



SERVICE DELIVERY DATA REPORT

HEALTH CONSUMER SUPPORT SERVICE

Reporting period:

Year: **2018**

X

Organisation Name: Health Consumers' Council
Completed by: Pip Brennan
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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: 26
- 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 22/12/17 and reopened 8/1/18 for Christmas break.

Also closed for WA public holidays including;

26/1/18 – Australia Day

5/3/18 – Labour Day

30/3/18 – Good Friday

2/4/18 – Easter Monday

25/4/18 – Anzac Day

4/6/18 – WA Day

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	194
Male	106
Unknown	2
TOTAL <i>(Total of all tables in 2.1 should be the same)</i>	302

b) Age

Age	Number
Under 20 years	39
20-29 years	16
30-39 years	41
40-49 years	28
50-59 years	50
60 years and over	83
Unknown	45
TOTAL <i>(Total of all tables in 2.1 should be the same)</i>	302

c) Ethnicity

Ethnicity	Number
Aboriginal/ Torres Strait Islander	12
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>	219
Unknown	46
TOTAL <i>(Total of all tables in 2.1 should be the same)</i>	302

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	181
Private Health	7
Public Mental Health	105
Private Mental Health	2
Unknown	7
TOTAL	302

b) Geographical Location

Location	Number
Perth Metropolitan Area	300
Rural, Regional and Remote Western Australia	2
Unknown	0
TOTAL	302

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	19
Health - Rights	37
Health – Disputes Diagnosis/ Treatment	70
Health – Access	50
Health – Access to records	16
Other	0
Mental Health - Costs	0
Mental Health - Rights	41
Mental Health – Disputes Diagnosis/ Treatment	39
Mental Health – Access	21
Mental Health – Access to records	9
TOTAL	302

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	1316
Home Visiting	
Online Support – including email	
Face to Face	100
Formal Referral/Active Linkages	64
TOTAL	1480

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	375
Active linkages for non-users of the service	81
TOTAL	456

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		
Health Rights & Responsibilities for Culturally and Linguistically Diverse communities at Carlisle TAFE 15/2/18	1	115
Health Rights & Responsibilities for CaLD at Adult Migrant Education Program (AMEP) Langford	1	11
Health Rights & Responsibilities for CaLD at AMEP East Fremantle	1	19
Health Rights & Responsibilities for CaLD at AMEP South Metro	1	70
Health Rights & Responsibilities for CaLD at AMEP Thornlie	1	100
Health Rights Presentation to CaLD/refugee clients and staff at Centrecare 24/4/18	1	17
Seminars/Presentations		
Health Rights and Ethics Presentation Murdoch University - student presentation	1	200
Armadale Health Service + WAPHA Patient Forum on Chronic Disease	1	85
Orientation to the HCC	1	6
Community Activities (e.g. promotional stalls at fairs and festivals)		
Notre Dame University O-Day	1	26
Harmony Day	1	12
Wirrpanda Foundation – Ken Wyatt Cup	1	15
Information Sessions		
Pakistan Community Presentation by Abid – volunteer from Pakistan to several of his community members with information on their rights and responsibilities	1	5
Cultural Engagement		
Career Pathways for Refugees – At Work Australia – Mt Lawley Golf Club	1	17
TOTAL	14	698
Other – Radio		
ABC Radio – Life Matters 1/2/18 - http://www.abc.net.au/radionational/programs/lifematters/do-you-need-a-patient-advocate/9378426		
Heritage FM Radio - Mind and Body Radio segment 7/3/18 & 4/4/18 & 2/5/18 & 6/6/18		
Radio National - The People vs Sin Taxes http://www.abc.net.au/radionational/programs/the-people-vs/the-people-vs-sin-taxes-and-the-nanny-state/9775936		

KEY ELEMENT 4 – Interagency Collaboration

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

Yes

No

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	
Patient First Health Literacy Materials – Project wrap-up	1
Health Consumer Peaks Forum 22/1/18	1
Why do people become involved? Inaugural Research Reference Group Meeting	4
Number of relevant interagency forums or networks participated with	
TOTAL	6

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 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		
Introduction to Consumer Representation	1	7
Advanced Consumer Representation	1	5
Standard Two - Working with Health Consumers Workshop with SCGH Senior Nurses	1	25
Supporting Cultural Diversity in Healthcare workshop 14/2/18	1	10
Seminars/Presentations		
Criterion Conferences - National Commission for Safety and Quality in Health Services Conference - Implementing the New Standards	1	85
2018 WA Health Graduate Induction presentation from Health Consumers Council	1	17
School for Change Agents	5	24
Consumer Representative Networking Event	1	15
Aboriginal Visitors Scheme Presentation/Training	1	5
Perth Children's Hospital – presentation	1	12
Australasian College of Health Service Management Conference - Panellist	1	90
Community Activities (e.g. promotional stalls at fairs etc.)		
Community Conversation - Medical Kids - Bunbury	1	15
Community Conversation – Kalparrin – for parents of children with health and disability needs	1	5
St John of God Midland Closing The Gap Morning Tea	1	50
Forums		
Diversity Dialogues Forum at Department of Health focusing on Advanced Care Planning	1	30
Diversity Dialogues Forum with Multicultural Youth Advocacy Network WA (MYAN WA) 16/2/18	1	47
Cultural Engagement		
HCC's Aboriginal Reference Group	2	10
Facilitate consultation process – SJOG Midland and local Aboriginal community	2	20
Presentation on Social Wellbeing to the South East Multicultural Network 30/5/18	1	33

Promoting Advance Care Planning (ACP) resources for CALD communities in WA	1	15
Other		
TOTAL	26	520

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	
REACH Study – reaching economic alternatives that contribute to health	1
My Health Record WAPHA HCC Engagement	6
Meeting with Mental Health Law Centre (MHLIC) to discuss State Administrative Tribunal cases and support for consumers	2
Prevention of Violence Against Women partnership conversation	1
WA Deaf Society Meeting	1
People with Disabilities, Disability Health Network - new partnership project to develop health literacy tools funding application	2
KinChip – paediatric health and human services data app meeting	2
Culturally and Linguistic Diversity Think Tank - Mission Australia	2
Meeting with Ethnic Communities Council WA (ECCWA) staff member re Ethnic Advocacy Support Team (EAST)	2
Patient Opinion	4
WA Health Translation Network Consumer and Community Involvement Liaison - Consumer Involvement in Research - Why do people get involved? Research Project	5
Aboriginal Family Support Services – Women’s Health and Family Services Liaison (Averil Scott)	1
Telehealth Awareness Week 2018 Marketing Campaign 2018	1
Number of relevant interagency forums or networks participated with	
UWA – evaluation of ATSI programs	1
Respiratory Health Network EAG	2
WACOSS New Year Sector Breakfast	1
HBF & HCC meeting between Pip Brennan & John Van Der Wielen	1
International Women’s Day 2018 Event – celebrating 80 years	1
Consumer Protection Awards 2018 presentation ceremony	1
Advocacy meeting re people stuck in EDs and other systemic issues	1
Tour of RPH Homeless Health	1
Health partnering workshop for NHMRC application - Melbourne	1
WA Association for Mental Health CEO Catch-up	1
Annual Palliative Care WA Breakfast - National Palliative Care Week 2018	1
State Health Consumers Council Peaks Call	3

Meeting with Fremantle Women's Health CEO	1
Meeting with NSW, SA, Victoria Health Consumers Councils	1
Meeting with NSW, SA, UNSW and Choice	1
Aboriginal Health Council of WA State Sector Forum attendance	2
Science on the Swan Forum	1
Belong Program: TAG	1
CaLD and Disability Services Interagency Network March and June 5 th 2018	2
2017 Cultivating Leadership Program Graduation	1
TOTAL	55

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 Consumers Consulted
WA Men's Health Policy Consultation	1	60
SJOG Midland Community Conversation	2	12
Chronic Health Forum	1	60
Prison Health Care – Bandyup, Casuarina, Melaleuca, Hakea	5	72
Human Reproductive Technology Act and Surrogacy Act Forum	1	15
Human Reproductive Technology Act and Surrogacy Act, LGBTIQ Forum	1	15
Consumer Meeting - National Strategic Approach to Maternity Services	2	4
Death Policy consultation for the Patient Safety Surveillance Unit	1	6
Stillbirth Inquiry Submission	1	3
Consumer Meeting - Pam Gardner re MH and Recovery Colleges	1	1
Mesh Inquiry follow-up, including Mesh Clinic Meetings, national teleconference, liaison with Chair of Inquiry, - King Edward Hospital	4	3
TOTAL	20	251

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		
Sir Charles Gairdner Hospital Community Advisory Council meeting	1	5
Sir Charles Gairdner Hospital Community Advisory Council meeting with Perth Children's Hospital CAC	1	10
Child and Adolescence Health Services CAC Meeting	1	3
Royal Perth Hospital CAC meeting	1	1
Armadale Kalamunda Group – to discuss Community Advisory Council	1	1
North Metropolitan Health Service Board – Community, Clinician & Stakeholder Engagement working party	1	3
Safety and Quality Senior Leadership Reform Group Meetings for 2018	1	2
Health Networks Leadership Forum	1	2
WA Men's Health & Wellbeing Policy Reference Group Meeting, Advisory Group Meeting	1	2
State Oral Health Advisory Council Meeting	1	1
Family and Domestic Violence Advisory Group meeting	1	2
WA Preventative Health Summit - Action on Obesity and Alcohol. What Needs to Change?	1	1
Collaborative Health and Statistical Modelling Governance Committee Meeting	1	1
Clinical Senate Executive Advisory Group Meetings and Debates	2	6
Focus Group invitation - Independent review of the Clinical Senate	1	1
Meetings re Fiona Stanley Family Birth Centre	1	10
Arts and Health Consortium Meetings	1	2
New and Emerging Communities Reference Group meeting – Equal Opportunity Commission	1	1
Consumer Advisory- participation on Department Committee or Forum – where HCC provides general support		
National Advanced Care Planning Reference Group	1	2
Staff and Consumer Engagement Officer at Child and Adolescent Community Health (Marianna Donlin)	1	1
Fiona Stanley Hospital - Aboriginal Liaison Officer team catch up meeting	1	1
Outpatient App - WA Health briefing	1	1
Participation on (other) committees or forums whose purpose is aligned with the Department's strategic priorities		
National Empowerment Program / Aboriginal Aged Care and Community Hub Community Reference Group meeting	1	3
Perth Aboriginal Suicide Awareness (PASAN) meeting	1	1
Aboriginal and Torres Strait Islander Advanced Care Planning Working Group meeting	1	3
Australian Digital Health Agency Forum	1	2
Codeine Rescheduling Update	1	1

University of Western Australia - Installation of 15th Chancellor	1	1
School of Medicine Fremantle Expert Advisory Board	1	3
State of the State: Disruption in Government	1	1
Pharmacy Guild of WA – Immunisation pilot 14/2/18	1	1
Advanced Health Research Alliance Consumer and Community Involvement Steering Committee meeting	2	4
Consumer Consultation - Justice Health Project - Peer Support Prisoners	1	3
National Impact Measures of Consumer Involvement - Community Conversation – Telethon Kids Institute 26/2/18	1	1
WA Aged Care Liaison Group	1	2
Medicinal Cannabis	1	1
Australian Consensus Framework	1	2
Ministers Connected Boardroom Series 2018.	1	1
Prison Health Governance Advisory Committee	1	2
Choosing Wisely - Meeting with Robyn Lindner	1	
Recovery Centre Forum	1	1
Centre for Social Impact (WA) Advisory Council Meeting	1	15
Formal or documented responses to policy issues aligned with the Department's strategic priorities		
Death Policy	1	
Meetings with (Department's) Minister, Ministerial staff and/or Department staff		
WA Minister for Health meeting 16/1/18	1	1
Minister for Health Briefing - Urgent Care Clinics, SHR, Primary Care Reform	1	2
Aged Care CEO roundtable with Minister Cook 8/2/18	1	1
Director General: Quarterly Catch Up	1	2
Meeting with Office of Inspector of Custodial Services	1	3
Meeting with Opposition Health Minister - Mr L'Estrange	1	1
Health Minister Office meeting with People with Disabilities and Consumers of Mental Health WA regarding NDIS and mental health	1	2
Office of the Chief Psychiatrist/ HCC Meeting	1	3
TOTAL	53	122

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	
Royal Perth Hospital	2
Mesh update, ADG of WA Health Department	1
Demonstration of Transparent Public Reporting Phase 1 / New HSPR Platform	1
Patient Opinion metrics and Health Service Provider engagement	13
East Metropolitan Area Health Service	
King Edward Memorial Hospital (Sarah Clifford) 06/06/18	1
East Metropolitan Health Service - request for presentation from HCC on Review of Safety and Quality in Health Services Rec 12	1
East Metropolitan Health Service Public Board Meeting	1
North Metropolitan Area Health Service	
NMHS CAC Liaison regarding- Car Parking at the QE11 site	2
Meeting with Cheryl Smith, NMHS Aboriginal Health, ATSI Peer Review Presentation as a follow up	2
Meeting to discuss Fresenius Lines - NMHS	1
NMHS Board - Community, Clinician and Stakeholder Engagement Working Party	1
Consumer Engagement Catch up - Damian Wallman and Pip Brennan	1
North Metro Health Service Aboriginal Cultural Advisory Group meeting	1
South Metro Area Health Service	
Meeting with Dr Sturdy CEO Peel Health Campus	2
Overview of Community of Practice for Consumer Engagement - SMHS Board Culture and Engagement Committee Meeting	1
Meeting with SMHS Chair of the Board	1
Meeting - South Metropolitan Health Service Aboriginal Policy	1
Child and Adolescent Health Service	
Meeting - PMH Child and Adolescence Health Services Consumer Engagement	1
WA Country Health Service	
WA Country Health Service - Meeting - Country Health Connect - ATSI	1
State Government (other agency)	
Supporting Communities Forum including Data Sharing and Linkage Working Group	5
Prison Health Clinical Governance Advisory Committee	1
Funding and Contracting Services Liaison	1
Health and Disability Services Complaints Office's (HaDSCO) presentation on draft complaint handling guidelines	1
WA Council of Social Services (WACOSS) Peaks Forum May 2018 Meeting	1
WACOSS CEO and HCC ED catch-up	2
Office of the Attorney General - Michelle Higgins – meeting re Aboriginal and Torres Strait Islander ear health and access to justice	1
Service (self-initiated)	
TOTAL	47

COMMENTS ON SERVICE DELIVERY DATA OUTPUT MEASURES

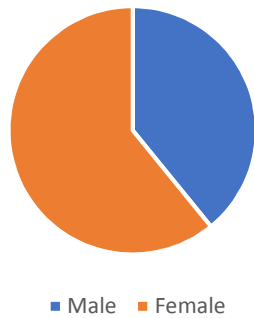
SERVICE ONE – INDIVIDUAL SUPPORT

Advocacy Activities - Outputs

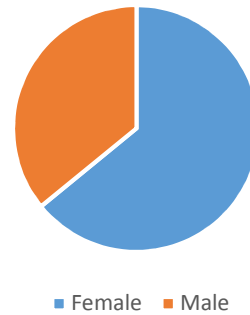
HCC provides a flexible individual advocacy service for West Australians seeking assistance with access to health service and/or redress processes.

In this reporting period, there were 302 individual advocacy cases, compared to 327 in the last reporting period. Comparison data is provided from July to December 2017.

July - December 2017 - Gender

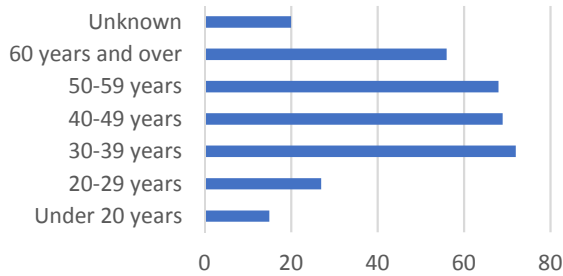


Jan to June 2018 - Gender

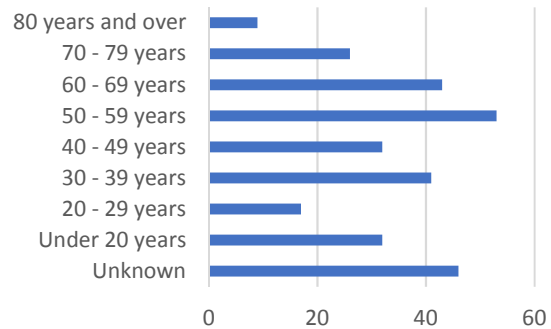


Gender shows a similar result across the two reporting periods, with more women than men approaching HCC. The proportion of females was slightly higher in this period: 64% as opposed to 61% in July to December 2017.

July - December 2017 - Age Range

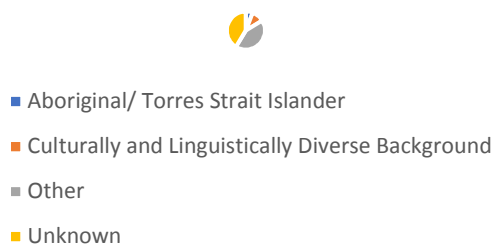


Jan to June 2018 - Age Range

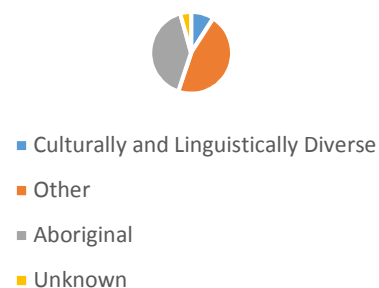


The age range of people assisted showed an increase in people under 20 seeking assistance, as well as people 80 years and over.

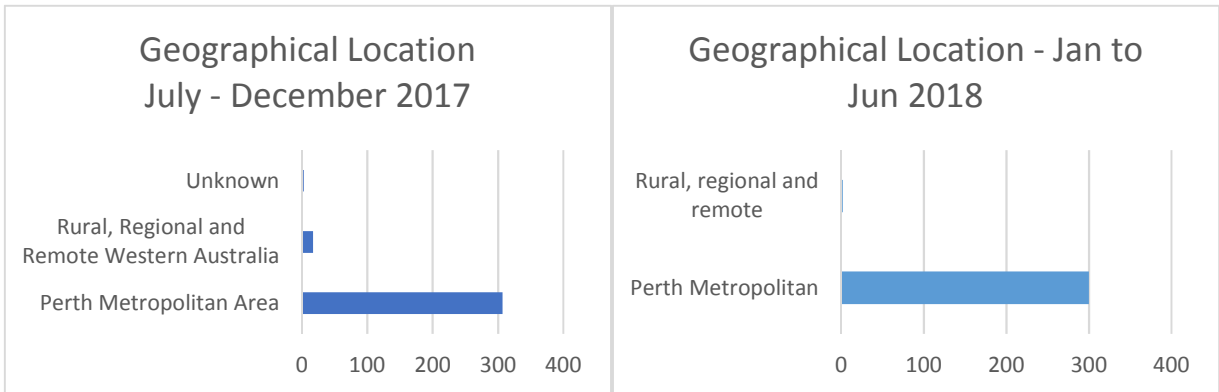
July - December 2017 - Ethnicity



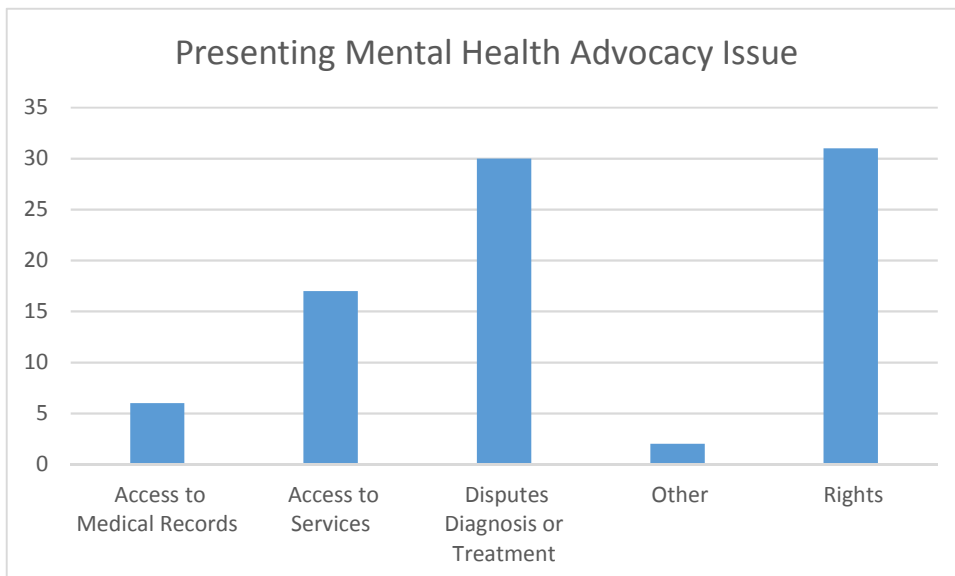
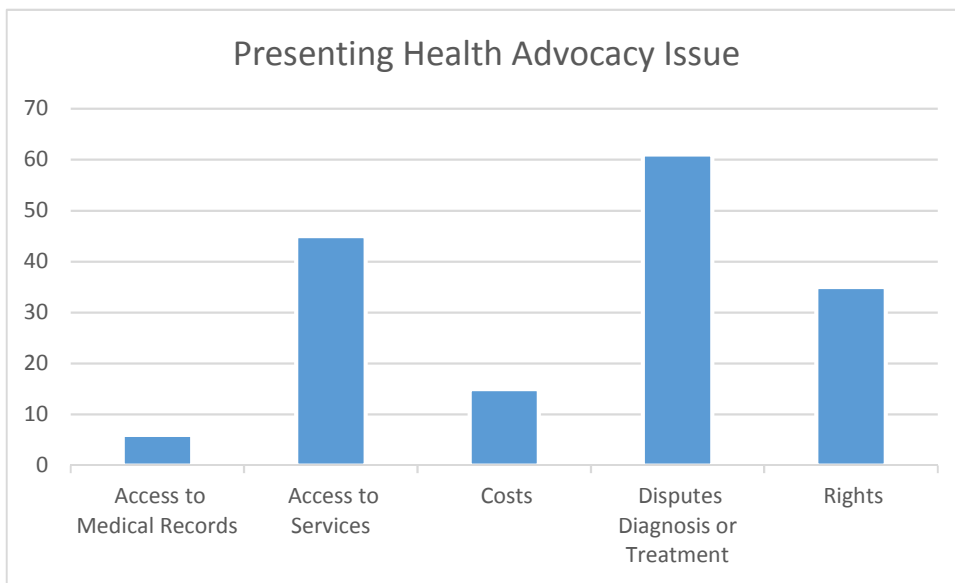
Ethnicity - Jan to June 2018



The proportion of Aboriginal and Culturally and Linguistically Diverse (CaLD) consumers remains the same in these two reporting periods.

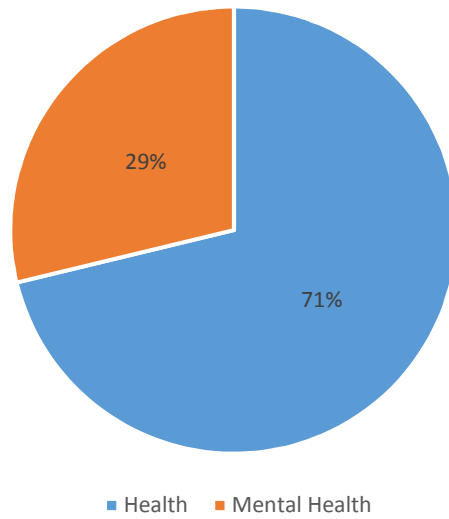


This reporting period there were two cases from rural, regional and remote WA, whereas there were 17 in the period July to December 2017. This will need to be reviewed to ensure we are providing sufficient support for people outside of Perth.

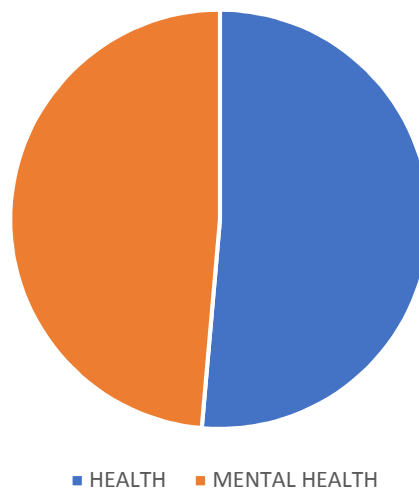


Issues that consumers sought support included “disputes diagnosis or treatment” at a similar level across health and mental health services, however rights was a greater issue for mental health consumers. Access to services was a slightly higher proportion for health consumers.

Proportion of health and mental health advocacy cases - Jan to June 2018



Proportion of health and mental health advocacy cases - Jul to Dec 2017



Since the Mental Health Act was announced, HCC's proportion of mental health advocacy cases has increased in proportion from its 70% health/ 30% mental health to a 50/50 proportion. This trend would appear to be reversing, with this reporting period showing a return to the 70/30 proportion. This trend will be closely watched as we are working with key agencies in the mental health advocacy sector to support the very vulnerable cohort of voluntary mental health consumers who are not supported by the Mental Health Advocacy Service.

Advocacy Activities - Case studies

Case Study 1 – Audiology

H attended a private audiology appointment where she had been many times over the past 10 years. H recalls the audiologist examined her ears and inserted a device into the right ear advising this was to remove wax. H recalls that this caused significant pain and she asked him to stop. She recalls that the audiologist then inserted another instrument into her ear that he picked up from a table with no protective/sterile wrapping. Again, this caused pain, which she conveyed to the audiologist.

In the days that followed, H experienced severe pain; 7 days later, she went back to see the audiologist and raised how his procedure of trying to remove the wax had caused the issue. The audiologist denied that he had inserted anything into H's ear in an attempt to remove wax or otherwise.

Later, a Professor identified H had a fungus infection and a perforation to the ear drum. He advised surgery would need to be undertaken. He performed a micro-suction ear toilet and aural polyp removal. After surgery H went back to the audiologist to update him of the situation when he again denied his actions. H asked him to reimburse her out of pocket medical costs (around \$1000) which he refused.

H requested copies of her patient records which the audiologist refused; he did not give any information on how she could apply for access via the privacy act. H later managed to obtain the copies. H complained to the service who responded by denying that any infection or perforation had been caused by them and that a full audit of their infection control process had been undertaken.

H contacted HCC, an advocate reviewed the patient records which appear to have been rewritten retrospectively with inconsistencies in dates and entries. The HCC advocate has written to the provider seeking clarity on inconsistencies, their policy on consumer access to information, a comprehensive explanation of what their 'full audit infection control' entailed and how they believe that this proves the infection/perforation didn't come from them. In addition, HCC advocate has asked they reconsider the decision of reimbursement. We await their response.

Case Study 2 – Pharmacist

P has been on hormone cream for approximately 10 years. She used to see an Endocrinologist, however, now sees a GP who specialises in hormone therapy. The Endocrinologist discharged her to this GP. Approximately a year ago, she filled a script for topical progesterone cream and continued use for several months. During that time, she had some unexpected and alarming symptoms for which she saw her GP on many occasions. Eventually, her GP suggested the issue may be hormonal related and ordered a test of her hormone levels. This revealed alarmingly high testosterone levels which they linked to the topical cream. She was advised to immediately cease using that cream.

P and her GP's belief is that the cream that was dispensed by the pharmacist was not what was prescribed. P retained the cream at home in the fridge and a sample was sent off by the pharmacist for testing. Some weeks later, the pharmacist told her over the phone, that they did mistakenly give her testosterone instead of progesterone (for 6-7 months).

HCC advocacy is working with P in a bid to understand any long-term health implications associated with the use of the cream along with support and guidance in lodging an AHPRA notification. In addition, P is communicating with the pharmacist via email and is requesting HCC review all correspondence for review and suggestion.

Case Study 3 – Voluntary Mental Health Patient

M contacted HCC and explained that she had been a voluntary inpatient on a mental health ward for the past 18 days. M felt ready for discharge and planned to live with her adult daughter. M feared she would be made subject to an involuntary order should she attempt to leave hospital. She was also concerned that her treating team had denied her a second opinion and refused to organise discharge planning. M requested HCC's advocate to speak to the treating team on her behalf.

The advocate spoke with the treating psychiatrist who advised that M was unwell but they'd yet to identify a diagnosis; they were in the process of undertaking an organic screen test and expected to have answers in the next day or two. The Dr also said that M could not be discharged to her daughter's home as the daughter had expressed that this was not an option. She said the family were very concerned for M's welfare.

The advocate negotiated with the Dr that a second opinion take place the following day and that more work take place around post discharge management and support. Furthermore, that the consumer was in fact a voluntary patient and within her rights to refuse treatment. It was clear that the team would make M involuntary should she attempt to leave due to believing she was at significant risk.

The advocate feedback to M that the second opinion would take place along with discussion and planning around discharge. The consumer said she would willingly stay in hospital until this occurred and knew to call HCC should any issues arise.

Health Rights Information for Consumers

During this contract period, we have re-vamped our website, and updated the online consumer resources. With the finalisation of the Patient First project we have created a page for Patient First materials as agreed by WA Health, <https://www.hconc.org.au/resources/patient-first/> and link this to our Self-Advocacy Resources page on our website. <https://www.hconc.org.au/consumer/being-involved-in-your-own-health/self-advocacy-resources/>

Health Rights and Responsibilities Presentations

A partnership with TAFE Adult Migrant Education Program has allowed us to reach a significant number of refugee and migrant students with information about their health rights. We adapted the PowerPoint presentation "Your rights in healthcare" to be presented as a Cert I, Cert II and Cert III workshop, with increasingly more complex English in each of the presentations.

We have also spend some of the session advising community members of the Patient Opinion website, which also has some language translation facility and picture-based input options to support their use of the site.

COMMENTS ON SERVICE DELIVERY DATA OUTPUT MEASURES

SERVICE TWO – SECTOR SUPPORT

Health Consumer Council Consumer and Engagement Program

Consumer Representatives Network Review 2017

In 2017, a Review of the HCC Consumer Representative Network was undertaken by Kate Bullow, who was employed on a fixed term contract with HCC. The results of this Review are included in full here as the report was not forwarded to the Health Department as part of the July to December 2017 report. Following the report of the 2017 review is an update provided in this contracted period of January to June 2018 to create a narrative of the Program's ongoing review and quality improvement.

Network Members Survey

Background:

The Health Consumers' Council (WA) Consumer Representatives Network has been a long-standing regular meeting opportunity for HCC members who are in formal Consumer Representative roles, or are interested in taking on such a role. The purposes of the Network meetings can be seen to include:

- Peer support
- A forum for education and information sharing
- An avenue for Consumer Representatives to raise issues regarding Consumer Representative roles with HCC, so that HCC can consider further action as a system advocate
- "Supervision"/monitoring of the achievements and performance of Consumer Representatives

Previous funding agreements with WA Health have included a contract with HCC to directly recruit, train, nominate and support consumers to fulfil health-related Consumer Representative roles. Consumer Representatives nominated by HCC were required to be HCC members, and accountability to a consumer organisation was explicitly defined as below (from the most recent procedure and policy document, last updated in 2016) :

Consumer representatives are members of a group, however titled (e.g. committee, working group, Board, focus group, etc.), that considers health policy, planning, implementation, service and review. According to the Consumers' Health Forum of Australia a "consumer representative is someone who is a member of a government, professional body, industry or non-governmental organisation committee who voices consumer perspectives and takes part in the decision-making process on behalf of consumers. This person is nominated by, and is accountable to, an organisation of consumers."

Consumer representatives generally have experience as consumers of the healthcare system. They are also generally trained and supported by the consumer organisation to which they belong.

The current funding agreement with WA Health requires that HCC provide training and support to Consumer Representatives, however HCC is no longer funded to supply health services with Consumer Representatives. Requests for Consumer Representatives have been falling, despite increased need for Consumer Representatives in line with introduction of Consumer Engagement standards to health service Safety and Quality accreditation criteria. Health services are accessing Consumer Representatives directly from the community, existing networks and other consumer organisations.

In this context, there is a need to review the service model of the HCC with regards to its duties to offer training and support to people occupying Consumer Representative roles, and to the organisations engaging with Consumer Representatives. Reviewing the Consumer Representatives Network and meetings is part of the process of this review.

Aim of the review :

- Identify the number of HCC members in Consumer Representative roles or interested in being a member of the Network
- Update HCC records of where HCC members are serving as Consumer Representatives
- Review the current terminology in use in the health and health research sectors to describe Consumer Representatives
- Gauge the experience of current Consumer Representatives with regards to how they perform their role(s) and how they are valued by the groups they serve
- Gauge the interest in ongoing Consumer Representative Network meetings going forward, including review of time and agenda

Method:

A “Survey Monkey” survey was developed and sent by email to the 39 HCC members who were nominated as Network members with email access on the HCC CRM database. The survey was first sent 22/6/17, with a follow up request to 18 people who had not responded after 1 month was sent 21/7/17.

28 respondents had responded to the survey by 31/7/17. A further 5 people responded by email and gave partial responses to the survey questions (for example, gave an update on which committees they represent).

Results:

Response

26 people completed the survey, with one person advising that they no longer wished to be contacted by HCC and 1 person declining to complete the survey.

Consumer Representative Network meetings

72% of respondents (18 people) indicated that they were interested in attending future Consumer Representative Network meetings. For those who did not express an interest, the reasons given were :

- I have attended in the past and didn't find the meetings useful (2)
- I don't see the benefit/I don't think I would like to attend (1)
- I already attend enough meetings (1)
- Work commitments (1)
- Perth location is not convenient (1)
- Have relocated to Bunbury (1)

Network members were given a number of options for agenda items at the meetings, and the opportunity to make further suggestions. The options, in order of popularity, were:

- Sharing information about developments in health, community services and consumer engagement (78% agreed)
- Feedback from Health Consumers Council activities (72% agreed)
- Supporting other Consumer Representatives/being supported by other Consumer Representatives (67% agreed)
- Developing ideas about training for Consumer Representatives (44% agreed)
- Opportunities to develop meeting management skills (i.e. chairing meetings) (33% agreed)
- Discussing/acting on issues of interest to specific consumer representatives (2 respondents – 11%)

The time of meetings was reviewed. Previously, meetings have been held on a Monday afternoon 3pm – 5pm. It had been a concern that falling attendance could be due the meeting time which involves peak traffic. Only 4 people indicated that the 3pm-5pm time was suitable for them, 8 people could attend 1pm – 3pm, and 9 could attend 10am – 12pm. For 4 people, Fridays were not suitable at any time (in error, Friday had been stated to be the day of the meeting in the survey).

Consumer Representative roles

65% of Network members are currently in Consumer Representative roles. Almost all of these members had out-of-date information regarding their roles on the HCC CRM database. 3 members declined to name the committees where they serve as Consumer representatives. 10 members indicated that they serve on a single committee, 5 serve on either 2 or 3, and 2 serve on more than 6 committees.

A breakdown of the general “type” of committee (based on where it sits and its function) is given in the table below. It is noted that half of the appointments are to WA hospital or WA Health Department committees.

Names used for Consumer Representatives

“Consumer Representative” is the most frequently used role title (12 positions), followed by “Community Representative” (5 positions). Other titles given were “Health Consumer Representative”, “Health Consumer Advisor” and “Member With Experience in Representing Consumers”. Some role names reported were not clearly related to a consumer representative role, such as deputy/chair, Ambassador and Director of Patient Affairs.

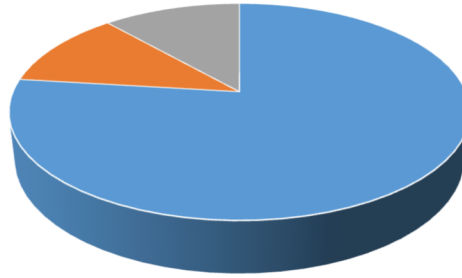
Experiences of being in Consumer Representative roles

Members were asked to reflect on their experience in their role(s), considering their sense of respect for their input, sufficiency of background materials provided, the impact they feel that they have and the perspective they bring to the role. Each of these is shown as a pie chart (below the table) showing the number of Members indicating different experiences. Respect and information provided were not raised as being an issue overall. Impact of the role shows that over half of the members felt that their presence resulted in better outcomes.

A majority of Members indicated that they perform the role from a broad understanding of the views of others rather than from their own experience – this is in keeping with HCC Consumer Representative training and stated policies, however it is unclear whether this type of representation is what is required for current roles as HCC is no longer involved in the appointments.

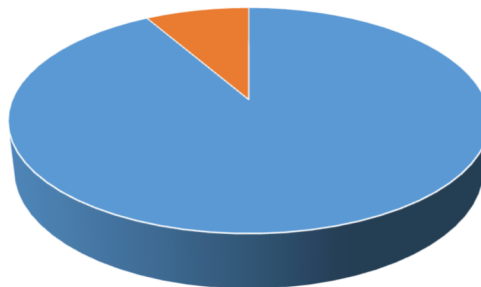
Type of committee	Example	Number
Hospital Community Advisory Committee	<i>Royal Perth Hospital Community Advisory Committee</i>	4
Other WA Health Advisory	<i>WA Drug Evaluation Panel</i>	4
National programs	<i>National Mental Health Consumer Forum</i>	3
Hospital/health service clinical committee	<i>Bentley Hospital Medical Advisory Committee</i>	2
WA Health Network advisory group	<i>Cardiovascular Executive Advisory Group</i>	2
Primary Health Community Advisory	<i>Primary Health Network Community Engagement Committee</i>	2
University/research committee	<i>Curtin University School of Physiotherapy and Exercise Science</i>	2
Professional Registration Board	<i>Pharmacy Registration Board of WA</i>	1
Local government consumer representation	<i>Midland Community Advisory Group</i>	1
State consumer engagement body	<i>Mental Health Commission state Consumer and Community Engagement</i>	1
International program	<i>International Medication Error Committee</i>	1

Sense of respect and inclusion in decisions



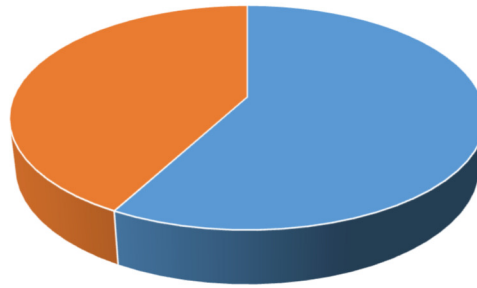
- I feel that the Consumer Representative role in this committee is respected and my opinions are included in decisions
- The role is respected to a degree but my opinions are not often included in decisions
- I don't feel that the role is respected/ I don't get an opportunity to be included in decisions

Sufficiency of information provided



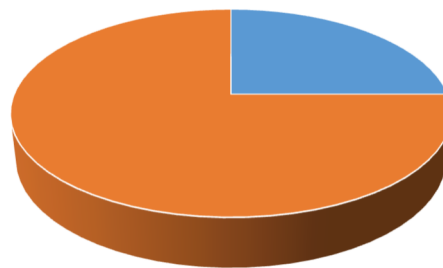
- I get enough background information and explanations to be able to keep up with the meeting
- I don't always get enough information and explanations to be able to keep up with the meeting

Impact of the role



- The meetings have better outcomes because I am there
- The meetings don't necessarily have better outcomes because I am there

Perspective offered



- I am mainly able to provide a personal perspective on consumer issues (I speak from my own direct experiences)
- I am mainly able to provide a broader consumer perspective on consumer issues (I speak from an understanding of other people's experiences)

Comments related to experiences in the role included:

“... at least the clinicians seem to appreciate having us there.”

“I independently study the subject of the research to support my contributions”

“... . Now the engagement is very poor. We're trying to find out what [the health service] expects in respect of consumer engagement.

“I use a mixture of personal and general perspectives in the meetings because I have ... a wide view of the community generally”

“...apparently we have been disbanded...they were not interested in having us and did not even allow us to participate in meetings.”

“I have been on this committee for over ten years without any issues, last year the [service] decided to see if other consumers were interested...I was accepted again...They always respect and appreciate my comments”

Outcomes and recommendations from the review:

Meeting time:

Survey options for meeting time were stated to be Fridays, when in fact the scheduled dates are Mondays. Preferred time was evenly split between 10am – 12pm and 1pm – 3pm; all Members who had registered interest have been re-contacted and asked to choose between the same times, on a Monday. Again, numbers were evenly split. 10am to 12pm will be trialled for the remainder of 2017 meetings.

Consumer Representatives impact and experiences:

The majority of representatives who responded indicated that they have had positive experiences in their roles, being respected and provided with sufficient information as well as having a sense that their presence does have a positive impact. It is clear however that there have been some changes in some hospitals which have not been positive for some.

It is also apparent that many reps have provided such roles for extended periods of time, either in the same committee or moving around between committees. Health Consumers Council and the wide health services need to consider what they want from their representatives and perhaps seek more balance between the skills and knowledge of experienced representatives, and diverse perspectives from a wider range of people. Generational change and succession should also be considered.

Agenda for Consumer Representative Network meetings going forward:

There is interest in holding Consumer Representative Network meetings, with feedback on developments in Health and HCC considered to be the most appropriate agenda items. A meeting is planned for 4/9/17 and all on the Network list (and CAC members not on the list) should be encouraged to attend to review the outcomes of this survey and other relevant review work currently being undertaken around Consumer Representatives.

2018 Update

The meeting that was planned for 4th September was attended by nine consumers, with only one person attending who had been at the previous meeting. The planned November meeting did not occur due to lack of interest. In discussion with HCC's WA Health Contract Manager, it was agreed to try facilitating discussion session to coincide with the National Health Service's "The Edge" School for Change Agents. This is documented on page 7 of the Service Review report by Matthew Hunt dated 27th February 2018

School for Change Agents

This is a five module online course developed by NHS Edge. Sessions are an hour long, and can be viewed on the NHS Edge website. The program runs each year in February-March, and provides an opportunity for people across the world to learn similar material about how to effect change in the health system as either a consumer or a health service provider. There is also a learning management system to work through the modules and become an accredited change agent. The project was a partnership with WA Country Health Service. Sessions were two hours – one hour for viewing the material, one hour for discussion. Modules included:

Change Starts with Me; The Power to Make a Difference; Being Resilient and Dealing with Resistance to Change; From Me to We: Mobilising and Organising; The Change Agent of the Future

Consumer Representative Sundowner

While School for Change Agents was well-received by those who attended, it did not reach all of the Consumer Representatives, and after further discussion among HCC Staff, it was agreed that a new-format Consumer Representative Sundowner would be convened.

This was held at the Health Consumers Council on 12th June with 18 participants. While some people indicated a reluctance to attend, they noted on their feedback forms that they were very glad they had attended. Overall the event was very well received and renewed an interest in the HCC's offerings to Consumer Representatives.

Survey Results from Sundowner

At the Sundowner, a number of surveys were undertaken. The surveys were via response sheets, on which people were able to respond to various statements by 'voting' with sticky dots. Each participant was given eight dots to 'vote' however they wished. They were able to spread their dots over several responses or group them according to their priorities. The following show the results, which add up to more than the attendees, as there were three votes each allowed.

If opportunities to network with other consumer representatives were facilitated, I would be interested in attending				
Absolutely	Yes, if convenient	Most likely	Not likely	No
	16	2		

I would prefer networking opportunities I attend to:				
Be informal and relational with a focus on networking and mutual support	Be a nice mix of informal and structured (a bit like tonight)	Be a nice mix of informal and structured with a focus on networking and learning	Be structured with a strong focus on networking, learning and mutual support	Be structured with a strong focus on learning
	12	15	1	4

Opportunities to network with other consumer representatives would be great if they included:				
Networking time	Facilitated learning opportunities	Helpful information	Expert presentations	Opportunity to share stories
5	19	4	6	2

The best time for me to attend a networking opportunity with other consumer representatives would be:

Weekdays during the morning	Weekdays during the afternoon	Weekdays early evening	Weekend mornings	Weekend afternoons
3	14	7		4

The results seem to indicate:

1. There is in general an appetite for further networking opportunities for consumer representatives
2. The overwhelming interest is in a nice mix of informal and structured, with networking and learning priorities
3. The main priority for networking opportunities is facilitated learning opportunities
4. Most consumer representatives seemed to favour weekdays during the afternoon to meet

Liaison with Community Advisory Councils

The incoming Consumer and Community Engagement Co-ordinator Tim Williams began in November 2017. Rather than undertaking a needs analysis as was identified in the Review undertaken by Kate Bullow, he suggested and convened a series of meetings between January and June 2018 with Consumer Advisory Councils (CAC) and Health Service Providers. These meetings were designed predominantly to reconnect the Health Consumers' Council WA (HCC) with both the CACs and relevant hospital staff. The meetings were an opportunity for the new Consumer and Community Engagement Coordinator to meet with these representatives, to begin to build rapport and to gain an understanding of the current 'landscape' of CACs in metropolitan public hospitals.

Information shared in these meetings includes:

- The current health and effectiveness of various CACs
- The current recruiting needs of various CACs
- Any support currently required by CACs from HCC
- The role of the HCC in supporting CACs
- The potential format and content of consumer representative networking events
- The format and content of consumer representative training workshops (facilitated by HCC)
- Potential synergies between CAC / hospital and HCC projects and programs

These meetings proved to be an important opportunity for reconnection between the CACs and relevant hospital staff. Staff turnover at HCC and the hospitals, as well as several new chairs and members within the CACs had led to significant disconnection. Whilst still very much in a rebuilding stage, the connections, relationships and partnerships, important to HCC's capacity to adequately support the CAC's.

Workshops

Consumer Representative Workshops

The Introductory and Advanced Consumer Representative Workshops were reviewed and refreshed, to ensure a better alignment with adult learning principles. A less didactic and more facilitative approach to the sessions was achieved through this review. In this six month period, one of each workshop was held. Workshops have been scheduled to allow for attendees to progress from the Introductory to Advanced. Because we don't charge for these courses, there are often no-shows on the day. To address this, we have started doing a pre-survey was undertaken to double-check people's attendance and check what it is they want to get out of the course. This allows for a tweaking of the presentation to ensure learner's needs are met, and builds commitment and interest in attendees. We also now send a text reminder 48 hours beforehand to maximise class attendances. See the evaluation reports from the courses.

Standard Two workshop

This workshop was developed and delivered to coincide with Nurses week in May 2018 and was held at Sir Charles Gairdner Hospital. The workshop shared the key learnings from the School for Change Agents, and highlighted the opportunities of the Patient Opinion platform.

Much of the session focused on Standard Two as a framework for involving consumers at all stages and levels of the health service, and eliciting from attendees what they were already doing, and providing inspiration and ideas for future initiatives.

The professionals who attended were highly motivated and it was a positive and productive session. From this session it was agreed that Sir Charles Gairdner Hospital will host a Community of Practice of Engagement event in September of 2018. The complete feedback report from the event is attached, and here is a summary of the change it made for attendees:

Question 11: What will you do differently after this workshop?

Response
Read CAC info
Definitely use Patient Opinion
Will try Patient Opinion
Get out there and ask consumers frequently
Pursue development of educators joint with other professions
Get patient involved in developing patient education
Be inclined to "jump in" then be restrained with new initiative. As said, can always say, "sorry oops"
Read more relating to consumers and healthcare
Talk to patients more
Lots to think about to engage in discussions of how to include consumers
Go back and consider health literacy again
Engage people early in process
Maintain awareness of Patient Opinion
Send 'patient information' information to patients for feedback
Nothing - continue in the current activities as I feel I already am exploring and value our patient needs/values/wishes

Cultural Diversity Program

Diversity Dialogues Forum

Diversity Dialogues forums were developed to facilitate conversation, learning and understanding between members of CALD/new and emerging communities and health service staff. They also provide an opportunity for networking between agencies and individuals and support further engagement between medical staff and community members for further engagement. Panel members are people from CALD backgrounds who provide cultural and traditional insights to assist providers develop understanding and improve service provision to this cohort.

Two forums were held between January and June 2018. This occurred because the forum that was to be held in November 2017 was deferred by Multicultural Youth Advocacy Network WA (MYANWA)

- February's forum conducted in partnership with MYAN WA focused on young people being used as interpreters by health care staff and GPs. One panel member, a young man originally from Sudan, explained how embarrassing and shameful it had been for him and his mother when he had to interpret health matters relating to her sexual health. Other comments included areas of concern such as not having the capacity to translate medical terminology, being unfamiliar with the WA health sector, lack of information in languages other than English and having to take time from school to accompany parents to medical appointments in order to act as an interpreter.
- In April the forum was held in partnership with WA Health's Kim Greeve, Project Officer, WA Cancer and Palliative Care Network and Advanced Care Plan Coordinator and Ruth Lopez, Senior Policy Officer, Cultural Diversity Unit, Public and Aboriginal Health Division. The topic was "Difficult conversations: Talking about Advance Care Planning (ACP) with people from culturally and linguistically diverse backgrounds". Panel members were Kim Greeve, a young man originally from Pakistan, a young woman originally from Sudan and a man originally from Kenya.

Valuable information was shared such as talking to family members before talking to the patient, accessing support from religious leaders and/or elders, understanding that talking about death is not appropriate in some cultures, that it is important to hold discussions with communities and educate them on a topic before expecting them to participate in things like ACP; there is a need to get people used to an idea before anticipating they will actively engage.

Please see reports for further details.

Supporting Cultural Diversity in Healthcare Workshops:

This three-hour workshop is designed to assist health care staff, from front line to clinicians, to develop skills and understanding around areas such as:

- Culture and its influence on service delivery methodologies, patient/provider engagement, attitudes and values
- Increasing and improving engagement with people from CALD and new and emerging communities
- Providing medical environments which support people with low English language skills

Evaluations are recorded and consistently reflect that people who attend find the workshop of value and believe it will assist them in their work. Please see attached evaluation report from the February 2018 session.

‘Going to Hospital’ booklet

HCC has participated in the development of new Patient First material, this Program was tasked to develop information in a format suitable for people from CALD backgrounds with low English skills. It was anticipated the information would also be made available in languages other than English (LOTE) however a decision was made to produce only the Staying safe in Hospital information in LOTE leaving a large gap in information provision to people with little English.

HCC developed a booklet (with acknowledgement from WA Health) to support patients with minimal English skills in their hospital journey. It is loosely based on WA Health’s Patient First publications and was reviewed by people from CALD communities and some service providers. It contains pictorial clues to assist understanding and interpreter symbols to encourage the use of interpreters. The booklet is available to download from HCC’s website at: https://www.hconc.org.au/wp-content/uploads/2018/06/5225_Going-to-hospital-Brochure_WEB.pdf Feedback to date has been positive and South Metropolitan TAFE Adult Migrant Education Program (AMEP) intends to use it as a teaching resource.

Other activities

My Health Record – Opt Out Option

A focus group was held on June 27th and facilitated by Cristina Giusti, Director of Policy - Ageing & Disability from FECCA (Federation of Ethnic Communities’ Councils in Australia). The topic was My health Record – Opt Out Option, the intent was to provide those who attended with information from the Australian Digital Health Agency and the opportunity to ask questions and provide comment. This forum provided a valuable opportunity for people to gain information about opting out and also gave valuable insights to FECCA and the ADHA on the concerns some people from CALD backgrounds have about digital health in general as well as those specific to My Health Record. Concerns included privacy of personal records and other sensitive material, language barriers, no access to IT and/or no IT skills. Printed information available was also complex in language and lengthy. The Program Manager drafted a brochure in simple English which will be provided to the ADHA as an example of best practice.
Please see attached copy.

Expression of Interest Submission re: Consumer Feedback on Brochures and Clinical Educators Guide – NHMRC

In June 2018 the above was sent out by the Consumer Health Forum (CHF) on behalf of the National Health and Medical Research Council. The brochures were produced by the Australian Commission on Safety and Quality in Health Care (ACSQHC) and aimed to inform consumers about the risks of several types of bacterial infections and how to avoid them. The Program Manager has provided feedback and suggestions on how the brochures can be simplified using less complex language, diagrams and simple English to convey the messages and having the information available in LOTE as well as placing interpreter symbols on the brochures. This should assist in engaging patients in their own health care and reducing the potential health risks attached to such infections.
Please see attached feedback document

Aboriginal Engagement

HCC has undertaken a number of strategies to continue to be very active in this space despite losing our ten-year Federal funding for this program more than two years ago. In this current climate, non-Aboriginal organisations will struggle to find funding however we are committed to ensuring Aboriginal health is a core part of HCC's focus and services. We have continued to evolve how we work and have returned to a focus on consumer engagement rather than individual advocacy, as this provides the best way to leverage the time of the one very valuable Aboriginal staff member we have.

Representation on committees relating to child and adolescent health both at state and federal level, prison health and sexual health and blood borne virus committees are current priorities. Representation at the Aboriginal Health Council of WA's annual conference has also been important to ensure HCC is maintaining currency with key areas of systemic advocacy.

HCC's Aboriginal Reference Group

We convened an Aboriginal Reference Group some two years ago, and in this reporting period it has met twice, with 10 attendees. It can be difficult to get the balance right between obtaining sector update, and focusing on HCC's priority of ensuring the consumer is at the centre of the discussions. Very often the discussions are led by not for profit organisations and government agencies, and the consumer voice does not have the influence it needs to.

One key outcome of HCC's Aboriginal Reference Group has been to support a research project in a tertiary hospital by providing external feedback and support to the clinician who wanted to explore how often Aboriginality, as opposed to other demographic identifiers, is mentioned at handover. We have been able to support this clinician through the whole project and await the published paper.

Liaison with other Aboriginal Reference Groups

As the members of our Reference Group have many calls on their time, internal discussions have seen a shift to a focus on working with other Reference Groups. For example, a meeting with the North Metropolitan Aboriginal Health Director has led to an invitation to attend their reference group with around 50 attendees. This invitation has been repeated and over time will hopefully provide more opportunities for partnerships and projects.

We have also liaised with St John of God (SJOG) Midland's Aboriginal Health Team, attending their Closing The Gap Expo, and working with them on improving the relationship between their local community and the hospital, in a community mediation process which is continuing.

SECTION 2: OUTCOME PROGRESS REPORT QUALITATIVE FEEDBACK ON OUTCOME MEASURES

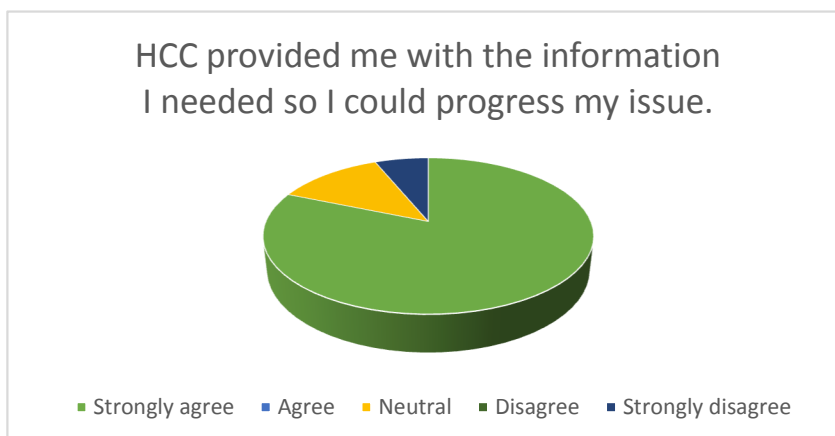
SERVICE ONE - HEALTH CONSUMER: INDIVIDUAL SUPPORT

- 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.

Evaluation of HCC advocacy service outcomes

As noted in the last report, HCC has introduced a short survey for people accessing support for relatively straight-forward, short advocacy interactions. A link to the survey is now on every Advocates email sign-off and is texted to a consumer for them to provide their feedback. Take up of the survey either through the text prompt or email sign-off link was sixteen, as opposed to five in the previous reporting period, and we will continue to promote this. Advocates note that it can be difficult to request feedback without interrupting the Advocate/ Consumer relationship.

There has been a slight decrease in our Net Promoter Score since the last reporting period. This may reflect staff being on leave, creating a longer wait time for some clients. Comments have remained generally positive and feedback can reflect the difficulties of the health system rather than their interaction with HCC's Advocacy service. Most respondents agreed that they had been given enough information to progress their issue.

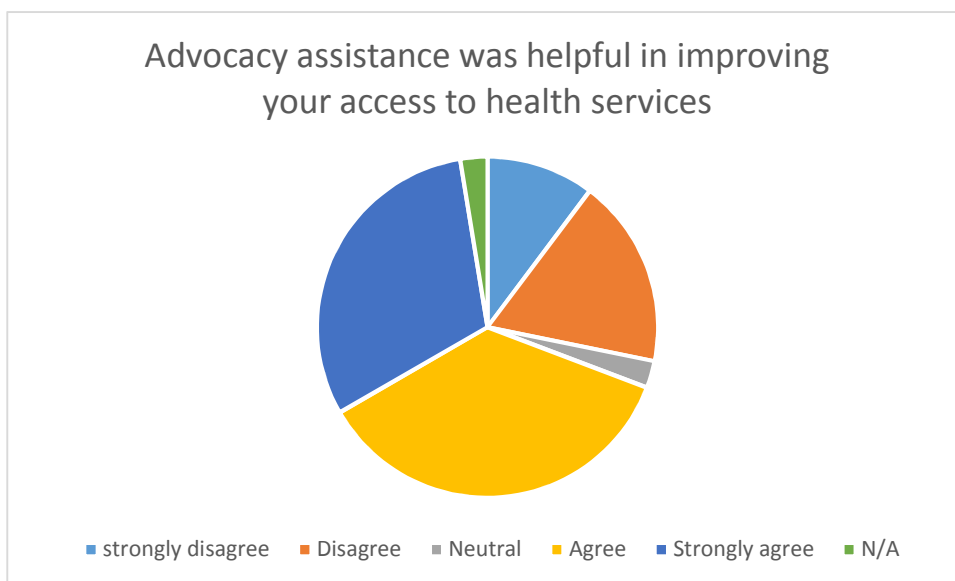
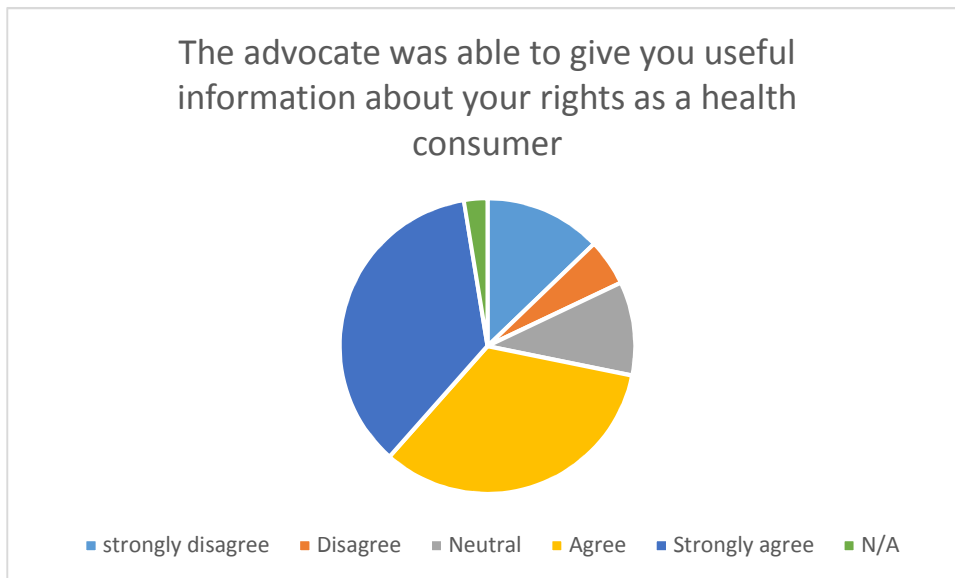


More complex cases continue to be evaluated through a survey based interview where someone other than a staff member contacts consumers who have been assisted in more complex interactions, sometimes spanning months or years. We have been able to implement a "complex" button as part of our database modifications which has made the process much easier to determine who needs to be targeted for a phone interview. Selected clients are presented with a set of 16 questions, with the aim of collecting feedback about their experience with the HCC's Advocacy Service.

The survey enquired about the following areas:

- How clients learned about the HCC;
- How effective clients found the HCC Advocacy Service (including its ability to assist with issues of concern, communication with health professionals, provision of information on agencies and consumer rights, and improving clients' access to health services);
- Clients' experience using the HCC's online services;
- Clients' expectations about the HCC Advocacy Service and their experience using the Service;
- Clients' ability to access the HCC Advocacy Service;
- Client suggestions for improvement; and
- General client feedback.

The following two charts incorporate data from the last financial year, 1 July 2017 to 30 June 2018. The data indicates that 69% felt the advocacy service provided useful information about health rights, and 67% felt advocacy assistance improved their access to services.



See the full Advocacy Service Outcomes Reports attached for the period Jul-Dec 2017 and Jan-Jun 2018.

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.

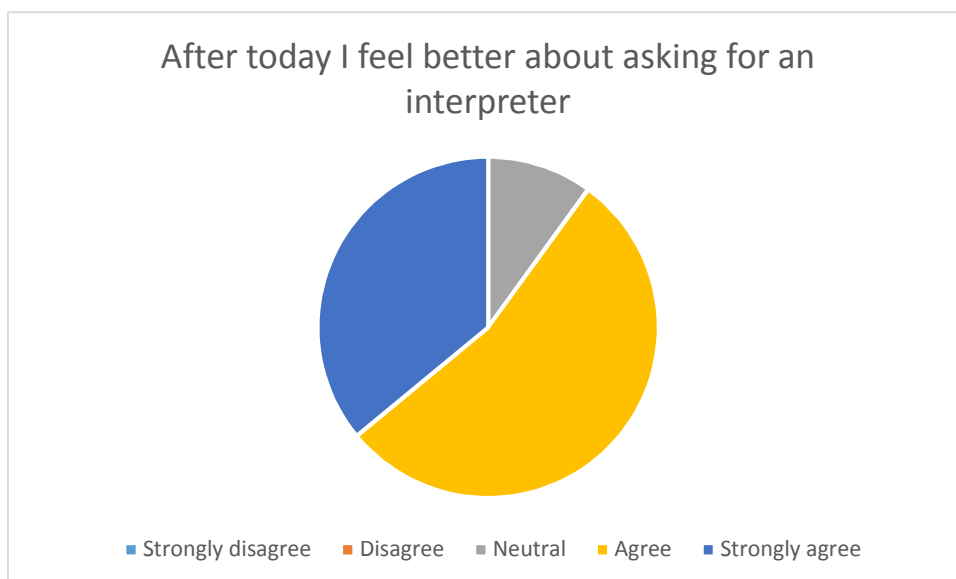
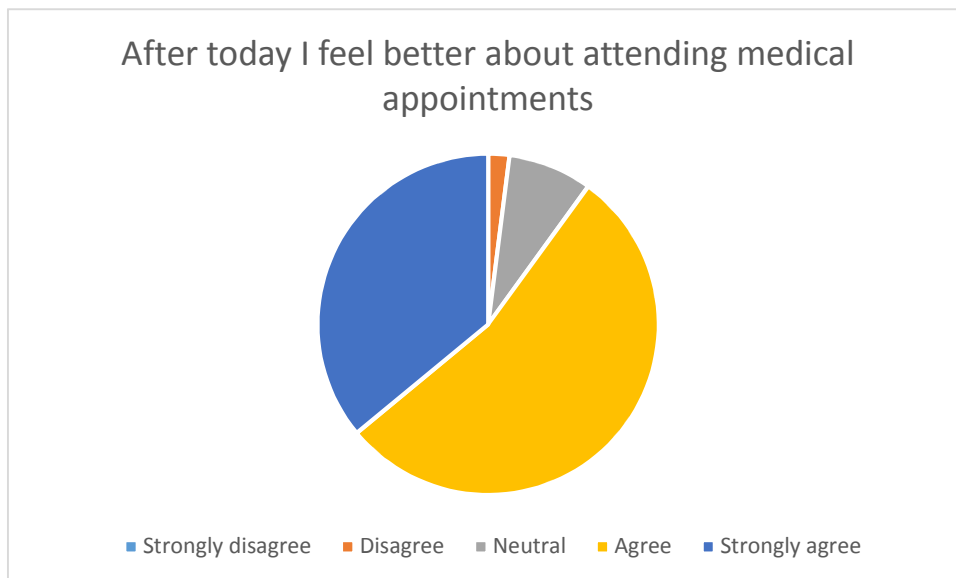
5.1 The extent to which health consumers are supported to participate, engage and partner with the Western Australian health care system as a result of their involvement with the service.

Outcomes Evaluation

Evaluation of Health Rights and Responsibilities Information Sessions

The sessions held with Adult Migrant Education Program students showed that 62% of attendees agreed or strongly agreed that they were not aware that they had health rights before attending this session.

90% of attendees agreed or strongly agreed that they felt better about attending appointments and asking for an interpreter after attending the session.

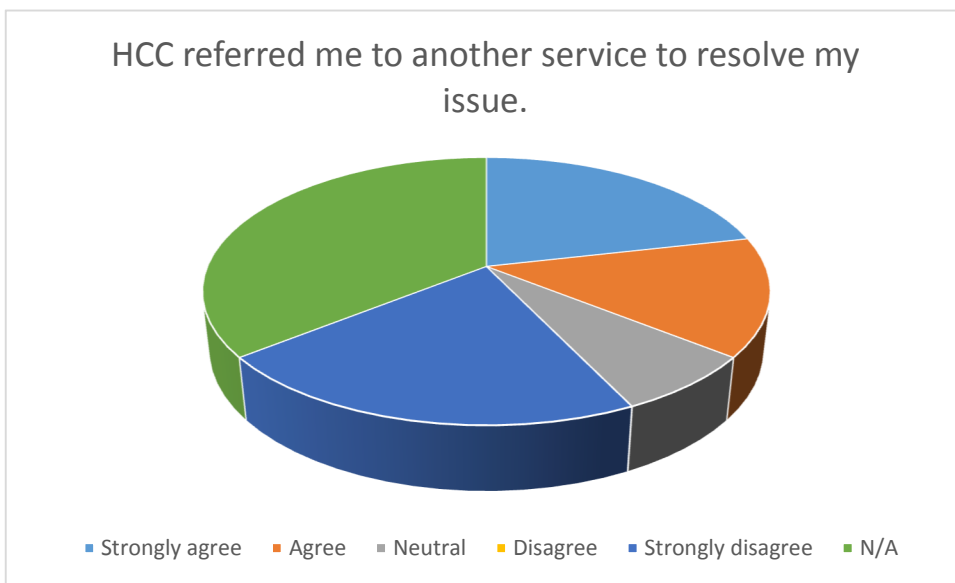


6 Health consumers are appropriately referred, when required, to other agencies in order to meet their needs.

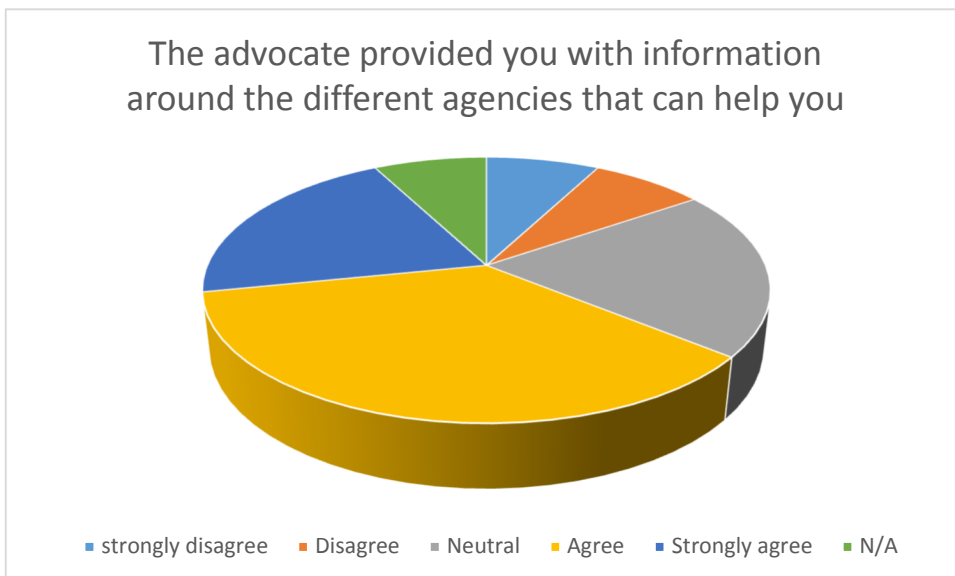
In this reporting period, 375 consumers were provided with information which assisted them in their enquiry. 81 consumers were actively linked with other agencies without being referred to HCC's Advocacy service.

Those who were assisted by our advocates in a short advocacy interaction, and responded to our survey about their experiences of being referred to another service.

56% of respondents noted that they agreed or strongly agreed that they had been referred to another service to resolve their issue, 33% strongly disagreed, and 11% were neutral. Others noted that they didn't need to be referred as their issue had been resolved.



The respondents to the complex advocacy cases outcomes survey responded to the question below, with 56% agreeing or strongly agreeing that HCC's service was able to provide information about other agencies.



SERVICE TWO - HEALTH CONSUMER: SECTOR SUPPORT

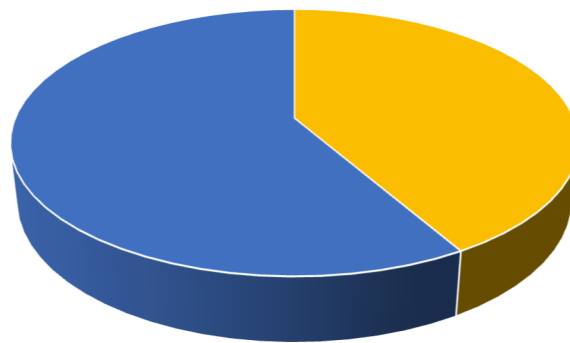
7 Health consumers have the opportunity to be supported and linked to health consumer networks and partnerships in the Western Australian health system

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.

Workshops for Consumer Representatives

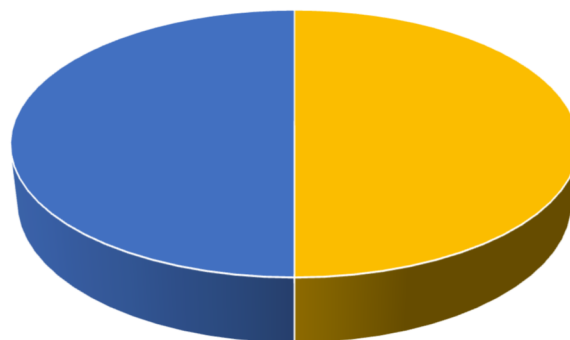
With the new format Introductory and Advanced Workshops, all consumers indicated they agreed or strongly agreed that they were supported to better engage and work effectively in their roles, and that they had been supported by gaining skills and knowledge in attending the sessions.

After attending this workshop, I will be better able to engage and work effectively in my role



■ Strongly disagree ■ Disagree ■ Neutral ■ Agree ■ Strongly agree

I feel I have gained skills and confidence by attending this workshop



■ Strongly disagree ■ Disagree ■ Neutral ■ Agree ■ Strongly agree

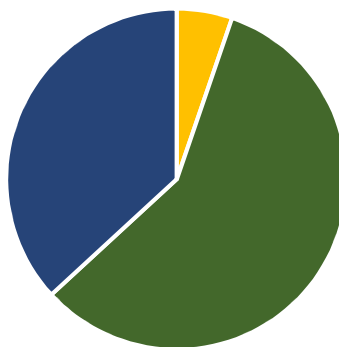
Further work will be done to track how consumers feel linked with networks.

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.

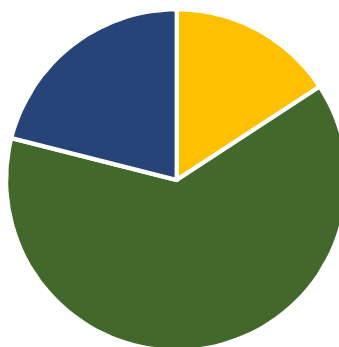
The newly created Standard Two workshop delivered at Sir Charles Gairdner Hospital provided this feedback on outcomes:

This workshop has helped me understand the benefits of consumer engagement



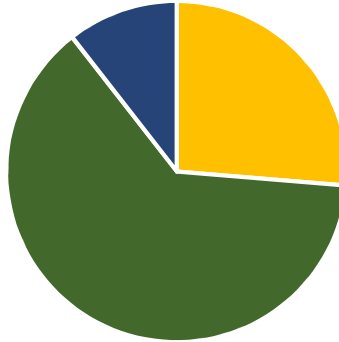
Strongly disagree Disagree Neutral Agree Strongly agree

This workshop has helped improve my skills in consumer engagement



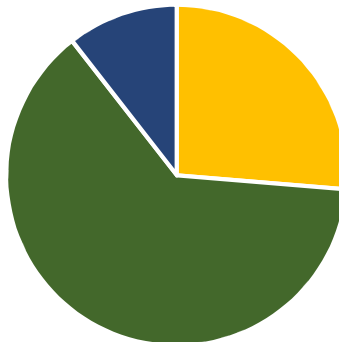
Strongly disagree Disagree Neutral Agree Strongly agree

This workshop has helped improve my confidence in consumer engagement



■ Strongly disagree ■ Disagree ■ Neutral ■ Agree ■ Strongly agree

This workshop has given me engagement strategies to try



■ Strongly disagree ■ Disagree ■ Neutral ■ Agree ■ Strongly agree

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.

Engagement

HCC was able to provide a paper to support the implementation of the Hugo Mascie Taylor report on Safety and Quality in WA Health services. See document entitled “Discussion Paper – Consumer Engagement”

Urogynaecological Mesh

HCC has continued to provide consumer input into the Mesh Clinic at the King Edward Memorial Hospital, as well as provide updates to the System Manager in the wake of the release of the Senate Inquiry Report.

Culturally and Linguistically Diverse (CaLD) Consumers

HCC has provided a significant number of opportunities for health sector staff to better understand the needs of CaLD consumers through Diversity Dialogues Forums and Let’s Talk Culture series.

Maternity Consumers

The Family Birth Centre project at Fiona Stanley Hospital has been significantly supported by HCC to ensure a more inclusive consumer voice is at the table. Further work will be reported in the next 6 monthly report.

Measurement of these outcomes needs to be progressed with key stakeholders to determine its effectiveness, and this will be another key focus for HCC in terms of continuing to develop our outcomes measurement skills and activities.

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 (i.e. contributed to the success or limited success)?

During this period, the Sustainable Health Review has taken up significant organisational reserves. We have included the overall report for the consumer engagement work undertaken under a separate contract.

We have also included the report from the WA Primary Health Alliance funded Communities of Practice of Engagement as it strongly supports our core contract functions of supporting the health sector to engage with consumers. We have also undertaken a project with Alcohol and Other Drug Consumers, undertaking a forum in February 2018. These reports are included as part of non-WA Health contracted work.

Patient Experience Week is the last week of April and HCC again convened events for the health sector and consumers to jointly attend. The Health Matters edition for Patient Experience Week is included for reference.

We have also delivered three Let's Talk Culture trans-cultural mental health forums to support the WA health sector to better understand this cohort. See the final report for reference.

In addition, we have been finalising an IT upgrade of our systems which has been more complex and less successful than we hoped, in terms of supporting the automation of key tasks.

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).

We will continue to monitor the dynamic environment of 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	30.11.2018	N/A
2. Professional Indemnity	Berkley Insurance Australia	93004727753	201612-0266 BIA	20 Mil any one claim 40 Mil in aggregate	30.11.2018	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	30.11.2018	
4. Personal Accident Insurance for Volunteers	AFA Pty Ltd	83067084333	5575005	1 Mil	30.11.2018	
5. Motor Vehicle Third Party Liability.	RAC Insurance	59 094 685 882	MGP32 119453 1	Agreed Value - \$21,700	5/7/19	
6. Other Business Insurance	AIG Australia Limited	93004727753	9637274 CMB	Replacement Value	30.11.2018	Management Liability, Loss or spoilage of stock, Outstanding accounts receivable, Building, Public & product liability

END OF REPORT