



HEALTH CONSUMERS'
COUNCIL
YOUR VOICE ON HEALTH

Contract Report
WA Health
Final report
1 July to 31 December June 2015

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Contents

SERVICE 1 – Community Awareness, Advocacy, Media.....	4
Output 1. Education & Community Development Programme	4
1.1 Brochures and Pamphlets.....	4
1.2 Health Consumers’ Council Forums.....	4
1.3 Education Forums and Workshops.....	4
1.4 Referral and Information Line	4
1.5 Health Consumers’ Council Newsletter Health Matters	4
1.6 Health Consumers’ Council Newsletter eNews.....	4
Output 2. Community Participation Program	5
2.1 Consumer Representatives on Committees	5
2.2 Consumer Representative Training and Support.....	5
2.3 Consumer Representatives Database	5
2.4 Mentoring	5
2.5 Rural Consumer Support	5
2.6 Health issues group	5
2.7 Membership	5
2.8 Consultations and Submissions	6
2.9 Current working group.....	6
Output 3. Advocacy Service and Health Issues.....	7
Output 4. Information Base	9
SERVICE 2 Aboriginal Advocacy Program.....	11
Output 1: Establish of three (3) new Aboriginal Health Issue Groups at Narrogin, Geraldton and Esperance	11
Output 2: Maintain support for Kullarri Aboriginal Consumer Group (KACG) Broome	12
Output 3: Promote and explain new initiatives	13
SERVICE 3.....	14
Output 1 – Consumer Representative Support.....	14
1.1 Provide report to stakeholders on support needs and information provided to consumer representatives at six (6) monthly intervals.....	14
1.2 Conduct annual survey of Consumer Representatives across 20 committees	16
1.3 Conduct annual survey of Chairpersons of Committees with Consumer Representatives.....	16
1.4 Provide Patient Safety with a Report regarding the progress of implementation of recommendations arising from their annual surveys	16
Output 2 – Report on Consultations	17

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.	17
Output 3	Consumer Representative Training	18
3.1	Number of consumer representatives trained	18
3.2	Number of training courses provided	18
3.3	Evaluation of training courses.	18
Output 4:	Consumer Representative Training Handbook and Induction package.	18
4.1	Number of copies distributed	18
4.2	Number of evaluations received and summary of views regarding usefulness and relevance	18
Output 5:	Maintain, support and evaluate the Consumer Representative Network to provide ongoing support and training for consumer representatives	18
5.1	Number of network meetings held in the reporting period	18
OUTPUT/ DELIVERABLE 6:	Promote, deliver and evaluate the new Consumer Representative Training Program	19
OUTPUT/ DELIVERABLE 7:		21
	Investigate potential for future training of consumer representatives for membership of State Qualified Privilege (QP) Committees and advise the DoH	21
OUTPUT/ DELIVERABLE 8:	CAC Conference	21
OUTPUT/ DELIVERABLE 9:		21
	CAC Chairpersons Roundtable and CAC Roundtables (open to all CAC members)	21

SERVICE 1 – Community Awareness, Advocacy, Media

Output 1. Education & Community Development Programme

1.1 Brochures and Pamphlets

Brochures & Pamphlets distributed
Continued to distribute a number of brochures/DVD's included the examples below:
Advocacy Brochures
Consumer & Community Engagement Brochures
Aboriginal Advocacy Program Brochures
Making a Complaint
Living with a Chronic Condition DVD
Mary G DVD

1.2 Health Consumers' Council Forums

	Number of Participants
Joining the Dots in Maternity Care Forum	51
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	289

1.5 Health Consumers' Council Newsletter Health Matters

	No. of copies
Winter 2015	900
Spring 2015	900

1.6 Health Consumers' Council Newsletter eNews

Distributed HCC eNews bi-weekly to an average of 564 people

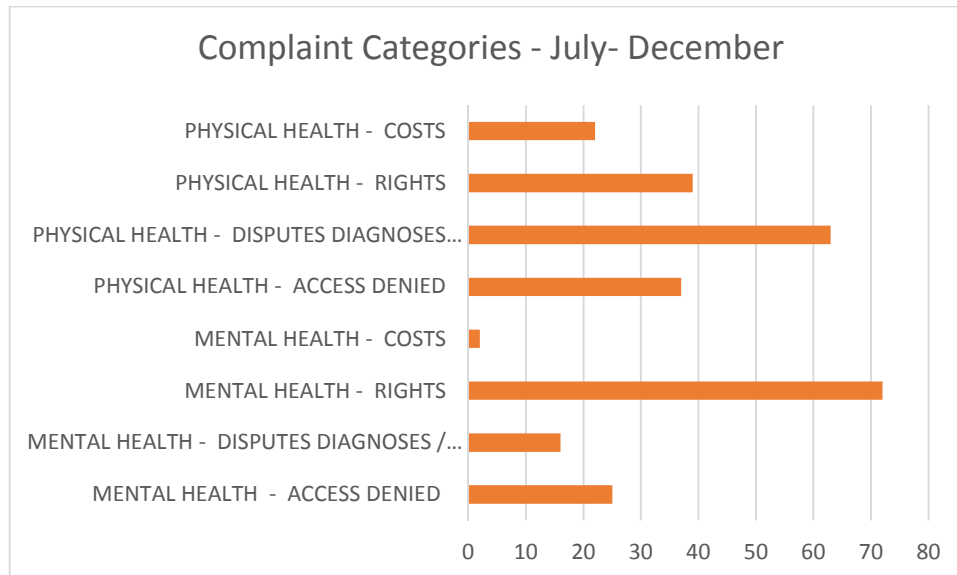
Output 2. Community Participation Program

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	
WA Health Draft Consent Policy	
NMHS WAPHA Dental Services Leaflet	
LARU Psychiatric Hostels Standards Review	
CAM Policy Review	
QICM Patient First Resources Working Group	
QICM Consumer and Community Engagement Framework	
CAMHS Shared Care Guidelines	
Disability Health Network Hospital Guidelines	
Mental Health Partnership Agreement	
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 - Former involuntary patient too fearful to ask questions about her current status and if she could move interstate.

A woman was an involuntary patient at a Perth public hospital. When she was discharged she was prescribed medication and was unsure whether she had a Community Treatment Order or was a voluntary patient. She was planning to move to another state and wanted to find out her status and to know if her care can be transferred to a psychiatrist in the new state. She expressed concern at raising these issues with her public sector psychiatrist. An HCC advocate attended a meeting with her and her public sector psychiatrist and clarified that she was not on a Community Treatment Order and said that he could transfer her records interstate to her new psychiatrist.

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 = 276

	Jul	Aug	Sep	Oct	Nov	Dec
TOTAL CASES	58	62	41	38	52	25
Public Health	22	25	18	31	38	10
Private Health	16	14	8	7	14	3
Public Mental H	17	18	14	15	26	12
Private Mental H	3	5	1	1	3	0

3.3 Media – topic and type of contribution

STAFF MEMBER	MEDIA	DATE
Pip Brennan	Business News 'Patient-centred Care'	3/8/2015
Pip Brennan	Community West Guest Blogger 'Aged care & the safety vs autonomy conundrum'	27/8/2015
Martin Whitely	The West Australian, 'Regulations endorsing American definition of madness must be amended'	15/11/2015
Pip Brennan	Canning Times 'Group unhappy with closure'	24/11/2015

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

4.3 Brochure distribution

Number of brochures distributed	Number
Advocacy Brochures	371
Consumer & Community Engagement Brochures	258
Aboriginal Advocacy Program Brochures	106
Making a Complaint	365
Living with a Chronic Condition DVD	50
Mary G DVD	36

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
Sessions	6383
Page views	13,964
Users	4976
Average number of visits per day	35.46
Average pages per session	2.19

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 were contacted by members of the NACRG group seeking assistance for community members who had a problem with a health service, and these were followed up by our advocacy team.

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.

We attended the Wheatbelt DHAC and consumer forum in Northam in December, and made plans to provide follow-up training to Aboriginal consumers from across the Wheatbelt who sit on the Wheatbelt Aboriginal Health Service Aboriginal Advisory Group, and also to visit the Northam Yorgas' group.

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 support the Yagarrbulanjin Aboriginal mental health carers group and linking them into the Kimberley Mental Health Drug & Alcohol Service Consumer and Carer Advisory Group (KMHDS CCAG).

As previously reported, 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 previously 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.

Training for KMHDS staff and consumers in partnership with Consumers of Mental Health WA was scheduled for this time period in preparation for KMHDS commencing employment of two consumers and two carers to work as advisors to the service. It's been decided to commence a consumer (only) reference group to further this strategy. We plan to hold a consumer information session, two staff training days and the first meeting of the new consumer group. Whilst a few planning meetings were held in this time period and dates were set for November, KMHDS decided to postpone training until March 2016 as they had extra work in preparing for the new mental health act coming into effect.

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. We partnered with the Aboriginal Health Council of WA to reconvene an Aboriginal Patient Journey Working Party to highlight and address these issues.

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 hosted a consultation session on Patient First resources and communication in health with over twenty Aboriginal people. We held two community meetings in Mandurah in response to concerns about services and lack of services, and promoted avenues to complain and the way we can assist. We gave presentations to the Arche Health Aboriginal consumer group in Rivervale, and to consumers at a Diversity Dialogue forum at Fiona Stanley Hospital. We also gave a professional development session in patient rights, advocacy and complaints handling to students at the Aboriginal Health Council of WA.

We joined the recently convened Royal Perth Hospital Aboriginal Advisory Group. We also sit on the:

- Specialist Aboriginal Mental Health Service Consumer Carer Advisory Group;
- Aboriginal Health Research Translation Group;
- NMAHS Reconciliation Working Group
- Aboriginal Patient Journey Working Group
- Child & Adolescent Health Service Aboriginal Health Action & Advisory Committee.

We convened a new Aboriginal Reference Group at the Health Consumers' Council, with two representatives to advise the Health Consumers' Council Board, especially as we seek new funding to maintain the Aboriginal Advocacy program.

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 July 2015 to December 2015, the HCC supported 67 active consumer representatives in their positions on 122 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 80 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 Program, 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 December 2014 to June 2015 period:

- Consumer review of Healthy WA website
- Review of the current organ and tissue donation and transplantation programme
- Lived Experience, research participation opportunities
- Peer Support workshop
- Lungscreen WA Project
- WA Emotional Dysregulation (BPD) Network forum invitation
- Primary care of people with chronic and complex conditions – invitation to contribute to a discussion paper

- Invitation to consultation re Practical Guide for Working with Carers of People with a Mental Illness
- Making Your Voice Heard: Advocacy Learning & Development Day
- WA Recovery College – Call for Expressions of Interest to participate in the Technical Design Team
- Invitation to join a focus group to discuss medication supply and access within the SCG hospital.
- Invitation from the State Govt - Expressions of Interest from individuals with diverse skills and experience to serve as Chairs and Members on interim health service boards.
- Invitation from the Australian Commission on Safety and Quality in Health Care develop a questionnaire
- North Metropolitan Health Service Mental Health (NMHS MH) recruitment of consumer consultants
- Invitation to participate in a survey from the Quality Improvement and Change Management Unit, Clinical Services and Research - DoH
- Focus Group for research to inform mental health nurses training
- Consumers who have experienced intensive care - either as a patient or relative of a patient - to take part in an online survey by School of Nursing, Midwifery & Para medicine (ACU, McCauley Campus, Brisbane)
- MIFWA 25TH ANNIVERSARY INAUGURAL ANNUAL LECTURE, New approach to treating mental illness
- Consumer and Carer Co-Design Initiative in Mental Health – invitation to participate

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

- Invitation to a CaLD community member to participate in commenting on the Mental Health Act and how people from newer communities here understand that Act

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

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 stationery) 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
- Free access to Cultural Competency Workshops
- 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 August and November 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	4
Another HCC Member	0
Word of mouth	0
HCC Staff Member	0
Other	2
HCC’s eNews	1

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 July 2015 to December 2015, a total of 12 participants attended the Consumer Representative Skill Development Workshop.

- 7 participants were trained during the HCC workshop in August
- 5 participants were trained during the HCC workshop in November

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 July – December 2015, 3 meetings were held.

5.2 Number of consumer representatives attending the network meetings

17 participants took part in the two Consumer Representative Network Meetings July - December 2014.

- 10 attended in July
- 6 attended in September
- 7 attended in December

5.3 Topics/issues that were discussed during meetings

Areas of discussion included:

- 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/ DELIVERABLE 6: Promote, deliver and evaluate the new Consumer Representative Training Program

Performance Indicator(s)

Please refer to Core Contract- also please note that the HCC is in the process of exploring additional workshops to ensure ongoing skill development for consumer reps.

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:

August:

Prior to attending this workshop my knowledge and skills in this area were limited: 2 neither agreed nor disagreed, 4 agreed and 1 strongly agreed

After attending this workshop, I will be better able to provide constructive consumer input: 4 people agreed, 3 strongly agreed

November:

Overall I found this workshop to be:

5 of 5 considered the workshop to be Very Good

After attending this workshop, I will be better placed to be an effective Consumer Representative:

3 of 5 Strongly Agreed and 2 of 5 Agreed

Most useful part of the workshop:

- All useful
- Learning about how HCC works, I had limited knowledge prior to attending
- Explanation of the HCC and how it operates
- Purpose of a consumer representative
- All of it
- Every part was very knowledgeable
- Conversation – hearing other people’s views
- The wealth of information

Other content that could be included:

- How to approach the medical profession - most people are overawed and scared by doctors
- Covered everything I needed
- How the HCC operates
- none at this time
- Cannot think of any

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/ DELIVERABLE 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.

Performance Indicator(s)

- 7.1 Report on demand for Consumer QP Training Sessions.**
Not applicable

OUTPUT/ DELIVERABLE 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 rep's/CAC members.

NB – the Conference was only ever bi- annual.

OUTPUT/ DELIVERABLE 9:

CAC Chairpersons Roundtable and CAC Roundtables (open to all CAC members)

Performance Indicator(s)

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

During the period July to December 2015, two meetings were held in September and December. In addition, the scheduled July election of chairperson included a 2-hour planning forum where the Roundtable members identified and prioritised their areas of focus.

Topics discussed

- Priorities for the CAC Charis Roundtable,
- Terms of Reference,
- Sitting fee payment for CAC meetings,
- Redesign and trial of reporting template by the Chairs to HCC to reflect service wide systemic issues,
- Ongoing education opportunities,
- Chair involvement in community forums to raise awareness and obtain new members,
- Effect of the Primary Health Network and impact on connectivity of consumer advocates and representatives on CAC's.

9.3 Number of people participating

There were a total of 17 participants between July and December 2015 (excluding HCC staff)

- July forum - 9
- September – 5
- December – 3

9.4 Actions arising

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

Actions for CAC Chairs

- Consider amendments to Terms of Reference
- Familiarise and trial the use of the reporting template.
- Inform their CAC's and Liaison officers of the WA Department of Health Information Circular 'Fees for Western Australian Health Consumer Council of WA Representatives Payment'

Actions for HCC

- Provide ongoing support in the use of the trial reporting template
- Circulate 'Fees for Western Australian Health Consumer Council of WA Representatives Payment' details to CAC Chairs so that they can bring to attention of their health service and other CAC members.

9.5 Actions from Roundtable implemented at CAC level

Outcome from those actions

CAC Outcomes:

- Use trial reporting template to report on the areas of Access, Safety, Respect, Communication, Participation, Privacy, Comment and Consumers in Governance systems

HCC Outcomes:

September:

- July Forum group work collated and provided to CAC Chairs
- Designed new reporting template and provided orientation to its use
- Patient Passport circulated to all members as services are looking to design similar

November:

- Provided ongoing support in the use of the reporting template
- Circulated 'Fees for Western Australian Health Consumer Council of WA Representatives Payment' details to CAC Chairs so that they can bring to attention of their health service and other CAC members

OUTPUT/ DELIVERABLE 10: Consumer Representative Promotion at Community Events

Performance Indicator(s)

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 line with its' 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.

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

Performance Indicator(s)

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 Fiona Stanley Hospital.

11.2 Number of health professionals/providers that participated

A total of 27 health professionals and providers attended in person

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.

OUTPUT/ DELIVERABLE 12: Implement the recommendations of the Consumer Representative Programme Review

Completed