisations/departments;

- Fremantle Hospital Mental Health Service Community Advisory Council Sub Group for mental health
- Chronic Conditions and Aged Care Program Advisory Committee - Panorama Health Network

Health information & newsletters provided to consumer representatives and HCC members

Traditionally HCC has provided members with hard copy material. However cost cutting (i.e. postage and stationary) along with environmentally aware measures and in line with 21st century service provision, most information is now provided electronically via HCC's fortnightly eNews and the quarterly (available in hard copy and on line) 'Health Matters'. Topics covered are relevant to health consumers and

cover a wide range of subject matter. Information contained in these issues can be produced on request. Information is also available to consumers via the HCC's Face Book page, Twitter, Linked In and the website.

Miscellaneous material provided to Consumer Representatives and HCC members

- Consumer Representative Skills Training workshops – free of charge
- Low cost access to Cultural Competency Workshops (e.g. \$30 per head for Members)
- Information/reminders of upcoming events both internal and external to HCC
- Information about incoming Consumer Representative requests
- Links to other sources of information re health consumers
- Links to HCC's Strategic Plan, Payment Policy, Code of Conduct
- HCC staffing updates
- Fortnightly eNews
- Hard copy Health Matters – quarterly
- Invitations to participate in consumer forums/focus groups
- Links to information sources on HCC's website
- Information via Twitter, LinkedIn and Facebook

1.2 Conduct annual survey of Consumer Representatives across 20 committees

The DoH surveyed consumer representatives as part of a wider review. It indicated an overall level of satisfaction with committees but some concern about the adoption of consumer represented related concerns. This was fundamental in developing an advanced consumer representative training program and strategies for up-skilling which are currently being implemented.

HCC is currently exploring other methodologies to use as measurement tools, reasons for this include:

- The existing survey questions do not support the information HCC needs to be able to assess consumer representative effectiveness
- The existing survey format is dated
- HCC is exploring other methods of gaining feedback/information from consumer representatives including on-line surveys and forums
- On-going poor response rate to requests for reports from consumer representatives resulting in lack of information with which to gauge/identify current issues/concerns

1.3 Conduct annual survey of Chairpersons of Committees with Consumer Representatives

The HCC continues to use CAC forums as a means to gain direct and indirect feedback. We are working with Chairs to improve their strategic focus and to develop their own proactive work plans.

1.4 Provide Patient Safety with a Report regarding the progress of implementation of recommendations arising from their annual surveys

The HCC has had meetings with the Office of Safety and Quality re producing a DVD about reconfiguring Patient First and also including consumer recognition as part of the Department's Health Conference.

The HCC has been invited to participate in Patient First scoping discussions and remains involved in this area.

Output 2 – Report on Consultations

2.1 Provide report on range of non-Government organisation consultations for consumer representative training and include section in evaluation: ‘how did you hear/know about this training’ at six (6) monthly intervals.

During the reporting period information was distributed widely (via eNews, email, Facebook and the HCC’s website) to a range of non-Government organisations notifying them of the Consumer Representative Skills Development Workshop. To accommodate easier access to enrolment a registration form is now available on line, hard copy is sent to those who request it.

From the evaluation undertaken at the end of the training workshops held at Health Consumers’ Council in February and May 2015, the following responses were obtained.

Question: Where did you find out about the Consumer Rep Skills Training?

Options	Number of Responses
HCC’s website	5
Another Consumer Organisation	5
Another HCC Member	0
Word of mouth	4
HCC Staff Member	4
Other	3
HCC’s eNews	4

Output 3 Consumer Representative Training

Feedback indicated people were very satisfied with the training. Advanced training and/or a series of workshops to provide up-skilling opportunities are being planned and developed.

3.1 Number of consumer representatives trained

During the period January to June 2015, a total of 24 participants attended the Consumer Representative Skill Development Workshop.

- 13 participants were trained during the HCC workshop in May
- 11 participants were trained during the HCC workshop in February

3.2 Number of training courses provided

Two training courses were provided during the reporting period

3.3 Evaluation of training courses.

Evaluation forms were completed by participants in all workshops. The results are scanned and stored electronically by HCC and are available on request.

Output 4: Consumer Representative Training Handbook and Induction package.

4.1 Number of copies distributed

As this Handbook is now several years old it is no longer being evaluated as it is due to be updated.

4.2 Number of evaluations received and summary of views regarding usefulness and relevance

See 3.3 – all participants are required to complete an evaluation.

Output 5: Maintain, support and evaluate the Consumer Representative Network to provide ongoing support and training for consumer representatives

5.1 Number of network meetings held in the reporting period

During the period January– June 2015, two meetings were held. A meeting to be held in March was cancelled.

5.2 Number of consumer representatives attending the network meetings

17 participants took part in the two Consumer Representative Network Meetings January to June 2015.

- 5 attended in January
- 9 attended in May

5.3 Topics/issues that were discussed during meetings

- Two new Data Linkage committees being formed – WA Infrastructure Project Board and the WA Infrastructure Project Advisory Group to oversee the multimillion dollar Lottery west Grant
- The State Health Executive Forum (SHEF) Information Communication Technology Committee being disbanded late 2014 with two proposed new committees having no consumer representatives at any level of the hierarchy.
- The Richmond Fellowship running three free courses about peer work in conjunction with Peer Zone Organisation
- A new Clinical Lead for the Respiratory Health Network

- A media released by Department of Health A/ Director General Bryant stokes regarding the Mental Health Act 2014
- The benefits of having a mentor for consumer reps
- Dental services – particularly for the most vulnerable members of society
- The Data Linkage project

Consumer Representative Reports included:

The ongoing, overarching response from consumer reps to reporting is that they feel they have enough to do and do not see the relevance of producing reports. In 2014 a request was sent to all placed consumer reps (60+) resulting in four reports being provided. This is not an adequate sample to provide feedback/information that is useful in terms of data collection. Therefore the HCC proposes to gain consumer feedback utilising alternative strategies such as (brief) electronic surveys and a web based consumer comment facility. This will also help to ensure that input is current and more diverse than it has been in the past.

5.4 Annual evaluation of network's usefulness to consumer representatives.

Those who attend comment positively about the meetings in terms of assisting them to share, problem solve, and gain support and mentorship from others. The HCC is currently considering alternative approaches to hosting the network with the aim of encouraging a greater diversity of views, experiences, skills and cross-pollination.

Output 6: Promote, deliver and evaluate the new Consumer Representative Training Program

6.1 Number of Consumer Training sessions provided: a minimum of 4 training sessions to be provided 2014-2015

During the reporting period two Consumer Representative Skills Development Workshops were provided by HCC.

6.2 Evaluation of Consumer Representative Training sessions by participants

Feedback gained from the evaluations included, but is not limited to, the following:

February:

After attending this workshop I will be better placed to be an effective Consumer Representative: 5 people agreed, 3 strongly agreed, 1 person was unsure

May:

Prior to attending this workshop my knowledge and skills in this area were limited:

1 disagreed, 2 neither agreed or disagreed, 8 agreed

After attending this workshop I will be better able to provide constructive consumer input: 5 agreed, 7 strongly agreed

Most useful part of the workshop:

- Highlighting how we should address/define problems and to consider group feelings for advocacy
- Function and responsibilities of a consumer representative
- Process for becoming a consumer rep
- Role of HCC, role of consumer rep, role of advocacy
- Questions, group discussion
- I found all parts to be of value
- Advocacy and role play
- Group interaction

- To me the whole workshop was interesting to gather knowledge on the HCC
- Role playing in 'meeting' to see the consumer advocate in action
- The role plays were visual and easy to relate to real life situations
- Everything – adds to my confidence I can make a difference to people's quality of life
- Hearing other people's stories
- The information and handouts and hearing other people's stories
- Other's views, their stories, expertise of others, slides and print-out of slides
- The complete program
- Consumer rep responsibilities – explained to me
- Group discussions

Other content that could be included:

- Being a health care advocate
- Dealing with future scenarios
- Legal responsibilities
- Legislative requirements – Standard 2
- Policy and procedures information pack

Suggestions for other training HCC could offer:

- Training for advocates – mock situations
- How to negotiate with 'professionals' – skills
- Categorise maybe e.g. disability, psychiatric, elderly etc.
- Partnering/collaboration with other NGOs/groups for effective advocacy

6.3 Number and name of promotional opportunities for Consumer Representative Training sessions e.g. Health Matters, NGO sector etc.

HCC's eNews is generated fortnightly (to individuals, members, member organisations, NGOs, government departments), during this reporting period and via this method the sessions were publicised broadly.

The Consumer Representative Skills Training workshops were promoted through:

- Health Matters, HCC's quarterly magazine
- Non-government Organisations (via email and during meetings/events)
- HCC fortnightly eNews
- HCC website
- HCC Social Media (Facebook, Twitter and LinkedIn pages)
- HCC staff (via phone, email and during meetings/events)
- Via the program manager's own network

Output 7: Investigate potential for future training of consumer representatives for membership of State Qualified Privilege (QP) Committees and advise the DoH

This is no longer considered a priority between the DoH and the HCC.

Output 8: CAC Conference

No CAC Conference was held in the reporting period however, the HCC is considering and exploring options regarding ways to connect consumer reps and CAC members to encourage engagement and learning across those roles. Currently there is also discussion re the 21st Anniversary of the HCC and how this can be celebrated in a collaborative manner with consumer reps/CAC members. NB – the Conference was only ever bi- annual.

Output 9: CAC Chairpersons Roundtable and CAC Roundtables

9.1 Number of Roundtables (minimum of four (4)) held in 2014 - 2015

During the period January to June 2015, two meetings were held.

Topics discussed

- Frequency of the HCC's CAC meetings and finalising the group's TOR
- A PMH forum is being held where consumers can give their consumer perspective to the Pharmacy staff on what it is like living with a child with a serious illness
- A brochure is being developed regarding a new program called Medical Emergency Team (MET) where parents of children that require urgent medical attention can 'Jump the Queue'. It was noted that Fiona Stanley Hospital is developing a similar program.
- The A-DG was not aware of the conflicting public information regarding postcodes and what services are available to local people in the Bentley Health Service catchment area
- BHS also noted that during Accreditation there was no consultation with consumers and staff regarding the clinical services
- Inadequate parking at Rockingham Hospital
- FSH doing well with accreditation
- The Patient Liaison section (FHS) is developing a resource highlighting the importance of patient centred care and the CAC will have final say on the videos before they are presented
- An ongoing issue is that country patients are going home using Transwa and tickets aren't always available, or the travel times can lead to long waits for patients (Swan Kalamunda HS)
- Advanced Health Directive Register – no government budget to accommodate a central register
- Difficulties with recruiting new members for CACs, including representatives from Aboriginal and CaLD communities
- Hand hygiene
- USA MAGNET accreditation, this is to achieve better patient outcomes through best practice nurse care. There are only 3 hospitals in Australia with this accreditation and SCGH is the only one in the state.

9.3 Number of people participating

There were a total of 16 participants between January and June 2015 (excluding HCC staff)

- January – 7 CAC Chairs/Delegates
- May – 9 CAC Chairs/delegates

9.4 Actions arising

The following actions arose from the roundtable meetings that took place during the reporting period.

Actions for CAC

- CAC Chairs completed the development of a new TOR
- Chairs to look into the possibility of the CAC Chair receiving a participation fee to sit at the roundtable through the hospitals with the support of the HCC

Actions for HCC

- The HCC to work on a submission regarding the Advanced Health Directives and the implementation of a register
- Operations Manager to invite a CAC representative of NMHS & SMHS to a CAC Roundtable meeting as a guest speaker

- Regarding the placement of CAC members on multiple CAC's. Look into discouraging this practice as it doesn't encourage diversity. HCC to write to the SMHS and NMHS regarding this issue
- Operations Manager to forward potential CAC member details to Sir Charles Gardiner Hospital CAC.

9.5 Actions from Roundtable implemented at CAC level

CAC Outcomes:

- CAC Chairs completed the development of a new TOR

HCC Outcomes:

January:

Action: Regarding the placement of CAC members on multiple CAC's. Look into discouraging this practice as it doesn't encourage diversity. HCC to write to the SMHS and NMHS regarding this issue.

Outcome: A letter was sent on October 3rd to both SMHS and NMHS. Please see a copy of the letter included in the papers and the response from NMHS. So far we have received no response from SMHS.

- Operations Manager to forward potential CAC member details to Sir Charles Gardiner Hospital CAC – completed

May:

Action: The HCC to work on a submission regarding the Advanced Health Directives and the implementation of a register.

Outcome: Submission has been submitted

Action: Operations Manager to invite a CAC representative of NMHS & SMHS to a CAC Roundtable meeting as a guest speaker.

Outcome: Pending.

Output 10: Consumer Representative Promotion at Community Events

Consumer reps and CAC members have had significant input into the formal accreditation process of facilities, especially re Standard 2.

10.1 Number of events participated in

HCC is, in its forthcoming Strategic Plan, addressing the recruitment of a broader demographic than has previously been the case. In previous times many events attended resulted in the same demographic being recruited and this is not conducive to gaining true representation of the health consumer experience.

10.2 Number of HCC members recruited

N/A

10.3 Number of new Consumer Representatives trained as a result of this initiative

See 10.2

10.4 Evaluation report of consumer representative promotion at community level.

N/A

NB: Several new consumer reps have been recruited via their attendance at the Skills Development Workshops and via networks – this is developing diversity in the consumer rep pool and is part of the HCC's strategy in engaging with a wider section of the community.

11: Diversity Dialogues (previously Health Professional's Roundtable)

11.1 Minimum of one (1) Diversity Dialogues forum held during the reporting period.

During the period a Diversity Dialogues (Health, Healthcare and Culture) forum was held in partnership with KEMH.

11.2 Number of health professionals/providers that participated

A total of 67 people attended in person, four regional health services participated via video conferencing (Albany, Hedland, Katanning and Merredin).

11.3 Action at local level after participation

- Provided attendees with a summary of workshop
 - Participants requested the HCC run follow up workshops to develop knowledge and skills
 - Recommendations re service provision forwarded to providers and to the Dept of Health.

12: Implement the recommendations of the Consumer Representative Programme Review

Completed