

HEALTH CONSUMERS' COUNCIL

ANNUAL REPORT 2015



Health Consumers' Council (HCC) is an independent (not-for-profit) community based organisation, representing the consumers' voice in health policy, planning, research and service delivery.



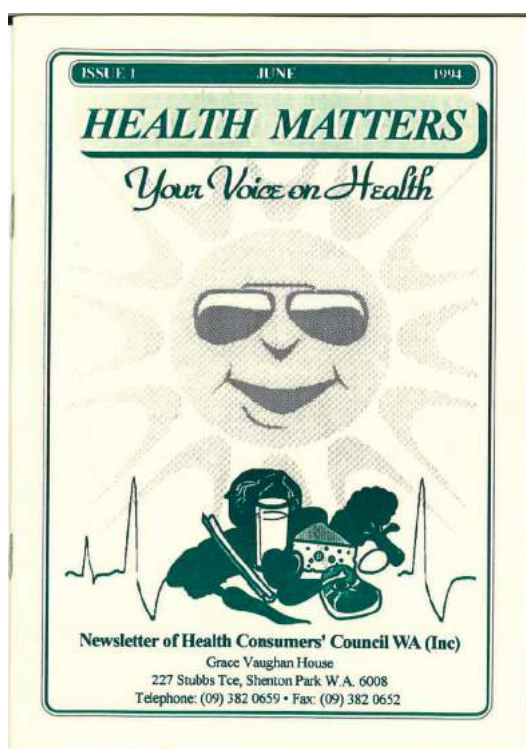
Cover Artwork by Brian Ocean Ward

Health Consumers' Council would like to acknowledge the Whadjuk Noongar people who are the Traditional Owners of the Land where our offices are situated.

We would also like to pay respect to all Elders past, present and future, and extend our respect to all other Aboriginal and Torres Strait Islander Cultures.

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The First issue of Health Matters, June 1994

Board of Management

Chair

Michelle Atkinson – de Garis

Deputy Chair

Cheryl Holland

Treasurer

Tony Addiscott

Secretary

Tom Benson

Member

Ruth Sims

Member

Nigel D’Cruz

Member

Michele Kosky

Member

Rasa Subramaniam

Member

Tricia Walters

HCC Staff

Executive Director

Pip Brennan

Senior Advocate

Martin Whitely

Advocate

Chrissy Ryan

Advocate

Carly Parry

Aboriginal Advocacy Manager

Laura Elkin

Aboriginal Advocacy Officer

Leah Cooper

Consumer & Community Manager

Louise Ford

Consumer & Community Coordinator

Stephanie Newell

Operations Manager

Meegan Taylor

Marketing & Communications Coordinator

Lucy Palermo

Receptionist/Admin Assistant

Juliette Mundy

Thanks you to the following staff who are no longer with us and worked at the Health Consumers' Council during the past year: Eileen McRory and Dr Ann Jones. We wish them all the best.

Annual Report Snapshot

Founded in 1994, Health Consumers' Council (WA) Inc. (HCC) is an independent not-for-profit, community based organisation, representing the consumer voice in health policy, planning, research and service delivery in Western Australia.

HCC advocates on behalf of consumers to doctors, other health professionals, hospitals and the wider health system. It is the only organisation of its kind in Australia to provide free health advocacy for individual health consumers. The knowledge gathered from health consumers enables HCC to offer a unique perspective on health policy and service delivery matters.

This report provides an overview of HCC activities during the 2014-15 financial year. For the first 6 months, Acting Executive Director, Dr Martin Whitely was at the helm, with Pip Brennan appointed as Executive Director in January 2015.

During this time HCC began negotiating a 5 year outcomes based contract with the WA Department of Health.

Data is collected through our individual advocacy program regarding the type of consumer complaints. During this period it indicated, mental health consumer rights are a significant issue.

HCC has been instrumental in reviewing the

new Mental Health Act. When the Act becomes operational in November 2015, it is hoped the reform will bring about prioritising early intervention, ongoing support and improved service delivery.

Another significant activity this year was the work of the Aboriginal Advocacy team who promoted consumer rights and provided training in consumer rights, advocacy skills and complaints mechanisms. HCC also employed Leah Cooper, Aboriginal Advocacy Officer, to support Aboriginal Advocacy Manager, Laura Elkin.

HCC's Consumer & Community Engagement team (CCE) has experienced an increased demand for cultural competency workshops, which are provided on a fee for service basis. As a result, Stephanie Newell joined the CCE Program as CCE Coordinator to support Louise Ford, CCE Manager.

HCC reviewed and updated the Strategic Plan. The final Strategic Plan will be presented at the 2015 Annual General Meeting. One of the priorities for the coming year is obtaining funding for the Aboriginal Advocacy Program, as the current funding agreement ends in the 2015-16 financial year.

This report also highlights HCC's 21st anniversary and a timeline with snapshots of significant events during the intervening years (1994 -2015) can be found on page 4.



Health Matters, Winter 2015

Celebrating 21 years 1994 - 2015

Lucy Palermo | Marketing & Communications Coordinator

April 2015 marked 21 years of Health Consumers' Council (HCC). HCC is in an interesting position as we are launching a new Strategic Plan, have secured State Government funding for the next five years and signed a letter of exchange with WA Department of Health, Public Health and Clinical Services Division. To celebrate 21 years of HCC, a series of events planned for the next calendar year, with details to be released in the coming months. Here is a snap shot of the last 21 years at the HCC.

1994 | HCC officially launched on World Health Day April 7th 1994 at Grace Vaughn House. Over 100 people attended the launch. The Commissioner of Health, Dr Peter Brennan made a speech and Verity James gave an entertaining presentation entitled "Meeting Consumers' Needs."

Two programs were announced that November; The Canny Health Consumers Program and The Consumer Representatives Skills Program, later to be named the Consumer Participation Program and in its current incarnation the Consumer & Community Engagement Program.



1995 | The HCC moved to new premises, Unit 13/14 Wellington Fair, 40 Lord Street, EAST PERTH.

1998 | The Patient with megaphone logo first appeared in the September/October 1998 issue of Health Matters.



2006 | HCC was co-sponsor of a Clinical Senate Debate to discuss key issues regarding, 'WA Health Consumer and Community Engagement Framework: For Health Services, Hospitals and WA Health', and to develop recommendations for consideration by SHEF and the Health Reform Implementation Taskforce (HRIT). Since this debate the HCC has had a permanent position on the Clinical Senate Executive Committee.

2007 | The Aboriginal Consumer Participation & Complaints Review Project began in 2007, now called the Aboriginal Advocacy Program. Aboriginal Advocacy Manager, Laura Elkin, has been part of the program since its inception. At this point in time the program is funded until the end of the 2015-16 financial year, however the HCC is seeking funding so that this valuable program is still available to Aboriginal health consumers in need and to educate the health sector.

2006 – 2007 | The Patient First booklet and other resources were developed in consultation with consumers and distributed to hospitals across the state.

1994

1995

1998

2006

2007

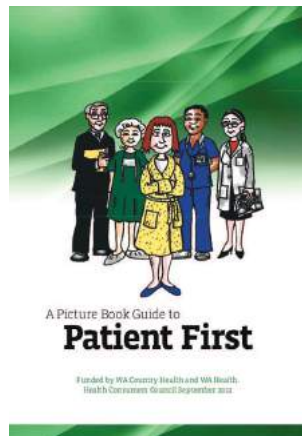


HCC and WA Department of Health, Public Health and Clinical Services Division celebrated signing a letter of exchange, August 26th, 2015.

2006 – 2009 | The HCC and the Minister for Health hosted a series of Parliamentary Breakfasts on topics chosen by the members of parliament. Topics included 'The Future of Cancer Care and Treatment' and "The 4 Hour Rule – Change for the Better".

2013 | In May of 2013 the HCC moved to bigger premises, Unit 6 Wellington Fair, 40 Lord Street, EAST PERTH.

2007 – 2009 | Patient First Ambassador Project funded by the WA Department of Health, involved training consumers to make presentations on the Patient First booklet and other resources.



2011 | October 2011, the Health Consumers' Council developed the booklet "A Picture Book Guide to Patient First" to take the place of the Patient First Booklet. This was distributed to hospitals state-wide and is still in use today.

2013 | In September 2013 the HCC launched the new logo at the AGM signifying the different voices of WA health consumers. The new website was launched in the June of the following year (2014).

2011 - 2012 | The Speakers Bureau Program was started through funding from Lotterywest. It was designed to train health consumers to speak to the public about health rights, responsibilities and the HCC's services.

2015 | HCC held their first NAIDOC Day celebration.

2009

2011

2012

2013

2014

2015

Chairperson's Report

Michelle Atkinson - de Garis | Chairperson



A productive and invigorating year with a focus on solidifying the foundation of HCC...

It's been my honour to be the Chair of Health Consumers' Council since the 2014 AGM. We've had a very busy year at HCC. We began the year searching for an Executive Director to lead the organisation and we're pleased that Ms Pip Brennan joined us in that role at the end of January. Pip's knowledge and experience in the health sector has already provided value to health consumers in Western Australia and the Board is confident that under Pip's leadership, the mission and operations of HCC are in good hands.

On behalf of the Board, I thank Dr Martin Whitely for acting as Executive Director from July to January and to the whole team for supporting Pip since she commenced her role. During this time, HCC staff remained tireless in their efforts to support health consumers. I would like to acknowledge their hard work and dedication.

Over the past year, HCC has successfully engaged with both health consumers and health sector representatives. One of the Council's key achievements has been the review of the Mental Health Act. The Act becomes operational in November 2015, and it is hoped that reform will bring about the prioritising of early interventions

and ongoing supports and the realisation of improved service delivery.

Another key focus for HCC is our new contract with WA Health. WA Health is a significant funding body of HCC and provides 85% of the HCC's income. While there have been some unavoidable delays in finalising the transition to outcomes based contracting, I am delighted to confirm that this process is in hand and will be finalised by December 2015.

The development of HCC's Strategic Plan for the next three years is well under way, it will be introduced at the Annual General Meeting and in the summer edition of Health Matters. The Strategic Plan is reviewed by the Board annually to reflect the needs of health consumers as the health environment changes.

This year the Board instituted a committee structure. The Finance Committee consists of the Treasurer, Executive Director, Operations Manager and Bookkeeper. This mechanism has greatly enhanced the reporting and accountability of HCC's finances, which are in excellent shape.

The Board also established a Nominations Committee for the active recruitment of new Board members from a growing, diversifying membership base. Their work will support the Board's goal to maintain diversified skills and experience among Board members.

The 2015 Annual General Meeting (AGM) will see the retirements from the Board of Michele Kosky, Nigel D'Cruz, as well as myself. The wisdom and skills of these two people have been invaluable. We thank Nigel for ably undertaking the role of Chair in 2013-14. During this current year, Board Members Catherine Lusignan-Weber and Suresh Rajan resigned and again, I would like to express my appreciation for their time and effort.

Many thanks to my Board colleagues, it is an honour to work with you all. I am particularly grateful to Cheryl Holland, our Deputy Chair, who stood in for me as Chair during my time of relocation to Geraldton. And most importantly, thank you to our membership, without whom Health Consumers' Council would not exist. Together we will continue helping consumers bring about positive change in our health system.

Executive Director's Report

Pip Brennan | Executive Director



- More regular reviews of involuntary patients by a new Mental Health Tribunal

Staff Movements and Mini-Restructure

In September 2014 Leah Cooper commenced working 4 days a week assisting Laura Elkin in the Aboriginal Advocacy program. It was been a great boon to the program which had seen Laura carrying the whole program load for too long.

Many of you know Amy McGregor, left HCC to have her first child. As her maternity service came to an end, Amy decided not to return to work. The position was therefore formally advertised, with Meegan Taylor taking up the role in June 2015. Meegan comes to HCC with a wealth of relevant experience, and has been invaluable in assisting HCC in meeting its new tendering requirements with WA Health. Lucy Carter has returned to a revamped substantive role as Marketing & Communications Coordinator. She was also married this year and is now known as Lucy Palermo.

Dr Ann Jones undertook a short term Policy Officer position. Ann contributed significantly to the Mental Health Bill Submission, as well as the Senate Inquiry, and was a highly effective consumer presenter at the Clinical Senate Debate in March 2015. It was identified that HCC needed to increase the capacity of the Consumer and Community Engagement Program, which meant the funding had to be re-allocated from the Policy Officer position, and the job was advertised. Stephanie Newell took up the position as Consumer and Community Engagement Coordinator in June and has already created exciting changes and possibilities in the program.

The Team

HCC's Team now consists of:

- Advocacy Team: Dr Martin Whitely, Chrissy Ryan and Carly Parry.
- Aboriginal Advocacy Team: Laura Elkin and Leah Cooper
- Consumer and Community Engagement: Louise Ford and Steph Newell
- Executive and Corporate: Pip Brennan, Meegan Taylor, Lucy Palermo.

In January 2015, I was fortunate to obtain the position of Executive Director of Health Consumers' Council. To preface this Executive Director report, I would like to thank Senior Advocate Dr Martin Whitely for acting as Executive Director for half of this financial year, and acknowledge the achievements of his tenure. I would also like to thank him for his support as I transitioned into the role.

Mental Health Bill Submission

In the first half of this financial year, among many other things, Martin oversaw a key piece of work, the Mental Health Bill Submission. This significant piece of work absorbed significant time and resources and the work Martin put into this project has significantly supported the final result which has seen a number of enhancements in protections for mental health consumers. When it commences, the new Mental Health Act 2014 will provide:

- New rights and increased protections for involuntary patients
- New rights for families and carers of involuntary patients
- Additional rights and increased protections for Aboriginal and Torres Strait Islander people
- Additional rights and increased protections for children
- Increased access to advocacy support from a new Mental Health Advocacy Service

Funding

HCC has been in the process of transitioning to an Outcomes Based Contracting arrangement with WA Health for our core contract to deliver individual advocacy and consumer and health sector support services.

Outcomes contracting is a welcome initiative across WA which sees all non-government organisations in

receipt of funding from a WA government agency reporting not just on outputs (e.g., how many workshops you run) but on the outcomes of that workshop (e.g., what people learned, what new skills they can apply). The new five year outcomes based contract will start from January 2016.

The Service Outcomes that HCC will report to are listed below:

Health Consumer Individual Advocacy

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

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

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

Health Sector Support

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

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

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

Our Aboriginal Advocacy Program is incorporated into and is underpinned by both streams, as it features individual advocacy, community engagement and support for the health sector. However the bulk of the funding for the Aboriginal Advocacy Program is received from the federal Department of Health, who have confirmed that this is the last financial year they will fund the program. An urgent priority for HCC is to find funding as we are committed to continuing this important program.

Strategic Plan 2015-2020

As a parallel process to the outcomes based contract formation HCC has been updating and reviewing our Strategic Plan. Input from members, consumer representatives and other stakeholders has been key in its development. The final Strategic Plan will be presented at the 2015 AGM. We look forward to being able to report against the plan's new deliverables and priorities. As noted, a key priority is to find new funding for the Aboriginal Advocacy Program.

Advocacy Report

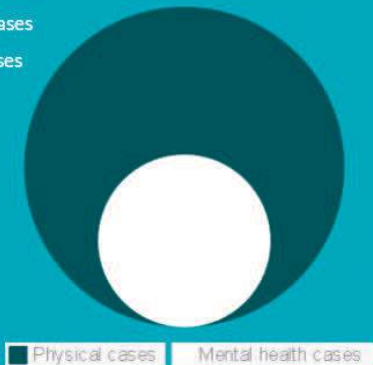


Dr Martin Whitely | Senior Advocate

Health Consumers' Council provides an individual, independent advocacy service for health consumers in Western Australia. This spans every aspect of health from hospital, primary care, mental health, dental, to complementary and alternative therapies. The service is flexible and assists the consumer at any stage of their journey; from accessing health services, to navigating complex health complaints processes.

HCC Advocacy Case Breakdown

65% Physical Health Cases
35% Mental Health Cases



The HCC provide a unique service with WA the only state that offers a comprehensive individual advocacy program.

This benefits individual consumers and grounds HCC systemic advocacy in reality. Throughout 2014/15, the HCC Advocacy Team received 621 requests for support.

101 of these requests were not proceeded with for a variety of reasons, including the consumer was not able to identify a specific issue, or withdrew the request as the issue was resolved.

The other 520 varied in complexity with advocates keeping detailed case records allowing for statistical analysis.

Mental health cases (180) constitute only 35% of the HCC total case number. However they are typically more complex than physical health cases with at least half the advocate's workload related to mental health cases.

Mental Health Consumer Rights in Depth

53.3% of mental health issues raised related to consumer rights, significantly higher than non-mental health consumer right issues of 23.5%. This is due in part to the ability to involuntarily detain and treat mental health consumers against their wishes. This consists of:

- 17.8% Involuntary detention or treatment
- 7.8% Threat of involuntary detention or treatment
- 7.7% Poor communication

Mental Health Case Breakdown

53.3% Mental health consumer rights
27% Disputes regarding diagnosis & treatment
18% Denial of access to services
2% Costs



Physical Health Case Breakdown



35.6% Disputes regarding diagnosis & treatment
29% Access to services denied
23.5% Rights
11.76% Costs

35.6% of physical health issues raised related to disputes about diagnosis and treatment; of this 19% related to disputes regarding treatment.

29% related to access to services denied; of this, 5.9% related to unreasonable wait times; 5% lack of access to ongoing support; .88% denial of emergency services & 1.76 consumer behaviour prevents access.

Other Trends...

Mental health cases constituted 40.8% public health & 19.8% private health. This indicates that many mental health consumers are economically disadvantaged and disproportionately rely on free government run services.

Mental health consumers (77.8%) were more likely to initiate contact on their own behalf than physical health consumers (65.3%).

The proportion of issues related to mental health in the Perth/Mandurah area were 38.4% & in regional WA, 17.7%. The reasons for this are unclear.

Aboriginal Advocacy Report

Laura Elkin | Aboriginal Advocacy Manager



There has been a lot of uncertainty for Aboriginal consumers and programs in the past year, including Commonwealth government cuts and changes to funding that have collapsed over 150 programs into 5 areas, now managed by the Department of Prime Minister and Cabinet. Many Aboriginal organisations around the country have lost funding, or have had significant cuts.

This puts many Social & Emotional Well-Being and other family support programs at risk. Meanwhile, the WA Department of Health (DoH) conducted a review into 184 Aboriginal health programs. The Holman Review was released publicly in June and found that “an overwhelming majority of projects delivered good, excellent or outstanding value for money.” The same week organisations were just learning whether they would receive further funding, and ultimately 175 programs have.

There has also been widespread community concern about the potential defunding of remote Aboriginal communities. This stemmed firstly from funding cuts by the Commonwealth government and then was compounded when the state government initially indicated that they would defund services in up to 150 communities. There have been protests around the country and even the world, with Aboriginal communities distressed that important decisions about the future of their communities could be made without them. Now the Hon Terry Redman and the Hon Helen Morton have been charged with consulting with Aboriginal communities across the state before further decisions are made.

During 2014/15, HCC promoted consumer rights to over 100 consumers and provided training in consumer rights; advocacy skills and complaints mechanisms to Aboriginal Health Worker students

at the Aboriginal Health Council of WA, to the Aboriginal Health team at Bentley-Armadale Medicare Local, and to the Aboriginal Child and Maternal Health Leadership group.

We provided training in partnering with consumers to over 40 staff from Kimberley Mental Health Drug and Alcohol Service, and continue to partner with them as they develop new Consumer and Carer Advisory positions. We gave a presentation about engaging with Aboriginal patients to 20 Partners in Recovery staff at the Perth East Central Medicare Local, to over 50 staff from Notre Dame University, to a combined District Health Advisory Council forum, and to members of the South Metro Community Advisory Council.

We partnered with the Australasian College of Health Service Management and held a Consumer Involvement Master Class, giving us an opportunity to highlight patient issues and strategies for engaging with Aboriginal consumers to over 80 health management staff from across many WA services. We also gave a presentation at a national workshop held by the Consumers’ Health Forum of Australia, and partnered with them to pilot the Real People Real Data Project; and participated in a WA Forum on Inter-professional Education in Health.

We have worked with the Specialist Aboriginal Mental Health Service to establish an Aboriginal Consumer Carer Advisory Group. The group had its first meeting in December and we remained involved as members. We met with the WA Country Health Service about their model of engagement with mental health consumers. We met with the Silver Chain, Consumer Engagement Business Partner about their expansion into the East Pilbara region.

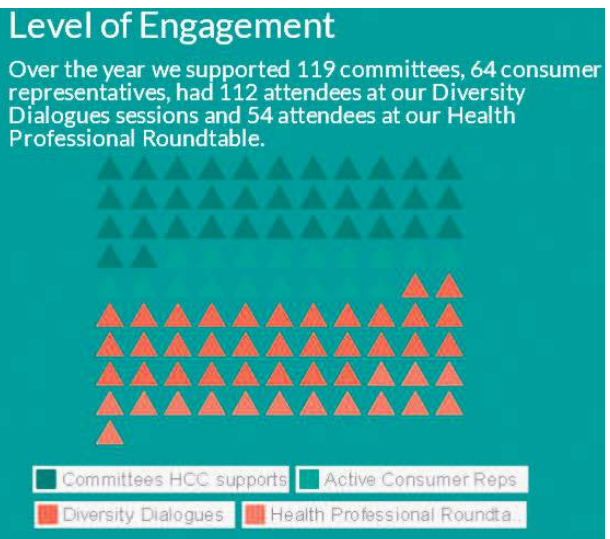
We continue to sit on a number of advisory groups with opportunities to highlight problems and solutions identified by Aboriginal consumers including Royal Perth Hospital Lighthouse Pilot Project Reference Group; Kimberley Mental Health & Drug Service Consumer Carer Reference Group; and North-Metro Area Health Service Reconciliation Action Plan Group.

We learned in June that we are receiving a final year of Commonwealth funding for the Aboriginal Advocacy Program. This makes up the majority of the program’s funding, so a major challenge for us in the coming year will be to find a new source.

Consumer & Community Engagement Report



Louise Ford | Consumer & Community Engagement Manager



During the past twelve months the Program has undergone several significant changes. These have included:

- Identifying the need for a part time coordinator and admin support; by the end of the Financial Year a Coordinator had been employed who brings a wealth of knowledge and skills to the Program and HCC
- Identifying opportunities to develop a fee for service program to support the growth of the program and of HCC
- Developing partnerships with other agencies and Departments
- Identifying the need to engage with more diverse demographics than have been engaged with previously – we now need to develop strategies to accommodate and support that engagement
- Changing the name of the Program to reflect this strategic shift in direction

Traditional aspects of the Program have been maintained throughout however there has been a growth in demand for forums such as Diversity Dialogues with one already booked for April 2016; this in partnership with Kind Edward Memorial Hospital. Another is scheduled for October this year in partnership with Fiona Stanley Hospital.

Standard Two means consumer representatives are now expected to have the capacity to provide consistent, objective and constructive feedback to ensure providers implement recommended changes throughout their service provision; from executive levels to hands on patient care. To support this,

HCC will continue to provide the initial Consumer Representative Skills Development workshop, and will add in new workshops to support the development and achievements of consumer representatives and with which people can build on their skills. This will be achievable with the additional staffing now available to the Program.

There has been an increased demand for workshops for specific health care providers. These have frequently been provided as fee for service and have included a session for Fiona Stanley Hospital Consumer & Community Advisory Council who identified areas in which they wished to develop. The Dental Health Service also approached HCC in September last year resulting in a request for 34 workshops to be run throughout the State. These sessions are in line with Standard Two accreditation and are focused on developing Patient Centred Care awareness and skill development in staff.

In keeping with aiming to provide a diverse range of people with the opportunity to provide consumer input, the Program is considering ways in which it can utilise its website to provide online forums and opportunities for feedback. It has also begun to provide workshops to Local Health Area Group and District Health Advisory Council members via video conferencing and to offer that facility for staff to access forums and other PD opportunities.

Overall it has been an exciting year; I would like to thank Pip for her support and enthusiasm as well as her acknowledgement of the potential of the Program to expand and grow and continue to provide a valuable service to both consumers and providers.

Financial Statement

The Health Consumers' Council audited Financial Accounts for 2014-15 are available at the Annual General Meeting and on request.

AUSTRALIAN AUDIT

DIRECTORS:
ROBERT CAMPBELL MSW CPA FCA FANZD
ANDREW SULLIVAN B BSH FCPA
ALASTAIR ABBOTT B COMM GRADIPCA CA

Health Consumers Council WA (Inc)

ABN: 87 841 350 116

Independent Auditor's Report

For the Year Ended 30 June 2015

To the members of Health Consumers Council WA (Inc)

We have audited the accompanying special purpose financial report of Health Consumers Council WA (Inc), which comprises the Statement of Financial Position as at 30 June 2015, the Statement of Profit or Loss and Other Comprehensive Income, the Statement of Changes in Equity and the Statement of Cash Flows for the year ended 30 June 2015, and notes comprising a summary of significant accounting policies and other explanatory information, and the Statement by the Board.

The Board's responsibility for the financial report

The Board of Health Consumers Council WA (Inc) are responsible for the preparation of the financial report that gives a true and fair view in accordance with the accounting policies described in Note 1 to the financial statements and the Associations Incorporation Act (WA) 1987 and for such internal control as the Board determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Board, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we have complied with the independence requirements of the Australian professional accounting bodies.

Opinion

In our opinion, the financial report gives a true and fair view of the financial position of Health Consumers Council WA (Inc) as at 30 June 2015, and of its financial performance and its cash flows for the year then ended in accordance with the financial reporting requirements of the Associations Incorporation Act WA 1987 and division 60 of the ACNC Act 2012.

Basis of Accounting

Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared to assist Health Consumers Council WA (Inc) to meet the requirements of the Associations Incorporation Act WA 1987 and division 60 of the ACNC Act 2012. As a result, the financial report may not be suitable for another purpose.

Robert John Campbell CPA
Registered Company Auditor No. 334773
Australian Audit Group Pty Ltd
Level 2, 459 Hay Street, PERTH, WA



Date:

15 September 2015

Supporters & Partners

Health Consumers' Council would like to thank the following organisations and agencies for their ongoing support.

Non-Government Organisations

360 Health
ARAFMI
Advocare
Cancer Council
Carers WA
CommunityWest
Connect Groups
Consumers of Mental Health WA
LinkWest
Mental Health Law Centre
Palliative Care Australia
People with Disabilities WA
Telethon Institute for Kids, Involving People in Research
WA Association for Mental Health
WA Networks of Alcohol and Other Drug Agencies (WANADA)
WA Primary Health Alliance (WAPHA)
WA Women's Health Network
WA Council of Social Service

Government

Council of Official Visitors
Health and Disability Services Complaints Office (HaDSCO)
Health Networks
Mental Health Commission
WA Department of Health



**HEALTH CONSUMERS'
COUNCIL**
YOUR VOICE ON HEALTH

Health Consumers' Council

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Opening Hours

Monday to Friday 9:00am - 4:30pm | Closed Public Holidays