

# Systemic Advocacy Report

July to September 2025



We acknowledge Aboriginal and Torres Strait Islander peoples and communities as the Traditional Custodians of the land we work on, specifically the Whadjuk people of the Noongar nation, and pay our respects to Elders past, present, and emerging. Australia always was and always will be Aboriginal land. Health Consumers' Council acknowledges the unique insights and strength of those who navigate the complexities of the health system as consumers and thank them for sharing their lived experience and wisdom to help make healthcare fair for everyone.

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## Introduction

Since 1994, Health Consumers' Council WA has been advocating for the interests of the WA community, health consumers, patients carers, and families when it comes to health and healthcare. That work involves maintaining productive relationships with a wide range of people across health and social care so that consumer interests influence every level of decision making. Much of this work is done on a daily basis behind the scenes. We want to provide our members, friends and stakeholders with a regular update on how we're amplifying and championing diverse consumer interests to help drive positive change.

This is a new publication for us, and we'd welcome feedback – what is helpful/interesting? What is not?! Let us know by emailing us at <a href="mailto:engagement@hconc.org.au">engagement@hconc.org.au</a>

# Key meetings this period

- Discussion on productivity for purpose around the Productivity Commission interim report with the Centre for Policy Development
- Meetings with the new health ministerial team
- Minister Hammat Minister for Health
- Minister Carey Minister for Health Infrastructure
- Minister McGurk Minister for Aged Care and Seniors
- Staff from Minister Winton's office, Minister for Preventative Health
- Met with the Leader of the Opposition Mr Basil Zempilas MLA
- Met with Parliamentary Secretary to the Minister for Health Hon Pierre Yang
- With the Care Opinion team
- On a visit to HCC's offices
- Meeting on welfare rights with the Anti-Poverty Centre
- Meeting with Nous to provide input on the services provided by Quitline
- Attended the WACOSS State Budget submission session
- Meeting with the national and state Presidents of Royal Australian College of General Practitioners
- Met with Shire President from the Shire of Lake Grace and Shire President from the Shire
  of Gnowangerup to discuss GP services in country towns to discuss their concerns
  about community access to GP services
- Meetings with Department of Health Staff to discuss the importance of on-site advocates in hospitals
- Meeting with Ahpra to discuss complaints navigation processes
- Meeting with Kimberley Community Legal Service
- Presented to Ahpra WA all staff meeting on partnering with consumers

- Met with the Pathfinders team to discuss health service navigation
- Met with the WA Department of Health about the Community Services Strategy
- Provided input to the review of the NMHS Population Screening Project
- Met with Diabetes Australia to discuss their work on the economic impact of diabetes
- Met with WA Health to discuss the contracts in place around hospital parking costs

### **Submissions**

# **Medical Imaging Accreditation Scheme**

#### Australian Commission for Safety and Quality in Healthcare

This policy review was seeking to support an introduction of a revised set of standards for medical imaging. We provided some general comments around medical imaging issues that consumers experience and answered the consultation questions.

We shared the following:

- Waiting times for some imaging services can be long, particularly in regional areas
- Consumers expressed concern that out of pocket costs can be high, and that sometimes costs are not adequately advised in advance
- Consumers report that accessing their imaging reports can be variable
- People have told us that sometimes they need their carers to be present in the room for imaging but have been denied this
- A person who lives in a larger body explained that medical imaging can be a very challenging experience if the facilities do not accommodate larger bodies.
- Accessibility issues are significant with some people who use wheelchairs unable to access some forms of medical imaging, but not being provided with appropriate alternatives
- We encouraged including the Commonwealth Department of Health Stigma free Standard in the accreditation process.
- We argued that consumers should be involving in accreditation processes
- Any changes to the compliance burden on practices should not come at the expense of patient safety.

# Mental Health and Suicide Prevention Agreement Review

#### **Productivity Commission**

This review was seeking to improve the National Mental Health and Suicide Prevention Agreement, which had been identified as having fundamental flaws and not supporting progress towards a person-centred system of care

We shared the following:

- Governments should immediately address the unmet need for psychosocial supports outside the National Disability Insurance Scheme
- The National Mental Health Commission should run a co-design process with people with lived and living experience, and their supporters, families, carers and kin to identify relevant and measurable objectives and outcomes
- The next agreement should support a greater role for people with lived and living experience in governance
- The next agreement should clarify responsibility for carer and family supports
- Co-designing a new National Mental Health Strategy will be a long, complex, important piece of work, and it will therefore need considerable investment of funding and time, but this should not be a barrier to undertaking this work.

# **Review of the Supervised Practice Framework**

#### **AHPRA** and the National Boards

This was a review framework that sets the arrangements for supervision of practitioners who are required to have their practice supervised in order to ensure safety.

- Updating the framework to ensure clarity is important for consumers as well as practitioners
- The need for greater transparency in the process so that patients can fully understand what supervision means and make their choices accordingly
- That using remote supervision be considered on a case-by-case basis, with the
  geographical location of the practitioner not being the first consideration when
  deciding if it should be used. Patient safety and quality care is a more important
  consideration, in our view remote supervision should only be used when the reasons
  that the practitioner is being supervised do not relate to the safety of a patient



# **Open disclosure framework**

#### Australian Commission on Safety and Quality in Health Care

The Commission had drafted a new framework and was seeking some final feedback on wording.

#### We shared:

- That an independent advocate be provided for free to all consumers or families who are part of an open disclosure process
- That support for consumers and family members needs to be provided throughout the entire process, not just at the conclusion.
- That patients need to be provided with a written open disclosure plan
- Suggested that a template for a good, compliant open disclosure plan be included in the appendices
- Requirement to refresh Open Disclosure Training every three to five years
- Include reporting on Open Disclosure processes as part of accreditation.

# Draft Registration Standard: Registration for Internationally Qualified health practitioners

#### **AHPRA** and the National Boards

Feedback was being sought on the proposed new registration standard for health practitioners who have obtained their qualifications in other countries.

- We are broadly supportive of initiatives that address workforce shortages, as long as these do not sacrifice patient safety and the quality of the care being delivered.
- The risk of a practitioner who is not adequately qualified or does not have good standing being registered without due diligence being carried out is of concern to us. This may occur if there is pressure to fill certain workforce vacancies or if there is complacency or inconsistency in the way the standard is followed.
- We found it very challenging to locate details on the cultural safety training program that practitioners are required to complete, so we are unsure if it is adequate.
- We would prefer the standard require someone to demonstrate competency rather than simply complete a course in cultural safety.

# **Consent to Treatment Policy Review**

#### **Department of Health**

The WA Department of Health has reviewed their policy on obtaining informed consent and were seeking feedback on their new policy.

#### We shared:

- That the policy doesn't consider the very important cultural kinship permissions that occur among First Nations people, whereby it is often entirely appropriate for a person who is not the legal parent or guardian to give consent for a young person.
- That we would consider it appropriate to get some further advice from Aboriginal consumers around this matter to ensure that the policy is culturally safe.
- The importance of providing consent information in multiple formats
- Some of the complex circumstances where consent is not completely clear such as in the case with adults who live with complex disabilities or complex communication needs and in what circumstances their carer is able to give consent
- That consent needs to be explained explicitly and with specific meaning to the person
  who is giving that consent, so they are able to determine the significance of a risk to
  them in their specific circumstances.

# Approval of Semaglutide on the PBS for people with cardiovascular disease who live with obesity

#### **Pharmaceutical Benefits Advisory Committee**

The PBAC is considering adding Wegovy to the PBS for patients who have existing, diagnosed cardiovascular disease and live with obesity. We wrote a brief submission of support.

- That it is challenging enough to manage complex health conditions, without the added burden of being unable to afford medication that could assist.
- That people who live in larger bodies often experience stigma in the health system and cost as a barrier to accessing health services makes such circumstances more complex.



# Interim report on Delivering Quality Care More Efficiently

#### **Productivity Commission**

The Productivity Commission was seeking input on their interim report on delivering quality care more efficiently. They had identified the need for reform of safety and quality regulations, embedding collaborative commissioning and a national framework to support government investment in prevention. We wrote a comprehensive submission.

#### We shared:

- It is crucial that productivity changes are done with the intent to ensure that as well as
  delivering productivity, the changes deliver long lasting and meaningful benefits to
  people and communities.
- Anything that streamlines services and encourages people to use their transferable skills across many in-need industries is supported, on the understanding that there will not be a reduction in the level of scrutiny involved in processing clearances and safety regulations.
- Several examples of "pain points" where the intersection of public and private funding
  of health services leaves consumers stranded without appropriate care, such as NDIS
  support people not being funded to provide assistance to hospital inpatients and the
  lack of suitable aged care beds for people being discharged from hospitals.
- Support for the framework for investment on prevention, with commentary supporting the wider lens being applied to the definition of prevention to include education, housing and justice.

# National Oral Health Plan 2025-2034 Framework Consultation

#### Department of Health Disability and Ageing

This plan is identifying the oral health needs of the Australian population over the next decade and seeks to improve oral health for all Australians. We provided some brief feedback.

#### We shared:

 While mostly the private dental system is well-resourced, workforce issues in the public system and regional areas are a major cause of health inequity



- Unlike medical care, there is no access to the public system for patients who are not in regional areas and who are not on concession cards. This means that it is hard to access affordable dental care, and oral health risks becoming a discretionary spend for some people
- Consider adding preventative dental treatments to Medicare to prevent oral health inequities and encourage people to prioritise their oral health

# National Safety and Quality in Healthcare Standards – Third edition

#### Australian Commission on Safety and Quality in Healthcare

The Standards that Health services are required to meet in order to gain accreditation are being completely reviewed and the Commission is seeking detail to help inform the new set of standards. We completed a comprehensive submission.

- The Australian population is changing, growing and ageing. In order the standards to stay relevant and adequately serve the community, the third edition needs to reflect the pressures to the health system from this changing population
- Artificial intelligence has rapidly worked its way in to all parts of our lives. In the last five
  years it has gone from an obscure "future issue" to one that is at everybody's fingertips
  and on every smart phone and computer. Al is already playing a life-saving role in
  diagnosis, quite particularly in regional and remote areas, the opportunities and risks
  presented by Al need to be managed by the new standards.
- With consumers having constant access to media and media reporting being increasingly sensationalist, there is the risk that this can increase anxiety around the health sector.
- The standards can be used as a mechanism for driving high performance if they are
  designed to be both a framework that outlines the minimum expected standards that
  are to be met, and also provide a benchmark for excellence.
- If the standards had a focus on person-centred care whereby the patient is at the centre and forefront of all experiences, then they might more adequately meet the needs of consumers to feel confident that all the people who are treating them are fully informed of their history.
- In our experience, we see better outcomes in health services and better results when consumer leaders are involved. Co-designing the new standards with consumers means that a consumer lens is applied at every stage of the development of the standards

We have also supported the Australian Commission on Safety and Quality in Health Care as they seek input from WA consumers on these standards by hosting a number of consumer workshops.

# Mental Health and Alcohol and Other Drugs Strategy, Proposed Strategic Directions

#### **Mental Health Commission**

The Mental Health Commission has identified five key pillars for strategic direction in the area of Alcohol and Other Drugs and were seeking high-level feedback on those pillars.

#### We shared:

- Broad support for inclusion of people with lived and living experience
- Support for stigma reduction
- That we support local, place based solutions, as often communities know what it is that they need and that will work in their communities.
- The strategic pillars were not strong enough or brave enough on the topic of harm reduction. Harm reduction was bundled with harm minimisation strategies and there was a missed opportunity to pursue a brave and life-saving harm reduction agenda
- Support for alternatives to hospital care at various stages of treatment, and acknowledgment of the importance of community treatment, support for families, step up step down services and Medicare mental health services.
- Calling for consumer-led improvements in infrastructure and service delivery, beyond
  consumers being consulted with, they are rather fully embedded in all levels of
  decision-making, and adequately funded for being so.

## Sexual misconduct and the National Law

#### **AHPRA** and the National Boards

This framework aims to allow for a clear understanding of how sexual misconduct matters will be managed by AHPRA and the National Boards in order to ensure transparency and consistency in the process by which the AHPRA website permanently lists sexual misconduct findings on practitioner's listings.

#### We shared:

That the proposed framework was clear, concise and appropriate

- That the length of the framework is appropriate these things can often be too long and wordy, this takes an important and sensitive topic and handles it with clarity
- It is important that frameworks such as these are applied consistently, and the best way to ensure that is that the framework is clear and leaves no room for uncertainty
- That the information should additionally be contained on a landing page that is easily searchable.

## **Dental Workforce Plan**

#### Office of the Chief Dental Officer, WA Department of Health

In an effort to address workplace shortages in the public dental system, the Chief Dental officer has compiled a workforce plan.

- That feedback on workforce shortages should be sourced not just from people who
  are currently using the service but also from those who would seek to use the service if
  it was appropriately staffed
- Our feedback led to us being invited to be part of the working group responsible for improving the plan.



## **Presentations**

CHF Talks webinar on community responses to preventative health. Bronwyn Ife spoke about WA's new ministerial portfolio of Preventative Health, and WA community member Helen Morton spoke about the experience of the Pingelly Community Resource Centre in relation to supporting older community members to "Stay in Place".



# Committees and forums we've attended this period

- Monthly meetings with Systemic Health Advisory Collective a group of systemic health and policy staff from WA Based consumer organisations in the Mental Health space.
- Monthly Fair Food WA https://www.wacoss.org.au/projects/fair-food-wa/
- Blood Borne Virus and Sexually Transmitted Infection Advisory Committee
- Dental Workforce working group
- Goals of patient care working group
- State Oral Health Advisory Group
- Consumer Health Forum members policy network
- National Coalition for Preventative Health, coordinated by Consumer Health Forum
- Collaborative Commissioning Project looking at opportunities to connect commissioning between Federal and State Governments
- Implementation Oversight Committee
- Working Group 1: Planning, Funding and Governance
- Electronic Medical Record Clinical Council
- WACOSS State Budget Submission planning forum
- Participated in a panel discussion with the Minister for Health hosted by the
   Committee for Economic Development Australia on WA Health Service Delivery
- Participated in the Independent Hospital and Aged Care Pricing Authority conference
- Participated in the Clinical Senate Debate Systems Thinking: From Siloes to Synergy
- Clinical Senate Executive
- Hosted a workshop with consumer leaders and WA Health staff on consumer leadership in relation to the WA Safety and Quality Strategy
- WA Workforce Strategy Project Control Group
- Participated in the Linkwest Annual Conference
- Centre for Value Based Health Care Advisory Board
- Patient Related Outcome Measures (PROMs) and Patient Related Experience Measures (PREMs) working group
- Presented to the WA Executive Committee of the Royal Australian College of Physicians
- Participated in a panel discussion at the Australian Dental Board Conference with Ahpra
- Met with CEOs of state/territory peak consumer organisations across Australia
- Hosted a Fireside Chat on Hospital in the Home for WA Health
- Participated in a panel discussion for the WA Branch of the Australian Institute for Digital Health
- Participated in the Department of Health, Disability and Ageing WA Branch Aged Care Collaborative
- Attended the Public Health Association of Australia Preventative Health breakfast with Minister Winton

- Presented insights from HCC's individual advocacy program to the Mental Health Commission
- Co-Chaired the Sustainable Health Review Recommendation 4 Steering Committee

# Key media

- ABC regarding cosmetic surgery
- ABC Perth radio re reports of lead in water at PCH
- Choice Australia re article on dental payment issues

