Government of **Western Australia**
Department of **Health**

SERVICE DELIVERY DATA REPORT

HEALTH CONSUMER SUPPORT SERVICE

Reporting period:

Year: **2017**

X July to December

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 22/12/17 and reopened 8/1/18 for Christmas break.

Also closed for WA public holidays including;

25/09/2017 – Queens Birthday

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 X 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	199
Male	128
Unknown	0
TOTAL ***(Total of all tables in 2.1 should be the same)***	**327**

b) Age

Age	Number
Under 20 years	15
20-29 years	27
30-39 years	72
40-49 years	69
50-59 years	68
60 years and over	56
Unknown	20
TOTAL ***(Total of all tables in 2.1 should be the same)***	**327**

c) Ethnicity

Ethnicity	Number
Aboriginal/ Torres Strait Islander	19
Culturally and Linguistically Diverse Background 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.	34
Other **This includes Australian born** (not Aboriginal/Torres Strait Islander**) and other main English speaking countries** (Canada; Republic of Ireland; New Zealand; South Africa; United Kingdom; and USA)	139
Unknown	135
TOTAL ***(Total of all tables in 2.1 should be the same)***	**327**

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	149
Private Health	17
Public Mental Health	154
Private Mental Health	3
Unknown	4
TOTAL	**327**

b) Geographical Location

Location	Number
Perth Metropolitan Area	307
Rural, Regional and Remote Western Australia	17
Unknown	3
TOTAL	**327**

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	15
Health - Rights	39
Health – Disputes Diagnosis/ Treatment	60
Health – Access	53
Other	2
Mental Health - Costs	3
Mental Health - Rights	60
Mental Health – Disputes Diagnosis/ Treatment	38
Mental Health – Access	58
Other – *please categorise*	7
TOTAL	**327**

3. SERVICES PROVIDED

KEY ELEMENT 1 – Individual Support

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 3.1 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	1000
Home Visiting	5
Online Support – including email	1106
Face to Face	126
Formal Referral/Active Linkages	36
TOTAL	**2273**

KEY ELEMENT 2 – Information and Linkages

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 3.4.

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

Type of Information and Linkages	Number
Information provision	350
Active linkages for non-users of the service	55
TOTAL	**405**

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.

3.3 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	**2**	**12**
Supporting Cultural Diversity in Healthcare – open to consumer reps, CAC members	1	6
Advanced Consumer Representation Workshop	1	6
Seminars/Presentations	**6**	**85**
Health Rights & Responsibilities Presentation @ Lorikeet Centre 18/10/17	1	12
Innaloo Diabetes Support Group Presentation 24/8/17	1	22
Patient Opinion Q&A with the CEO – Consumer Forum	1	22
Orientation to HCC - information session open to the public	1	6
District Health Advisory Committees Annual Conference at WACHS - presentation 19/10/17 on HCC, training	1	18
FSH presentation re: Patient Experience Week outcomes 20/7/17	1	5
Community Activities (e.g. promotional stalls at fairs and festivals)	**2**	**400**
Rockingham Seniors & Carers Expo 06/10/17	1	300
Fremantle Women's Health & Wellbeing Day 10/10/17_	1	100
Cultural Engagement	**3**	**40**
Patient Journey Surveys at Genesis Lodge 14/9/17	1	7
Aboriginal Health Lecture at Murdoch University 17/10/17	1	8
Sustainable Health Review – Langford Aboriginal Association Community Conversations	1	25
Other – *please categorise*		
TOTAL	**13**	**537**

KEY ELEMENT 4 – Interagency Collaboration

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

Yes X 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	
Diversity Dialogues forum planning with KEMH	1 meeting
Let's Talk Culture seminar series steering committee with WA Health, Mental Health Commission, Richmond Wellbeing and Cross-Cultural Intellect	3 meetings
CaLD In-Patient Feedback Reference Group – NMHS, ASeTTS, AMEP	3 meetings
Development of Patient First information for CaLD – engagement with RUAH, OMI, DoH, ASeTTS, AMEP, Multicultural Services Centre WA and the Multicultural DHAC - Katanning	1 meeting
Refugee and Humanitarian Entrant Health Research Alliance (RAHERA) – members from UWA, Wa Health, DSS, Australian Migrant Education Program (AMEP), Curtin, Murdoch, Humanitarian Entrant Health Service, Office of Multicultural Interests, ASeTTS – some research undertaken by UWA student on placement with HCC	2 meetings
Staff from ASeTTS re consumer engagement and inclusion	2 meetings
Australian Health Research Alliance (AHRA) Consumer and Community Involvement	1 meeting
Number of relevant interagency forums or networks participated with	
Making Meaning from Cancer 7/11/17	1
Injury Control Council of WA AGM	1
My Health Record – Roadshow – WAPHA event	1
Fiona Stanley Hospital Annual IMPROVE Conference 23/8/17	1
Empowering Consumers with Disability (PwDWA) 14/11/17	1
Daffodil Day – Breast Screen WA	1
Curtin University research & engagement awards	1
WA Mental Health Conference & Awards	1
Multicultural Advisory Forum - Department of Human Services and other service providers both government and non-government	1
Equal Opportunity Commission – New and Emerging Communities	2
TOTAL	**24**

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	**1**	**5**
Cultural Competency 5/9/2017	1	5
Seminars/Presentations	**5**	**612**
Australian Association of Practice Management Conference Presentation 25/10/17	1	50
International Women in Leadership Program – Presentation	1	12
Notre Dame School of Medicine – Consumer Engagement Video	1	300
Notre Dame School of Medicine - Insights in consumer engagement and advocacy - Second Year Medical Students 23/10/17	1	150
Murdoch University Nursing School - Advocacy Lecture to 2nd year nursing students 17/10/17	1	25
Clinical Senate Debate Presentation – Safety and Quality and Sustainable Health Review Debates	2	240
Community Activities (e.g. promotional stalls at fairs etc)	**1**	**100**
Medical Student Expo @ UWA	1	100
Cultural Engagement		
TOTAL	**7**	**718**

KEY ELEMENT 4 – Interagency Collaboration

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 3.6.

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	**11**
Integrated Team Care Country to City project with WA Primary Health Alliance	2 meetings
Connect Groups, FSH & Donate Life – Community Kiosk Partnership	2 meetings
Aboriginal Patient Journey with WAPHA	2 meetings
HCC's Consumer and Community Engagement Program Review	3 meeting s
Carlisle TAFE – Rights & Responsibilities 22/8/17	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	**8**
Notre Dame Expert Advisory Board	2 meetings
WAPHA Liaison	6 meetings
TOTAL	**19**

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
Fiona Stanley Family Birth Centre – Consumer Survey	1	331
Car Park – Public Survey	1	118
TOTAL	**2**	**449**

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		
Advance Care Planning for the CaLD Community of WA	1	3
CaLD In- patient feedback tool Reference Group meeting -NMHS	1	2
Community Women's Health Services Stakeholder Group - WHS	1	4
WA Mens' Health and Wellbeing Policy Reference Group	1	1
Food Coalition Committee addressing food insecurity in CaLD communities – lead by NMHS	1	1
PMH CAC - Consumer Advisory Council Meeting - Sep, Oct & Nov 2017	1	3
Communicable Diseases Control Directorate: Case Management Panel Meeting	1	1
Community Women's Health Services Stakeholder Group Meeting	1	2
WA Health Safety & Quality Review Implementation of Recommendations	1	2
Peak Incident Review Committee	1	2
Clinical Senate	1	8
Health Networks Leadership Forum	1	1
State Oral Health Advisory Council and Chief Dentist meetings	1	3
WA Health Translation Network	1	2
Chair, Consumer and Carer Reference Group, Sustainable Health Review	2	8
Panel Member, Sustainable Health Review	2	4
Consumer Advisory- participation on Department Committee or Forum – where HCC provides general support		
Women's and Newborns Health Service Family and Domestic Violence Advisory Group	1	1
Participation on (other) committees or forums whose purpose is aligned with the Department's strategic priorities		
AIM Stakeholder forum re: urgent care clinics	1	1
Fiona Stanley Hospital Research Strategy Workshop	1	1
Formal or documented responses to policy issues aligned with the Department's strategic priorities		
Chief Pharmacist interview re: Community Pharmacy Ownership	1	1
Meetings with (Department's) Minister, Ministerial staff and/or Department staff		
Regular meeting with the Chief Psychiatrist	1	4
Meeting with Minister for Health, Women's Health Advisor re: Mesh	1	1
TOTAL	**24**	**56**

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	
WA Health – Hepatitis Data Linkage Study 18/7/17	1
East Metropolitan Area Health Service	
Feedback sought on consumer engagement High Value Healthcare & Ensuring Essentials projects	1
Standard 2 - Partnering with Consumers Meeting	3
North Metropolitan Area Health Service	
Board Sub-Committee - Community, clinician & stakeholder engagement committee meetings	3
WA Health Maternity Consumer Update with Louise Keyes 17/8/17	1
South Metro Area Health Service	
Patient Journey Survey concept, Aboriginal Liaison Office Meeting	3
FSH - post hackathon debrief with key stakeholders	1
Consumer Engagement Briefing with S&Q Manager, Board member	1
Family Birth Steering Committee - consumer involvement	2
Child and Adolescent Health Service	
Discussion re: Gathering of Kindness	1
State Government (other agency)	
Supporting Communities Forum Roundtable	1
Funding and Contracting Services – Delivering Community Services in Partnership Policy Consultation	1
Service (self-initiated)	
TOTAL	**19**

COMMENTS ON SERVICE DELIVERY DATA OUTPUT MEASURES

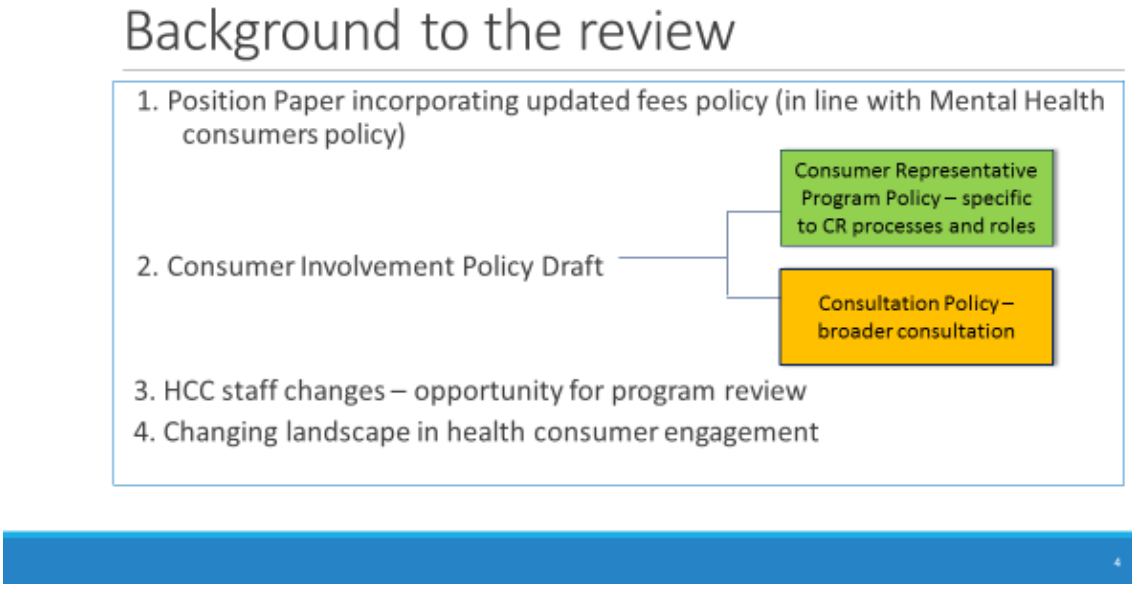
Review of the Consumer and Community Education Program

At the end of the previous reporting period, a Consumer and Community Engagement Program Review Advisory Group was established to review three key areas:

1. Definitions of consumer representation, principles of engagement and payment
2. Recruitment and placement of consumer representatives
3. Training, mentoring, support for consumer representatives.

Membership of the Committee included representation from WA Health's Quality Improvement and Change Management Unit, WA Country Health Service, WA Health Translation Network's Consumer and Community Involvement Network, HCC Board and Staff and Members.

The ambitious goal of this Advisory Group was to have one meeting on each topic, using the draft Position Paper on Consumer Engagement HCC had developed with a UWA Centre for Citizenship Student Placement. There was also a preference to adopt the Mental Health Commission payment policy as had been adapted slightly in the Position Paper. HCC had lost a Consumer and Community Engagement staff member just before the end of the financial year, but gained two short-term employees through WAPHA funding. One of these co-ordinated this project. See updated Policy and Position Paper attached.



Key agreements were reached in these three meetings:

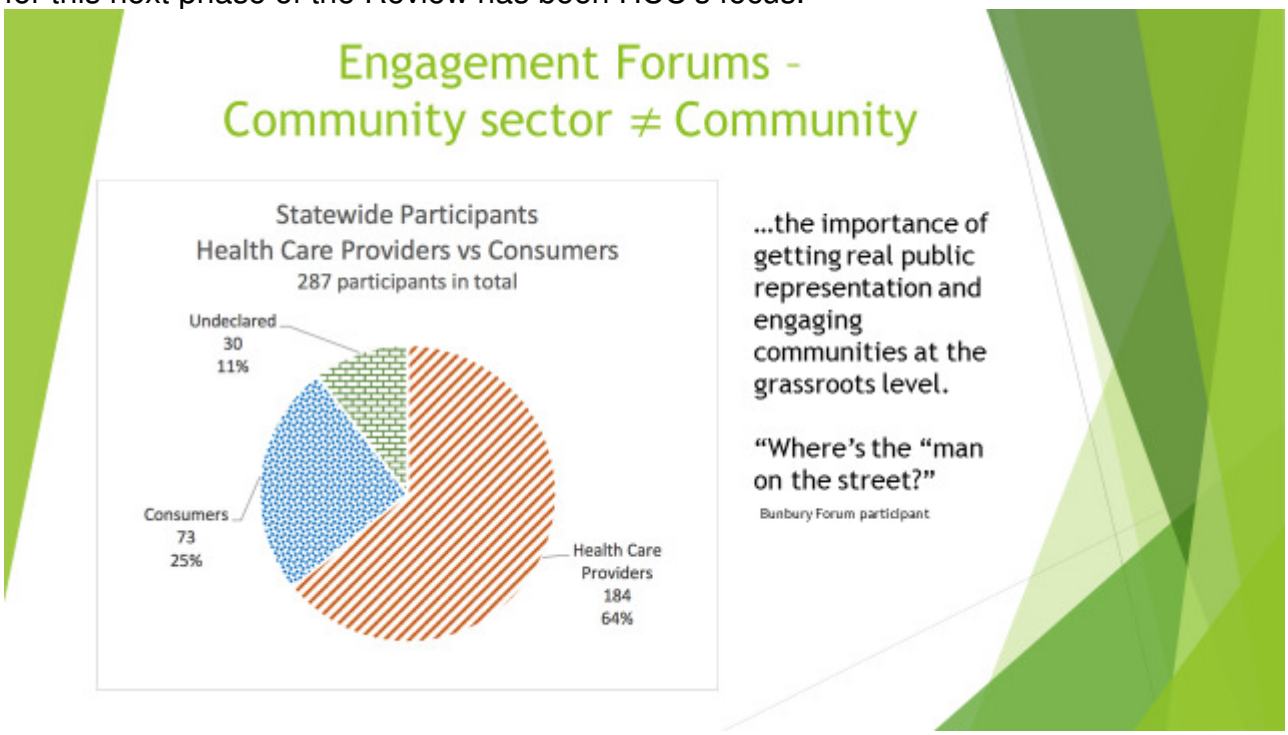
Payment: The guide adpated from Mental Health Commission and listed in the policy and Position Paper was accepted with some minor adjustments. 2 hour minimum for representation

HCC Role: It was agreed that **HCC's role is to support effective consumer representation through capacity building, support and training and capacity building for services to undertake recruitment rather than necessarily doing direct recruitment**

A key next step agreed was a Needs analysis to accurately determine what health services want from HCC. The temporary staff member left in November 2017 and a new staff member started in Novemer 2017. He will be workig in the first six months of 2018 undertaking face to face meetings with health services to undertake a needs analysis that way.

Sustainable Health Review

Much of this period of time has been dominated by the activities and insights of the Sustainable Health Review. The Executive Director was appointed to the Panel of the Review in August 2017, as Chair of the Consumer and Carer Reference Group. A key activity in this time was presenting at the Clinical Senate Debate on 20th November on what consumers want from the Review. A key insight to share was that most of the attendees at the Community Forums were not consumers or carers – they were health service providers. A plea for more inclusive engagement meant that HCC has since been funded to develop a plan for 2018, once the Interim Report is released, and to engage those harder to reach groups in the run-up to the Interim Report release. Even with this extra capacity of funding – an extra day for the Executive Director as well as the services of Marketing for Change's Luke van der Beeke has not entirely lessened the impact of this Review on HCC's workload. It is a very important and exciting time however and significant advocacy for the utilisation of a deliberative democracy engagement strategy for this next phase of the Review has been HCC's focus.



Safety and Quality Review

HCC had membership on the Safety and Quality Board which oversaw the editing of the Review of Safety and Quality report. Since its release, a new committee overseeing the implementation of its 28 Recommendations has been established, of which HCC is still a member. HCC has been tasked to provide advice to Boards on consumer engagement, and this is being developed through this committee. HCC also has their own web page, a Recommendation Watch Page which will track how these Recommendations have been implemented.

SECTION 2: OUTCOME PROGRESS REPORT
QUALITATIVE FEEDBACK ON OUTCOME MEASURES

SERVICE ONE - HEALTH CONSUMER: INDIVIDUAL SUPPORT

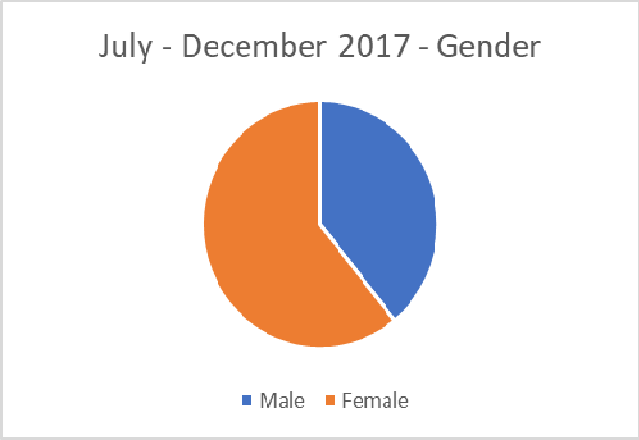
4 Health consumers are supported to effectively manage their own experience whilst utilising the Western Australian health care system.

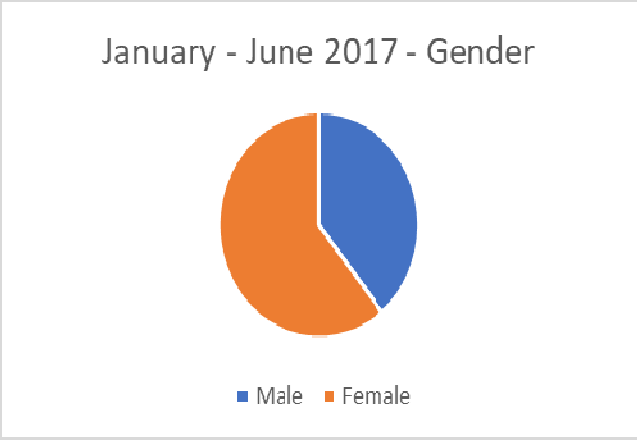
4.1 The extent to which health consumers were supported to effectively manage their own experience whilst utilising the Western Australian health care system.

SERVICE ONE – INDIVIDUAL SUPPORT

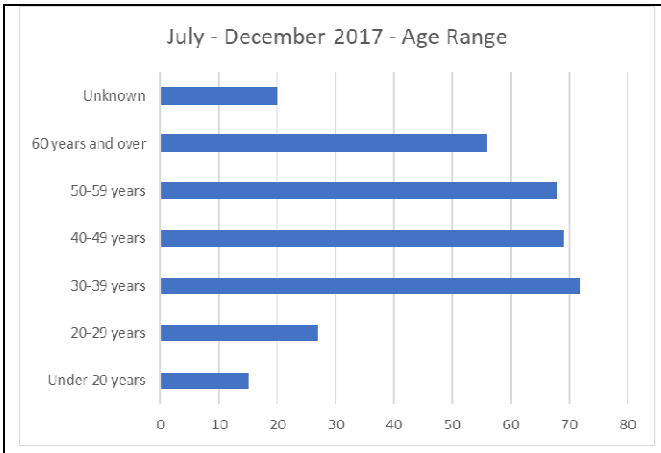
Advocacy Service

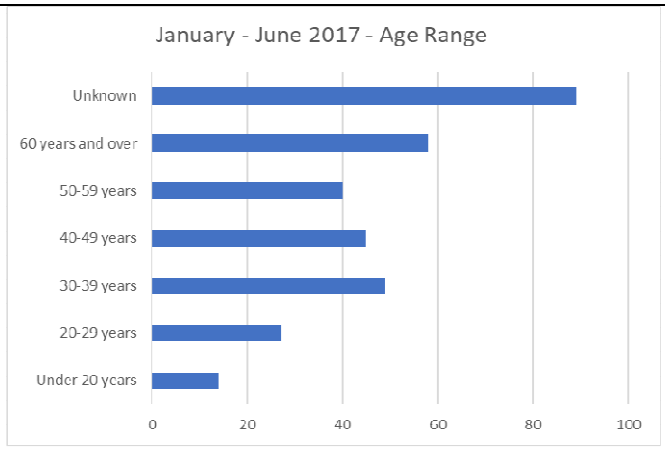
HCC continues to develop our outcomes reporting across the organisation. In terms of individual advocacy, we have adopted a different approach for shorter advocacy cases and complex advocacy cases. For shorter interactions, a link to a survey is texted to a consumer for them to provide their feedback. This link is also on the email sign-off for every advocate and goes with each email sent by an advocate. Take up of the survey either through the text prompt or email sign-off link is still relatively low (five in this reporting period) but it will continue to build. More complex cases continue to be evaluated through a survey based interview where we have a third party call consumers after a case is closed. The calls for complex advocacy cases have not yet been made for this reporting period but a highly skilled volunteer has been sourced and will commence this imminently.



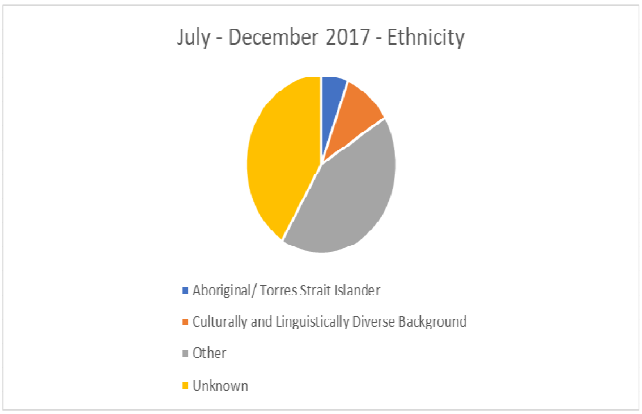


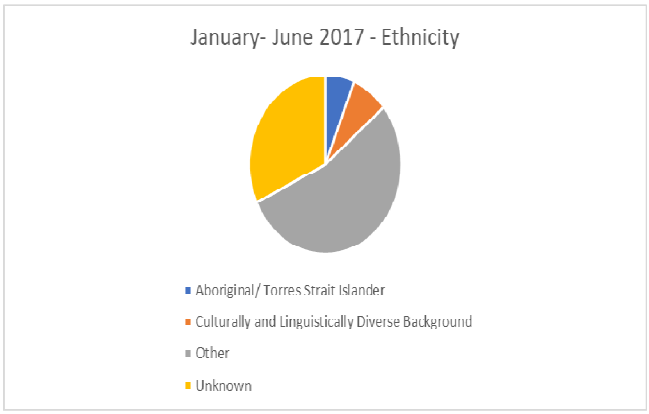
Gender ratio of consumers remained consistent



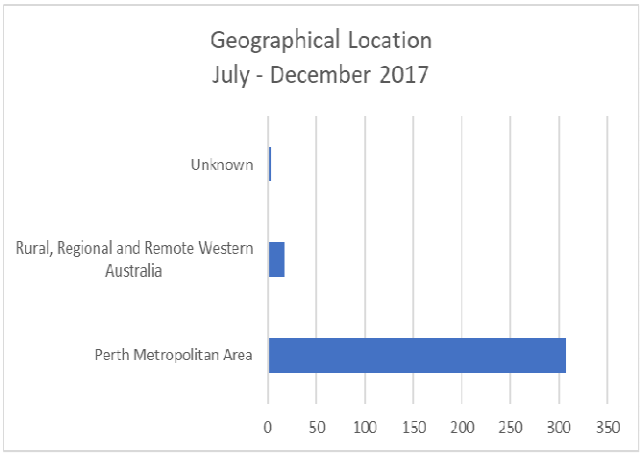


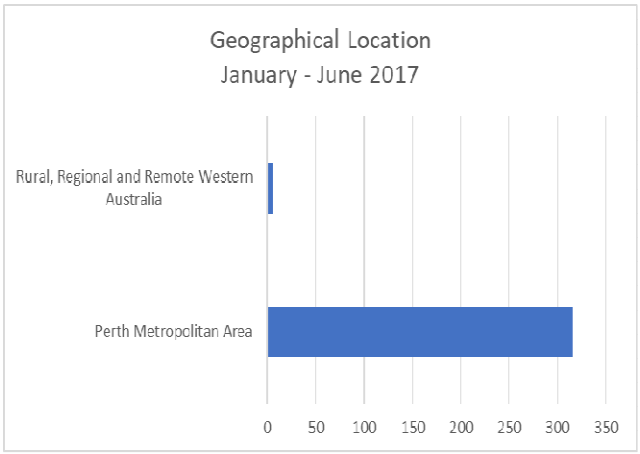
Age Range	% Increase from start of year
30 - 39 years	47%
40 - 49 years	54%
50 - 59 years	70%



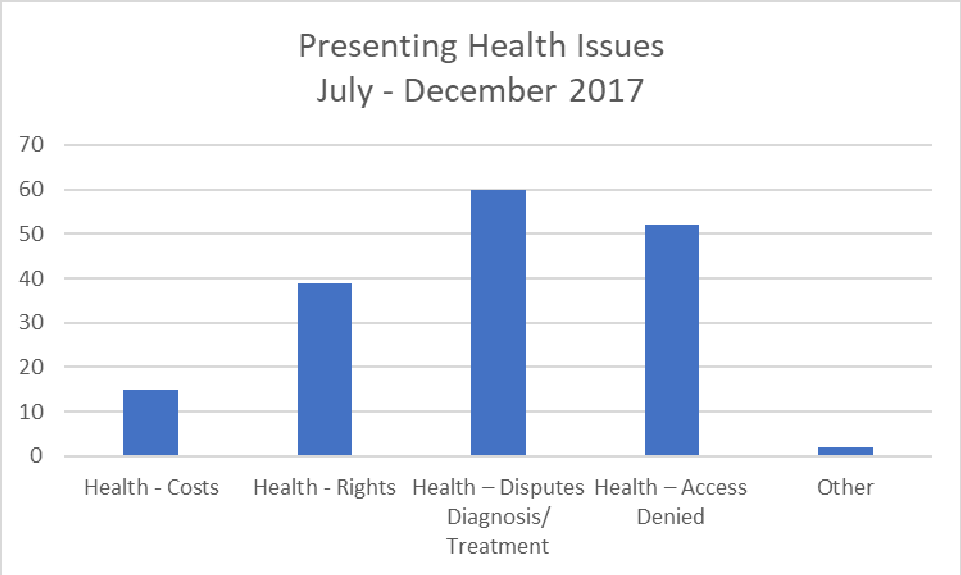


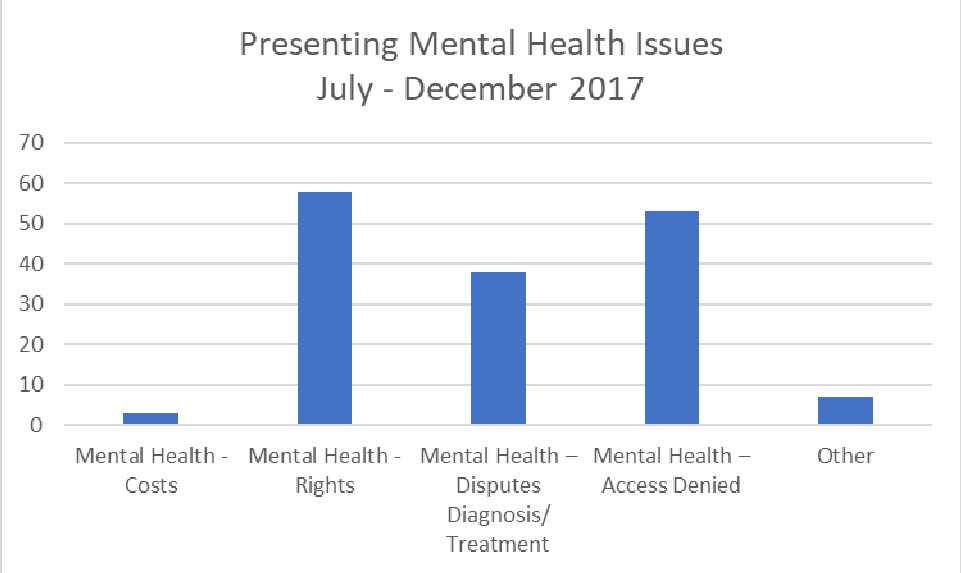
Data shows a 36% increased engagement from CaLD consumers



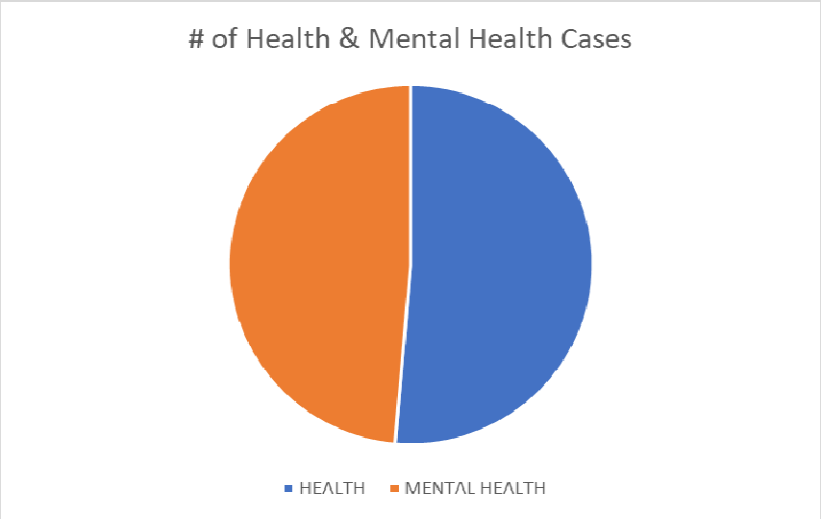


4% increased regional engagement from the beginning of 2017





80% decrease in health associated costs from the first half of the year
71% increase in access to services for mental health consumers



51% of Advocacy cases were health related and 48% were mental health related

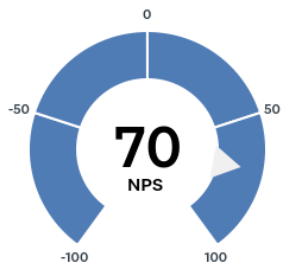
Comments from the short advocacy cases:

HCC provided me with the information I needed so I could progress my issue.

- Carly advised me (correctly I believe) that my issue had gone beyond advocacy and recommended I approach AHPRA.
- I believe Health Consumers' Council is a very great help to me
- Very personable and helpful lady
- HCC provided me with the information I needed so I could progress my issue with as much information as she was given.
- Half and half – Referred me to another servicer

The Net Promoter Score is 70:

Q8 How likely is it that you would recommend HCC's advocacy service to a friend or colleague?



Advocacy Stories

Advocacy Support for SAT Review Case with outcome desired by consumer.
This advocacy case lasted approx. 8 months and involved daily support, sometimes taking out the entire day or the largest part of the day on several occasions. A gentleman in his late 70's was placed under the Office of the Public Advocate (OPA) and the Office of the Public Trustee (OPT), who took over all of his decision making.
This gentleman had numerous medical problems and required dialysis three times per week. Additionally he has diabetes Type 1 requiring insulin injections numerous times per day. He also suffers from heart disease and is at risk of falls and fractures and had wounds that required daily dressings.
The Guardian from OPA placed him in a nursing home after he had a fall and suffered several fractures that required hospitalisation. During that hospitalisation the Guardian took the matter to the State Administrative Tribunal (SAT) who supported the decision that his wife was not able to manage his care at home. Regardless of his wishes, the limited medical and health care reports that were submitted to that SAT review all suggested that he should be cared for in an aged care facility. His wife was caring for him prior to the fall and the hospitalisation. Allegations were made that she was only doing it for her own financial gain and that she was not able to manage his care.
The gentleman could not believe that the guardian and the Trustee could make decisions on his behalf when they did not speak to him or discuss things with him. How could they know what is best for him? He sought to have the SAT review that so he could go home to his wife and be released from the aged care facility, which he described as a prison. The review was unsuccessful and the SAT upheld the order. They also increased the power of the guardian from the OPA to also be able to decide who he could associate with. Hence, they could stop

his wife from visiting or phoning if they believed it necessary. That would have broken their hearts.
The gentleman then disputed that decision (which was made by one Sitting Member) and requested an Internal Review. That meant a judge and two sitting members reviewing the decision made by the single sitting member.
This, like most SAT hearings requires intensive work from the advocate. (applications and communications to the SAT , liaising with the consumer and family members, medical practitioners, OPT, OPA, services for support at home, arranging to have medical and other assessments, trying (unsuccessfully) to get legal support). Many health care workers involved in this man's care refused to write even a few lines about his health and capacity.
Although this man did have some cognitive impairment, he knew what he wanted and he knew his wife was capable of helping him manage his life in the areas where he could not.
The full tribunal of the SAT noted that a very recent assessment from a well-respected consultant geriatrician did not believe he had dementia, only mild cognitive impairment. Also the geriatrician advised that he should see no reason why this man could not live at home with his wife. Regaining decision making powers was against the odds, but that is what occurred as a result of the full tribunal.
To see this couple so happy to be back at home together was a great reward. It takes many, many hours to prepare for these SAT hearing. (148 actions from 2 minutes to 7 hours each)

Distressed female consumer contacted HCC, advised she had experienced severe pain for several months. After multiple ED presentations it was determined that her IUD had perforated her uterus which had caused pain and multiple infections. She was only given tramadol and later opioids (which she only took when her pain was too much to bear). Despite being in severe pain, the consumer was repeatedly advised that she is on a waitlist for surgery to remove the IUD. The consumer felt unable to cope with the pain (found it difficult to walk) which was compounded by having to care for her 5 children. She had consulted with a private doctor who agreed to carry out the procedure but at a cost of $9000 which she couldn't afford.
The consumer said she had begged a tertiary hospital for an appointment which had been booked for the following day but advised this would not necessarily expedite the necessary procedure. The consumer felt an advocate should attend with her.
An HCC advocate prioritised the case and attended the appointment with the consumer. The advocate advised the consumer to call her GP to request they fax a "category urgent" referral through to the hospital clinic as they waited in the waiting room. In the appointment, the specialist identified that the IUD was clearly visible (approx. 3cm below the left iliac crest of the hip bone), but then advised that the consumer would 'have to wait her turn' for the procedure. The consumer was crying and writhing in pain during the appointment, yet the specialist advised there would be at least another 22 days before she could find a surgery slot. The HCC advocate alerted the specialist to the urgent referral that had just arrived from the GP and raised the risk of damage to the bowel, as the IUD could easily move around in the abdomen. The surgery took place two days later.

Consumer called HCC, advised that says suffers from Chronic Obstructive Pulmonary Disease (COPD) and that each day is an immense struggle trying to manage with inhalers alone. The hospital were refusing her home oxygen due to her being a smoker (two cigarettes a day).

The consumer was adamant that she'd remove all oxygen apparatus before smoking and would do so outside, away from any risk. She said she was fully aware that oxygen is an accelerant and would not smoke inside a building if oxygen were present.
An HCC advocate attended an appointment at the tertiary hospital to discuss the issue with

her treating Doctor to convey the consumer's views. The appointment took place with the senior registrar who advised that it is policy that the government will not supply home oxygen when a patients smokes. The advocate raised that this is not legislation, doctor explained that the policy means that oxygen cannot be administered within the public health system to smokers.
Although the consumer did not reach her desired outcome she was happy that the doctor gave her a wealth of information around the benefits of exercise and referred her to relevant hospital allied health services for twice weekly exercise classes, made changes to her medications and prescribed a nicotine inhaler. It was agreed that if the consumer is able to stop smoking for 6 weeks then the team will consider home oxygen.

The specialist advised that patients can self-fund privately for oxygen. The consumer appeared happy to try to stop smoking but requested the HCC advocate research the cost of self-funding oxygen treatment.

The HCC advocate checked in with the consumer a few weeks later, she hadn't managed to stop smoking but the changes to her medication had made a huge difference to her breathing and she was looking forward to commencing with allied health services. The advocate provided the consumer with self-funding options for home oxygen and the consumer agreed to call HCC should she need assistance in the future.

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.

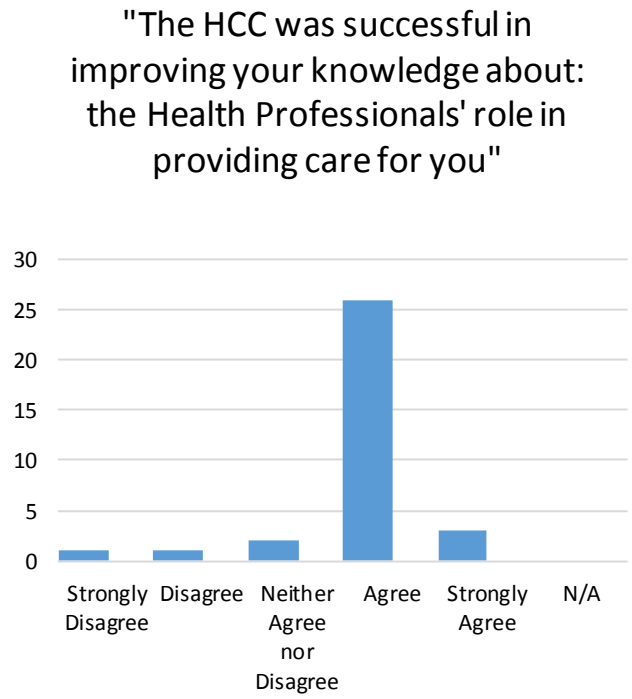
Outcomes Evaluation

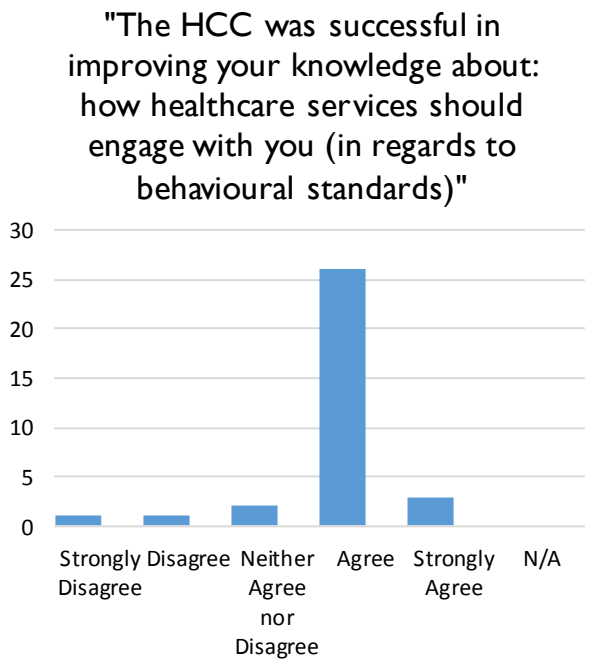
As noted above, HCC continues to pursue the goal of regular outcome reporting, but the execution can be difficult. One key challenge is the length of time between the case being closed and the survey being undertaken. The Outcomes Report for 1 July 2016 to 30th June 2017 was completed during this six month reporting period and is attached in full with this report.

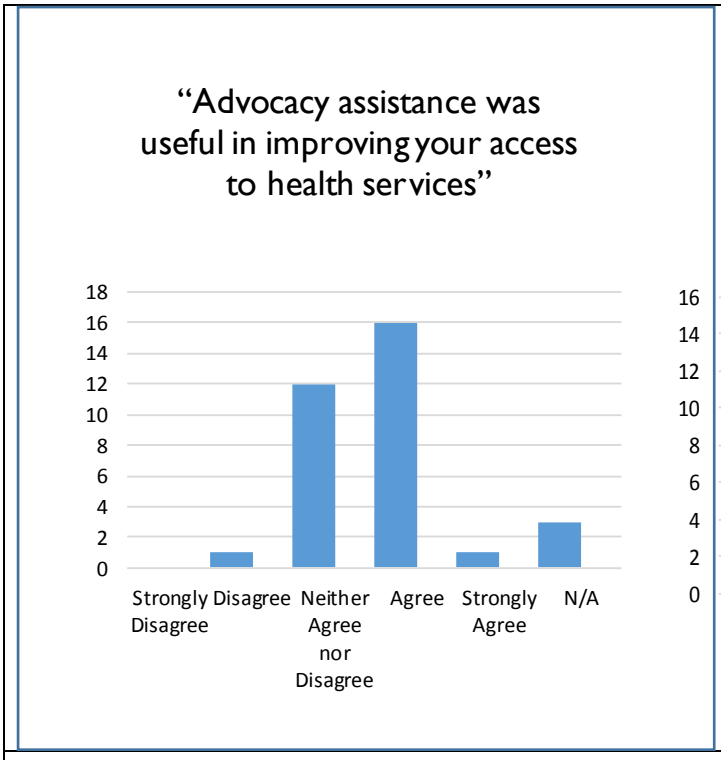
In conducting the evaluation surveys, it was the objective of the HCC to collect feedback regarding the following points:

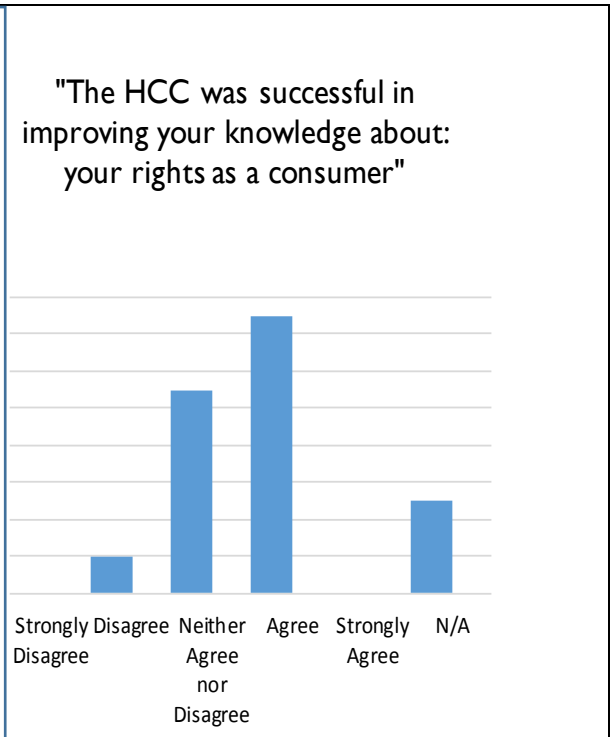
1. The ability of the advocacy service to understand the issues of the health consumers and communicate those issues through to the health services and/or professionals.
2. The ability of the Advocacy service to improve the consumer's knowledge of different aspects of the health system.
3. The ability of the advocacy service in improving consumers' ability to access health services
4. What consumers expect from the advocacy service, and how satisfied they are with the services they have received.
5. The ways in which consumers believe the service could be improved.

For the purposes of this section of the report, data is included on the answers to question 2 and 3:





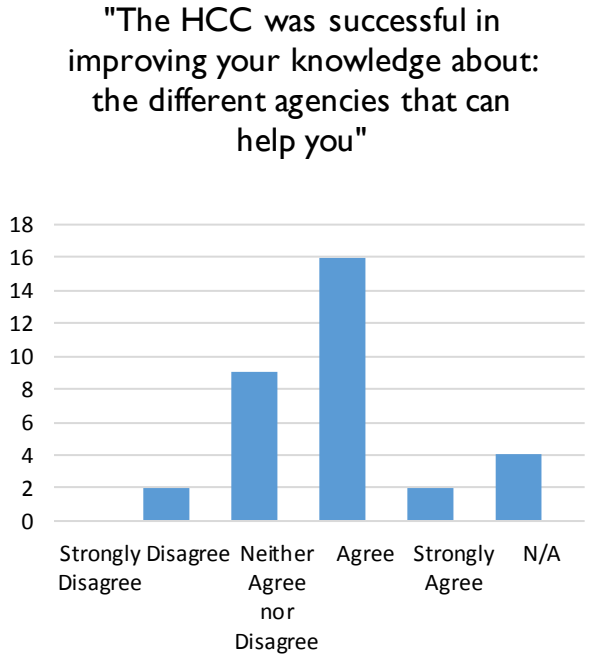




Question 2 had several dimensions, and while it was clear that consumers about the role of the health professional and how they should engage with a consumer, it was less clear that consumers understood the different agencies that can assist them, and were also less clear about their rights. It was also less clear about the impact of advocacy on accessing health services. The next round of outcomes phone calls will be undertaken imminently and some adjustment of the questions to shorten and simplify the survey will be made.

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

In the survey HCC undertakes with advocacy clients, most felt that they had better knowledge of different agencies that can assist, others noted they didn't agree or disagree. The multitude of services and their revolving funding makes this a difficult area for any agency to consistently do well.



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.

Patient Opinion

HCC undertook two key activities to support the embedding of the Patient Opinion tool across the WA Health System:

- A Q&A session for consumers in July with the CEO of Patient Opinion
- A workshop with the CEO of Energesse to provide insight into how Patient Opinion feedback can be used at ward level as well as Board level to ensure that live, real-time feedback is used to improve services

Workshops and Capacity Building for Consumer Representatives

Advanced Consumer Representation Workshop

A new Advanced Consumer Representation Workshop was developed and delivered on 14th November with six attendees. The feedback from the session was positive. This was the first time the session was run, and it was a combination of providing didactic content – sector updates – and interactive elements to develop and hone advanced communication skills. There were also opportunities for peer learning on how they keep up their skills and practice self-care as a consumer representative.

Impact of HCC workshops

Most attendees disagreed that their knowledge and skills were limited prior to the session, as would be expected for this workshop. However all agreed or strongly agreed that after attending the workshop they agreed or strongly agreed they will be better able to engage and work effectively in their role after the workshop. They all agreed or strongly agreed that they had identified ways to build on their skills and knowledge.

Consumer Voices

The Consumer Voices forum was not held in the reporting period. The topic of holistic self-care had been selected by an attendee however it did not prove popular and the forum was cancelled. It will be held again in 2018 with some amendments. The first forum in March will focus on the Sustainable Health Review to provide consumer feedback into the Review.

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.

Sustainable Health Review

HCC sees the Review as one of the key ways to promote active engagement with a diverse and representative group of WA's population, and to build capacity in the health sector to have the confidence and experience to undertake similar activities. The current contract with the SHR Secretariat is identifying and costing deliberative democracy processes to up-level the consumer engagement in the Review.

Aboriginal Community Conversation

In December 2017 HCC partnered with Langford Aboriginal Association and Relationships Australia to convene an Aboriginal Community Conversation. The purpose of the gathering was to provide a summary of the Sustainable Health Review to date and seek feedback from participants on the same questions that had been asked during the Community Forums held in September and October. It also paved the way for future engagement once the Interim Report is released.

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

A workshop was held on 6th September 2017 with five participants. See the full report attached for all the feedback, which was very positive.

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, as well as 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.

Participants noted that they would do these things differently after attending the workshop:

- Customer service treatment.
- Self-awareness and practice cultural sensitivity and awareness
- Be more aware of other people's culture when I interact at work, with friends, etc, too
- Research more options around cultural diversity services and connect with them and continue addressing it as a need that needs [to be] bridged
- Use more foreign language words. Champion change more proactively

Refugee and Humanitarian Entrant Health Research Alliance (RAHEHRA)
In 2016 the Refugee and Humanitarian Entrant Health Research Alliance (RAHEHRA) was initiated by HCC, bringing together academics, medical practitioners, community members, government employees (e.g. Department of Human Services, Cultural Diversity Unit at Department of Health) and staff from various not for profit organisations. 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 were held in the July -December 2017 reporting period and were well attended by a mix of people from the above areas. A student from UWA completed her practicum by undertaking some initial research re barriers to health care and presenting her findings to Alliance members. One of the areas highlighted is the lack of research undertaken in WA re the health care experiences of people from diverse cultural and linguistic backgrounds. See attached report

The Manager of the Cultural Diversity Program participates 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. 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; he has also participated in health consumer forums and conferences held at the national level.

Diversity Dialogues

Diversity Dialogue Forums allow health staff, consumer representatives and CAC members to have the opportunity to directly engage with members of new and emerging/CaLD communities and/or those who work closely with them. This interactive forum allows people to better understand current concerns and barriers for CaLD communities and individuals 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/

In this reporting period, a forum was to have been held on the 28th November, 2017 in partnership with the Multicultural Youth Advisory Council WA (MYAN WA) but was deferred on the request of MYAN WA staff. It will now take place in February, 2018 with the topic being "Young People from CaLD backgrounds and interpreting in health care environments – what's going on?". Those who attend the forums are encouraged 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. Audience members are asked to make recommendations for positive change which are published on HCC's website and forwarded to appropriate services and departments.

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 health services report being informed on emerging issues. 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.

Urogynaecological Mesh

Throughout 2017, the issue of the use of mesh for women affected by urinary stress incontinence and pelvic organ prolapse has been prominent in the media. In August 2017 the Perth hearing of the current Senate Inquiry into the issue was held. HCC attended this hearing and spoke at the end of the day's proceedings. In September HCC hosted the Australian Commission on Safety and Quality in Health Care's consumer consultation on the consumer resources they are developing as part of their Review.

Post the Senate Inquiry hearing, North Metropolitan Health Service has been instructed by the System Manager to develop a Mesh Clinic at King Edward Memorial Hospital (KEMH), and HCC linked key consumer advocates to staff to ensure that the clinic is being developed with the consumer at the centre. Key meetings have also been held with the Chief Medical Officer staff to ensure they are in touch with what is being experienced by women. A key point of contact with consumers to chart their ongoing experiences has been private Facebook Groups with HCC is a member of. Facebook is a key strategy for HCC going forward, as this can be the best and most democratic way to seek feedback from people who may not be able or willing to attend meetings. HCC has also ensured the KEMH CAC is aware of the Mesh Clinic and attends any relevant meetings. This will continue to be a significant issue into 2018 and HCC will continue to support the effective engagement between KEMH and women

Aboriginal Patient Journey

- HCC's partnered with the Aboriginal Council of WA to develop an interagency Aboriginal Patient Journey Forum which then 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 who are not being discharged back to their regular health care provider.
- As part of HCC's commitment to ensuring that Aboriginal consumers who experience health delivered in this way have a voice, we undertook development of a survey for patients who are in Perth for treatment. This is an ambitious project which requires the support of the tertiary hospitals, primary health and in some cases non-health services. We have collected some stories from regional people in Perth, and this will continue throughout the year. This information will be used to inform our conversations around the Patient Journey with our various partners in this space and will ensure that the patients experience remains front and centre of our focus.
- HCC has also been part of the WAPHA led project – Integrated Team Care (ITC) Country to City. This WAPHA funded project focused on the experiences of their ITC patients and how they were supported and experienced the journey from country to city. This was a lengthy process for WAPHA and involved many

community consultations and stakeholder discussions and has now culminated the recommendations from this project being presented for further action. We anticipate that HCC will remain a strong partner of WAPHA in the implementation of recommendations in 2018.

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)?

There has been some disruption as we continue to progress our update of the database we use across the organisation and the website, including its integration with our database. In relation to reporting in particular it has posed some challenges in compiling data in a timely fashion. We are working on how to better meet reporting deadlines for the next report. As an aside, HCC was able to donate outdated computers to a charity (see relevant newspaper article)

In addition the lack of a permanent Consumer and Community Engagement Co-ordinator has been challenging but is now addressed. During this period the Cultural Diversity Program Manager was on leave for four weeks which impacted on deliverables.

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).

Depending on how the Sustainable Health Review progresses it may continue to have a significant impact on HCC's workload and future opportunities.

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

As noted in the Consumer Representation Review, further work is progressing on determining the needs of services in engaging with consumers, and for consumers being supported to be effective representatives.

In 2018 there has already been a new initiative to undertake “School for Change Agents” as a capacity building activity for consumers and staff with WA Country Health Service. Depending on how this goes, this may be repeated each February and March and may take the place of some or all of the Consumer Representative Network meetings which were poorly attended.

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	262309PGWC	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.	Allianz Insurance	15000122850	21-0527315-DVC	$11,800 Comprehensive Agreed Value	09/02/2018	
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
6. Other Fair Work Cover & Practice Indemnity Insurance	QBE Insurance	78 003 191 035	33EM190 18DOL	$2 Mil in aggregate	24.05.2018	

3.10 Other

Key projects and initiatives funded through other sources

Patient First Project

- This project has been in progress since 2015 and is drawing to a close. HCC assisted WA Health's Quality Improvement and Change Management Unit to roll out a trial of resources at Collie Hospital, Bentley and Osborne Park Hospitals. Feedback is being collated and the resources will be finalised in the coming months. HCC's contract on this project is coming to an end prior to the resources being finalised but that has not been something HCC has been able to control. See separate report for this.
- Advice was provided in relation to Aboriginal and CaLD specific resource. While WA Health elected to have the Patient Safety Card only translated into other languages, HCC utilised the feedback we had received to develop a simple language version of the whole booklet and use it as a teaching resource for beginners, elementary and advanced English Language classes in partnership with TAFE, which has facilitated HCC embedding patient rights and basic health literacy into their curriculum.

WAPHA Consumer Engagement Projects

<u>Informing New Models of Primary Care - Naïve Inquiry Part 2</u>

- WAPHA Informing New Models of Primary Care was a 6 month collaborative project between the WA Primary Health Network (WAPHA), Health Consumers' Council, and Curtin University undertaken in 2017. Primary Care refers to the care you receive from your GP and other health care providers outside of the hospital system. WAPHA is supported by funding from the Australian Government under the nation's Primary Health Network Program.
- Prior to this project being established, WAPHA and Curtin undertook consultations with general practice staff to inform how care can best be provided to people to keep them well and out of hospital as much as possible.
- Informing New Models of Primary Care project was the second stage, and HCC worked with WAPHA and Curtin but this time focusing on the experience of people who access GP services. It involved convening a series of focus groups with people with multiple chronic health conditions with management under a Care Plan. Findings of these discussions have been compiled in the Naive Inquiry Brochure and were shared with the community at a community forum held on 1st December 2017. This forum provided an opportunity to further the conversation on the developing models of care.

<u>Improving AOD Consumer Involvement</u>

In 2015, the Health Consumers' Council was funded to co-ordinate a project to build on the recommendations from the November 2014 Forum, Improving Consumer Involvement in the Alcohol and Other Drug Sector. An Alcohol and Other Drug Advisory Group (AOD AG) was set up to oversee progress. Membership of the AOD AG was government, not for profit organisations and consumers. The quorum noted that 50% of consumer members needed to be in attendance for the meeting to progress in recognition of their membership as vital to the legitimacy of the work. The project was undertaken by a consumer consultant and overseen by the AOD AG to specifically address two of the Recommendations, listed below.

- to develop a common set of principles for engagement
- outline best practice engagement strategies for the sector

In 2017 the WA Primary Health Alliance funded the ongoing work of the AOD AG, which is considered a transitional group to oversee the deliverables of the new project entitled

"Improving Consumer Involvement in the Alcohol and Other Drug Sector". The current focus is now to:

- support the incorporation of a separate incorporated entity for AOD consumers
- work collaboratively to develop training to support consumers to be involved at all levels of the system.

A key vision of the AOD AG has always been to ensure the voice of the AOD consumer is heard at state and federal policy level, as well as at the service provision level. We are holding a Consumer Forum on 20 February to seek feedback on what we've done so far and next steps. Consumers include current users, service users, potential service users, family members and supporters. This project will be completed by June 2018.

Country Primary Health Network Project

- The purpose of this project was to increase the number of Primary Health Network (PHN) health consumer activities in Country Western Australia to support people to have a voice in what the healthcare looks like in their town. In particular, the project aimed to give youth, pastoralists (farmers) and Aboriginal people a voice in healthcare service planning. As part of this project, Health Consumers' Council and WA Primary Health Alliance held stalls at field days and community celebrations, took fitness classes with locals and held consumer voice forums all over country WA. As well as assisting Regional Co-ordinators in undertaking activities, HCC supported them to plan engagement activities in 2018.
- There was a significant underspend on this project, and this will be diverted to developing a Community of Practice in Engagement, including an online portal of relevant resources. WA Health will be included as a key stakeholder in this project's planning, which is occurring early 2018.

Let's Talk Culture Seminar Series

This Mental Health Commission funded project reprises this valuable workshop which has a significant role in providing education, engagement and networking opportunities to health care providers. Although its focus is mental-health it brings together community and consumer perspectives with the service provider perspective. The Seminar series is developed by a network of stakeholders and alliances to support enhanced CALD competency for providers in the mental health sector.

END OF REPORT