



SERVICE DELIVERY DATA REPORT

HEALTH CONSUMER SUPPORT SERVICE

Reporting period:

Year: **2017**

January to June

Organisation Name: Health Consumers' Council
Completed by: Pip Brennan
Contact Phone Number: 9221 3422

SECTION 1: SERVICE DELIVERY DATA OUTPUT MEASURES

1. CONTINUOUS SERVICE PROVISION FOR SERVICE ONE & TWO

- 1.1 The number of hours per week the service operated: 40
- 1.2 The number of weeks the service was operational during the reporting period: 25
- 1.3 If appropriate, description and explanation of any periods of time during the reporting period when the service was not available at 100% funded capacity:

Office closed 16/12/16 and reopened 3/1/17 for Christmas break.

Also closed for all WA public holidays including;

New Year's Day 1/1/17

New Year Holiday 2/1/17

Australia Day 26/1/17

Labour Day 6/3/17

Good Friday 14/3/17

Easter Monday 17/4/17

Anzac Day 25/4/17

Western Australia Day 5/6/17

SERVICE ONE - HEALTH CONSUMER: INDIVIDUAL SUPPORT

2. DESCRIPTION OF SERVICE USERS

KEY ELEMENT 1 – Individual Support

Was this Key Element selected as part of the service model in your Service Agreement?

Yes No

If yes, you are required to submit data for all of the tables under 2.1 and 2.2.

2.1 The number and characteristics of **individuals** who received Individual Support.

a) Gender

Gender	Number
Female	196
Male	126
Unknown	
TOTAL (<i>Total of all tables in 2.1 should be the same</i>)	322

b) Age

Age	Number
Under 20 years	14
20-29 years	27
30-39 years	49
40-49 years	45
50-59 years	40
60 years and over	58
Unknown	89
TOTAL (<i>Total of all tables in 2.1 should be the same</i>)	322

c) Ethnicity

Ethnicity	Number
Aboriginal/ Torres Strait Islander	20
Culturally and Linguistically Diverse Background <small>This includes those who self -identify that born overseas for countries other than Canada; Republic of Ireland; New Zealand; South Africa; United Kingdom; and USA.</small>	25
Other <small>This includes Australian born (<u>not</u> Aboriginal/Torres Strait Islander) and other main English speaking countries (Canada; Republic of Ireland; New Zealand; South Africa; United Kingdom; and USA)</small>	174
Unknown	103
TOTAL (<i>Total of all tables in 2.1 should be the same</i>)	322

2.2 The number of individuals who received Individual Support by health location/setting.
(Totals of all tables in 2.2 should be the same and equal that of 2.1)

a) Health Setting

Setting	Number
Public Health	195
Private Health	6
Public Mental Health	117
Private Mental Health	4
Unknown	0
TOTAL	322

b) Geographical Location

Location	Number
Perth Metropolitan Area	316
Rural, Regional and Remote Western Australia	6
Unknown	0
TOTAL	322

2.3 The number and type of presenting issues of individuals receiving Individual Support during the reporting period

(Individuals could present with more than one presenting issue – therefore the total will not equate to the total of tables in 2.1 and 2.2)

Type of Presenting Issue	Number
Health - Costs	27
Health - Rights	39
Health – Disputes Diagnosis/ Treatment	66
Health – Access Denied	60
Other	9
Mental Health - Costs	1
Mental Health - Rights	48
Mental Health – Disputes Diagnosis/ Treatment	33
Mental Health – Access Denied	31
Other – <i>please categorise</i>	8
TOTAL	322

3. SERVICES PROVIDED

KEY ELEMENT 1 – Individual Support

Was this Key Element selected as part of the service model in your Service Agreement?

Yes

No

If yes, you are required to submit data for all of the tables under 3.1 and 3.2. Submit data in table 3.3 if relevant to your service model.

3.1 The number and type of Individual Support during the reporting period

Occasions of Service - Type of Individual Support	Number
Telephone Support	1058
Home Visiting	
Online Support	
Face to Face	31
Formal Referral/Active Linkages	43
TOTAL	1132

KEY ELEMENT 2 – Information and Linkages

Was this Key Element selected as part of the service model in your Service Agreement?

Yes

No

If yes, you are required to submit data for all of the tables under 3.4.

3.2 The number and type of information and linkages during the reporting period

Type of Information and Linkages	Number
Information provision	233
Active linkages for non-users of the service	43
TOTAL	276

KEY ELEMENT 3 – Community Education

Was this Key Element selected as part of the service model in your Service Agreement?

Yes

No

If yes, you are required to submit data for all of the tables under 3.5.

3.3 The number and type of community education activities provided by the service and the number of people that attended.

Type of Community Education Activities	Number Provided	Total No Attending
Workshops/Training		
Consumer Voices	2	15
3/3/17 Safety and Quality Project Board - Consumer Consultation	1	8
Community Activities (e.g. promotional stalls at fairs and festivals)		
Orientation to HCC - information sessions to public	2	15
Heritage FM - Mind and Body Radio Program	3	150
20/2/17 ECU Joondalup Open Day	1	56
22/2/17 Curtin Open Day	1	87
23/2/17 ECU Mount Lawley Open Day	1	44
23/2/17 Notre Dame Open Day	1	44
28/2/17 Mental Health Matters Two 7 th Birthday Party celebration	1	45
23/3/17 LaSalle College	1	9
31/3/17 UWA Medical Student Careers Fair	1	25
24/4/17 Presentation at National Council for Women on HCC and health rights 24th April	1	24
15/5/17 Women of the World Wellbeing Expo - Beckenham	1	51
Cultural Engagement		
Health Rights and Responsibilities for CaLD at Herb Graham Centre - Mirrabooka	1	23
Health Rights and Responsibilities for CaLD in Katanning	2	19
Presentation re supporting cultural diversity in healthcare to Population and Global Health students at UWA	1	42
26/5/17 Sorry Day, Wellington Park	1	29
Other – please categorise		
11/4/17 Senate Inquiry Lunch and Learn – Australian Pelvic Mesh Support Group members	1	5
TOTAL	22	678

KEY ELEMENT 4 – Interagency Collaboration

Was this Key Element selected as part of the service model in your Service Agreement?

Yes

No

If yes, you are required to submit data for all of the tables under 3.6.

3.4 The number and type of activities that work towards interagency collaboration.

Type of Activity Working Towards Interagency Collaboration and Strategic Planning	Number
Number of projects or partnerships worked on with other agencies	
Diversity Dialogues forum planning with KEMH	1 meeting
Advance Care Planning for CaLD committee – developing appropriate booklet with DoH, Chung Wah Association, Umbrella	3 meetings
Food Coalition Committee addressing food insecurity in CaLD communities – lead by NMHS	1 meeting
Let's Talk Culture seminar series steering committee with DoH, MHC, Richmond Wellbeing and CrossCultural Intellect	3 meetings
WNHS Community Women's Health Services – Stakeholder Group	3 meetings
CaLD In-Patient Feedback Reference Group – NMHS, ASeTTS, AMEP	3 meetings
Refugee and Humanitarian Entrant Health Research Alliance (RAHERA)	2 meetings
Staff from ASeTTS re consumer engagement and inclusion	2 meetings
Development of Patient First information for CaLD – engagement with RUAH, OMI, DoH, ASeTTS, Multicultural Services Centre WA	1 meeting
Pelvic Mesh Support Group – Counselling Group with Women's Health and Family Services Northbridge – support group sessions	2 sessions
Cockburn Youth Health – Nurse Practitioner Clinic – Consumer Engagement	2 meetings
Donate Life HCC Partnership	1 meeting
KinChip Patient Information Systems Partnership	1 meeting
Number of relevant interagency forums or networks participated with	
Multicultural Advisory Forum - Department of Human Services and other service providers both government and non-government	1 meeting
Equal Opportunity Commission – New and Emerging Communities Committee	2 meetings
ECU Teaching Training & Clinical Governance Advisory Group	2 meetings
WACOSS Individualised Services Reference Group	1 meeting
Other	
TOTAL	31

SERVICE TWO - HEALTH CONSUMER: SECTOR SUPPORT

KEY ELEMENT 3 – Community Education

Was this Key Element selected as part of the service model in your Service Agreement?

Yes X

No

If yes, you are required to submit data for all of the tables under 3.5.

3.5 The number and type of community education activities provided by the service and the number of people that attended.

Type of Community Education Activities	Number Provided	Total Number of People Attending
Workshops/Training		
7/3/17 Preparing for Consumer Representation	1	5
Consumer Representative Introductory Skills Workshop (4 hours) 8/2, (11/4, 28/3 (Bunbury), 12/5 (Katanning), 31/5)	5	45
6/6/17 Consumer Rep Network Meeting	2	12
CAC Chairs Roundtable	3	23
HCC The Source Facebook group	1	17
Seminars/Presentations		
Presentation re engaging cross-culturally in healthcare to students at UWA – School of Population and Global Health	1	15
WA Health Graduate Development Program Induction 2017	1	14
Presentation on Patient Opinion (SMHS Board, AHS/EDs, Aboriginal Health Council of WA CEOs)	3	50
Panellist on Choosing Wisely National Meeting	1	170
Panellist on Medical Forum's Doctor's Drum - Transparency Panel Discussion	1	75
Community Activities (e.g. promotional stalls at fairs etc)		
Telehealth Week – WA Country Health Service videos	2	150
Cultural Engagement		
Presentation to staff at Osborne Park Hospital re engaging effectively with people from CaLD backgrounds	1	20
Consumer Representative Introductory Skills workshop for CaLD – Katanning, 12/5	1	10
Providing a better health service for Aboriginal people	1	3
Diversity Dialogues Forum – ‘What is Equal Opportunity and How Does It Support Equity and Diversity in Health Care Provision?’ and Alcohol, Drugs, Culture and Mental Health’	2	14
Supporting Cultural Diversity in Healthcare workshop for healthcare staff, consumer reps and CAC members	1	8
TOTAL		631

KEY ELEMENT 4 – Interagency Collaboration

Was this Key Element selected as part of the service model in your Service Agreement?

Yes

No

If yes, you are required to submit data for all of the tables under 3.6.

3.6 The number and type of activities that work towards interagency collaboration.

Type of Activity Working Towards Interagency Collaboration and Strategic Planning	Number
Number of projects or partnerships worked on with other agencies	
Alcohol & Other Drugs (AOD) Project	8 meetings
FSH Community Kiosk Project	7 meetings
HCC and Carers WA Liaison Meeting	2 meetings
HCC's Consumer and Community Engagement Program Review	1 meeting
Murdoch University Liaison	1 meeting
NGO Sector partnership catch-ups	15 meetings
Notre Dame Expert Advisory Board	2 meetings
PXW - Australia Visit Planning: Health Consumers Council	14 meetings
WA Health Translation Network (WAHTN)	4 meetings
WAPHA Liaison	6 meetings
WASGAC Collaboration meeting with Jim Morrison	1 meeting
RAHERA Student placement – UWA student to support collaboration with several providers to create resources	1 student
Number of relevant interagency forums or networks participated with	
ACHSM Health Leadership Forum	1 event attended
Advanced Care Plan Consortium meetings	2 meetings
Australian GP Accreditation and Licensing Stakeholder Dinner	1 meeting
AHCWA Patient Journey Survey	4 meetings
Arts and Health Consortium meeting	2 meetings
Consumer & Carer Reference Group (CCRG) Meeting 11/10/16	1 meeting
Health Complaints Advisory Group	1 meeting
Health Networks Leadership Form	1 meeting
Reconciliation WA	1 meeting
Royal Perth Hospital Standard 2 Meeting 8/8/16, 14/11/16	2 meetings
UWA SPPRC Meeting	2 meetings
WA Health leadership breakfast forum: Leadership for Safety and Quality – an uncompromising commitment	1 forum attended
WA Not-for-profit Landscape Report Launch	1 forum attended
TOTAL	80

3.7 Number of policy and information activities

3.7 The number and type of Policy Advice and Information activities – Needs Analysis (consultations).

Type of Policy Advice and Information Activities	Number of Activities	Number of Organisations Consulted
Urogynaecological Mesh Consumer Consultation – hosted for the Australian Commission on Safety and Quality in Health Care. Worked with the Commission and the Australian Pelvic Mesh Support Group	1	2
Pre-Clinical Senate Debate questionnaire to front line domestic violence agencies on what they would like to see health services do to better support victims.	1	24
TOTAL	2	26

3.8 Mechanism for Provision of Advice and Information

Mechanism for Provision of Advice and Information (through)	Number of Activities	Number of Instances
Consumer Representation* (HCC appointed) participation on Department committee or forum		
• <i>Advance Care Planning for the CaLD Community of WA</i>	1	2
• <i>Communicable Diseases Control Directorate: Case Management Panel Meeting</i>	1	2
• <i>Community Women's Health Services Stakeholder Group Meeting</i>	1	2
• <i>HSP Boards Professional Development Event, Wed, 5 April 2017 (full day)</i>	1	1
• <i>Women's and Newborns Health Service Family and Domestic Violence Advisory Group</i>	1	1
• <i>North Metropolitan Health Service CAC Review</i>	1	6
• <i>WA Health Safety & Quality Project Board</i>	1	7
• <i>WA Cancer Outcomes Registry steering committee meeting</i>	1	2
• <i>Peak Incident Review Committee</i>	1	2
• <i>Clinical Senate</i>	1	10
• <i>Collaborative for Health Care Analysis and Statistical Modelling (CHASM)</i>	1	2
• <i>Compassionate Care Project</i>	1	3
• <i>Health Networks Leadership Forum</i>	1	2
• <i>State Oral Health Advisory Council and Chief Dentist meetings</i>	1	5
• <i>WA Health Translation Network</i>	1	3
• <i>WA Health The incidence & costs of Injury in WA stakeholder briefing</i>	1	1
• <i>WA Accreditation Systems Review Consultation Forum</i>	1	1
Consumer Advisory- participation on Department Committee or Forum – where HCC provides general support		
• <i>EMHS Consumer Engagement Forum Project</i>	1	3
• <i>Information provided - Armadale Health Service CAC consumer representative query</i>	1	1
• <i>Information provided - Cyrenian House CAC education discussion</i>	1	1
• <i>Information provided - Esperance Hospital DHAC training</i>	1	1
• <i>Information provided - Rockingham/Kwinana Mental Health Service to establish a CAG</i>	1	1
• <i>Information provided - FSH for CAG education</i>	1	1
• <i>WACHS HREC re: member vacancy</i>	1	1

Participation on (other) committees or forums whose purpose is aligned with the Department's strategic priorities		
• <i>ATSI Implementation Plan for the National ATSI Health Plan 2013-2023 Consultation</i>	1	1
• <i>WAPHA Emergency Alternatives Campaign Consultation Forum</i>	1	1
• <i>Consultation Forum for Amendments to the Health Practitioner Regulation National Law</i>	1	1
Formal or documented responses to policy issues aligned with the Department's strategic priorities		
• <i>Foreword to the "You Matter" Consumer Engagement Framework document</i>	1	1
Meetings with (Department's) Minister, Ministerial staff and/or Department staff		
• <i>Meeting with Kerry Sanderson - briefing on Patient Experience, Patient First</i>	1	1
• <i>Medicinal Cannabis TGA Consultation</i>	1	1
• <i>WA Premier's Medicinal Cannabis Roundtable</i>	1	1
• <i>WA Premier's invitation to Partnership Roundtable</i>	1	1
TOTAL	32	69

3.9 Source and Number of Request for Policy Advice and Information

Source of Request for Policy Advice and Information	Number of Activities
Department of Health – Royal Street	
Take Own Leave	1 submission
East Metropolitan Area Health Service	
North Metropolitan Area Health Service	
Sexual Assault Guidelines	1 submission
South Metro Area Health Service	
Child and Adolescent Health Service	
State Government (other agency)	
Mental Health Bill Post-Implementation of the Mental Health Act Review	1 submission
Service (self-initiated)	
Reforms to Human Services, Productivity Commission Issues Paper	1 submission
ASQHS Heavy Menstrual Bleeding	1 submission
Long Acting Reversible Contraceptives	1 submission
Response to the Senate Inquiry into the complaints mechanism administered under the Health Practitioner Regulation National Law	1 submission
Submission to the Senate Community Affairs Legislation Committee inquiry into the Therapeutic Goods Amendment (2016 Measures No. 1) Bill 2016	1 submission
Urogynaecological Mesh Submission	1 submission
Comparable overseas regulators – medical devices	1 submission
TOTAL	10 Submissions

COMMENTS ON SERVICE DELIVERY DATA OUTPUT MEASURES

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SECTION 2: OUTCOME PROGRESS REPORT QUALITATIVE FEEDBACK ON OUTCOME MEASURES

SERVICE ONE - HEALTH CONSUMER: INDIVIDUAL SUPPORT

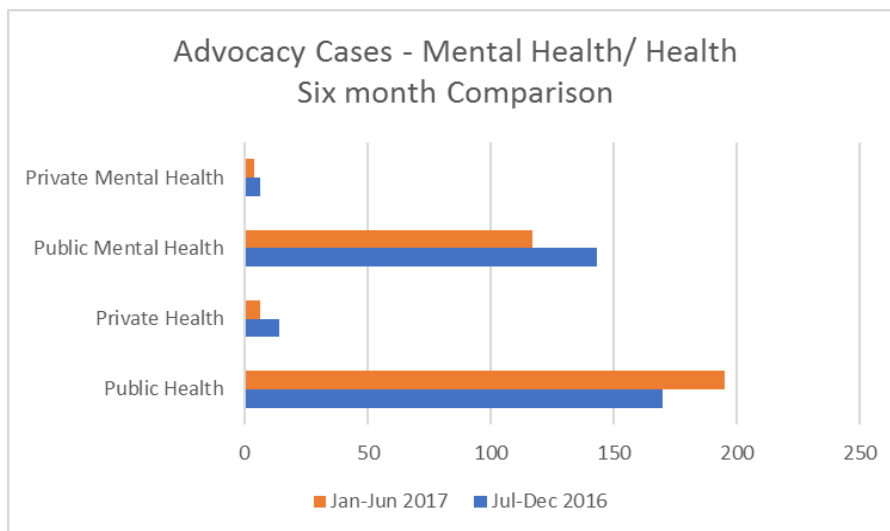
4 Health consumers are supported to effectively manage their own experience whilst utilising the Western Australian health care system.

4.1 The extent to which health consumers were supported to effectively manage their own experience whilst utilising the Western Australian health care system.

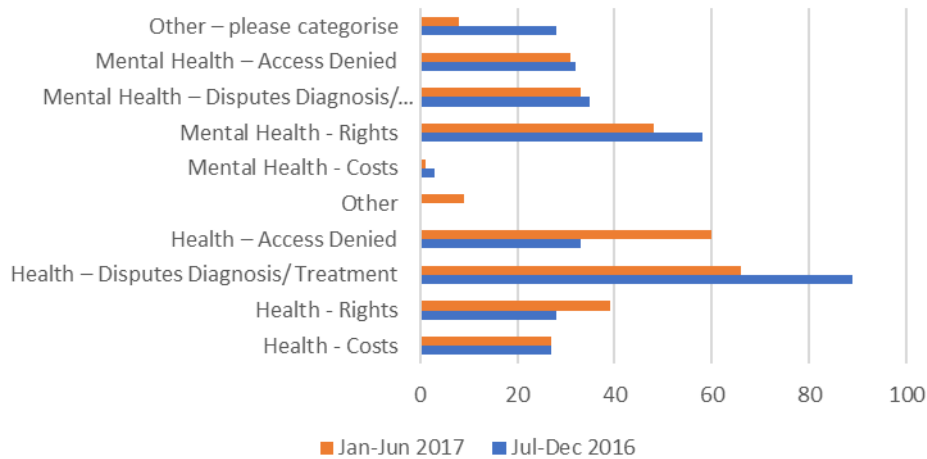
SERVICE ONE – INDIVIDUAL SUPPORT

Advocacy Service

In this reporting period, HCC saw a total number of 322 advocacy clients. 201 of these sought help for issues encountered in our health system, while 121 were voluntary mental health consumers. HCC appears to have seen a decline in the proportion of mental health advocacy clients in the wake of the Mental Health Advocacy Service extending the range of voluntary mental health consumers they are able to assist through permission of the Mental Health Minister. This trend is captured in the tables below which compare the previous six month reporting period with this current reporting period.

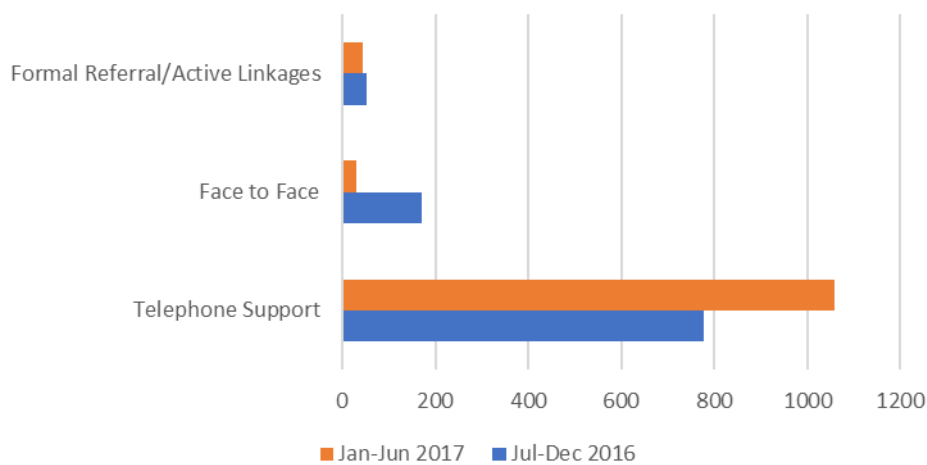


Advocacy Case Issues - Six Month Comparison



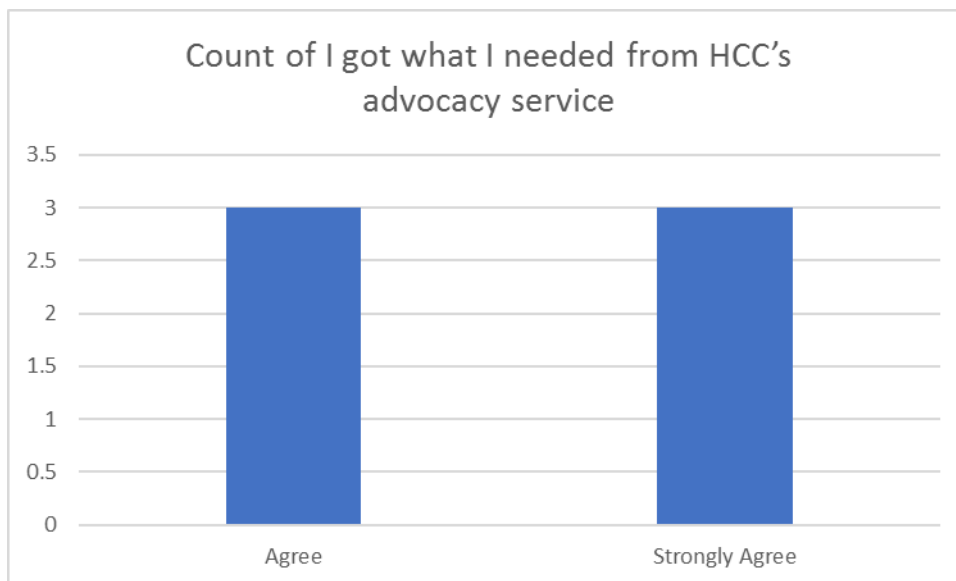
You will note in Table 3.9 that HCC provided a Post Implementation Review Report to the Mental Health Commission reflecting our experience in the first year of the Mental Health Act’s implementation which still reflected the July to December increase in mental health advocacy. This is attached as an appendix.

Individual Support



There has been a slight increase in the number of non-advocacy support calls HCC has provided in this contracting period compared to the previous six months. A reduction in face to face advocacy reflects the increasing workload and the preference for email and phone support to increase the number of people we can support:

Occasions of Service - Type of Individual Support	Jul-Dec 2016	Jan-Jun 2017
Telephone Support	779	1058
Face to Face	170	31
Formal Referral/Active Linkages	51	43
TOTAL	1000	1132



HCC continues to pursue advocacy outcome reporting. We have reviewed the way we have been capturing self-reported measures of advocacy outcomes from clients, and as a quality improvement we are now separating out the shorter, simpler cases from the more complex ones. We have trialed a simple survey for the shorter advocacy interventions but it can be difficult to balance a respectful and trust-building advocacy conversation with a “how did I do?” closer. We have implemented a simple survey which can be sent by email, but at present the rate of return is not high. We are investigating if we can implement a “stay on the line” automated questionnaire so it is not the advocate asking the question. If this is not financially feasible, we will trial another method of getting this feedback, perhaps working with volunteers to do this.

We have engaged a volunteer to undertake the calls to consumers who have had longer, more complex advocacy interventions and this work is currently underway. It has been difficult to source the right person and we will ensure a copy of this report is provided when available.

ADVOCACY CASE STUDIES

Carer seeking clarity about son's treatment

P contacted HCC seeking assistance to gain some clarity around the care and treatment provided by PMH of her son who passed away at home aged 12. P feels the treatment of her son was lacking and she was never given any answers to what happened or why. She was sent some forms from PMH which she was struggling to fill out on her own. Her son had epilepsy and she says was a normal healthy child until he picked up a virus at PMH at the age of 2. He then acquired a disability and became very unwell requiring numerous hospital admissions, and it was never explained to her what was wrong with him. She would also like help accessing his records under FOI. She was at a loss about how to proceed and seemed overwhelmed. An HCC advocate visited P, when the situation became much clearer. P has a lawyer who has been preparing a medical negligence case for several years which is soon to be heard in court. P explained that she has a slight intellectual disability and although the lawyer has been most helpful, she still doesn't understand what went wrong for her son. P would like HCC to help her gain a better understanding. The advocate completed the freedom of information form and has agreed to refer the records onto the volunteer medical students in the hope a clear timeline of her P's son's care and treatment can be compiled. The advocate will go through this timeline with P in the hope she can gain some understanding and closure.

Consumer not referred appropriately to domestic violence services

M presented to her GP for support around domestic violence perpetrated by her partner. The GP made a referral to mental health; believing this must be the pathway to domestic violence support, M left the GP's surgery feeling hopeful. Soon after, M was made an involuntary patient. M felt all her experiences as a victim of domestic violence were seen by the mental health treating team as delusions (specifically she was diagnosed as having a persecution complex). M spent several weeks in hospital, against her will with no referral to domestic violence support service. She decided that she would 'play the game' and instead of insisting she wasn't mentally ill, became compliant to treatment. She feels her compliance resulted in her discharge from hospital. M contacted HCC, now as a voluntary community patient, wanting advocacy to achieve her desire to be fully discharged from MH services. A HCC advocate attended an appointment with M's psychiatrist when there was a discussion around tapering off medication. The psychiatrist appeared reluctant at first but the advocate reiterated M's legal status as a voluntary patient which means M can refuse treatment at any time. The tapering off medication has now began and the advocate is due to support M in transferring care to a private psychiatrist which will mean a total discharge from the public service. It is M's wish to then cease all medication, with monitoring from her new doctor. M has expressed a desire to make a formal complaint once she is no longer a patient of the service. This complaint will focus of the lack of support and acknowledgement of her experience as a victim of domestic abuse. The response of the medical and mental health practitioners focused only on M's presentation and made no attempts to explore the domestic violence she had experienced, despite there being an array of services available in the community.

5 Health consumers are supported to participate, engage and partner with the Western Australian health care system as a result of their involvement with the service.

5.1 The extent to which health consumers are supported to participate, engage and partner with the Western Australian health care system as a result of their involvement with the service.

Online Health Literacy Initiatives

In the period of January to June 2017 health literacy education and self-advocacy tools have been shared and promoted online through our social media pages. This has been done predominately through the Health Consumers’ Council Facebook page as this platform is the most suitable to target health consumers. These types of posts are shared at least once a week. The following four are examples of the posts that have been shared, including the reach and engagement of those four posts. Screen captures of the posts are also available on the following pages.

Facebook Health Literacy Post Examples of Reach & Engagement

Month	No. of page likes	People Reached	Video Views	Reactions, Comments & Shares	Post Clicks
January	683	326	N/A	1	16
March	705	1220	N/A	40	44
April	733	881	N/A	29	51
June	861	5214	2299	135	277

To provide some context for the above posts please find the details of the Health Consumers’ Council Facebook Reach below:


Facebook Post Reach January – June 2017

Facebook Post Reach	Jan	Feb	Mar	Apr	May	Jun
Impressions (Post Viewed)	25591	16464	20755	21561	31445	19795
Engagement/Reactions (Post Clicks)	907	492	586	778	830	588
Total Reach (Unique Users)	17604	10385	13341	14010	19103	11870
Total Reach % increase/ decrease	Up 140%	Down 41%	Up 29%	Up 5%	Up 36%	Down 37.8%

Health Consumers' Council - WA
Published by Buffer [?] · 5 January · 🌐

'11 ways to make your GP appointment count'

- o Be responsible – Book ahead if you know you need a pap smear, injection, etc.
- o Ask the receptionist – Doctors have different areas of expertise and they can direct you to the right person to see
- o Don't waste time – Write down a list of things you want to talk to your GP about so you don't forget... See more



✔ **Get more likes, comments and shares**
Boost this post for \$7 to reach up to 340 people.

326 people reached Boost post

👤 Meredith Waters

👍 Like 💬 Comment ➦ Share 🔄 Buffer

326 People Reached

1 Likes, Comments & Shares

1 Likes	1 On Post	0 On Shares
0 Comments	0 On Post	0 On Shares
0 Shares	0 On Post	0 On Shares

16 Post Clicks

5 Photo views	0 Link clicks	11 Other Clicks 📈
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NEGATIVE FEEDBACK

0 Hide Post	0 Hide All Posts
0 Report as Spam	0 Unlike Page

Reported stats may be delayed from what appears on posts

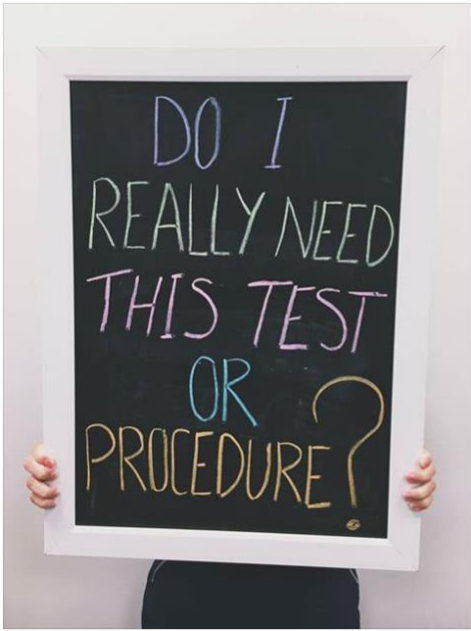
Example 1: 5 January – 11 Ways to make you GP appointment count

Health Consumers' Council - WA
Published by Buffer [?] · 30 March · 🌐

Questions to ask your doctor...

Do I really need this test or procedure?

Be informed, you have the right to be informed about treatment options and costs in a clear open way..... See more



1,220 people reached View Results

👤 25

👍 Like 💬 Comment ➦ Share 🔄 Buffer

1,220 People Reached

40 Reactions, comments & shares

31 Like	25 On post	6 On shares
1 Love	0 On post	1 On shares
2 Comments	0 On Post	2 On Shares
6 Shares	0 On Post	6 On Shares

44 Post Clicks

12 Photo views	1 Link clicks	31 Other Clicks 📈
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NEGATIVE FEEDBACK

1 Hide Post	0 Hide All Posts
0 Report as Spam	0 Unlike Page

Insights activity is reported in the Pacific time zone. Advert activity is reported in the time zone of your advert account.

Example 2: 30 March – Questions to ask your doctor, Do I really need this test or procedure?

Health Consumers' Council - WA
13 April · 🌐

Questions to ask your doctor... number 3!
Are there simpler, safer options?
Sometimes there are other options than surgery, these could be lifestyle changes including diet and exercise.... See more

881 people reached [View Results](#)

11 likes, 1 comment, 1 share

Like Comment Share Buffer

881 People Reached

29 Reactions, comments & shares

17 Like	11 On post	6 On shares
1 Love	0 On post	1 On shares
3 Comments	1 On Post	2 On Shares
8 Shares	1 On Post	7 On Shares

51 Post Clicks

7 Photo views	4 Link clicks	40 Other Clicks 📊
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NEGATIVE FEEDBACK

2 Hide Post	1 Hide All Posts
0 Report as Spam	0 Unlike Page

Example 3: 13 April – Questions to ask your doctor, Are there simpler safer options?

Health Consumers' Council - WA
Published by Jane Brown (?) · 15 June · 🌐

Do you live in regional WA? Have you heard of telehealth?
Telehealth means that you can attend an appointment over the phone, by video link in the comfort of your own home or local medical service.
Supporting regional health consumers towards a better patient experience!
This week is the inaugural Telehealth Awareness Week (June 12-16)! If you live in regional WA ask your health professional if you can access telehealth for your next appointment.... See more

5,214 people reached [View Results](#)

38 likes, 8 comments, 31 shares

Like Comment Share Buffer

5,214 People Reached

2,299 Video Views

135 Reactions, comments & shares

80 Like	37 On post	43 On shares
2 Love	1 On post	1 On shares
21 Comments	16 On Post	5 On Shares
32 Shares	31 On Post	1 On Shares

277 Post Clicks

26 Clicks to Play 📊	0 Link clicks	251 Other Clicks 📊
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NEGATIVE FEEDBACK

1 Hide Post	0 Hide All Posts
0 Report as Spam	0 Unlike Page

Insights activity is reported in the Pacific time zone. Advert activity is reported in the time zone of your advert account.

Example 3: 15 June – Have you heard of telehealth?

Community Stalls at Universities

The Health Consumers' Council participates at Orientation Days of Perth's major universities. At the information stall a simple exercise on health rights is provided to visitors. Their understanding of health rights is self-reported before and after undertaking the quiz.

The table below highlights that there is a shift from 35% of people agreeing that they have an understanding of their healthcare rights, to just under 60%.

I have an understanding of my Healthcare rights...	ECU Joondalup	Curtin	ECU Mt Lawley	Notre Dame	Total	Percentage %
Strongly Disagree	1	1	0	0	2	1.25%
Disagree	2	12	3	8	25	15.62%
Neither Agree nor Disagree	12	17	13	7	49	30.62%
Agree	14	26	10	6	56	35%
Strongly Agree	4	10	1	1	16	10%
Wasn't recorded	5	2	2	1	10	6.25%
After completing the quiz my knowledge of Healthcare Rights has increased...	ECU Joondalup	Curtin	ECU Mt Lawley	Notre Dame	Total	Percentage
Strongly Disagree	2	1	0	0	3	1.87%
Disagree	0	2	2	0	4	2.50%
Neither Agree nor Disagree	6	16	7	5	34	21.25%
Agree	23	38	20	14	95	59.37%
Strongly Agree	7	9	0	4	20	12.50%
Wasn't recorded	2	2	0	0	4	2.50%

Heritage FM

In partnership with the not for profit community radio station Heritage FM 107.3, HCC appears each month on the Mind and Body program they developed through consultation with our agency. The program runs for one hour each week on a Wednesday, with HCC appearing on the first Wednesday of the month. The episodes are posted on HCC's Soundcloud account <https://soundcloud.com/user-992850294>

04/01/2017	Rights & responsibilities – Women's Health with Pip Brennan & Emma Basc, Gosnells Women's Health and Family Services
01/02/2017	Healthcare for Culturally & Linguistically Diverse Communities – Louise Ford (no podcast available for this)
1/3/2017	Ways consumers can have a voice – Steph Newell
5/4/2017	Patient Experience Week Special – Pip Brennan
3/5/2017	Consumer-directed care, and the National Disability Insurance Scheme – what will it all mean? Tania Harris
07/06/2017	Patient Opinions Matter – Patient Opinion Website - Pip Brennan

Community Consultations

A new forum that encourages and supports consumer comment has been initiated; named Consumer Voices it has been held twice in this reporting period. It is informal with the aims of:

- Engaging consumers who may not wish to sit on a more formal board or committee
- Giving those who attend ownership by choosing the topic or subject matter of each forum and:
- Taking recommendations which will be fed on via HCC's website and other forms of electronic media as well as to appropriate service providers and/or departments

There is no formal membership of Consumer Voices, an attendance record is kept but people are free to attend forums as they find interest in the topic matter. In the future guest speakers may be invited if requested. The initial forum, held 23/3/17, was an introductory forum, the second, held on the 22/6/17 covered Men's Health as requested by attendees of the first session. The forum is held between 5.30 and 7.00pm to encourage people who work, or have other commitments during working hours, to attend.

Culturally and Linguistically Diverse Communities (CaLD)

Three Health Rights and Responsibilities Information Sessions for CaLD community members were held. These sessions provide people with basic information and are delivered with support from a highly pictorial power point to assist those with little or no English. These information sessions focus on the basic rights and responsibilities, and are not complex in order to assist concept development and to acknowledge that the health system here is vastly different from those in many other parts of the world. Those differences in themselves can make accessing services hugely challenging.

1. Karen and Burmese people who are clients of the Metropolitan Migrant Resource Centre. They were split into their language groups and interpreters were provided. A staff member from the Equal Opportunity Commission also attended, after being invited by HCC, to provide people with information about their rights in general.
2. Katanning Senior High School students, mostly Hazara and reported the reluctance of many GPs to use interpreter services with the outcome being they usually accompanied a parent to medical appointments in order to interpret. This is inappropriate and means they miss school time and are often not believed by teaching staff, thus the health concern also becomes an educational one.
3. Also in Katanning, adult women from several cultures including Filipino, Hazara and Karen.

Use or otherwise of interpreters was a key issue, with cost and availability both being factors. Other issues include whether they arrived as refugees, their understanding of 'Western' systems and methodologies, their level of English and whether or not they have previously had access to formal education.

A pictorial evaluation was provided for each session, people indicated their response to questions via a show of hands or ticking their choice of response. This information has been scanned and saved and is available on request. Overall results indicate that people gained knowledge from their attendance, would share what they learnt with family and friends and felt more confident about accessing healthcare services.

Patient Opinion

With the incoming new government, Patient Opinion has now been mandated for all public hospitals. HCC began advocating for this moderated platform's use since 2015 (see article below from January 14, 2016 from the online news site, WA Today below.)

A key feature of Patient Opinion is that it empowers the consumer to be able to provide feedback, both positive and critical, and allows them to reach the highest level of WA health services, and be able to participate in a conversation to improve the safety and quality of our health services.

HCC believes the impact of having an independent consumer advocacy body promote the use of the tool has been part of its success. No other state in Australia has all public hospitals as subscribers. HCC has hosted a number of education sessions for providers, for example in April when the CEO of Patient Opinion travelled to Perth to be part of Patient Experience Week. HCC has been able to watch the change in response to public feedback becoming more effective and patient centred as the number of stories increases. WA Country Health Services have just had their 100th story.

Health Consumers' Council of WA executive director Pip Brennan said Patient Opinion's immediacy, transparency and focus on the "whole cycle" supported "vital re-orientation" to place consumers at the centre of health debates.



Health debates need to be centred around the consumer, Health Consumers Council of WA executive director Pip Brennan says. Photo: Supplied

"Real wins in terms of better services, and less waste, can be achieved through the inclusion of the consumer voice," she said.

She said the single entry point removed the barriers people often faced in complex official feedback systems, which were often managed only from the perspective of providers and administrators.

The inclusion of positive stories was also valuable.

"Consumers are very grateful for the care they receive in their hour of need. Even stories which appear as negative feedback often have a mixture of positive and negative comments when looked at more closely," she said.

She called for the expansion of the pilot across the state.

<http://www.watoday.com.au/wa-news/wa-health-turns-to-patient-opinion-social-media-for-system-change-20160113-gm55af.html>

6 Health consumers are appropriately referred, when required, to other agencies in order to meet their needs.

6.1 The extent to which health consumers were appropriately referred to other agencies to meet their needs.

Type of Information and Linkages	Number
Information provision	233
Active linkages for non-users of the service	43
TOTAL	276

In this reporting period there were 43 people referred to other agencies. There are many different organisations which provide niche support to consumers and it can be very difficult for people to find the right agency. Our Advocacy Team regularly refer advocacy clients onto another service, using a warm referral process.

Referral example: HCC had a call from a family member who had issues with his father's treatment at a public mental health hospital. As there was a conflict between what the consumer and the carer wanted, we were not able to assist the carer and referred him to Helping Minds.

HCC is still receiving self-referral calls from consumers seeking involuntary mental health assistance, and on occasions health services are also incorrectly contacting HCC for involuntary mental health consumer advocacy. These callers are referred to the Mental Health Advocacy Service.

SERVICE TWO - HEALTH CONSUMER: SECTOR SUPPORT

7 Health consumers have the opportunity to be supported and linked to health consumer networks and partnerships in the Western Australian health system

7.1 The extent to which health consumers have the opportunity to be supported and linked to health consumer networks and partnerships in the Western Australian health system.

Consumer Representation:

Requests for Health Consumers Council staff representation have resulted in appointment to on hospital advisory committee (King Edward Memorial Hospital Family and Domestic Violence Advisory Committee) and appointment to a WA Primary Health Alliance committee of a culturally and linguistically diverse consumer was also facilitated during the quarter.

As at 30/6/17 HCC had 69 Consumer Representatives who are appointed to one or more health related committees. Ongoing support is provided to new and existing consumer representatives via email and social media (closed, moderated Facebook group) communication, and quarterly meetings of the Consumer Representatives Network and Community Advisory Committees Roundtable.

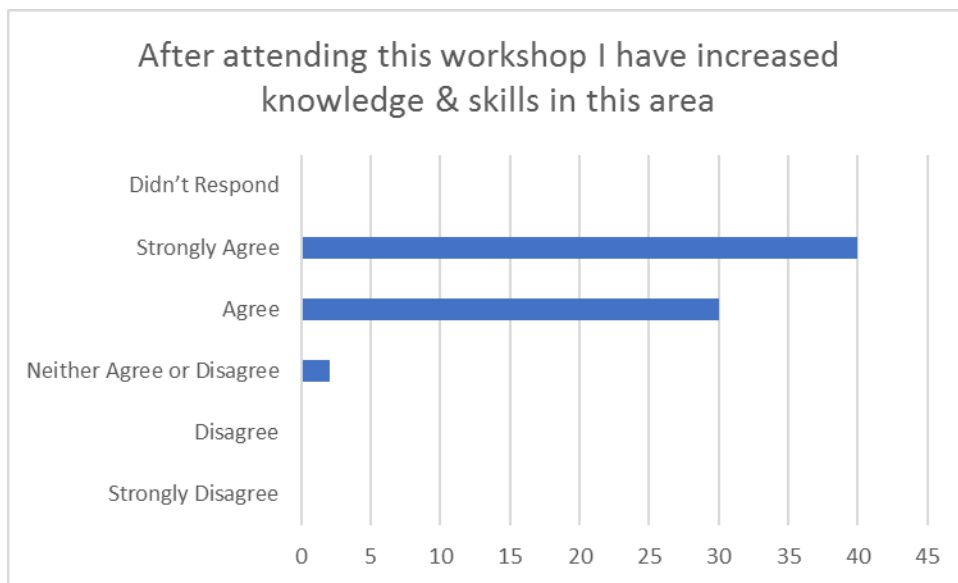
An extensive review of the support needs of health services and Consumer Representatives is planned for the second half of 2017.

Workshops and Capacity Building for Consumer Representatives:

Three Consumer Representatives Introductory Skills workshops were conducted during the quarter in the metropolitan area with 23 people completing the course. Additional sessions were held in Bunbury and Katanning.

Impact of HCC workshops

Evaluations across all HCC workshops noted that 94% of attendees either strongly agreed, or agreed that after attending an HCC workshop, their knowledge and skills in the area had increased.



Workshops and Capacity Building for Consumer Representatives:

Evaluations from both the Consumer Representative Introductory Skills and Preparing for Consumer Representation workshops in this reporting period indicate that 94% of attendees:

- Identified ways to build on their skills and knowledge
- Felt that resources provided were relevant and useful
- Would be better able to engage with the health system

The majority of participants were able to identify at least three things they would do differently after attending the workshop. For example, one participant said that they would undertake more community discussion on health matters, engage in systemic advocacy and be more aware of the needs of other cultures, particularly Aboriginal people, who reside in their community.

Health Service Provider Boards

HCC's Executive Director has worked closely with the new Boards, in particular North, South and East Metropolitan Health Services. Engagement started with meetings with all Chairs and has progressed to different strategies to support the HSPs in consumer engagement activities. For example, East Metropolitan sought HCC input in their development of consumer engagement strategies. HCC supported the North Metropolitan Health Service review of their Consumer Advisory Committees and currently sits on their newly formed Consumer And Stakeholder Engagement Working Party. Child and Adolescent Health Service Board requested a presentation on consumer engagement and South Metropolitan Health Service requested a briefing on Patient Opinion.

Refugee and Humanitarian Entrant Health Research Alliance (RAHEHRA)

In the latter half of 2016 the Refugee and Humanitarian Entrant Health Research Alliance (RAHEHRA) was initiated by the Consumer and Community Engagement Program. Group members consist of academics, medical practitioners, community members, government employees (e.g. Department of Human Services, Cultural Diversity Unit at Department of Health) and staff from various NGOs. The purpose is to:

- Undertake research into the health care needs and experiences of people from CaLD/new and emerging communities to promote and encourage their perspectives and ensure their needs are made known to providers and funding bodies
- Encourage greater communication and interaction across professions and communities
- Assist in the development of networks
- Support and encourage equity in health service delivery
- Provide a consumer voice for vulnerable members of WA's population
- Provide feedback to the Department and Area Health Services

Two meetings have been held in 2017 and were well attended by a mix of people from the above areas. The Terms of Reference have been finalised and a student from UWA is currently on practicum and beginning some initial research.

The Manager of the CCE Program sits on committees which have a focus on CaLD and new and emerging communities. Her role is to provide information, advice and specific suggestions regarding working and engaging with people from the above populations and to assist with gaining input from people in those cohorts. To ensure information is up to date she will recruit people who work with communities or who are community members e.g. a staff member from Koondoola Integrated Services Centre now sits on the Food Security Committee (NMHS), while a member of the Dinka (Sudanese) community sits on the North Metropolitan Public Health and Ambulatory Care (NMPHAC) WA TB Control Program. He is also now connected to WAPHN and is a CaLD Consumer Advisor with them.

Diversity Dialogues Forums are made up of community members and people who work closely with communities, the panel for the Forum on equal opportunity consisted of an Aboriginal woman, a woman from East Africa and two staff from the Equal Opportunity Commission, one an expert on Systemic Advocacy. Those who attend the forums are able to network with panel members as well as fellow health care staff and thus develop links to assist with policy development, delivery and review of services.

8 The Department of Health and Area Health Services are assisted to facilitate and promote active engagement with health consumers in the planning, delivery and review of health services.

8.1 The extent to which the Department of Health and Area Health Services are assisted to facilitate and promote active engagement with health consumers in the planning, delivery and review of health services.

Transvaginal Mesh

In January of 2017, the Australian Commission on Safety and Quality in Health Care convened a Reference Group to investigate the emerging issue of patient harm from the use of transvaginal mesh implants for pelvic organ prolapse and stress urinary incontinence. HCC first became aware of this issue in 2016 when meeting with equivalent health consumer councils in Australia. Queensland Health referred the issue to the Commission to establish the Reference Group.

The founder of the private Facebook self-help support group, Australian Pelvic Mesh Support Group, Caz Chisholm lives in Perth. Advice was sought as to her interest in being the consumer representative, however she declined as she did not agree with the terms of reference as banning mesh is her main desired advocacy outcome. Instead it was negotiated that she would support the Executive Director of HCC to be a Consumer Representative on the Reference Group. This new model of private Facebook group providing a consumer representative network has been an effective approach and one well worth repeating. The membership of this group sat at 400 at the beginning of the year, but after the announcement of the current Senate Inquiry into the issue, and significant media interest, including a segment on Channel 10's The Project on 7th April 2017, membership is now more than 1000 women. All the Health Consumers' Councils across Australia partnered to develop an anonymous survey of women who had been affected by mesh, which was hosted by Health Issues Centre Victoria and financially supported by boosted Facebook posts by most jurisdictions via the Health Consumers Council network. At the close of the survey, more than 2,000 women has responded. This has been a key initiative as the scale of the problem has been obfuscated through the barriers women have faced when trying to access treatment for the many life-altering, permanent consequences they have suffered. For example, the Therapeutic Goods Administration has only received just over 100 reports of concerns about mesh implants, despite the fact that many women have had multiple revisions of surgery after the implant surgery, which should trigger a TGA report.

A consumer information sheet was created by all the Health Consumers' Councils and distributed to WA Health.



Health Consumers' Council's Consumer Excellence Awards were announced in April 2017 to coincide with Patient Experience Week, and Caz Chisholm received both the Consumer Excellence and the Rosemary Caithness Award for her part in ensuring a Senate Inquiry has been convened to examine the topic, as well as establishing the Australian Pelvic Mesh Support Group Facebook page.

Culture and Diversity

With increasing cultural diversity in WA's population (see 2016 Census results) it is important in terms of access and equity of health service provision that providers are made aware of the need to support people of culturally and linguistically diverse backgrounds.

Supporting Cultural Diversity in Healthcare Workshops

With increasing cultural diversity in WA's population (see 2016 Census results) it is important in terms of access and equity of health service provision that providers are made aware of the need to support cultural diversity in healthcare. This includes not only the way in which we deliver services but also the way in which we provide environments and materials that reflect cultural awareness and respond to the demographics of particular areas.

This workshop assists health care staff, consumer representatives, CAC members and others engaged in the health arena to develop awareness and understanding around creating a 'user friendly' environment. It includes the use of materials such as the Universal Symbols in Health Care, and discussing and developing strategies to support consumer engagement and a positive consumer experience in healthcare.

Overall evaluation data reflects that over 80% of those who have attended the workshops consider they have:

- Increased their knowledge
- Identified ways to build on their skills/knowledge
- found the handout materials relevant and useful
- improved knowledge and skills after attending
- Would use interpreters more often
- Increased their awareness of their own "cultural lens"
- Increased their ability to locate useful and relevant resource and:
- that they would recommend the workshop to others

The workshop is free of charge and is open to health professionals as a means of developing both awareness and strategies for engaging cross culturally and providing user friendly and equitable services for all.

The specifics of how health service providers changed their attitude or practice included: having greater awareness of other culture's needs, consulting more, being more patient, thinking outside the box, not assuming as much, being more helpful, being more understanding and realising that different people have different cultural beliefs about things.

Clinical Senate

HCC continues to serve on the Clinical Senate Executive Advisory Group. For each debate, HCC is instrumental in guiding Clinical Senate staff to how to find the right person to provide the consumer presentation, if relevant, at each debate. For example, the Clinical Senate debate on Homelessness required an innovative approach to link with a well-supported consumer. HCC linked the Clinical Senate with the not for profit sector, a key provider in this space and a well-supported consumer was sourced through this means. As usual the consumer presentation set an important tone for the day and its recommendations.

9 The Department of Health and Area Health Services are informed on emerging trends and issues affecting health consumers.

9.1 The extent to which the Department of Health and Area Health Services are informed on emerging trends and issues affecting health consumers.

Further development work on HCC's outcomes reporting is required in this area to better measure how informed health services report being. However, these are key areas where HCC has been able to support the Department of Health and Area Health Services on emerging trends and issues affecting health consumers.

Transvaginal Mesh

This issue has already been covered, but HCC continues to work with key stakeholders such as the Chief Medical Officer to provide updates as this issue develops.

Aboriginal Patient Journey

HCC's partnership with the Aboriginal Council of WA to develop an interagency Aboriginal Patient Journey Forum led to the support of the WA Medicine Safety's Advisory Group in how to tackle the problems of discharge medications for Aboriginal patients who are from rural areas and are not being discharged back to their regular health care provider.

Diversity Dialogues Forums

Diversity Dialogue Forums allow health staff, consumer representatives and CAC members to have the opportunity to directly engage with members of new and emerging communities and/or those who work closely with them. This interactive forum allows people to better understand current concerns and barriers for CaLD communities in accessing healthcare. One ongoing area of concern is the under-use of interpreters by healthcare providers, including GPs. Summaries and recommendations from the forums are provided to all who attend as well as to HCC's ED who can raise them at appropriate meetings and with appropriate personnel. In this way the information gained is fed back to the Department and to Area Health Services. Summaries of the Forums are also published on our website at <http://www.hconc.org.au/diversitydialogues/>

Consumer Voices

As previously mentioned, this forum requests people to provide recommendations re actions that can be undertaken to improve service provision. Recommendations will be promoted via appropriate channels including HCC's website, by being raised at meetings and raised with appropriate personnel, agencies and departments.

ADDITIONAL INFORMATION AND FEEDBACK FOR SERVICE ONE AND TWO

10 ADDITIONAL FEEDBACK IMPACTING ON SERVICE DELIVERY

10.1 Were there any factors that affected delivery of the service during the reporting period (ie. contributed to the success or limited success)?

The major WA Health Service Reform of 2016 has led to some changes and even interruptions to relationships and projects in the short term, however the new opportunities are now emerging with the Health Service Providers and the System Manager bode well for more effective engagement and supporting of cultural change by HCC activities. It does however require liaison with six separate legal entities – the five Health Service Boards and the System Manager. A key focus for HCC will be in bringing health services together, e.g. each health service is re-creating their own consumer engagement framework rather than sharing work across the different Health Services.

Funding constraints continue to affect HCC as all NGOs, and the increasing demand of voluntary mental health consumers in our mental health wards has put some pressure on our Advocacy team. HCC is continuing to work with key agencies such as the Mental Health Advocacy Service to ensure that the newly mandated availability of advocacy services to mental health consumers can be adequately supplied. HCC sought funding from the Mental Health Commission to undertake voluntary mental health advocacy but was unsuccessful.

Informally, Program staff have been told that some health care providers are not releasing staff to attend training. This has the potential to impact on the uptake of HCC's training.

10.2 Are there any emerging trends or issues that will impact on the delivery of your service in the next reporting period – what do you expect that impact to be and what strategies will be put in place to respond (not seeking information on general community issues just those that affect your service delivery).

The Sustainable Health Review of 2017-18 will involve HCC significantly and may impact on how key committees have been supported. HCC aims to innovate as much as possible on how the community is engaged in the course of this Review, despite the significant time restraints.

In November of 2017 the new Standards will be released by the Australian Commission on Safety and Quality in Health Care, and further training will be required to meet the needs of the health sector. HCC intends to launch a new Standard Two training session in early 2018, disseminating the material by the Commission and providing opportunities for WA Health staff to receive training from consumers and continue to enhance their skills in consumer engagement.

10.3 Has there been any change (or do you anticipate any) to the service model (including the Key Elements and Service Activities) that your organisation submitted in the Offer to the Department of Health?

Yes

No

Your Contract Manager will be in contact with you to discuss any changes.

SECTION 3: DISCLOSURE REQUIREMENTS – INSURANCE

As part of the funding arrangements, organisations are required to confirm they have the required insurances in place as specified in the Service Agreement Details. Services are required to complete the following table to confirm that their organisation is complying with this requirement and have the relevant insurances in place.

Please refer to the insurance provisions (including limitations) in your Service Agreement document.

Insurance Type:	Insurer	ABN	Policy No.	Insured Amount	Expiry Date	Exclusions (if any)
1. Public Liability Insurance	Berkley Insurance Australia	93004727753	2016112-0272 BIA	20 Mil	30/11/17	N/A
2. Professional Indemnity	Berkley Insurance Australia	93004727753	201612-0266 BIA	20 Mil any one claim 40 Mil in aggregate	30/11/17	An act, error or omission of a Medical Practitioner, Midwife or Dentist in their capacity as an employee Medical Treatment arising from failure to provide medical diagnosis, treatment or supplying medication that breaches any federal health or medical laws
3. Workers' Compensation including common law liability of \$50 million	Zurich Australian Insurance	13000296640	262309P GWC	50 Mil Common Law	30/11/17	
4. Personal Accident Insurance for Volunteers	AFA Pty Ltd	83067084333	5575005	1 Mil	30/11/17	
5. Motor Vehicle Third Party Liability.	Allianz Insurance	15000122850	21-0527315-DVC	\$11,800 Comprehensive Agreed Value	9/2/18	
6. Other Business Insurance	AIG Australia Limited	93004727753	9637274 CMB	Replacement Value	30/11/17	Management Liability, Loss or spoilage of stock, Outstanding accounts receivable, Building, Public & product liability
6. Other Fair Work Cover & Practice Indemnity Insurance	QBE Insurance	78 003 191 035	33EM190 18DOL	\$2 Mil in aggregate	24/5/18	

3.10 Other

Key projects and initiatives funded through other sources

Patient First Project

HCC has been partnering with WA Health’s Quality Improvement and Change Management Unit and Carers WA to implement the Patient First project. Specifically, HCC has developed the education tool for delivery by HCC to the pilot site, initiated an evaluation strategy for the pilot sites and conducted an education session at Collie Hospital to key staff to conduct the initial pilot.

Patient First for CALD, Aboriginal

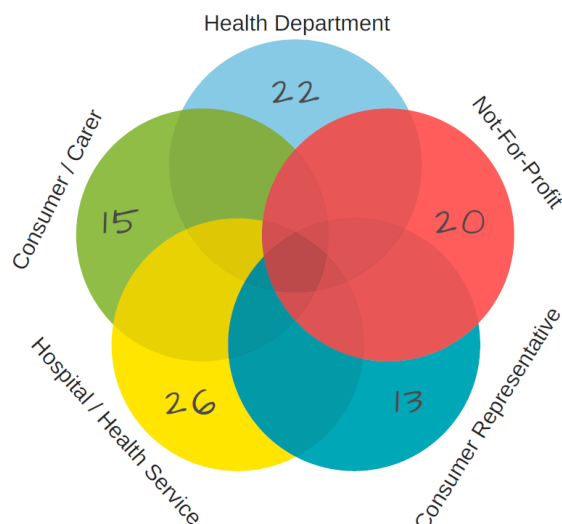
An abridged version of Patient First is currently being developed for CALD communities and Aboriginal patients. Drafts are being developed for further feedback, this will be progressed after the first pilot round.

Patient Experience Week



- On Thursday 27th April, HCC convened a Patient Experience Week Community Forum. 99 people attended from 140 registrations. The keynote speaker was Jason Wolf who attended from the US and two workshops were held to discuss what matters to you about the patient experience and patient experience improvement priorities.
- Health Consumer Excellence Awards closed the day. A copy of the program will be available for all Board members.
- On Friday 28th April Jason Wolf co-presented with WA Health’s Simon Towler to a packed Australasian College of Health Service Management Health Leadership Breakfast, announcing the feedback from the Forum.
- A copy of the Patient Experience Week 2017 Report has been provided as an addendum to this report.

WHO WAS THERE?



What's Important to you? Themed feedback presented at Leadership Breakfast

- **TRANSPARENCY** (What is happening? Individual > Service > System)
- **PARTNERSHIP** (Patients, consumers, carers included in decision making, service & system design)
- **BEING LISTENED TO** (Being listened to, time for conversations and to ask questions, developing positive change from being heard)
- **SAFETY** (That I and my carers feel safe, I'm treated by competent clinicians, that I know my patients feel safe)
- **EQUITY** (Avoiding stereotypes, respecting individuality and culture)
- **CHOICE** (I know the options and I'm empowered to make them)
- **PERSON & FAMILY FOCUSED** (That I feel like a person not a number, holistic approach, family focused)

Evaluations 2016 and 2017

2017 Evaluation	Four to Five rating
I have built on my understanding of the Patient Experience from both patient and provider perspectives	94%
The keynote presentation increased my understanding of best practice patient initiatives	92%
Overall, attending this event helped me build on my understanding of the Patient Experience	91%
2016 Evaluation	Four to Five rating
Able to engage more effectively	66%
Ways to build on knowledge	69%
Presenters knowledgeable and articulate	88%

Next Steps:

- HCC is continuing to work with health services, connecting where possible with front-line clinicians working on patient experience improvement projects.
- HCC is working with WAPHA to use their Primary Health Exchange platform to build a virtual patient experience community of practice
- Patient Opinion is also an identified strategy from the Forum and will continue to be promoted. HCC is considering partnering with Patient Opinion to co-locate a staff member in WA, pending funding.

Let's Talk Culture Seminar Series

Whilst this Series is not funded by the DoH or is part of HCC's contract it has a significant role in providing education, engagement and networking opportunities to health care providers. Although its focus is mental-health it contains information from community/consumer perspectives as well as service providers. It is also the result of engaging with other stakeholders and building on existing networks and alliances to develop partnerships with the aim of informing/educating providers and thus improving health service provision via increased understanding and cultural competency.

END OF REPORT