# **SERVICE DELIVERY DATA REPORT**

# **HEALTH CONSUMER SUPPORT SERVICE**

**Reporting period:**

Year: **July to December 2019**

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:

|  |
| --- |
| Christmas Closure 20/12/19 – 6/1/20 |

**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 | 168 |
| Male | 91 |
| Unknown | 1 |
| **TOTAL *(Total of all tables in 2.1 should be the same)*** | **260** |

b) Age

|  |  |
| --- | --- |
| Age | Number |
| Under 20 years | 9 |
| 20-29 years | 22 |
| 30-39 years | 45 |
| 40-49 years | 67 |
| 50-59 years | 49 |
| 60 years and over | 59 |
| Unknown | 9 |
| **TOTAL *(Total of all tables in 2.1 should be the same)*** | **260** |

c) Ethnicity

|  |  |
| --- | --- |
| Ethnicity | Number |
| Aboriginal/ Torres Strait Islander | 13 |
| 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) | 165 |
| Unknown | 48 |
| **TOTAL *(Total of all tables in 2.1 should be the same)*** | **260** |

## 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 | 152 |
| Private Health | 2 |
| Public Mental Health | 104 |
| Private Mental Health | 2 |
| Unknown | 0 |
| **TOTAL** | **260** |

b) Geographical Location

|  |  |
| --- | --- |
| Location | Number |
| Perth Metropolitan Area | 249 |
| Rural, Regional and Remote Western Australia | 11 |
| Unknown | 0 |
| **TOTAL** | **260** |

## 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 | 18 |
| Health – Rights | 37 |
| Health – Disputes Diagnosis/ Treatment | 55 |
| Health – Access | 27 |
| Health – Access to records | 14 |
| Other | 7 |
| Mental Health - Costs | 0 |
| Mental Health - Rights | 48 |
| Mental Health – Disputes Diagnosis/ Treatment | 28 |
| Mental Health – Access | 26 |
| Mental Health – Access to records | 0 |
| **TOTAL** | **260** |

**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.

* 1. The number and type of Individual Support during the reporting period

|  |  |
| --- | --- |
| Occasions of Service - Type of Individual Support | Number |
| Telephone Support | 1565 |
| Home Visiting |  |
| Online Support – including email | 1260 |
| Face to Face | 92 |
| Formal Referral/Active Linkages | 29 |
| **TOTAL** | **2946** |

**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 | 167 |
| Active linkages for non-users of the service | 60 |
| **TOTAL** | **227** |

**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** |  |  |
| |  |  | | --- | --- | | 23/10/2019 | Advanced Consumer Representative Training | | 1 | 13 |
| |  |  | | --- | --- | | 16/07/2019 | Health literacy session (Rights and responsibilities  in healthcare) at Canning Library | | 1 | 7 |
| |  |  | | --- | --- | | 17/07/2019 | Health literacy session (Rights and responsibilities  in healthcare) at Red Cross | | 1 | 34 |
| |  |  | | --- | --- | | 10/07/2019 | Health literacy session (Rights and responsibilities  in healthcare) at Red Cross | | 1 | 20 |
| |  |  | | --- | --- | | 9/07/2019 | School for Change Agents | | 1 | 3 |
| |  |  | | --- | --- | | 7/08/2019 | Supporting Cultural Diversity in Healthcare | | 1 | 7 |
| **Seminars/Presentations** |  |  |
| |  |  | | --- | --- | | 2/10/2019 | Consumer Forum on Privacy and Responsible  Information Sharing Discussion Paper | | 1 | 25 |
| |  |  | | --- | --- | | 27/09/2019 | Consumer Leadership with Yvonne Parnell & Suzie May | | 1 | 3 |
| |  |  | | --- | --- | | 21/10/2019 | Curtin university presentation - Patient Advocacy | | 1 | 36 |
| |  |  | | --- | --- | | 9/07/2019 | Patient Opinion Talk @ Carers WA for MHM2 | | 1 | 7 |
| **Community Activities (e.g. promotional stalls at fairs and festivals)** |  |  |
| |  |  | | --- | --- | | 11/10/2019 | City of Rockingham Seniors & Carers Expo | | 1 | 200 |
| |  |  | | --- | --- | | 1/07/2019 | Consumer, Carer and Community change agent  networking | | 1 | 21 |
| |  |  | | --- | --- | | 9/10/2019 | MH Week - Drumming in the Park | | 1 | 70 |
| **Information Sessions** |  |  |
| |  |  | | --- | --- | | 2/12/2019 | Community Conversation - Riverton Library | | 1 | 2 |
| |  |  | | --- | --- | | 4/09/2019 | Community Conversation/Presentation – Senior  Friends Social Group (Joondalup) | | 1 | 40 |
| |  |  | | --- | --- | | 11/09/2019 | Community conversations - Thornlie library | | 1 | 13 |
| |  |  | | --- | --- | | 1/10/2019 | Community Conversations at Canning Library | | 1 | 4 |
| |  |  | | --- | --- | | 28/11/2019 | Community Conversation - Leaving to Learn  presentation on Aboriginal Engagement | | 1 | 6 |
| |  |  | | --- | --- | | 29/08/2019 | Rights & Responsibilities in Healthcare @  Belmont Library | | 1 | 10 |
| |  |  | | --- | --- | | 23/07/2019 | Rights and Responsibilities in Healthcare@  Bentley Library | | 1 | 25 |
| |  |  | | --- | --- | | 24/07/2019 | Rights and Responsibilities in Healthcare @  Thornlie Library | | 1 | 12 |
| |  |  | | --- | --- | | 30/07/2019 | Rights and Responsibilities in Healthcare @  Riverton Library | | 1 | 12 |
| **Cultural Engagement** |  |  |
| |  |  | | --- | --- | | 11/11/2019 | CALD Community Conversations - Bentley Library | | 1 | 10 |
| |  |  | | --- | --- | | 19/11/2019 | CALD Community Conversations - Riverton Library | | 1 | 19 |
| |  |  | | --- | --- | | 2/12/2019 | Wadjuk Northside - Health Rights Session to elders | | 1 | 8 |
| |  |  | | --- | --- | | 2/12/2019 | Wadjuk Northside - My health record mums & bubs | | 1 | 6 |
| |  |  | | --- | --- | | 19/11/2019 | Aboriginal Aged Care and Community Hub  Community Consultation | | 1 | 25 |
| **TOTAL** | **27** | **638** |
| **Other – *Radio*** |  |  |
| 1/10/19 - ABC interview on My Health Record and the Privacy Law in WA | | |

**SERVICE ONE - HEALTH CONSUMER: INDIVIDUAL SUPPORT**

**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** | |  | |
| |  |  | | --- | --- | | 6/12/2019 | Consumer and Community Health Research Network | | | 1 |
| |  |  | | --- | --- | | 17/07/2019 | Access Care Network Australia | | | 1 |
| |  |  | | --- | --- | | 7/10/2019 | ADVANCE Advocacy Education Project curriculum | | | 1 |
| |  |  | | --- | --- | | 1/10/2019 | Advocacy Collaborative Consultation | | | 1 |
| |  |  | | --- | --- | | 30/07/2019 | Choosing Wisely - WA Champion Health Services | | | 1 |
|  | |  |
| **Number of relevant interagency forums or networks participated with** | |  |
| |  |  | | --- | --- | | 19/11/2019 | MH week WA - International Men's Health Day Event | | | 1 |
| |  |  | | --- | --- | | 9/08/2019 | Council of the Aging WA | | | 1 |
| |  |  | | --- | --- | | 12/11/2019 | Dementia Advocates Program | | | 1 |
| |  |  | | --- | --- | | 3/12/2019 | International Day of People with Disability at FSH | | | 1 |
| |  |  | | --- | --- | | 22/10/2019 | Tonic Health Media Q&A | | | 1 |
| |  |  | | --- | --- | | 23/10/2019 | WA digital health innovation | | | 1 |
| |  |  | | --- | --- | | 15/08/2019 | Helping Little Hands - Consumer Advocates catch up | | | 1 |
| |  |  | | --- | --- | | 7/10/2019 | Seamless Digital Government Conference | | | 1 |
|  | |  |
| **TOTAL** | **13** | |

**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** |  |  |
| |  |  | | --- | --- | | 9/08/2019 | Diversity dialogues for disability - QEII | | 1 | 20 |
| |  |  | | --- | --- | | 21/08/2019 | DHAC Chairs workshop | | 1 | 30 |
| **Seminars/Presentations** |  |  |
| |  |  | | --- | --- | | 19/08/2019 | Palliative Care Tele summit - RPH | | 1 | 58 |
| |  |  | | --- | --- | | 20/08/2019 | Co-presentation to DHAC Chairs | | 1 | 30 |
| |  |  | | --- | --- | | 31/07/2019 | Curtin Uni - presentation to undergraduate  students | | 1 | 63 |
| |  |  | | --- | --- | | 20/08/2019 | Curtin Uni Seminar/ Presentation to Health  Administration students on health consumer  rights | | 1 |  |
| |  |  | | --- | --- | | 23/11/2019 | FSH (Fremantle Hospitals Group) IMPROVE  Conference Presentation | | 1 | 120 |
| |  |  | | --- | --- | | 17/10/2019 | Institute of Public Administration Australia  (IPAA)- Seamless Digital Government forum  Presentation | | 1 | 100 |
| |  |  | | --- | --- | | 2/07/2019 | KEMH CAC Guest Speaker on the Mesh Forum | | 1 | 12 |
| |  |  | | --- | --- | | 18/10/2019 | WA Health - Presentation at Policy Essentials  Program | | 1 | 25 |
| |  |  | | --- | --- | | 21/10/2019 | Breastscreen WA presentation | | 1 | 120 |
|  |  |  |
| **Community Activities (e.g. promotional stalls at fairs etc.)** |  |  |
| |  |  | | --- | --- | | 25/09/20194/12/19 | Consumer representatives networking session | | 2 | 23 |
| |  |  | | --- | --- | | 8/11/2019 | CAC Chairs networking session | | 1 | 6 |
| |  |  | | --- | --- | | 31/07/2019 | Health Engagement Network | | 1 | 28 |
| |  |  | | --- | --- | | 19/12/2019 | Midland Community Health Hub - Meeting  for the Consumer Representatives | | 1 | 7 |
| **Cultural Engagement** |  |  |
| |  |  | | --- | --- | | 19/09/2019 | Aboriginal Reference Group - Patient Journey –  RPH | | 1 | 6 |
| |  |  | | --- | --- | | 28/11/2019 | Derbarl Yerrigan Health Service -Aboriginal  Engagement | | 1 | 3 |
| |  |  | | --- | --- | | 27/11/2019 | Multicultural Network Forum - Northern  Suburbs | | 1 | 10 |
| |  |  | | --- | --- | | 4/11/2019 | CaLD - Diversity Dialogues | | 1 | 12 |
| |  |  | | --- | --- | | 7/10/2019 | Aboriginal Patient Journey - video discussion | | 1 | 6 |
| |  |  | | --- | --- | | 11/12/2019 | NMHS Peer Review, Aboriginal Reference Group | | 1 | 50 |
| **Other** |  |  |
|  |  |  |
|  |  |  |
| **TOTAL** | **22** | **729** |

**SERVICE TWO - HEALTH CONSUMER: SECTOR SUPPORT**

**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** |  |
| |  |  | | --- | --- | | 12/07/2019 | Aboriginal Health Services Meeting - Selena West | | 1 |
| |  |  | | --- | --- | | 20/08/2019 | ACE Aware | | 1 |
| |  |  | | --- | --- | | 5/11/2019 | Carers WA | | 1 |
| |  |  | | --- | --- | | 9/10/2019 | HCC Engagement Team and CCHRN Team  get-together/ Strategic Planning | | 1 |
| |  |  | | --- | --- | |  | Health Consumers across Australia 8/07/2019,  12/8/19, 28/10/19, 18/11/19, 13/12/19 | | 5 |
| |  |  | | --- | --- | | 13/12/2019 | Health Consumers NSW | | 1 |
| |  |  | | --- | --- | | 22/07/2019 | Linkwest CEO | | 1 |
| |  |  | | --- | --- | | 25/07/2019 & 28/11/19 | MH Advocacy Service - Advocacy Groups | | 2 |
| |  |  | | --- | --- | | 18/10/2019 | Patient Opinion Community of Practice | | 1 |
| |  |  | | --- | --- | | 12/12/2019, 1/8/19 | Positive People WA – WA Health Sexual Health and  Blood Borne Virus – Public Health Institute of Advocacy | | 2 |
| |  |  | | --- | --- | | 26/11/2019 | WA Health - obesity project for the Clinical Excellence  Division Community of Practice | | 1 |
| |  |  | | --- | --- | | 3/10/2019, 21/11/19 | WA Health Weight Action Plan | | 2 |
| |  |  | | --- | --- | | 8/10/2019 | WALGA CEO meeting - public health plans concept | | **1** |
| |  |  | | --- | --- | | 8/08/2019, 11/10/19 | WAPHA - Learne Durrington | | 2 |
| |  |  | | --- | --- | | 8/08/2019 | WAPHA and consumer engagement - Jane Harwood | | 1 |
| |  |  | | --- | --- | | 15/08/2019 | Wungening Aboriginal Health meeting | | 1 |
| |  |  | | --- | --- | | 17/07/2019, 23/8/19 | Path West & Consumer Health Engagement | | 2 |
| |  |  | | --- | --- | | 30/07/2019 | WAPHA - Collaboration on Pain Pathway | | 1 |
| |  |  | | --- | --- | | 9/07/2019 | WAPHA - Intake and Referral Project Briefing | | 1 |
| |  |  | | --- | --- | | 30/08/2019 | Australian Digital Health Agency | | 1 |
| |  |  | | --- | --- | | 24/07/2019 | Curtin Uni - Scoping the interdisciplinary project | | 1 |
| **Number of relevant interagency forums or networks participated with** |  |
| |  |  | | --- | --- | | 3/10/2019 | Institute for Respiratory Health 20 Year Anniversary | | 1 |
| |  |  | | --- | --- | | 18/10/2019 | Linkwest Conference | | 1 |
| |  |  | | --- | --- | | 25/11/2019 | ACHSM Women in Leadership Breakfast | | 1 |
| |  |  | | --- | --- | | 21/08/2019 | Advance Care Planning Campaign - Launch of | | 1 |
| |  |  | | --- | --- | | 21/10/2019 | Change the world event | | 1 |
| |  |  | | --- | --- | | 2/10/2019 | Health Equity Symposium -consumer participation | | 1 |
| |  |  | | --- | --- | | 1/10/2019 | Mission Australia - Mark Parfitt | | 1 |
| |  |  | | --- | --- | | 28/08/2019 | Multicultural Diversity Café | | 1 |
| |  |  | | --- | --- | | 14/10/2019 | National Disability Insurance Scheme - introduction meeting | | 1 |
| |  |  | | --- | --- | | 28/11/2019 | SMHS Research Showcase - Consumers in Research session | | 1 |
| |  |  | | --- | --- | | 2/07/2019 | Palliative Care Summit Advisory Group | | 1 |
| |  |  | | --- | --- | | 12/08/2019 | Safety & Quality Workshop - public reporting on  accreditation | | 1 |
| |  |  | | --- | --- | | 15/07/2019 | Social Impact Festival | | 1 |
| |  |  | | --- | --- | | 25/07/2019 | TGA Consumer Engagement Strategy Development  Workshop | | 1 |
|  |  |
| **TOTAL** | **44** |

**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 | No instances |
| |  |  | | --- | --- | | 7/11/2019 | Inclusive Health Care Policy –  Fiona Payne | | 1 | 1 |
| |  |  | | --- | --- | | 6/11/2019 | Dept of Justice - Dental Health  Services with Sean Archibald | | 1 | 1 |
| |  |  | | --- | --- | | 23/08/2019 | Dept of Justice - WA Aboriginal  Health Justice Body | | 1 | 6 |
| |  |  | | --- | --- | | 16/10/2019 | Parking at QEII | | 1 | 1 |
| |  |  | | --- | --- | | 10/07/2019 | ACSQHC Consultation - My Health  Record Health Clinical Safety Review | | 1 | 1 |
| |  |  | | --- | --- | | 19/12/2019 | Manage my Care App Briefing with  Jess Duinmeyer | | 1 | 2 |
| |  |  | | --- | --- | | 6/11/2019 | WACHS - palliative care meeting | | 1 | 1 |
| |  |  | | --- | --- | | 31/07/2019 | HIV Integrated Case Management  Program Guidelines update  Consumer Consultation | | 1 | 12 |
| |  |  | | --- | --- | | 6/08/2019 | Consumer discussion on the  Guardianship Act | | 1 | 1 |
|  |  |  |
|  |  |  |
| **TOTAL** | **9** | **26** |

3.8 Mechanism for Provision of Advice and Information

|  |  |  |
| --- | --- | --- |
| **Mechanism for Provision of Advice and Information (through)** | **Number of Activities** | **Number of Instances** |
| **Consumer Representation\* (HCC appointed) participation on Department committee or forum** | | |
| |  |  | | --- | --- | | 21/11/2019 | CAHS Midland Community Health Hub Project  Control Group Meeting | | 1 | 1 |
| |  |  | | --- | --- | | 24/09/201922/10/19  26/11/19 | Choosing Wisely WA Champion Health Services  Meeting | | 1 | 3 |
| |  |  | | --- | --- | | 6/08/2019 | Communicable Disease Control Directorate –  Case Management Advisory Panel Meeting | | 1 | 1 |
| |  |  | | --- | --- | | 21/08/2019 | DHAC Chairs - engaging your community | | 1 | 1 |
| |  |  | | --- | --- | | 20/08/2019 | Mens Health Roundtable | | 1 | 1 |
| |  |  | | --- | --- | | 1/08/2019 | SCGH - Aboriginal Engagement | | 1 | 1 |
| |  |  | | --- | --- | | 3/10/2019 | WA Cancer Plan Project Control Group | | 1 | 1 |
| |  |  | | --- | --- | | 26/07/2019 | WA Health - Cancer Control Forum | | 1 | 1 |
| |  |  | | --- | --- | | 7/10/2019 | WA Health - Climate Change in Health Event | | 1 | 1 |
| |  |  | | --- | --- | | 17/10/2019 | WA Health - Climate Health WA Inquiry | | 1 | 1 |
| |  |  | | --- | --- | | 7/11/2019 | WA Health Awards | | 1 | 1 |
| |  |  | | --- | --- | | 26/09/2019 | WA Health Digital Strategy 2020-2030 launch | | 1 | 1 |
| |  |  | | --- | --- | | 2/10/2019 | WA Health Executive Breakfast | | 1 | 1 |
| |  |  | | --- | --- | | 14/11/2019 | WA Health ICT Consumer Reference Group | | 1 | 1 |
| |  |  | | --- | --- | | 8/07/2019, 22/7/19 | WA Women’s Health and Wellbeing Policy  Working Group | | 1 | 2 |
| |  |  | | --- | --- | | 12/12/2019, 12/9/19, 14/11/19, 11/7/19, 8/8/19 | Clinical Senate Executive Committee | | 1 | 5 |
|  |  |  |
| **Consumer Advisory- participation on Department Committee or Forum – where HCC provides general support** | | |
| |  |  | | --- | --- | | 15/07/2019 | Consumer & Community Representative Chairs  meeting | | 1 | 1 |
| |  |  | | --- | --- | | 30/07/2019 | AHCAG Meeting - RPH & Inner City | | 1 | 1 |
| |  |  | | --- | --- | | 24/07/2019 | Arts & Health Consortium Meeting | | 1 | 1 |
| |  |  | | --- | --- | | 7/08/2019 | Dept of Justice - Clinical Governance Advisory  Committee Meeting | | 1 | 1 |
| |  |  | | --- | --- | | 15/10/2019 | Health Networks - Strategic engagement of  consumers and carers in DoH activity | | 1 | 1 |
| |  |  | | --- | --- | | 8/08/2019 | Health Networks Leadership Forum | | 1 | 1 |
| |  |  | | --- | --- | | 15/07/2019, 19/8/19, 21/10/19, 18/11/19 | PCH - Consumer Advisory Committee (CAC) | | 1 | 4 |
| |  |  | | --- | --- | | 13/08/2019 | SCGH - Community Advisory Council Meeting | | 1 | 1 |
| |  |  | | --- | --- | | 26/07/2019, 22/11/19 | State Oral Health Advisory Committee | | 1 | 2 |
| |  |  | | --- | --- | | 30/10/2019 | The Governor's Lecture 2019 | | 1 | 1 |
| |  |  | | --- | --- | | 23/07/2019, 11/10/19, 15/10/19 | WA Sexual Health & Blood Born Virus Advisory  Council | | 1 | 3 |
| |  |  | | --- | --- | | 11/11/2019 | WACHS -Command Centre Launch event | | 1 | 1 |
| |  |  | | --- | --- | | 20/08/2019 | WACHS Launch of Strategic Plan | | 1 | 1 |
| |  |  | | --- | --- | | 4/07/2019 | Workforce & Education Roadmap Steering Group | | 1 | 1 |
| **Participation on (other) committees or forums whose purpose is aligned with the Department’s strategic priorities** | | |
| |  |  | | --- | --- | | 23/07/2019 | Patient Experience Week Advisory Group | | 1 | 1 |
| |  |  | | --- | --- | | 13/11/2019 | Reproductive Technology Council | | 1 | 1 |
| |  |  | | --- | --- | | 13/08/2019 | Aboriginal Consumers and Communities  involvement in Research - Half Day Roundtable | | 1 | 1 |
| |  |  | | --- | --- | | 12/12/2019 | ACSQHC - Partnering with consumers committee meeting | | 1 | 1 |
| |  |  | | --- | --- | | 30/10/2019 | CHF AIHW Primary Health Care Data Asset | | 1 | 1 |
| |  |  | | --- | --- | | 25/11/2019 | CHF Roundtable on Social Prescribing | | 1 | 1 |
| |  |  | | --- | --- | | 20/08/2019, 31/10/19 | Curtin Medical School Advisory Board | | 1 | 2 |
| |  |  | | --- | --- | | 16/08/2019 | eHealth NSW teleconference - Consumer  Representative | | 1 | 1 |
| |  |  | | --- | --- | | 26/11/2019 | Family and Domestic Violence AG Meeting | | 1 | 1 |
| |  |  | | --- | --- | | 6/09/2019 | HIV Integrated Case Management Program  guidelines update Reference Group | | 2 | 2 |
| |  |  | | --- | --- | | 5/09/2019, 28/11/19 | LAA Aboriginal Aged Care and Community  Hub (AACCH), Community Reference Group (CRG) | | 1 | 2 |
| |  |  | | --- | --- | | 9/08/2019, 16/8/19, 23/8/19 | MHC - Co-review of community services  model | | 1 | 3 |
| |  |  | | --- | --- | | 8/08/2019, 31/10/19, 5/12/19 | MHC -One stop shop: Advisory Group Meeting | | 1 | 3 |
| |  |  | | --- | --- | | 26/11/2019 | Murdoch Uni ATSI Nursing Advisory Group  Meeting 1 | | 1 | 1 |
| |  |  | | --- | --- | | 15/08/2019 | Research Forum on Antibiotic Resistance -  Consumer Involvement - Susan Hermann | | 1 | 1 |
| |  |  | | --- | --- | | 29/10/2019 | UTS Sydney Researcher Interview - defensive  practice and low value care | | 1 | 1 |
| |  |  | | --- | --- | | 15/07/2019 | UWA - Danjoo Koorliny Walking Together Leader  Briefing | | 1 | 1 |
| |  |  | | --- | --- | | 5/12/2019 | WA Police Force Family Violence Investigation  Code of Practice | | 1 | 1 |
| |  |  | | --- | --- | | 24/10/2019, 9/7/19 | WACOSS Peaks Forum WA | | 1 | 2 |
| |  |  | | --- | --- | | 9/07/2019, 1/11/19, 14/10/19, 30/10/19 | WAHTN - Executive meeting, Strategic Review &  Plan | | 1 | 4 |
| |  |  | | --- | --- | | 10/10/2019 | WAPHA - Urgent Care DCE Meeting | | 1 | 1 |
| |  |  | | --- | --- | | 1/11/2019 | WAPHA Better Health Together | | 1 | 1 |

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| --- | --- | --- |
| **Formal or documented responses to policy issues aligned with the Department’s strategic priorities** | | |
| |  |  | | --- | --- | | 2/10/2019, 17/10/19 | Prison Health - Clinical Governance Advisory  Committee Meeting | | 1 | 2 |
| |  |  | | --- | --- | | 21/10/2019 | National Clinical and Community Advisory Group  meeting | | 1 | 1 |
| |  |  | | --- | --- | | 2/09/2019, 23/10/19 | National Digital Health Workforce & Education  Steering Group | | 1 | 2 |
| |  |  | | --- | --- | | 25/10/2019 | National Goals of Care Collaborative Steering  Committee Meeting | | 1 | 2 |
| |  |  | | --- | --- | | Various | Palliative Care Summit Advisory Group | | 1 | 5 |
| **Meetings with (Department’s) Minister, Ministerial staff and/or Department staff** | | |
| |  |  | | --- | --- | | 4/11/2019 | Birthing on Country Roundtable - hosted by the  Minister for Health | |  |  |
|  |  |  |
| |  |  | | --- | --- | | 12/07/2019 | Office of the Chief Psychiatrist | | 1 | 1 |
| |  |  | | --- | --- | | 12/11/2019, 21/8/19 | Minister for Health's Chief of Staff - Neil Fergus | | 1 | 2 |
| |  |  | | --- | --- | | 14/08/201917/12/19, | Minister Roger Cook | | 1 | 3 |
| |  |  | | --- | --- | | 12/11/2019 | Director General meeting | | 1 | 1 |
| |  |  | | --- | --- | | 7/10/2019 | Opposition Minister For Health - Zac Kirkup | | 1 | 1 |
| |  |  | | --- | --- | | 8/08/2019 | WA Health -Karen Bradley - Meeting to discuss  consumer engagement, leadership | | 1 | 1 |
| |  |  | | --- | --- | | 3/12/2019 | WA Health -Louise Mason - Patient First, PSIS,  Health Literacy | | 1 | 1 |
| |  |  | | --- | --- | | 17/12/19 | Ministerial Mesh Roundtable | | 1 | 1 |
|  |  |  |
| **TOTAL** | **66** | **99** |

3.9 Source and Number of Request for Policy Advice and Information

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| --- | --- |
| **Source of Request for Policy Advice and Information** | **Number of Activities** |
| **Department of Health – Royal Street** |  |
| |  |  | | --- | --- | | 20/08/2019 | Aboriginal Health Policy Directorate | | 1 |
| |  |  | | --- | --- | | 8/08/2019 | Dept of Health/ Royal St. HCC Contract and advice to system manager | | 1 |
| |  |  | | --- | --- | | 1/11/2019 | Health Networks - Palliative Care - Gabriella Jerrat | | 1 |
| |  |  | | --- | --- | | 22/07/2019 | Open Disclosure Policy and Pamphlet Discussion | | 1 |
| |  |  | | --- | --- | | 2/10/2019 | SHR - Independent Oversight Committee Briefing | | 1 |
| |  |  | | --- | --- | | 6/12/2019 | SHR Implementation *-* Judith Stewart and Nicole O'Keefe | | 1 |
| |  |  | | --- | --- | | 1/08/2019 | TGA Breast Implant Hub - WA Health S&Q Unit | | 1 |
| |  |  | | --- | --- | | 14/08/2019 | WA Health - Genomics Strategy | | 1 |
| |  |  | | --- | --- | | 24/07/2019, 10/10/19 | WA Health - Health Equity | | 10/07/2019 | Women and Newborn Health Network Co-Chairs Chris Griffin &  Kate Reynolds | | 2 |
| **East Metropolitan Area Health Service** |  |
| |  |  | | --- | --- | | 16/07/2019 | EMHS Consumer Engagement and Diversity Dialogue  Meeting - Sandra Miller | | 1 |
| **North Metropolitan Area Health Service** |  |
| |  |  | | --- | --- | | 31/10/2019 | NMHS - Joondalup Hospital Meeting | | 1 |
| |  |  | | --- | --- | | 24/10/2019 | NMHS - Phone call re Non-Fatal Strangulation brochure –  Maire Kelly | | 1 |
| |  |  | | --- | --- | | 1/08/2019 | NMHS Advice to SCGH nurses - Why does a nurse manager  need to be a nurse | | 1 |
| **South Metro Area Health Service** |  |
| |  |  | | --- | --- | | 26/11/2019 | FSH - Aboriginal Australians experience a disproportionately  high rate of heart disease and are over represented  amongst patients requiring cardiac surgery. | | 1 |
| |  |  | | --- | --- | | 5/12/2019 | SMHS Aboriginal Health Strategy | | 1 |
| **Child and Adolescent Health Service** |  |
| |  |  | | --- | --- | | 15/08/2019 | CAHS Advice from researcher on engagement | | 1 |
| |  |  | | --- | --- | | 15/08/2019 | PCH - Choosing Wisely Working Group | | 1 |
| **WA Country Health Service** |  |
| |  |  | | --- | --- | | 15/08/2019 | Maternity App Working Group | | 6 |
| **State Government (other agency)** |  |
| |  |  | | --- | --- | | 28/11/2019 | AHCWA representation on WAHTN board | | 1 |
| |  |  | | --- | --- | | 25/07/2019 | AHPRA Meeting with CEO | |  |  | | 1 |
| |  |  | | --- | --- | | 6/08/2019 | Dept of Justice - Prison Health - briefing with David Whittle | | 1 |
| |  |  | | --- | --- | | 20/11/2019 | Dept of Justice -Prison Health - Minister Logan's Chief of  Staff – Tom Palmer and Rebecca Martin | | 1 |
| |  |  | | --- | --- | | 9/12/2019 | HaDSCO meeting | | 1 |
| |  |  | | --- | --- | | 3/12/2019 | Health Engagement Network - Aged Care – Adam Lorisa –  Assistant Director | | 1 |
| |  |  | | --- | --- | | 13/09/2019 | MHC - Co-review of community services model | | 1 |
| |  |  | | --- | --- | | 3/10/2019 | MHC - Patient Opinion | | 1 |
| |  |  | | --- | --- | | 30/07/2019 | Office of Inspector of Custodial Services Eamon Ryan | | 1 |
| |  |  | | --- | --- | | 2/12/2019, 6/11/19, 7/11/19, 10/10/19 | Supporting Communities Forum | | 4 |
| |  |  | | --- | --- | | 2/08/2019 | WACOSS - State Budget Submission | | 1 |
| |  |  | | --- | --- | | 15/10/2019, 16/8/19 | Department of Premier in Cabinet Privacy and Responsible  Information Sharing Submission Discussion Session | | 2 |
| **Service (self-initiated)** |  |
| |  |  | | --- | --- | | 6/11/2019 | Curtin Uni - consumer voice in health administration | | 1 |
| |  |  | | --- | --- | | 18/07/2019 | Patient Opinion Community Of Practice- Complaints Policy | | 1 |
|  |  |
| **TOTAL** | **42** |

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| **SERVICE ONE- INDIVIDUAL SUPPORT**  **Advocacy Activities- Outputs**  The HCC provides a flexible and Individual Advocacy Service for West Australians seeking assistance with access to health service and/or redress processes.  In this reporting period, there were 260 advocacy cases compared 235 in the previous period. 100 cases were assessed to be complex in nature and 160 were non-complex.  This period has been very busy and the weight of this has impacted negatively upon our reception/triage staff, whose job it is to balance stakeholder enquires to both services (Advocacy and Engagement) along with the administration tasks required in a busy non for profit organisation. This impact is reflected in their ability to record the provision of information and linkage services to stakeholders. We can say with confidence that the recorded number of 227 is significantly lower than the actual figure which is certainly much higher.  Our reception staff continue to provide information and linkage support to stakeholder enquires offering individuals a range of resources and self-advocacy tools. Many consumers are empowered by this approach and, ultimately are able to self-manage their issue.  **Advocacy Cases- Gender**  The comparison reveals some changes to the proportions of gender identification for those who accessed the service, with individuals identifying as female in 168 cases, male in 91 cases and 4 consumers identified as gender binary.    **Advocacy Cases- Age Range**  The comparison relating to age shows a slight a decrease in the 60/over and in the 40-49 cohorts, with the other groups remaining fairly similar to the previous period. 9 consumers did not reveal their age compared to 3 in the last period.  **Advocacy Cases- Ethnicity**  The comparison shows a 2% increase in consumers’ from Culturally and Linguistically Diverse Backgrounds and 0.2% increase from the Aboriginal/ Torres Strait Islander group.    **Advocacy Cases- location**  This reporting period has seen a 2% increase in Perth/Metropolitan consumers accessing the service with a 2% decrease to those consumers from Rural, Remote and Regional Western Australia.    **Advocacy Cases- Presenting Issue**  The comparison shows an increase to the following presenting issues, Health- costs, access to records, Mental Health- rights, and access to services. A decrease of the presenting issues in Health- access to services, Mental Health- costs and diagnosis and treatment. The dominant presenting issues remain as in previous periods as, rights, diagnosis and treatment.  **Advocacy Cases- Health Setting**  The comparison demonstrates a 6% increase to issues pertaining to the public health and mental health systems, with a 3% decrease to private health related issues.  **Advocacy Activities- Positive Stories of Change**  **Case Story 1- Poor Communication**  For a three-year period, C had accessed a counselling service where she received regular therapeutic sessions. She was accessing this service due to a myriad of personal and family issues. She was informed via email and in person that due funding reasons, there needed to be a break in her sessions and that after a 12 week break, they could resume. Although disappointed by the abrupt break to therapeutic process, C understood the limitations of funding so agreed to wait out the break period.  After the break, C contacted the service and booked dates for her sessions to continue. The service then contacted her to say there had been a mistake and, in fact, she could no longer access the service. C explained regarding the previous agreement (12 week break and then sessions could recommence) but the service disputed this had ever been agreed.  C had developed a positive therapeutic relationship with her counselling service over the three years and was devastated to hear they were going back on their agreement to continue support. She describes feeling powerless and disregarded.  C attempted to resolve the issue with the service by forwarding them a copy of the email, which stated the agreement to recommence after the break. Despite this, the service did not agree to further sessions and C describes staff members speaking down to her and refusing to acknowledge their mistake. She engaged HaDSCO and made a formal complaint; she hoped for a meeting with the service with hopes to convey how their handling of the issue had further contributed to her mental ill health. She was also seeking validation and an apology. The service declined the suggestion to meet and HaDSCO closed the case.  The HCC advocate liaised with the service and wrote a letter that conveyed how the experience had affected their former client. After some negotiation, the advocate was able to organise for C to meet with the service’s senior management. C was able to convey how the experience had affected her and the service took appeared to genuinely listen and displayed empathy for their former client. The service apologised and undertook to consider her complaint in future decision making to avoid similar issues moving forward.  In her own words, C describes what The HCC Advocacy Service meant to her,  “Your help has meant so much to me. It was your experience and advocacy that brought about that meeting and provided me with a resolution. From the very beginning you listened, understood and provided me with comfort and compassion, all the while being very professional.  I am very grateful to have found The Health Consumers Council. After coming up against a dead end with HaDSCO for nearly a year, I was incredibly disillusioned and upset. You turned that around and gave me some hope again. I truly believe that your skills as an advocate were the only reason that my experience was addressed by the service, and for that I thank you. Not once during my communication with you did I feel less than, or misunderstood. You made me feel confident that you would do your best to bring about a resolution for me, and it ended up being a very positive one. It has helped.”  **Case Story 3- Difficulty in Accessing Effective Pain Management**  A client who was experiencing barriers when trying to access healthcare in relation to pain management engaged the Advocacy service for some assistance. The client’s unique presentation of symptoms meant that a regime including scheduled medications were necessary. After a couple of experiences within the public system, the client began to feel as though they were being stigmatised due to the need to access these medications.  At the time that they contacted our organisation, this individual had been given an appointment to see a pain specialist to review all current medications. The client requested that that the advocate attend the appointment, in order to provide them with support in navigating this sometimes challenging area. During the appointment, it was decided that the current medication was to be ceased and a new medication introduced instead. There was little time spent explaining what this process would look like, despite an obviously upset and concerned patient. After leaving this appointment, the advocate suggested that the client obtain a second opinion privately and agreed to attend for support.  The second opinion saw a vastly different outcome. The specialist had a lot of experience working with patients who have complex presentations and explained that due to the client’s specific ailments, a combination of scheduled medications would be necessary in this case. The doctor also he was unconcerned at the long-term use and noted that there had never been an increase during the time they had been prescribed. He credited the patient for decreasing certain medications voluntarily, with support from the GP.  The client mentioned that they felt heard and supported in a way that was without judgment or prejudice. They explained that this made all the difference. In their own words, this is a summary of their experience of accessing advocacy:  “It has been fantastic to receive proper care for my condition. I have ventured back to the specialist on my own and have found him to be compassionate and caring. I have so many options now on how I proceed into the future. What a difference from just one option publicly, to many options privately. Procedures are being made possible via the public system so it’s incredible that this is finally being taken seriously. I want to say THANK YOU! It’s hard to put into words what your support and advocacy has meant to me. My sense of self increased after contact with you, and my fight to be “seen” properly for what this disease is doing to my body has been paramount. You really did help with the muddle of crap that I was experiencing, to have you “witness” this part of my journey has helped so much in gaining control over my own health. Life is still throwing horrible challenges my way, but I am okay! If there is anything that I can ever do to promote the wonderful service that you represent, please let me know as I will always make time to champion this important organisation.  **The Power of Advocacy**  In her own words this consumer shares her experience of accessing The HCC’s Individual Advocacy Service, “I contacted the Health Consumers’ Council after someone on Facebook told me about your services. Immediately after I contacted your organisation, an Advocate took on my case. Throughout my interactions with the Health Consumers’ Council, my Advocate kept in regular contact with me. You have been a support to me when I felt hopeless and as though I had no one to turn to. I really appreciated that you were able to take notes at my appointment and to help me with getting my medical records and making sense of them. My lawyer has raved about what you have done for me and has said that your organisation deserves all of the funding it can get, and I agree. Thank you!”  **Case Story 4- A Worthwhile Second Opinion**  At the time of contacting The HCC, a consumer had been trying to obtain surgery for a condition where they have two extra bones, an issue that develops from birth but seems to become more of a problem as people become adults. He also has a syndrome that affects connective tissue, primarily the skin, joints and blood vessel walls. Symptoms include overly flexible joints that can dislocate, and skin that's translucent, elastic and bruises easily. In some cases, there may be dilation and even rupture of major blood vessels.  Treatment helps manage symptoms and monitor for complications. Options include drugs, physiotherapy and sometimes surgery.  Due to the extra bones and the hypermobile joints, and other issues, simple tasks like shaving, washing his hair, hanging out the washing would cause one arm to go pale, like there was no blood coming into the limb. If he did not put his hand down, it would become numb and then extremely unpleasant to unbearable and he noted he had previously developed a blood clot in the arm.  He also has anxiety and depression and which he considers might be a consequence of the pain that he experiences. Recently, he had extreme pain in his neck that would not let up for a 3-4 weeks which intensified to intolerable levels even with slight mobilisation. His pain medications afforded little relief. He described being frightened due to being alone most of the time and knowing that he had no one to help him or call for assistance on his behalf. This meant that he had to attempt to complete various daily living tasks which aggravated his pain significantly.  The consumer’s doctor would not continue to prescribe pain medication for breakthrough pain. This caused much more anxiety, which further delayed his ability to cope.  The advocate attended an appointment with the consumer and the specialist surgeon. The specialist agreed that surgery needed to go ahead urgently. Ironically, the consumer had been asking to have the surgery for 12-18months. The Surgeon explained what the surgery would entail, gave information around expected recovery time frames and outlined the associated risks of the procedure.  The consumer was very happy with the outcome and pleased that his pain had significantly decreased two months post-surgery. In his own words, the consumer describes what advocacy meant to him:  “I want to thank you so much for your time and support during the lead up to the operation. I think we were both surprised at how the surgeon readily agreed to go forward with the operation, especially considering how much trouble I had for the few years before that with trying to get people to listen and help me with the issue. I do really appreciate having you to advocate for me and just having you there made it a bit easier altogether.  So, all in all it was a success and I am happy with the outcome. I have not had any of the pre op dead arm pain or loss of colour since the operation. I think that once this nerve pain has settled down I will have a fully functioning ‘normal ‘arm.  I am grateful that there is an organisation like yours that are there to help out. It can be very overwhelming trying to navigate the medical system on my own and with unfortunate stigmas towards mental health that get in the way.  It calms my anxiety about my future health care knowing that H.C.C is there if I run into issues with the system again. Once again, I want to thank you for all you have done to be familiar and help me with my issues.”  **Positive feedback**  Despite best efforts, The HCC’s Advocacy Service is not always able to achieve a consumers’ desired outcome. Often, in such circumstances, consumers are forthcoming in providing feedback on their experience of accessing advocacy:    “The advocate did what she could' and was very helpful.”  “I felt supported and cared about.”  “I felt more safe knowing that a professional was supporting me. The Advocate asked the right questions and helped me understand about my problem. I am glad that there is a service such as this that can help people like me who are not sure what to do if they have a problem.”    A few more snippets of consumer feedback:  One Consumer likened advocates to lawyers, “having a wealth of information. It was a big help having someone on your side.”  “I can't thank you enough for helping me and being there through this difficult time in my life, you made the journey a lot easier with your help and guidance and I will be forever thankful.”  “I really want to say a big thank you for helping me with this. I really appreciate it. You have shown me care in making sure everything goes this way. Also, thanks for listening to me the first time you spoke to me on phone. I want to say thanks for been there for me when I needed someone to hear me out.”  **HCC legal advice sessions**  During this reporting period, 16 individuals attended the Legal Information Session that is held each month at The HCC. These sessions are an opportunity for consumers to have a one to one meeting with a medical negligence lawyer to ascertain whether their issue has the merit to proceed to litigation.  **Clinical deciphering of medical records**  The HCC casually employs a Clinician who is able to decipher complex medical reports/records into easier to understand timelines for consumers. This service can be hugely empowering for consumers, as they are better able to understand complex facets of their health care journey.  **Self-advocacy**  Self-advocacy is an important element of HCC’s Advocacy Service. We recognise the value of empowering consumers to have the knowledge and confidence to manage their own healthcare journey. Alongside the self-advocacy resources available via the HCC website, we continue to offer consumers’ such resources at the initial enquiry stage of our service. This means that some consumers are able to navigate their issue without the assistance of an Advocate.  **Collaboration**  **Consumer Consultation**  In 2019, the advocacy service hosted a consumer forum to seek feedback on our advocacy service processes. The focus was on:  a) how we deliver our services now and;  b) how we may shape the individual advocacy services in the future.  In response to the feedback we received, we now:   * offer consumers (where appropriate) the opportunity to meet their advocate face to face to discuss their issue. * make sure to let consumers know that we have the time to listen to their story/issue. * let consumers know that The HCC Advocates’ can attend medical appointments with them. * use the word ‘feedback’ rather than ‘evaluation’ when referring to obtaining your views on our service. * provide more specific explanation as to why we seek consumer feedback. * we ask if consumers do/don’t want their feedback shared with the Advocate and have a process in place to ensure confidentiality for those that don’t. * refer to your complaints as ‘issues’ rather than ‘cases.’ * share the RUAH Directory resource with our consumers,’ which is regularly updated and packed full of useful information around where/how to access other help and support. You can find the Directory via this link https://www.ruah.org.au/directories/   The service improvement journey is never finished, and we are planning another forum in May 2020 that will focus on our feedback and service evaluation processes.  **Feedback to the WA Health Service Complaints Policy**  In July 2019, The Individual Advocacy Service provided feedback to the Department of Health’s review of the WA Health Complaints Policy. The feedback was an opportunity to represent the consumer voice in the Review process using data that has been generated from our long-standing work advocating for consumers.    Our feedback offered suggestions for improving the way in which health services communicate with consumers as well as the type of communication that is used. Often consumer complaints are sensitive and deeply personal, and we suggested that health service providers should convey their humanity in and/all communications to demonstrate compassion and kindness. We further suggested that letter templates should be used only as a guide and should be personal to the consumer and their individual complaint as to avoid tokenistic responses.  The feedback noted how consumers tell The HCC that Patient/Customer Liaison staff encourage consumers to give verbal feedback as oppose to written; we are told that some staff advise consumers that they will have to wait much longer for a resolution if they formalise the process by submitting their complaint in writing. Our feedback to the Review suggested that this is potentially misleading for consumers as they may not be aware that their verbal comments are not reported as formal complaints.  Further feedback suggested a need for direction on what options are available to consumers when the complaints management staff or a more senior staff member cannot resolve the complaint, particularly for ‘in the moment’ issues. We suggested that health service staff offer information on external support agencies for independent support.  Relating to service provider complaint’s acknowledgement, assessment, investigation, resolution and response to the complainant, the Advocacy Service offered the following feedback to the Review:  “The current process/policy works well in theory, but what happens when steps are not followed as prescribed in practice? Is there any way of knowing that the service has thoroughly investigated/reported/recorded when it is an internal process? A need for an external audit process?”  “From our experience, consumers will ask providers to provide specific responses to their specific concerns/questions. Often, providers responses ‘gloss over’ consumers’ main concerns and barely provide the direct responses consumers have requested.”  “We have some experience of witnessing service providers convey genuine transparency during face to face complaint resolution meetings with consumers. Consumers often leave such meetings feeling validated and heard. Service providers usually provide consumers with a written reflection summary of such meetings; however, these letters rarely reflect the transparency, compassion and kindness that was afforded during the meeting. Letters are often lacking in ‘heart’ and are very formal/robotic, and usually always miss out anything that could have the potential for litigation claims. Such letters lack lustre and avoid accountability; they can appear to be very generic.”  “Concerning Patient Opinion, clarity is needed for consumers as to whether service providers will/won’t respond to their stories. The Patient Opinion website, ‘How it works section, states, ‘You might get a response.’ If Patient Opinion stories are now reported as ‘complaints’, does this mean all receive a response?”  **Partnering**  During this period, the Advocacy Service Manager undertook to attend the bi-monthly Health Complaint Advisory Group meetings. This meeting’s participants mainly consist of Perth Metropolitan based Patient Liaison Officers, who meet to receive pier support, discuss processes and share ideas on best practice. The HCC strive to attend these meetings in a bid to ensure the consumer voice is at the forefront of the conversation. Our experience in supporting consumers who engage in the complaints processes means we can offer valuable feedback on what works well and suggest ideas for improvement.  We have also partnered with AHPRA, HaDSCO, the National Justice Project and a range of other support and community legal services in our work advocating for better health outcomes for consumers.  **Student Placement**  During this period, HCC have continued to work collaboratively with the Curtin University’s Social Work faculty. We welcomed a fourth-year social work student to the Advocacy Service, which was a great success. The Student undertook research projects, individual advocacy and conducted our service evaluation process. We look forward to our third student joining us in early 2020.  **Sustainability**  We continue to struggle to meet the demand in enquires to our service due increased complexity of presenting issues from consumers. We note that we are unable to meet the agreement to respond to new enquires within a 48 hour period and continue to operate a waitlist which averages a 3 to 4 week wait for our clients. We continue to prioritise live advocacy need by expediting such cases however, resources mean this is not always possible leaving some consumers without timely advocacy support.  We continue to be acutely aware of the gap in service delivery between the support available for mental health consumers who are involuntarily (under the Mental Health Act 2014) and those that are voluntarily treated. The Mental Health Act does not specifically identify where or how voluntary mental health consumers can access advocacy; the reality is that no such service exists in Western Australia.  We have previously conveyed to the Department of Health that the increased demand for voluntary mental health advocacy services has significantly affected the workload and wellbeing of our staff, which is no longer sustainable. The Department are aware of the negative impact this issue is having on the quality of service we are able to offer to consumers with health, dental and allied service complaints (the cohort that HCC is specifically funded to service). Again, we note the urgent need either to secure additional funding or to retract our scope to include physical health issues only.  To note, The HCC does not advertise the advocacy service due being unable to meet any further demand. We know this means that there are cohorts of vulnerable consumers across Western Australia who do not know that The HCC exist and are therefore unable to access advocacy.  In December 2019, The HCC submitted a funding application to The Department of Communities to provide disability related independent advocacy support however, the application was unsuccessful. |

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| **Health Rights Information for Consumers**  During this contract period, we have continued to add to the Self-Advocacy Resources on our website. We now list almost 180 Lite Procedure Specific Information Sheets (PSIS) under licence from EIDO Healthcare Australia. These supplement the more detailed PSIS that people receive from their clinician during a visit to the health service. These Sheets have been developed by healthcare professionals and reviewed by health consumers for clarity and accessibility.  <https://www.hconc.org.au/procedure-specific-information-sheets/>  Self-Advocacy resources were promoted through the Health Matters publication in this period, which is also circulated via social media.  <https://www.hconc.org.au/consumer/being-involved-in-your-own-health/self-advocacy-resources/>  **Health Rights and Responsibilities Presentations**  We have continued our partnership with Red Cross to deliver health literacy information as part of their orientation program to people who are newly arrived in WA as refugees and asylum seekers. Topics include health rights and responsibilities, choosing the right health service at the right time, and providing feedback.  We also continued to partner with English conversation classes in local governments of Canning, Gosnells and Belmont to deliver health literacy topics.  **HCC website information and resources for consumers**  Over this reporting period, website content relating to advocacy, healthcare rights, making a complaint, patient opinion, and self-advocacy have been accessed by over 2,700 unique visitors. This brings the total for the calendar year to over 5,400.  **Using social media to extend reach**  We believe that social media is an effective relatively low-cost way to promote information about healthcare rights, self-advocacy and consumer involvement opportunities to a broad audience. HCC is active on Facebook and Instagram. The HCC Executive Director is also active on LinkedIn and Twitter.  Over this reporting report, we have recorded:   * Facebook * Page likes of 1,748 people (increase of 13% since July 2019) * Total page reach Jul – Dec is 139,307 (increase of 71% on previous 6 month period) * 11,720 page engagements Jul – Dec (increase of 16% on previous 6 month period) * Instagram * 391 followers (34% increase since July 2019) * Total reach for Jul – Dec of 16,301 people (increase of 500% on previous 6 month period) * Twitter * 1318 followers * 30,413 impressions (decrease of 40% on previous 6 month period) * 60 retweets (decrease of 41% on previous 6 month period)   HCC’s electronic newsletter is sent monthly to approximately 800 subscribers, as well as HCC’s individual and organisational members. It is also promoted via our social media channels.  **Experimenting with social media groups for peer support for consumer representatives and community engagement**  HCC hosts a number of Facebook groups as a mechanism to enable consumers with shared interests to connect with HCC and each other. These groups have varying levels of engagement. A key factor is the availability of HCC staff time to be able to nurture and encourage participation and connection in these groups.   * Source – a group for current and potential consumer representatives – membership in this period has increased by 34% <https://www.facebook.com/groups/hccsource/about/> * Partners in Change – Obesity Collective – a group for people interested in the topic of obesity and weight management - membership in this period has increased by 34%   <https://www.facebook.com/groups/248123835784261/>   * WA School for Change Agents – this group has lapsed since the end of the Change Agent program. We will revisit it if we offer the School program again.   **Traditional Media**  We continue to respond to requests for consumer comment.  This continues to be an area of great interest and we will continue in our efforts to work more proactively with media so we can also set agendas, rather than just responding.  **Community development activities**  In this reporting period HCC staff attended the Rockingham Seniors Fair. This Fair is well attended by community members and organisations. However, the opportunity to have meaningful discussions with community members is relatively limited. This is because there is a lot of competition for the attention of attendees – with those organisations who have something specific and targeted to offer attendees being most successful. It is a significant draw on limited HCC staff time and we will review our involvement in future years. If we were able to dedicate resources to recruiting and training volunteers to undertake this activity – and other community development activity – this might be a more fruitful use of resources.  **Refresh of consumer-facing brochures**  In this reporting period, we have refreshed a number of HCC materials including our general brochure, our Advocacy brochure, and our banners which are used at community events. |

**SERVICE TWO – SECTOR SUPPORT**

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| **Health Consumer Council Consumer and Community Engagement Program**  **Building capacity in the consumer engagement community**  This section covers these areas:   * Liaison with community advisory councils (CACs) * The Consumer Representative Network * Training and workshops for consumer representatives * E-news and Health Matters   **Liaison with Community Advisory Councils (CACs)**  During this period, we continued to communicate with CACs, predominantly via communication with the Chairs of these groups.  A number of the Chairs are regularly unable to attend the Chairs meetings that HCC hosts. Clare Mullen, our Engagement Manager, rang a number of people during this period. People commented positively about the communication they receive from HCC but noted that they are fully committed with their roles on their committees. This makes it difficult for them to attend any other meetings. Clare attended a CAC meeting at KEMH as an observer, providing members with a short overview of HCC’s work.  Training workshop with Chairs of District Health Advisory Councils (DHACs)  HCC staff led a workshop with the Chairs of the DHACs when they were in Perth in August. The session was on “engaging with your community”. We went through the development of a basic communication and engagement plan. The session included the opportunity for people to discuss these topics in small groups:   * Engaging with people with disability * Engaging with Aboriginal people * Engaging with people from culturally and linguistically diverse backgrounds   Informal feedback from this session was that it was well received and we will continue to discuss how we can provide support to this group.  **Consumer Representative Network**  We provide a range of opportunities for people in consumer, carer, family and community representative roles to connect with each other and get support from Health Consumers’ Council. These include:   * Networking events – general and for Chairs * Hosting a private Facebook page * Maintaining a targeted mailing list   Networking events  In this reporting period, we ran two general consumer, carer, family and community representative networking sessions – in September and December.  The sessions were planned based on feedback from the consumer rep community that was undertaken in 2018. The aims of the sessions were to:   * Provide an opportunity for consumer, carer or community reps and members to connect with other reps across the health system in WA * Hear updates on key issues in the health sector and from Health Consumers’ Council * Build capacity by including a facilitated learning opportunity * Discuss how consumer reps across WA health services can use the Health Engagement Network to promote best practice and build capability in consumer/carer engagement and participation across the health sector in WA   **September 2019 – quarter 1**  Continuing with the link to the Sustainable Health Review, this session focused on building capacity amongst consumer representatives to engage with the broader community.  The slides from that session are on the HCC website <https://www.hconc.org.au/what-we-do/consumer-involvement-program/consumer-carer-family-or-community-representative-network/>  See next section for feedback from this session.  **December 2019 – quarter 2**  Given the proximity to Christmas, this session was held as an informal morning tea. We experimented with holding the event outdoors in Victoria Gardens. This was because of the positive feedback received from people after the 2019 Patient Experience Week event, as well as feedback from the consumer representative community (at a previous event) about how much people value nature and its relationship with health.  People shared their reflections on nature and health, and had the opportunity to meet and talk informally with representatives from across the health system.  Consumer leader – Chairs - network meetings  We also hosted two meetings for the Chairs of the metro consumer and community engagement committees – in July and November.  Feedback from the Chairs is that these meetings are very valuable to them in their roles. They have requested some tailored training for people in the role of Chair. This is something we plan to propose is included in our DoH contract in future. We believe that continuing to build the capacity of people in the role of Chair of these groups is critical for a number of reasons:   * They often have the opportunity to engage directly with senior health service executive staff – it is important that they are informed about broader health system issues as well as their local issues * They play an important role in the functioning of the committee and its effectiveness * They plan an important role in recruiting and training their fellow committee members.   Private Facebook page – Source: Connect – Learn - Share  Membership of this group grew by 64% during 2019 – from 36 – 59 people. Content posted to the group includes information about upcoming training and networking events, as well as information about consumer rep opportunities that HCC are asked to promote.  Targeted mailing list  Membership of this mailing list grew by 44% during 2019 – from 76 – 98 people. Content posted is the same as is posted to the FB group.  In 2019, HCC distributed information about well over 50 consumer rep opportunities on behalf of over 20 organisations.  This can be a time consumer activity – many opportunities are provided with insufficient information for us to publicise these roles effectively. We continue to look for ways to streamline and make this process more efficient while continuing to promote these opportunities to a diverse group of potential candidates.  **Opportunities to grow the network and build capacity**  Rough estimations would suggest there are well over 500 consumer, carer, community or family representative roles in the health system in WA (not including formal carer rep roles).  While participation and engagement in these network activities continues to grow, we would like to be able to invest more time in developing and growing this network. Activities we would like to undertake but are currently unable to within existing resources:   * More regular posts on a range of topics to the mailing list and the Facebook page * Attending more committee meetings to meet with current reps and encourage engagement and participation in these network activities. * Organising more events to enable participants to build on their skills and knowledge. * Extend more support to representatives in rural and regional WA – through online workshops and events. * Adding more resources to the website to enable people to access support when it most suits them.   **E-news and Health Matters**  We produced 4 editions of Health Matters in this period. Each edition had a theme:   * Patient Experience * Self-Advocacy and Peer Support * Engagement * End of year wrap up.   **25th Anniversary**  In 2019 we marked HCC’s 25th Anniversary. We did this by sharing some of HCC’s history through Health Matters and in a special brochure on the topic. We also marked the occasion at HCC’s AGM in November.  **Consumer engagement forum 2020**  We have been exploring the potential for a one day consumer engagement forum in late 2020 with consumer representatives and staff in WA health services. We would like to run this to coincide with a date that the DHAC Chairs are in Perth. The aim would be to enable regional and metro-based consumer reps to connect and exchange learnings and ideas with the aim of continuing to build capacity amongst this group.  We have had early discussions with WACHS and WAPHA who have indicated their support for this idea. We have also discussed this with CAC and DHAC Chairs who are also supportive. Next steps are to continue to work with WACHS regarding the attendance in Perth of DHAC chairs.  **School for Change Agents**  This is a five-module online course developed by NHS Leadership Academy. Sessions are an hour long and can be viewed via the Futurelearn online learning platform. The program runs annually 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. Building on the initial test of this approach in 2018, we promoted this program through our networks and to members and consumer representatives. The program started in May 2019 and the final session took place in July 2019. Sessions were two hours – one hour for viewing the material, one hour for discussion, with the session also being offered via zoom. Modules included: Change Starts with Me; Resilience is an Act of Defiance; Purpose and Power; Moving to Action; Being a Change Agent in a Complex World; and Personalised Care. We also established a Facebook group to enable people to share resources and discussion between sessions <https://www.facebook.com/groups/WAschoolforchangeagents/>  In addition to the sessions hosted by HCC, we draw on School content for other consumer, carer, community and family representative activities. See below for information relating to the evaluation of this program. |

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| **Workshops**  **Consumer Representative Training Workshops**  In this six month period, one of each workshop – the Introductory and Advanced Consumer Representative Workshops – were scheduled for open invitation.  At the Introductory session in October, 15 people registered to attend, and 10 attended on the day.  At the Advanced session in October, 19 people registered to attend, and 13 attended on the day.  We send a reminder 1 week in advance of the session, as well as an SMS in the week of the session. These attendance rates are in line with attendance rates for other activities we organise. We believe they are to be expected when providing training and events that are free of charge, as well as to a cohort of people who are balancing a number of priorities including their health and that of their families.  Attendees comment positively about the opportunity to meet and talk with people in consumer rep roles in other parts of the health system.  We would like to create a suite of training materials, based on the content from these sessions that can be posted on the HCC website. We have begun this work, but have been unable to progress it further due to the volume of other work.  We would like to do this to enable the content of these sessions to be available on demand and accessible to people who are outside of Perth.  Training needs analysis  The Engagement team have been reviewing the training needs of CACs and other consumer representative groups with a view to delivering content that is adding most value. Discussions have been held with Executive Sponsors at Area Health Services and CAC Chairs, and a survey was distributed to Chairs of consumer representative committees and staff providing secretariat and program support and other representatives.  A number of unmet needs have identified from these discussions so far:   * A need for training in being a committee Chair * As a consumer Chair of a consumer committee * As a non-consumer Chair of a mixed committee that includes consumer members * What is consumer engagement and partnership – for staff   Survey responses suggested that these are the most sought-after skills:  For consumer reps:   * Influencing and negotiating * Understanding clinical governance and the role of consumers, carers and families * What support is available for consumer, carer, family and community representatives   For staff working with consumer reps:   * Managing difficult conversations * Dealing with difficult people * How to give feedback on health services including what options are available for consumers, carers or family members who have a concern or complaint   We will use this information to inform the proposals that we present to the Department of Health as part of our contract renewal discussions.  **Cultural Diversity Program**  **Overview**  As with many aspects of HCC’s work, this portfolio has the potential to be very wide-reaching in its scope. The risk is that our efforts and resources (currently 0.7 FTE for the whole health system) are spread across a very diverse range of activities and therefore the impact is reduced.  In addition, this portfolio aims to impact on the experience, participation and health outcomes of people who are “hardly reached”. “Groups can be classified as hardly reached according to a variety of circumstances that fall into 3 domains: individual (e.g., psychological factors), demographic (e.g., socioeconomic status), and cultural-environmental (e.g., social network).”[[1]](#footnote-2)  This means that time needs to be invested in building and fostering positive relationships with individuals and organisations – so that we can work in partnership to develop activities that are impactful.  With the change in staff that occurred at the end of this reporting period (see below), the next reporting period will involve the new staff member spending time meeting and talking with a wide range of stakeholders.  We will use this opportunity to reconsider how we can best target our limited resources for maximum impact in this area. This could involve identifying specific segments of people to whom to target our efforts. It could also involve identifying opportunities to extend our reach through offering some of our activities on a consultancy or fee for service basis.  Staff changes  During this period, the staff member working on this portfolio requested a reduction in her working days from 0.6FTE to 0.2FTE in light of other personal commitments and her interest in focusing her efforts on the aspects of the role relating to building capacity amongst community members. It was agreed to trial a period of working at 0.4FTE for an initial period of 6 weeks, based on a belief that this was the minimum required to deliver the work plan. To address the reduction in hours, we commissioned a former staff member on a contract basis, to organise the Diversity Dialogue session in November.  After the trial, it was decided that the two aspects of the role needed to be combined – i.e. the focus on building capacity amongst community members and amongst staff. This led to Karen resigning her role. After an internal recruitment process, we welcomed another staff member – Nadeen – to this role and she started in January 2020.  **Objective: building capacity and understanding amongst staff**   * Diversity Dialogues Forum * Supporting Cultural Diversity in Healthcare Workshops   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.  We held a session on the theme of “Creating Connections” in November. This session was held in partnership with WACHS and was offered via video conference (VC). There were 44 people who registered to attend, of whom 29 registered to attend by VC. On the day there were approximately 10 people who attended in person and approximately 20 on VC. Although this session was promoted via WACHS, there was no-one available in the session to assist with issues relating to the VC. We received some feedback that technological issues did impact on people’s ability to participate fully in the session. As HCC would like to continue to extend our offer to people in regional areas, this is an area that we need to strengthen, or to work in partnership with people or organisations who have the necessary skills. See later in the report for more information from the evaluation. See the attached report for more information about this event.  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   We held a session on 7 August. Within 2 weeks of the session being advertised, it was fully booked and approximately 20 people (in addition to those who registered) expressed interest in attending this session. Of the 17 people who registered, 8 people attended on the day. See later for information about the evaluation of this event.  **Objective: building capacity and understanding amongst community members**   * Community conversations and health rights * Culturally and linguistically diverse consumer panel   Community conversations and health rights  An important part of increasing health equity in the system is ensuring that diverse voices are heard. We know from discussions with CAC members that hearing the perspectives of people from culturally and linguistically diverse backgrounds is important, but also challenging. Participating as the only CaLD member of a committee may not be an attractive option for many community members – even if they are aware of the opportunity in the first place.  It is also important that community members understand what they can expect from the health system, and the rights they have when using health services.  The way we aim to address these issues is by organising community conversations with community members, to discuss “what matters to you?” with regards to health services. For many community members – particularly those who are newly arrived in Australia, or who may not yet know much English – the first step is to help people learn about the Australian health system.  As mentioned elsewhere, HCC has partnered with Red Cross and with a number of local government authorities to deliver this information through orientation sessions and during English language classes.  Through this work, we have become aware that there is an opportunity to provide more information to people from culturally and linguistically diverse communities to help them understand how to access and use the WA health system. Some of the questions and issues that have been raised in some of these sessions:   * Not being aware of the cost of an ambulance until after it had been called and they had become liable for the cost * Not being aware that it is possible to buy private health insurance to offset the costs of an ambulance * Not being aware of the range of options if someone needs medical attention – both during the normal course of their day, and out of hours * Not being aware of the Health Direct service * Not being aware of how to access a medical specialist * Not being aware of how to access dental services   While this feedback is anecdotal and from a small group of people, it points to the fact that there are potentially many people in WA who may not be using health services in WA in an optimal way – both with regards to the needs of them and their families, and for the needs of the system.  Based on this feedback, we will be exploring with partners and community members about the options for improving access to information about the Australian health system. Given the complexity and fragmentation of this system, we expect this information will be of value to people from culturally and linguistically diverse communities, as well as other vulnerable groups and the general population.  Culturally and linguistically diverse consumer panel  During this period, we decided to explore the potential for creating a way to target communications about events, training and consumer representative opportunities to people from culturally and linguistically diverse (CaLD) backgrounds. The aim of this is to increase the participation and involvement from CaLD backgrounds in these activities.  We opted to do this within existing resources. We reviewed stakeholders on our database and identified people who indicated they spoke a language other than English at home. We also identified people from recent HCC events. This led to a list of 41 people. We plan to invite people to join this list over the coming months and send relevant emails about activities and opportunities. We will also be discussing this group with organisational partners and seeking their feedback on how we can use this approach to increase participation and involvement in health service activities amongst people from CaLD backgrounds.  This is an experimental approach and we will review it after 6 months.  Opportunity to increase capacity in this area through volunteers  We believe this is another area where we could possibly increase our capacity to reach more people if we had resources to recruit, train and support volunteers to work in this area. |

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| **Aboriginal Engagement**  HCC is committed to ensuring Aboriginal health is a core part of HCC’s focus and services. With the one very valuable Aboriginal staff member (0.7 FTE) we have, we have opted to focus on consumer engagement rather than individual advocacy, as this provides the best way to leverage here time. However, it is worth noting that this staff member is often approached directly by Aboriginal community members who have advocacy-like enquiries. We believe they contact her directly because of her positive reputation in the community and because this is a culturally safe way for them to get support.  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 ongoing priorities.  **HIV Integrated Case Management Program (ICMP) Guidelines Reference Group**  This group has been meeting regularly to discuss the updating of the guidelines for people under the ICMP. The majority of the consumers in this program are Aboriginal, so it is important HCC stay engaged with this process.  **National Clinical & Community Advisory Group (National Children’s Digital Health Collaborative)**  At the start of this reporting period, the group endorsed a change of direction in the NT/WA project. As a result, the focus has now changed to developing a national data model for this age (5-14) and not trialling a proof-of-concept within NT. This means they will be talking about what information child health records for 5-14 year olds should contain, meeting with consumers and groups, clinicians and services. The work will still be led by NT and WA but this leading will happen from NSW.  In addition to these ongoing commitments, the Engagement team and the Aboriginal Engagement Coordinator have worked on a number of important projects during this reporting period.  **Outreach at WA health services**  During this reporting period, our staff member has started to spend time at Fiona Stanley Hospital on a regular basis, to provide an opportunity for her to meet directly with Aboriginal community members and to hear about the concerns and issues they are experiencing when accessing health services.  **Increasing awareness and knowledge about end of life/palliative care options**  Through these outreach sessions, Tania has identified the opportunity to build awareness amongst the Aboriginal community about options for care at the end of life, including palliative care and hospice services. This need has been echoed through Tania’s membership of the Aboriginal Aged Care and Community Hub steering group. We are exploring options for hosting or supporting community conversations on this topic with Aboriginal community members in a culturally safe and appropriate way.  **Justice Health Project/cultural competency workshops for staff**  HCC was approached by George Newhouse from the National Justice Project (<https://justice.org.au>) to design some training in Aboriginal health advocacy for community service workers and community members. The purpose of the training is improve Aboriginal people’s access to healthcare by training workers and community members in basic Advocacy skills, Health system navigation knowledge, Health Rights knowledge, and information on recognising racism that exists in our health system. The training covers complaints processes, when to refer, self-care and other important topics.  HCC has partnered with the Aboriginal Health Council of WA (AHCWA) to develop and deliver the training, and it is envisaged that the training will be able to be delivered throughout Australia, wherever the need is. As well as the National Justice Project and AHCWA, this national project is also a collaboration with Bila Muuji Aboriginal Health Organisation Inc in New South Wales.  During this reporting period, the project team finalised the training content and have tested it with a pilot group. The final materials are with AHCWA for final design and production. A Reference Group is in place, and the MOU has been finalised. HCC received some grant funding from the National Justice project as a contribution towards some of the costs of this activity. Delivery of the course content will be delivered on a fee for service basis (per attendee).  **Exploring a Health Justice body in WA**  In August an inaugural meeting was held at HCC Board room and by teleconference to have an initial discussion on a WA Aboriginal Health Justice Body to meet up to four times per year to keep an eye on the health equity issues we know are falling through the cracks in our regulation.  The meeting was attended by Wendy Casey (Aboriginal Health), Michael Mitchell (SAMHS), Selena Ward (EMHS), Ronda Clark (AHCWA), Mandy Wilson (CU) and Jocelyn Jones (UWA). Pip Brennan and Tania Harris (HCC) also attended. Topics such as Traditional Healing in the MH system, the need for more Aboriginal health staff, and the health complaints strategy were discussed.  **Liaison with other Aboriginal Reference Groups**  As reported previously, given that the members of the HCC Aboriginal Reference Group have many calls on their time, we continue to shift our focus to working with other Reference Groups. For example, Tania Harris presents and meets regularly with the North Metropolitan Health Service Aboriginal Peer Review Group, with around 50 attendees. Tania is also a member of the LAA Aboriginal Aged Care and Community Hub (AACCH), Community Reference Group (CRG). Tania is also a member of the Murdoch University College of SHEE, Nursing Aboriginal and Torres Strait Islander Health Care Bachelor of Nursing Curriculum Content Reference Group, which looks at the new course curriculum and provides an Aboriginal perspective to the course coordinators. Tania is also a participant in the EMHS Aboriginal Patient Journey Working Group and the EMHS Aboriginal Reference Group (RPH).  We also met with Derbarl Yerrigan’s Engagement Team to see how we can work better together in the future. They are starting a consumer group soon and so this would be an opportunity to develop a better relationship with this Aboriginal Community Controlled Healthcare Organisation.  **Aboriginal Community Conversations**  During this reporting period, we held three community conversations with Aboriginal community members. One was with a group of community Elders. The other was with attendees at a Mums and Bubs group. These were both held at Whadjuk Northside Aboriginal Corporation. The topic for both discussions was My Health Record and Advance Care Plans.  Feedback from both groups differed quite significantly. Older community members were less positive about My Health Record. Many people carry hard copies of care plans that they have. The younger group of community members were more open to using My Health Record, with more experience of using the MyGov platform for other activities.  The other community conversation was held during the NMHS Aboriginal Peer Review meeting in December. There was approximately 50 community members who attended. We presented the year in review and upcoming sessions and events in 2020. There was interest in the Datix session and the NJP training, as well as curiosity around the Traditional Healing sessions.  **Traditional healing**  HCC staff have coordinated a couple of meetings with staff from across WA health to map what traditional healing services are currently available to the WA community, and to explore opportunities for extending this access to more people. Access to traditional healing in WA health services is currently unclear and there is no consistent approach across Health Service Providers.  Further work will be undertaken in 2020. One option being considered is a forum for community members where people can find out more and discuss traditional healing as an option.  **Mental Health Week community event “Drumming & Yarning in the Park” – October**  After the success of this event in 2018, we worked again in partnership to host a community event in Wellington Square as part of Mental Health Week. This year we were fortunate to receive funding to cover some of the costs of the event from the WA Association of Mental Health and City of Perth were again very helpful and waived the hire cost.  We worked with Derbarl Yerrigan Health Service, Yorgum and Yokai as partners.  The event was a success, with about 70 people from both the park and organisations around the park, attend. We have all expressed interest in holding this event again in 2020, with a possible change in venue depending on the works in Wellington Park.  **Looking to improve the experience and journey of patients from outside Perth**  Stemming from our work on Patient Experience Week 2019 (see last report), in this reporting period we held initial discussions with the WA Primary Health Alliance and with Moorditj Koort about creating a set of materials – for example, videos – which would help Aboriginal consumers from outside Perth to find out what to expect when visiting Perth for healthcare. We have discussed opportunities to use funding from the Integrated Team Care program – aimed at supporting Aboriginal consumers with chronic health conditions – to create these materials. The early discussions identified that there is a gap between an ideal patient experience and journey and the reality for most people. This is likely to be a complex project with multiple partners to consider. For example, it was suggested that it would be good to involve staff from Perth Airport in the development of these materials. This work will continue subject to other priorities in the next reporting period.  **Patient Experience Week 2019**  HCC led a number of events during Patient Experience Week 2019 (PXW2019). After a debrief session with HCC staff and health services staff, plans were initially developed for a larger scale program of activities for 2020 that aimed to extend the focus on patient experience beyond one week of activities. The intention was to gather stories from consumers and staff in the health system – based on the theme that the patient experience is the human experience.  In an initial informal discussion with LotteryWest, they indicated that this was unlikely to receive LotteryWest funding because the impact to the community – beyond the impact on the health system – was unclear. Without external funding HCC does not have the resources required to run this program. After internal discussions, we have reviewed our plans for Patient Experience Week 2020 (see below).  One ongoing outcome from PXW2019 has been HCC’s involvement in discussions with Health Services about ways to extend access to traditional healing services within WA health services (see above). The other outcome that is ongoing is the emergent work HCC is scoping with WAPHA and Moorditj Koort with the aim of improving the experience of patients from outside Perth – this work is ongoing.  **Patient Experience Week 2020**  During this reporting period, we have begun planning HCC’s activities for Patient Experience Week 2020 (PXW 2020).  HCC opted not to organise a separate PXW event in 2020. This was because of the initial feedback from LotteryWest about HCC’s idea. It’s also because we believe now is a good time for HCC to focus our energies on different activities and support WA health service providers to run local Patient Experience Week activities.  This has included hosting planning sessions with WA health services to support them to exchange ideas and collaborate on planning local activity.  We have also offered health service providers and Community Advisory Council (CACs) Chairs the use of the PXW postcards that were produced in 2019. A number of the CACs have said they would like to involve committee members and other volunteers in using these within their health service sites to gather feedback from health consumers about their experience. |

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| **Consumer Representation – State Level**  **Sexual Health and Blood Bourne Virus Advisory Committee (SHaBBVAC)**  The Executive Director continues on this Committee as Deputy Chair. The consumer members of this committee have now been appointed, and training has been undertaken with the three members with a view to developing a strategy in 2020 to ensure more consumer voices are brought into this arena, beyond these three appointed consumers.  **The Integrated Case Management Program (ICMP)**  The ICMP aims to reduce the risk of HIV transmission by people who place others at risk of infection through applying an integrated care approach and, where necessary, implementing public health interventions. HCC’s Aboriginal Engagement Coordinator participates on the Advisory Panel by invitation and reviews clients under consideration for a public health order, participates in decisions on whether a client needs to be changed to a new level of management and refers the case to the Chief Health Officer if appropriate.  HCC input to this process allows for a consumer perspective to be added to the conversation, an approach that the program finds valuable.  The WA Case Management Advisory and Coordination Panel (the Advisory Panel) provides independent, expert advice to the Integrated Case Management Program on the management of cases classified as Level 2 or above and if required, provides advice and support to clinicians and service providers involved in the care of a client whose behaviour places others at risk of HIV infection. The panel meets at least every six months, and extraordinary meetings are convened at the request of the Chairperson. The panel’s role is to review the cases that the ICMP presents and determine whether a client should be escalated to a higher level or de-escalated to a lower level or discharged from the program. Clear and appropriate documentation about the rationale for decisions made are maintained by the department at all times. As a consumer advocate on this panel, HCC’s Aboriginal Engagement Officer’s role is to bring a consumer perspective to the discussions, to use her experience as a health consumer advocate to raise any concerns around the health rights of clients. As a considerable number of the clients are often Aboriginal, it is important that an Aboriginal perspective can be brought to the panel through her membership.  HCC has provided advice that the program team should consider how to ensure that the program is culturally safe, particularly for Aboriginal people. Given that the numbers of people subject to the higher levels of management under the program are very low, many of the policy details are not clear as they have not had to be developed in detail. However, this means that the experience of people who are subject to that level of management is less than optimal.  During this period, the program team started to review the guidelines for the program, including discussing how to get consumer feedback on these. This is a complicated issue given community attitudes to HIV and low awareness and understanding of the issue in the general community. Also, the likely diverse views that may be held by people who are in the program and people in the community. The DoH public health team are managing the consumer consultation process themselves and held a consultation session on 31 July which staff from HCC attended. This work is continuing through the Sexual Health and Blood Borne Virus Committee, and liaison with community groups. There is a strong push to develop a de-criminalisation of HIV which would negate the need for this Committee at all.  HCC has continued to actively engage with HIV related consumer groups to ensure they are adequately supported during the period of changes of leaders at the WA AIDS Council. The Consumer group, Positive Organisation in WA is holding its Board meetings at HCC and further work has been done helping members to better work with each other.  **WA Women’s Health and Wellbeing Policy**  The Policy was reviewed via a Committee which was chaired by Health Networks, and HCC participated in this until the Committee was advised the policy had been finalised. There had been some changes in membership and the many iterations were becoming somewhat circular in nature. The policy was launched in September 2019.  **Palliative Care**  HCC continues to advocate for a strong consumer voice in the work on palliative care. Our work in this period has included attending and presenting at the Minister for Health’s Palliative Care Summit in August and coordinating and promoting a consumer forum in December 2019.  **WA Health Translation Network Data Linkage project**  This project is funded by the WA Health Translation Network and is led by the WA Primary Health Alliance. It aims to test how data linkage between primary care providers can identify opportunities for improvements in service provision which could lead to a reduction in unnecessary hospitalisations for consumers with chronic disease. HCC staff are involved in the working group which has met once to date.  **Medical device – breast implant recall**  HCC staff were asked to provide input into consumer messages surrounding the recall of textured breast implants and tissue expanders by manufacturers Allergan, and subsequently the TGA. This advice was provided and ultimately communications have been provided to those women who have had implants in the public sector. While HCC understands that private providers have been asked to contact affected consumers, it is not clear if or when this has taken place. The vast majority of women will have had implant surgery in the private sector. Further work continues to link with grass roots consumer groups to ensure the consumer voices is part of the ongoing discussion, especially considering women experience many impacts from breast implants whether or not they are textured. A page on HCC’s website is being developed.  **People with disability – the gap between NDIS and the health system**  HCC staff were invited to discuss the issue of some consumers with disability seeming to “fall between the gap” between the NDIS and the public health system. While the complexity of the NDIS is recognised, it is understood that some consumers are experiencing challenges in receiving services which should be available to them.  **Interagency collaboration and policy advice**  **Community link booth at Fiona Stanley Hospital**  HCC’s Executive Director has been a strong supporter of this initiative which is led by Connect Groups WA. The booth has been in place since January 2019 – but work has been required throughout the year to support the booth to become embedded as part of the hospital’s service provision to consumers.  **Consumer input to MHC procurement processes**  HCC staff were invited to participate alongside other NGOs and people with lived experience of mental health issues in a series of workshops. The output of these workshops will be used by the Mental Health Commission to inform their procurement of community-based mental health services in future.  **Supporting the WA consumer voice at a national level**  **Input to national digital health activities**  *NT/ WA Child Digital Health Checks Initiative Committee*  The Child Digital Health Record – CHDR - (5-14) (previously called the Child Digital Health Checks) commenced in October 2018 with the Northern Territory as the project lead and WA as the evaluation partner.    There was a change in direction for the project in 2019, with the project now focusing on defining the scope of the 5-14 year old records, what information it should contain (the National Data Model). The project is looking into what health checks are currently conducted for school age children and how these checks can be represented as part of the vision for a longitudinal child health record.  Tania Harris in the HCC team is the Consumer Representative on the working group whose role is to give a consumer perspective on the plan, suggest potential stakeholders, review and make suggestions to their consumer engagement plan and to contribute to discussion on what consumers may want from a record of this type.  The CDHR (5-14) is currently in the first stage, the Discovery Stage which includes a current state landscape analysis, developing clinical and consumer personas and evaluating the process.  These activities will be used to inform the future design and development, gain a high level understanding of the current landscape and form a National Clinical Information Analysis Document (CIAD) draft.  *National Children’s Digital Health Collaborative – National Clinical and Community Advisory Group*  The NCCAG meets quarterly (Tania attends via teleconference usually) and is responsible for ensuring the NCDHC initiative Proof of Concepts is adequate in meeting the needs of consumers and clinicians across the national health sector.  The group provides advice and makes recommendations for all of the Collaboratives Initiative Governance Committees and provides advice on consumer and clinical engagement and consultation activities.  Like the CHDR(5-14), Tania’s role is to ensure a consumer perspective is considered when discussing the different Child Digital Health initiatives.  The consumer members of the group usually meet prior the meeting to discuss the agenda, to ensure we have an understanding of the technical aspects of the Initiatives and are able to raise concerns or questions from a consumer perspective and have those added to the agenda.  The outcomes of these meetings are shared with community and at CAC meetings.  This model – of pre/post contact with the project lead to talk through consumer perspectives on issues outside of the main committee discussion – is a valuable approach for getting the most from consumer participants in working groups at this level  **Australian Commission on Safety and Quality in Health Services**  In December of 2019, the Executive Director attended the Partnering with Consumers Committee meeting. This is always an important opportunity to gain insights into the latest developments on the Partnering with Consumers Standard. There is a clear interest from the consumer members to ensure short notice assessments are the norm. Including state consumer peaks more closely with assessment requirements could support HSPs better in reaching a “business as usual” approach to involving consumers.  **Advanced Health Research Alliance (AHRA)**  HCC has continued to be part of the project on Involving Consumers in Research, which has now moved onto the next phase – developing a Best Practice Framework for involving consumers in research Australia. This phase of the project is being done in partnership with Monash Partners, Melbourne Academic Centre for Health (MACH), Sydney Health Partners (SHP), NSW Regional Health Partners (NSWRHP), Sydney Partnership for Health, Education, Research and Enterprise (SPHERE), WA Health Translation Network (WAHTN) and Health Translation South Australia (HTSA). WA is leading this body of work.  **WA Health Translation Network - Consumer and Community Health Research Network (CCHRN)**  During this period, the HCC Executive Director has continued to work closely with the Head of the Consumer and Community Health Research Network (CCHRN) to support the Network achieve their aims. We believe it is essential to ensuring active consumer and community participation at all stage of the health and medical research process. The HCC Engagement Team has met with the CCHRN team to explore opportunities for closer collaboration as well as how to reduce any duplication, and leverage the work of each organisation – for example, both teams offer training for consumer reps but with a different focus. This collaboration will continue into 2020.  **Helping to connect the health system in WA**  It is in the interest of health consumers and the community that the health system in WA is coordinated and joined up. For this reason, HCC supports and facilitates a number of cross-system networks and groups which aim to facilitate shared learning, reduce duplication and enable a coordinated and consistent approach to issues facing the system.  In this reporting period we’ve coordinated discussions relating to:   * Patient Opinion * Patient Experience Week * Responses to the Sustainable Health Review   Participants in these groups regularly comment on the value of the opportunity to connect and share with colleagues across the system, and how it is challenging for them to facilitate these opportunities from within the system.  **Health Engagement Network**  This Network was established in 2018 with seed funding from the WA Primary Health Alliance. There are over 315 members registered with the online platform – [www.healthengagement.org.au](http://www.healthengagement.org.au) – and a number of other people who have expressed interest but have not joined up online.  One meeting was held during this reporting period on 31 July on the topic of “Getting to the heart of the matter – what gets in the way of transformational dialogue?”  We also experimented with improving engagement with the online platform by circulating a regular email update about some of the recent updates to the site. We have distributed two of these emails – seeking people’s feedback each time. There has been limited responses or interaction to those emails and so we have decided to allocate our limited staff time elsewhere.  Membership of the network continues to grow without any proactive promotion from HCC staff, which suggests that there is demand and interest for practical information about consumer and community engagement. We believe there is an opportunity to impact positively on how consumer engagement activities are implemented across health services through this avenue. However, this continues to be a challenge without dedicated resources to support Network activities.  According to the Mighty Networks analytics (the platform that is used to host the Health Engagement Network), HEN has a good rate of contribution from Network members, an excellent returning rate, and an excellent member retention rate (when compared with other networks that use the platform).        **Empowering health consumers with disabilities**  During this reporting period, HCC completed our work with People With disabilities WA on a joint project which aimed to empower consumers with disability to have a more positive experience when accessing the health system. The majority of HCC’s contribution to this project has been partially funded by an Information, Linkages and Capacity Building grant as part of the NDIS program. The remaining contribution by HCC has come from the DoH grant as it aligns with the grant’s purposes and outcomes.  During this project a diverse group of people with disability, their carers and families provided suggestions, advice and expertise on the communication, training needs and formats of people with disability to Health Consumers’ Council trainers. Training sessions were delivered to people with disability, their carers and families, and health information resources were provided and distributed in user-friendly ways to improve knowledge on healthcare needs and available services. In this reporting period, we delivered three seminars to health service staff to increase their knowledge of the needs and rights of people with disability in the form of Disability Diversity Dialogues.  The resources developed as part of this project are on the HCC website at <https://www.hconc.org.au/projects/empowering-consumers-with-a-disability/>  **Promoting consumer representative opportunities to consumers**  HCC is often approached by public and private health services to provide “help finding a consumer rep”. As this is a resource intensive activity it is not possible for HCC, unless separately funded, to identify suitable candidates. However, where time and resources permit we do promote these opportunities in a range of ways including circulating vacancies to our mailing list of consumer reps, on the HCC website, via the Source Facebook page, and where appropriate, via direct email to consumers who have indicated the topic is an area of interest.  During this reporting period, HCC has advertised 25 consumer rep opportunities, of which 9 were for WA health services or organisations.  **Sustainable Health Review**  Towards the end of 2019, the Health Consumers Council Executive Director met with Sustainable Health Review Implementation Support Unit (SHISU) staff to progress the implementation of Recommendation 4, New Ways of Engaging with Consumers. A paper was prepared for SHISU with some framing thoughts for the Recommendation, and updates as to where some of the priorities were, for example, the expansion of the Patient Opinion platform. While HCC has been waiting for a forum date to link with NGO and consumer peak partners, this was not available before the end of the year, so will be actioned as soon as possible in 2020.  As reported elsewhere, the SHR was the topic for the Consumer Rep Networking session in July 2019.  <https://www.hconc.org.au/what-we-do/policy-development/sustainable-health-review-consumer-view/> |

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| **Fee for Service work**  During this reporting period, HCC was approached to submit quotes to work with a number of organisations in the public, private and non-government sectors to support them for their consumer engagement and partnership activities.  We completed work for:   * WACHS and St John of God Geraldton * Anglicare * Foodbank * WA Department of Health * Ambulance procurement team * Climate Change and Health enquiry * Cancer and Palliative Care Network * State Cancer Plan * National Goals of Care/Advance Care Plan/My Health Record project * Rockingham General Hospital * WACHS and Department of Health – My Baby WA app * Australian Digital Health Agency   Lessons learned from fee for service work  HCC was commissioned to deliver consumer rep training for WA Country Health Service and St John of God Geraldton.  We ran sessions based on tailored workshop content which were delivered:   * to the consumer members with the staff supporting them * to a broader group of health service staff.   As with other health services, delivering a session to both consumer reps and staff gave each group an opportunity to hear each other’s perspectives on the same content. From the session with the broader group of staff in the afternoon, it is clear there is a high level of interest in better understanding how to work with consumers, carers and community members. This is an area that HCC would like to do more work in.  *Informing procurement of Ambulance Services*  HCC was also commissioned by the Department of Health to run consumer engagement activities to inform the Department’s future procurement of ambulance services. A key target objective for this team was to learn about the experiences of consumer of mental health services. HCC partnered with Consumers of Mental Health WA who ran a tailored consultation session for this cohort. HCC found this to be a positive experience – it meant that this group of consumers were well supported in giving feedback which may relate to an experience, the recounting of which could have caused some distress.  *Seeking consumer insights to inform the development of the WA Cancer Plan*  During this period, HCC were commissioned by the DoH Cancer and Palliative Care Network to support them to seek consumer input to the WA Cancer Plan. HCC did this by recruiting a consumer to participate in the project working group, producing a number of consumer insight videos, distributing and analysing a consumer survey, and reviewing the draft policy document. A key lesson was ensuring that consumer representatives who are providing input at senior committees receive sufficient support from HCC – the consumer rep in question was proactive at seeking support, and there are opportunities for HCC to ensure this support is in place in future.  *Providing consumer information on My Health Record*  HCC were commissioned by the Australian Digital Health Agency to provide information to consumers about My Health Record (MHR) and also to undertake a survey of consumer feedback about MHR.  A full report from this contract is included with this report. In summary, Much of the feedback received was quite evenly split between those who saw benefits of the My Health Record, and those who saw risks and dangers. In social media posts, there were a number of negative comments relating to people’s concerns about privacy and security of information.  *Health consumers’ view on climate change and health*  HCC ran a focus group for consumers on this topic. Staff also participated in the public hearings. In our work with consumers, we identified that while many people in the community have strong views about climate change and health – there are limited numbers of comments relating to this issue through current feedback mechanisms (for example, Patient Opinion). We believe this is due to the fact that consumers are focused on their health when engaging with health services. Feedback from consumers through the focus group did highlight the impact of climate change on physical and mental health. |

**SECTION 2: OUTCOME PROGRESS REPORT**

**QUALITATIVE FEEDBACK ON OUTCOME MEASURES**

**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.

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| **Workshops for Consumer Representatives**  **Introduction to consumer representation**  In this period, we ran one Introductory Consumer Representative Training Workshop. All consumers either agreed or strongly agreed that they had been supported to build their skills and knowledge by attending the session. All consumers indicated they agreed that they were supported to better engage and work effectively in their roles.  Some of the things people found most helpful were:   * “Role definition…” * “All of it, the interaction with others was so beneficial and I learned a lot from others experience.” * “[content on] Resilience and resistance”   Advanced Consumer Representation training  In this period, we ran one Advanced Consumer Representation training course.  Over 92% attendees (all but one) agreed or strongly agreed that they are better able to engage and work effectively in their role as a result of attending. The same number of people agreed or strongly agreed that they identified ways to build on [their] current skills and knowledge.  Some of the things people found most helpful were:   * “Understanding resistance of stakeholders” * “Finding out about policy levers to be used” * “Networking chance to learn from others. [Presenter’s] knowledge and presentation skills great.”   **School for Change Agents**  During this period, we hosted the WA branch of the School for Change Agents. In this reporting period, we hosted the final session of six with 34 people registered to participate across the six sessions, some of those for multiple sessions. We invited participation from consumer representatives and staff across the system.  We invited feedback after the first session. At that point, over 85% of attendees felt they had the opportunity to learn from others, and 50% of people said they would find it easier to reach out to others involved in positive change in the WA health system. Over 57% of respondents said there were opportunities to build their network through HCC’s School of Change Agents.  We invited everyone who had registered to attend a debrief session to provide feedback and got 8 responses. Most people (7/8) noted these had met their expectations.  Actions that people intended to take after participation included:   * use information to further community involvement * I think after watching some of the webinars I am more confident to speak out and share my ideas for change. * Connect more with a school of fish / passionate change agents rather than being a single fish / lone wolf.   The things that people commented they found useful were:   * Inter-sectoral connections * diversity of backgrounds, views, perspectives and interests * Hearing what is happening elsewhere, Networking opportunities * You can’t be a change agent on your own.   With regards to impact:   * 75% of attendees (6/8) agreed or strongly agreed that “I have acquired new skills which will allow me to generate change in the WA health system” * 62.5% (5/8) agreed or strongly agreed that “This program had a positive impact on my ability to participate, engage and partner with the WA health care system” * 100% agreed or strongly agreed that “I had the opportunity to learn from others” * 87.5% agreed or strongly agreed that “I will now find it easier to reach out to others involved in positive change in the WA health system”   We had a number of comments regarding the logistics of the session, including the sound quality and the timing of the sessions. These sessions were offered as an experiment to the WA health engagement community. Given the investment of staff time (in promoting and organising the sessions, including managing the technology to allow people to view the content and participate in the discussion), we would ideally see more people participating in the sessions and providing their feedback.  While HCC staff will continue to access these sessions, we will review ways of offering this content to the WA health engagement community that are less resource-intensive for the organisation.  **Consumer representative networking session**  During this period we ran two networking sessions for consumer representatives.  September 2019  Ninety per cent (90%) of attendees said they had they had the opportunity to connect with other consumer, carer, family or community reps across the WA Health System and that they learned something they could apply in their role.  December 2019  All but one respondent agreed that they had the opportunity to connect with other consumer, carer, family or community reps across the health system in WA. Only 50% of people said that they learned something they can apply in their role as a representative. As this session was a more informal morning tea, this is not surprising, but is something we would want to address in future sessions.  **Cultural Diversity program**  **Diversity Dialogue session – 4 November 2019**  See the attached report for more information about this event.  There were 13 responses to the online evaluation form.   * Over 50% of people agreed or strongly agreed that their knowledge and understanding of effectively engaging and communicating cross-culturally had improved. * Almost 70% of people agreed or strongly agreed that they had the opportunity to ask questions and to consider how I can engage with consumers, carers, family/community members from CALD backgrounds * Over 60% of people said they would recommend this forum to others * Over 45% said they will be better able to engage and work effectively in their role   Some of the learnings people took away from the session include:   * “It is important to also develop a trusting relationship with the client's social support groups (family, carers, friends, etc.).” * “Look at the cultural tool that was mentioned in the presentation.” * “consider taking more time to consult with key members of cultural groups to get there input on appropriate engagement and assistance with specific groups”   There were a number of comments relating to the format of the event, particularly relating to the VC element, which impacted on the value that people got from the session. We will take this feedback on board when planning future sessions.  **Supporting Cultural Diversity in Healthcare Workshops**  We ran this session in November 2019. It was oversubscribed, but we had a number of people who did not attend on the day. Of those who responded to the evaluation form:   * 100% agreed or strongly agreed that they had identified ways to build on their current skills and knowledge. * 100% agreed or strongly agreed that the facilitator was knowledgeable and skilful * 85% of people said they would recommend this workshop to others. * 85% of people agreed or strongly agreed that they increased their knowledge and skills and feel more confident about supporting cultural diversity in their workplace.   Some of the learnings people took away from the session include:   * “Remember my [cultural] lens” * “Don't assume! Anything. Review our systems and processes for supporting cultural diversity.” * “Provide information in different ways.”   **Empowering people with disability (part grant funded)**  **Disability Diversity Dialogue sessions 2019**  HCC and PWdWA ran three Disability Diversity Dialogue sessions in this reporting period:   * 30/07/19 – Fiona Stanley Hospital * 09/08/19 – Perth Children’s’ Hospital * 29/08/19 – Sir Charles Gairdner Hospital   An evaluation report was produced as part of this project – copy attached. |

**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.

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| **Health Engagement Network event – July 2019**  We co-facilitated an event on 31 July through the auspices of the Health Engagement Network.  Over 82% of respondents said the event was a valuable use of their time.  Over 63% said they had the opportunity to learn from others to develop their understanding and improve my practice. Over 81% would recommend the event to health professionals and other staff, while just over 63% would recommend the event to health consumers. As these events are targeted towards staff and supporting them to build their consumer engagement capacity, this result is not surprising. Over 72% said they had the opportunity to build their network. However, only 45% said they feel more able to facilitate and promote active engagement with health consumers in the health system – this is a key objective of HEN events and will need to be considered differently in future.  **Presentations to DoH staff on consumer engagement**  HCC staff were invited to present to DoH staff on aspects of consumer engagement.   * To participants in the DoH Policy Essentials program * To members of the Clinical Excellence Division Community of Practice on the partnership with DoH and WAPHA on the development of the Healthy Weight Action Plan.   **Notre Dame University – Game of Greater Good**  HCC staff attend this day which aims to build awareness amongst medical and health students of the importance of consumer engagement in health service planning and delivery. |

**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.

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| **Obesity and weight management**  HCC continues to work with the Department of Health and the WA Primary Health Alliance to provide opportunities for consumer feedback on their experiences of using WA health services to help them in their weight loss journey. In this period, HCC connected the DoH team with engaged consumers who were invited to participate in a photo shoot for inclusion in the final report.  Since the launch of the plan in November 2019, HCC staff participate in regular meetings to discuss the transition from plan to implementation.  **Complaints Management Policy**  During this period HCC submitted a response to a request for feedback to inform the revision of the DoH Complaints Management Policy. This response was based on responses to a survey, discussions with CAC Chairs, community conversations with people from culturally and linguistically diverse communities, and the experience of the Advocacy Team from their work with consumers.  Following this submission, HCC has been invited to participate as an observer in a working group which aims to review the implementation of this policy. HCC has also been commissioned to undertake targeted engagement on this topic – see elsewhere for details.  **Medical Devices**  In December 2019 the Ministerial Roundtable on Pelvic Mesh was convened at King Edward Memorial Hospital. This event was opened by the Minister for Health and included surgical medical specialists, nursing and allied staff, System Managers and pain specialists, members of the WA Pelvic Mesh Support group and the Women’s and Newborn’s Health Services Community Advisory Council. The WA Pelvic Mesh Support Group were supported to co-present on consumer experiences in relation to mesh. The outcomes from this session will inform the WA Pelvic Mesh Complication’s ongoing evaluation and development in 2020. A key outcome was to ensure front-line clinical staff (rather than only administrative staff)  **State Cancer Plan**  HCC undertook some consumer engagement activities to inform the development of the state Cancer Plan (see lessons learned from Fee for Service work above). As part of the core DoH contract, the Executive Director also participated in the Cancer Plan Steering Committee.  **State Intergovernmental Initiatives**  The Executive Director continued as a Member of the Supporting Communities Forum and aimed to continue to enhance the message about the importance of involving service users in service design and evaluation.  In addition, work continues to unfold in relation to a state Privacy Act. HCC’s Executive Director is the Co-Chair of the Data Sharing and Privacy Working Group and actively advocates for a broader community conversation on the issue. A community forum was held in October 2019 with an open invitation to community members.  From the evaluation of this session, there is more work to be undertaken to help to build community understanding of this issue. 67% of respondents agreed that “After attending this session I better understand the issues”. However, 92% of respondents were clear about next steps, and 93% agreed they were able to provide meaningful feedback on the issue. |

**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)?

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| During this reporting period, we trialled a reduction in the hours of the staff member in the Cultural Diversity Coordinator role. This required us to change how we managed this portfolio. |

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).

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| The staff member in the Cultural Diversity Coordinator role left the team at the end of this reporting period. In this area, strong relationships are key and so the next period will involve a period of time for the new staff member to develop productive working relationships with key stakeholders in this area.  We will continue to monitor the dynamic environment of consumer engagement. We anticipate additional work relating to the Sustainable Health Review, particularly Enduring Strategy 1/Recommendation 4 relating to new models of citizen and community partnership.  We believe the need to continue building on the health literacy capacity of the general population, as well as that of vulnerable communities is key. We would like the opportunity to trial working with a volunteer coordinator to recruit, train and manage a cohort of community-based volunteers that could undertake this work amongst their peers. This would require the funding of a dedicated position of at least 0.6FTE for an initial period of 12 months. |

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

We will be working on HCC’s program logic model and service outcomes in 2020 and hope to actively engage our WA Health Procurement colleagues in the process. We are also ensuring we identify a policy area as our previous contract was developed prior to the new Health Services Act.

**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.

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| 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 | 30/11/20 | N/A |
| 2. Professional Indemnity | Berkley Insurance Australia | 93004727753 | 201612-0266 BIA | 20 Mil any one claim  40 Mil in aggregate | 30/11/20 | 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 | 30/11/20 |  |
| 4. Personal Accident Insurance for Volunteers | AFA Pty Ltd | 83067084333 | 5575005 | 1 Mil | 30/11/20 |  |
| 5. Motor Vehicle Third Party Liability. | RAC  Insurance | 59 094 685 882 | MGP325930502 | Agreed Value - $20,200 | 19/9/20 |  |
| 6. Other  Business Insurance | AIG Australia Limited | 93004727753 | 9637274CMB | Replacement Value | 30/11/20 | Management Liability, Loss or spoilage of stock, Outstanding accounts receivable, Building, Public & product liability |

**END OF REPORT**

1. <https://www.semanticscholar.org/paper/Peer-Support-for-the-Hardly-Reached%3A-A-Systematic-Sokol-Fisher/090d48f14a6d67de8c631e6676fecd0f93efd3a8> accessed 04/02/20 [↑](#footnote-ref-2)