



# HEALTH CONSUMERS' COUNCIL



# Annual Report

2018 - 2019

PATIENT EXPERIENCE IS THE HUMAN EXPERIENCE



# Introduction



The Board and staff of Health Consumers Council WA (HCC) acknowledge the traditional custodians of the lands on which our organisation is located and where we conduct our business – the Whadjuk Noongar people

We pay our respects to ancestors and Elders, past, present and future for they hold the memories, traditions, culture and hopes of Aboriginal and Torres Strait Islander Australia.

We also acknowledge that we have much to learn from the wisdom of Aboriginal cultural practices and beliefs around health.

Health Consumers Council WA is committed to cultivating inclusive environments for staff, consumers and carers. We celebrate, value and include people of all backgrounds, genders, sexualities, cultures, bodies and abilities. We believe our commitment to diversity and inclusion makes our teams, services and organisation stronger and more effective.

## Vision

Equitable, person-centred, quality healthcare for all West Australians.

## Purpose

To increase the capacity of all people to influence the future direction of health care and to make informed choices.

## Values



**Respect:** valuing diversity and seeking everyone's contribution.  
*Respect is the foundation we build our relationships on.*



**Kindness:** considering other people's world views, experiences and emotions.  
*Kindness and listening to validate can have far-reaching positive effects.*



**Equity:** advocating for the whole community.  
*We challenge ourselves to look beyond stereotypes and meet people where they are.*



**Working together:** collaborating to achieve positive outcomes.  
*We can go further and faster in partnership.*



**Integrity:** aligning actions with our values and measuring outcomes to continuously improve.  
*We reflect on what we do and why we do it. We transparently report on our outcomes.*



**Empowerment:** sharing knowledge and resources to support informed choice and positive change.  
*We believe in informed choices and the importance of lived experience to drive positive change*



Health Consumers Council is committed to providing accessible services to people from culturally and linguistically diverse backgrounds.

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# Chair Report

## A Year of Change

### Mallika Macleod, Chair

HCC's 2018 Annual General Meeting (AGM) saw an innovation of our Nominations and Governance Committee enacted. We requested that Board nominations be provided in the form of a video and five nominations for four positions were received, including mine.

During the year Rebecca Smith had filled a casual vacancy after Laura Colvin resigned. At the AGM the members vote saw myself, Danae Watkins, Rebecca Carbone and Sam Bradder elected. Existing Board Members Richard Brightwell, Nigel D'Cruz, Rebecca Smith, Marlon Fernando and Cheryl Holland remained on the Board.

The 2018 AGM also heralded the end of six years of service for Tom Benson and Tony Addiscott on our Board, and therefore as per our Rules, they stepped down. We thank them for all of their contributions to HCC.

Cheryl has been a most generous mentor and support for this first year where those who have been on Boards may appreciate, it can take some time to get to grips with how to best support the organisation you have been entrusted with leading. Cheryl conducted a comprehensive Board Induction, which I personally haven't experienced in any of the many state and national Boards I have been a member of and greatly appreciated the process as a welcome to the business of the HCC.

2019 has seen a review of our Strategic Plan deliverables (see page 6) and further refining of our Values (see page 2). It has been a wonderful opportunity to oversee the Social Enterprise project and we have benefitted from having the time to reflect on what we do and consider a practical and doable social enterprise in the form of undertaking engagement activities on a fee for service basis.

From a Board perspective, we have been reviewing how our Board Committees work, and fine-tuning how to ensure we are leveraging the time of our precious Board volunteer hours. We have refined

how our Board Calendar is created each year to ensure key milestones are met.

### With Thanks

The many achievements and outcomes noted in this Annual Report could not happen without the incredibly dedicated HCC Team, so a huge thanks to Pip Brennan our Executive Director and the whole HCC team. From answering phone calls, to conducting large-scale engagement activities, from offering advocacy support which changes the whole picture for an individual health consumer, to membership of numerous industry committees where systemic change conversations often get the buy-in required by stakeholders who represent the consumer – all of this keeps the consumer voice firmly at the centre of our health system where it belongs.

Every year we record just how much contribution our volunteers have made to HCC – and a very special thank you goes to all the volunteers and students who have helped HCC support health equity in our state.

2019 was Cheryl's last year of tenure, and due to exciting new work opportunities, Cheryl stepped off the Board prior to the AGM. Similarly, Marlon Fernando obtained a new position in regional WA and found the two commitments beyond his current capacity. Nigel D'Cruz will also be stepping down at the 2019 AGM due to his work commitments.

In this first year I've been impressed with the enthusiasm of new Board members, and seen how well the existing and new Board members have come together to support HCC's vision and strategy. I feel confident that, with further exciting opportunities of welcoming new talent to complement our Board at the 2019 AGM, we will be well-placed to meet the challenges and opportunities which lie ahead.

In closing, I would like to thank all our Board members current, outgoing and incoming and look forward to furthering the work of HCC together.



# Executive Director Report

It's that time of year again when we reflect on the efforts of another year's work to keep the consumer firmly at the centre of our health system.

## HCC Team

Nothing happens without people, and over the last year there has been a reorganisation of how we work together to deliver outcomes.

## Engagement

The complexity and diversity of working with both consumers and service providers to support the advancement of a person-centred health service led us to undertake a mini-restructure of what was the Consumer and Community Engagement Program. Clare Mullen joined the newly named Engagement Program as Manager in September 2018.

We have outlined both the engagement outputs and outcomes delivered over the last year on pages 12-15. These activities are diverse, and require constant development, reflection and innovation to both keep up with the relentless pace of reform as well as to continue to develop more truly effective and inclusive consumer engagement. The highlight of this year has definitely been the Patient Experience event held in April 2019 with a focus on Aboriginal health. We have also contributed to the work of the obesity collaborative in partnership with Health Networks and WA Primary Health Alliance. The partnership with Red Cross to continue to expand how we reach new and emerging communities about health rights information has been another highlight.

## Individual Advocacy

As indicated on pages 8-11, there has been a significant amount of work done in supporting people who are either seeking access to health service, or redress when things haven't gone as planned. A new intake form has been developed to clarify expectations and co-design the advocacy intervention to aim for a clear, achievable outcome. During the year, we undertook a focus group with former advocacy clients on how they experienced our intake,

exit and evaluation processes. We remain committed to continuously improving and ensuring our scarce resources are directed with as much effectiveness as possible.

## Systemic Advocacy

While the work of putting together the final Sustainable Health Review report is now behind us, the real work of implementation is ahead. We are looking forward to supporting the progression of the ambitions of this report, especially those relating to expanded models of consumer engagement.

Medical devices remains high on our priority list – the work undertaken as part of the mesh implants Senate Inquiry last year has highlighted systemic concerns which require both state and federal implementation.

## Leadership

It was important to continue to build the capacity of the organisation and so it seemed obvious to form a Leadership Team with myself, our Advocacy Manager, Engagement Manager and Operations. We aim to continue to develop a well-supported, flexible thinking and experienced team of staff whose ideas are regularly sought and implemented wherever possible. Our goal is to be a desired place to work, and we always conduct exit interviews to consider what more we could do to build and support our Team.

## Sustainable Organisation

Like all non-profits, we are challenged by external circumstances to remain financially viable. Our current contract finishes in December 2020 and we are actively undertaking a range of activities to shape and fine-tune our services and the outcomes we hope to achieve. An example of this is the forum held with advocacy clients to inform how we deliver our individual advocacy service. We are also actively seeking alternate sources of income through developing social enterprise and fundraising strategies. This is combined with ongoing development of our project and financial management procedures to meet new requirements.

# Strategic Plan Update

## Strategic Objectives

Each year HCC spends time reviewing the Strategic Plan to ensure we are still on track. We spent time in January assessing how we were tracking against the different strategies, and key achievements as at July 2019 are listed below. We are coming to the end of our current contract with WA Health – by December 2020 – and are proactively undertaking a range of activities, including focus groups with people who have used our services to help shape our next contract.

We also completed the Social Enterprise Project. This project used external consultant ANSON to support HCC to develop a Social Enterprise Plan to support the goal of achieving more independent income and hopefully be able to provide more individual advocacy support to health consumers.

## Support individuals through advocacy and health literacy

Key Achievements:

- Maintain an effective advocacy service – 477 advocacy cases, 1253 information linkages
- Connect Groups partnership project – Community Link Booth at Fiona Stanley Hospital
- People with Disabilities WA – partnership project developing health literacy tools and training for people with disabilities
- Going to Hospital resource translated into seven languages.
- Aboriginal Justice Project to collaborate to develop community advocacy training

## Drive effective consumer, community, clinician and stakeholder engagement

Key Achievements:

- PXW 2019 focused on the Aboriginal Patient Experience and was a partnership with the Aboriginal Health Council of WA, WA Primary Health Alliance, WA Health, Patient Opinion
- World Kindness Day held in partnership with WA Health, WAPHA, Ishar, Whadjuk Northside
- Mental Health Week partnership event with Derbarl Yerrigan, Yorgum, Wungening
- Sustainable Health Review engagement project in partnership with LinkWest created great opportunities for rural, regional and remote engagement

## Identify and communicate health trends to key stakeholders

Key Achievements:

- National Mesh Forum held in partnership with the health consumer organisations across the nation to raise awareness of pelvic and hernia mesh complications
- Obesity Collaborative work, Cancer Research Summit and Cancer Plan Summit to ensure the consumer voice was heard as part of Summits and sector consultations
- Research papers were published with Fiona Stanley Hospital, the Consumer and Community Health Research Network and Clinical Senate

## Maintain an effective and innovative organisation

Key Achievements:

- Completing Social Enterprise project
- Reviewed membership policies to ensure an engaged, connected membership
- Just four policies short of a complete suite of updated, NGO compliant standard policies for our organisation

# Patient Opinion

in Western Australia

Impact Report FY 18/19

**PATIENT  
OPINION** AUST  
**BE HEARD.**

**992**  
STORIES  
SHARED

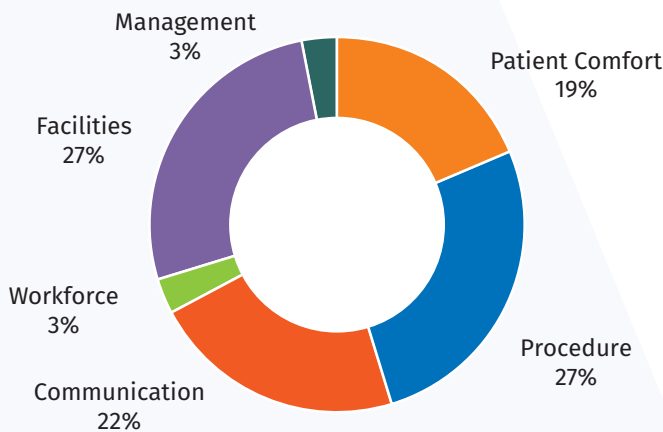
STORIES THAT  
RECEIVED A  
RESPONSE **86%**

ENTIRELY  
POSITIVE  
FEEDBACK **52%**

**34** STORIES LED  
TO CHANGES

**237,340**  
TOTAL PUBLIC VIEWS

## Change Actions Taken



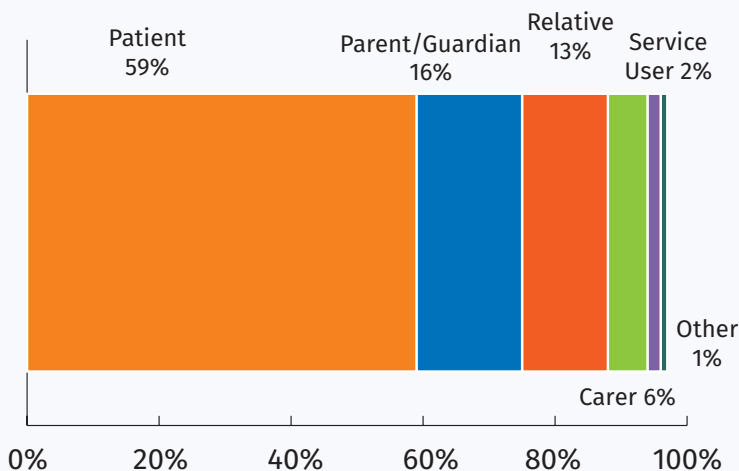
## Common Concerns

Communication	257 stories
Support	196 stories
Care	165 stories
Staff Attitude	147 stories
Unsupportive	144 stories

## Top Change Actions

Communication II Information	7
Facilities II Equipment	7
Patient Comfort II Dignity/respect	3
Procedure II Medical	3
Procedure II Care	3
Patient Comfort II Catering	2

## Story Author Identity



## Story Responses

stories that received a  
response within 3 days  
of publication **69%**

stories that have 2 or  
more responses **10%**

# Advocacy Case Studies

## Prison Health (violation of rights leading to an adverse outcome)

B was serving a custodial sentence in a WA Prison. He had experienced severe back pain, which escalated to him being unable to mobilise. Despite alerting staff to this, it took several weeks for him to be taken seriously. He was eventually transported to hospital where investigations revealed a significant spinal infection; Doctors' advised that he might not walk again. He underwent surgery and commenced an intensive treatment regime. He remained an inpatient for 6 weeks, during which time HCC worked alongside the health service senior management to ensure a clinically sound discharge plan. Sadly, when he was transferred back to the prison, staff failed to adhere to the plan and did not facilitate adequate physical therapy and hospital follow up.

Within a few weeks, B reported that the pain had returned along with an inability to mobilise. Despite his pleas for appropriate medical review, and HCC's assertive advocacy attempts, staff did not organise timely follow up to ascertain whether the infection had cleared. It took several weeks for appropriate follow up to take place by which time infection had eroded his vertebrae.

Advocacy now focused on trying to ensure the system did not fail this consumer again and wrote to the prison with the following requests 1. A need to ensure the prison's capacity to facilitate the discharge plan. 2. Staff to take B's reports of pain seriously 3. Staff to work collaboratively with HCC and B's family.

Sadly, the prison did not respond to the requests therefore, HCC escalated the matter to the Minister for Corrections. This led to positive changes within the Prison Infirmary to include the implementation of processes to monitor patients discharged back from hospital. In addition, B was provided with a point of contact in the capacity of the Director of Nursing for Corrections.

HCC is currently working alongside the National Justice Project to bring justice to B and his family for the adverse outcome he has endured culminating to his permanent disability.

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## Lack of informed consent

F was experiencing moderate discomfort due to an abdominal hernia. He was referred to a public hospital and consulted with a surgeon who suggested hernia repair by way of mesh. F was advised that the procedure was common and came with little risk. F was not given information around the specific and well-known risks of mesh (migration, adhering and pain).

F went ahead with the suggested surgery believing he would have a successful outcome. Sadly, he experienced severe pain immediately following surgery that did not ease. For months, he presented to the hospital in a bid to convey his concerns regarding pain but was dismissed and told what he was experiencing was 'normal'.

After consulting with three different surgeons and multiple hospital presentations, he was given the news that he has a significant mesh injury (mesh adhered to his tissues and was accidentally stitched to his nerve).

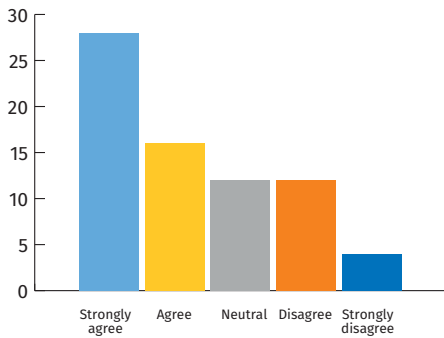
F was booked for an investigative surgery to determine if a partial removal of the mesh could be achieved however, this surgery was cancelled without explanation. Eventually, he was advised that removal was not an option and that nothing could be done other than pain management. F has a cardiothoracic condition, which means he cannot take any pharmaceutical analgesia therefore, lives with unmanaged pain.

HCC advocacy has included, advocating for F during a complaint resolution meeting with senior hospital staff, conveying F's specific questions to the meeting and ensuring adequate and timely response, obtaining F's patient records, organising an independent review of the case and arranging for him to meet with a medical negligence lawyer at HCC's legal Information Session.

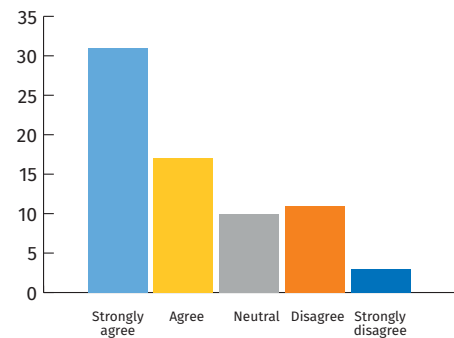


# Advocacy Outcomes

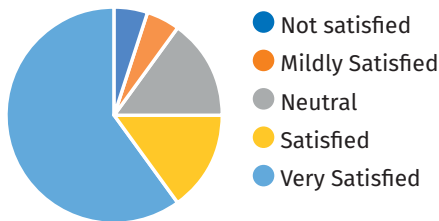
HCC provided me with the information I needed so I could progress my issue.



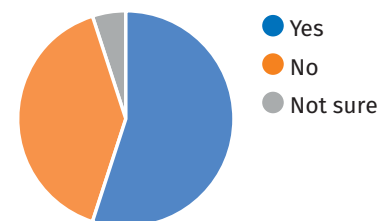
The advocate was successful in communicating your point of view to health professionals.



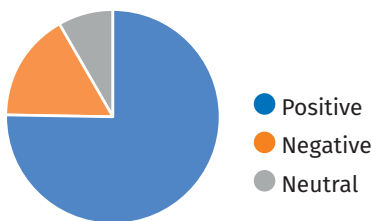
How satisfied were you by the way the advocate handled your case?



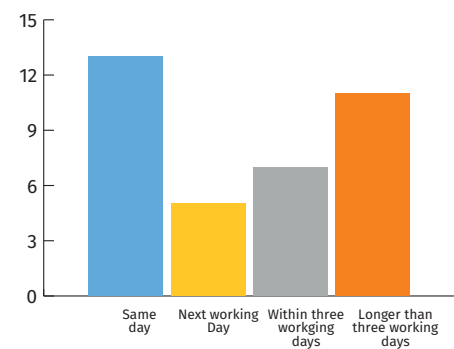
Did the HCC Advocacy help you reach a desired outcome?



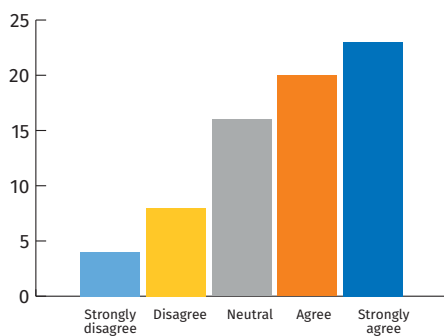
Was your experience positive or negative in comparison to your expectation?



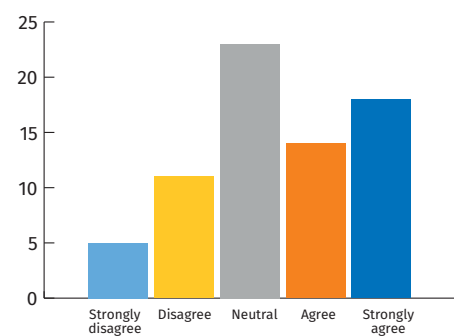
How long did you wait to speak to an advocate after your initial enquiry?



The Advocate was able to give useful information about your rights as a health consumer



Advocacy Assistance was helpful in improving your access to health services



# Advocacy

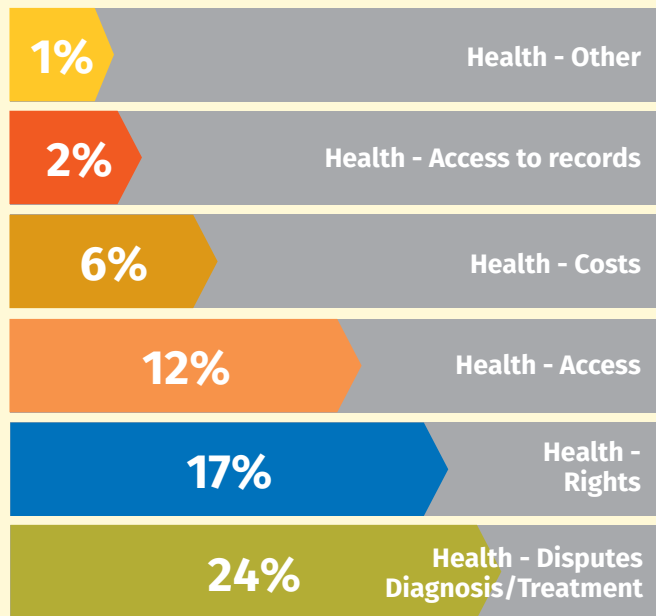
## Outputs



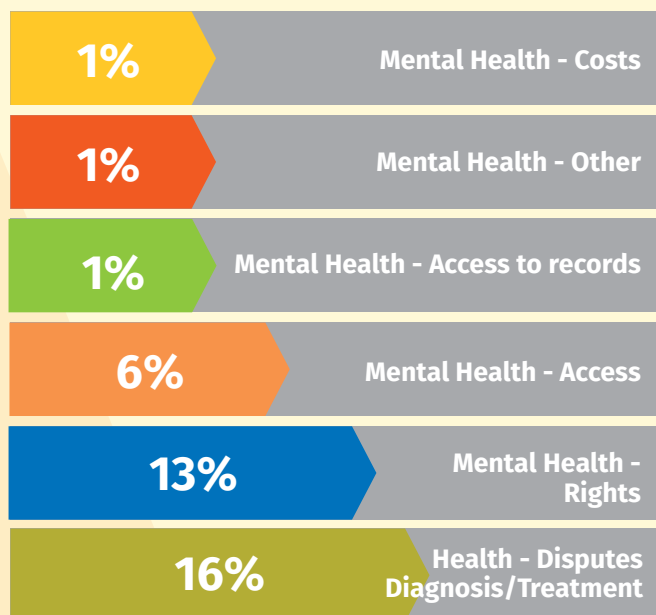
Advocacy Case by Gender		
GENDER	TOTAL	%
Female	304	64%
Male	168	35%
Other	5	1%
<b>TOTAL</b>	<b>477</b>	<b>100%</b>



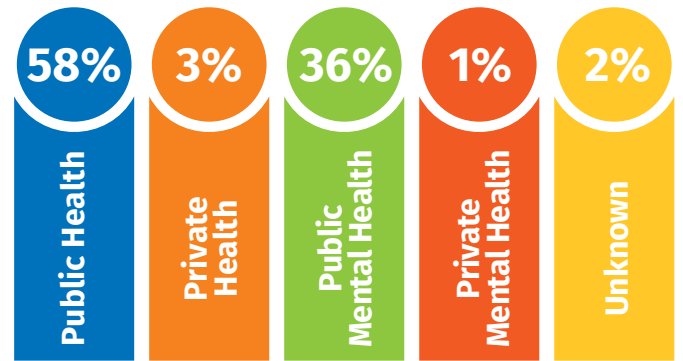
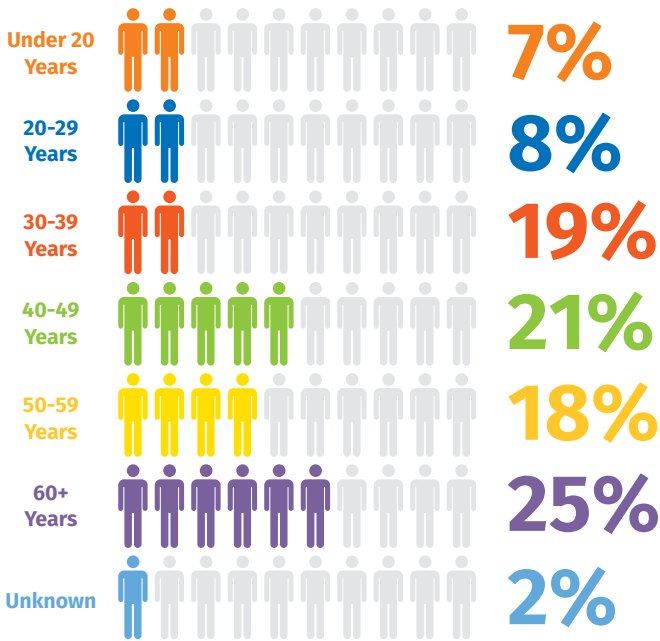
Advocacy Case by Ethnicity		
ETHNICITY	TOTAL	%
Aboriginal/Torres Straight Islander	18	4%
Culturally and Linguistically Diverse	53	11%
Other	310	65%
Unknown	96	20%
<b>TOTAL</b>	<b>477</b>	<b>100%</b>



Advocacy Case by Type		
TYPE	TOTAL	%
Health - Costs	30	1
Health - Rights	79	17
Health - Disputes Diagnosis/Treatment	113	24
Health - Access	58	12
Health - Access to records	9	2
Health - Other	6	1
Mental Health - Costs	4	1
Mental Health - Rights	61	13
Mental Health - Disputes Diagnosis/Treatment	77	16
Mental Health - Access	29	6
Mental Health - Access to Records	7	1
Mental Health - Other	4	1
<b>TOTAL</b>	<b>477</b>	<b>100</b>



# Advocacy Outputs

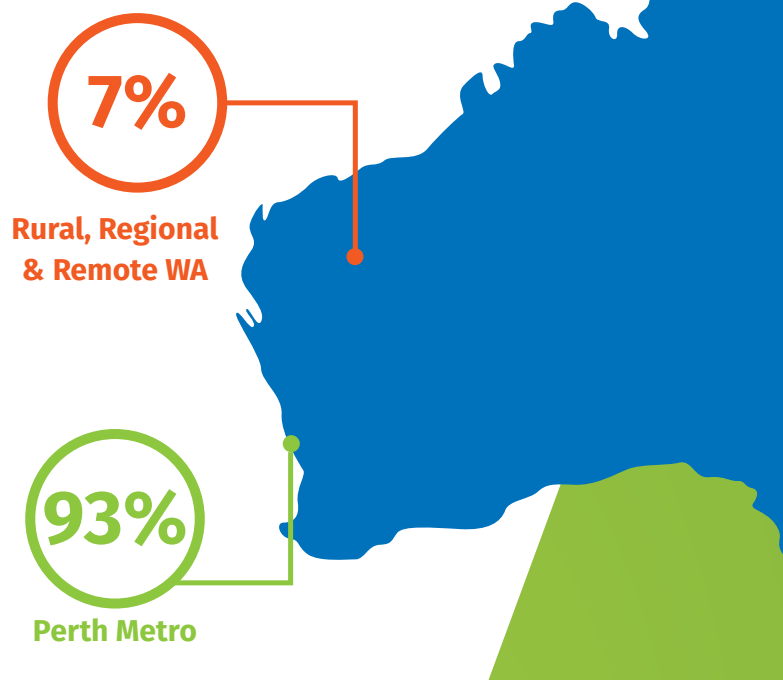


TYPE	TOTAL	%
Public Health	277	58%
Private Health	13	3%
Public Mental Health	178	36%
Private Mental Health	1	1%
Unknown	8	2%
<b>TOTAL</b>	<b>477</b>	<b>100%</b>

AGE	TOTAL	%
Under 20 years	32	7%
20-29 years	38	8%
30-39 years	92	19%
40-49 years	102	21%
50-59 years	88	18%
60+	114	25%
Unknown	11	2%
<b>TOTAL</b>	<b>477</b>	<b>100%</b>

TYPE	TOTAL	%
Perth Metropolitan Area	445	93%
Rural, Regional and Remote Western Australia	32	7%
<b>TOTAL</b>	<b>477</b>	<b>100%</b>

“I felt better having the advocate involved, Carly made a world of difference, even though she was not able to get the desired outcome. Carly brought an objective point of view to the discussions with health providers. Having an advocate with me made my experience less traumatic”.



# Engagement

## 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.

The HCC has 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.



## Social Media

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.

### Facebook

Page likes of 1,500 people  
Page reach of 81,223 people  
10,054 page engagements



### Instagram

290 followers  
Reach of 2,709 people



### Twitter

1,297 followers  
51,000 impressions  
102 retweets



## 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 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.

# Engagement

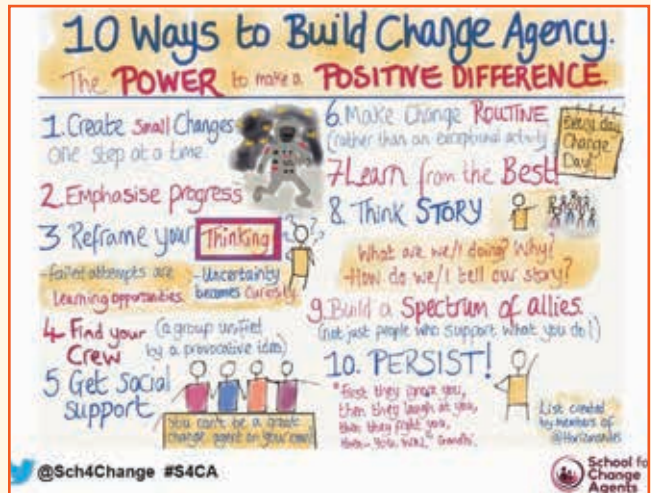
## Aboriginal Engagement

HCC is committed to ensuring Aboriginal health is a core part of focus and services. 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. In addition to these ongoing commitments, the Engagement team and the Aboriginal Engagement Coordinator has worked on a number of important projects this past year.

### Consumer input into research project

“In the first study to formally document the frequency of references to patients’ cultural heritage during medical handovers and in hospital medical records, we found that, after adjusting for demographic, socio-economic and medical factors, Aboriginal patients were significantly more frequently identified than patients with other ethnic-national backgrounds.

“In an era of increasing cultural awareness, our results highlight inconsistencies in identifying the cultural heritage of patients when transferring clinical information. Research and community consultation should assist understanding the reasons for this practice.”



### Aboriginal Reference Groups

HCC convened an Aboriginal Reference Group some two years ago and have met several times this past year. We continue to receive calls for Aboriginal representation with other reference groups. HCC’s Aboriginal Engagement Coordinator Tania Harris presents and meets regularly with the North Metropolitan Health Service Aboriginal Peer Review Group, LAA Aboriginal Aged Care and Community Hub (AACCH), Community Reference Group (CRG).

### NAIDOC Week – Because of Her, We Can

In 2018 we attended the Armadale NAIDOC event at the Champion Centre and joined stall holders to provide information about our services to the community. The theme was a particularly positive and generative one “because of her, we can.” HCC had made postcards which people could write their messages of appreciation to the women in their lives, and go in to the draw for a pamper package for her.

# Engagement

## Cultural Diversity Program

### Diversity Dialogues Forum

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

### Supporting Cultural Diversity in Healthcare Workshop:

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

### Community Conversations

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.

**“HCC’s services are good for migrants who don’t have much family, HCC is able to provide that extra support. I’m very happy that the services were free, and I’m very appreciative”.**



For this reason, Karen Lipio, HCC’s Cultural Diversity Engagement Coordinator, has been keen to organise opportunities for people from a range of CALD backgrounds to meet and discuss “what matters to you?” with regards to the health system.

- The quality of the health services in Australia is high compared to health services in some other countries
- People are grateful that they have the opportunity to access free or low-cost healthcare
- People believe that “complaining” is a bad thing. When we discussed that in fact, complaints are a valuable way of helping health services to continue to deliver high quality services, people commented they may be more likely to provide that kind of feedback.

### Health Rights and Responsibilities Presentations

We have initiated a partnership with Red Cross to deliver health literacy information as part of their orientation program to newly arrived refugee and asylum seeker background. Topics include health rights and responsibilities, choosing the right health service at the right time and providing feedback.

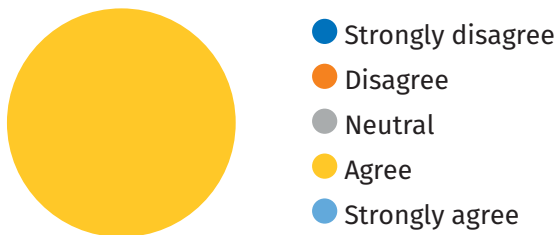


# Engagement Outcomes

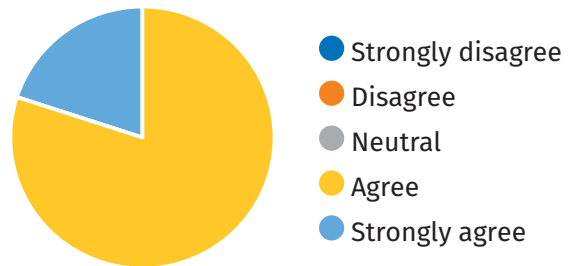
## Workshops for Consumer Representatives

HCC facilitates an Introductory Consumer Representative Training Workshop and an Advanced Consumer Representative Workshop. All consumers indicated they agreed that they were supported to better engage and work effectively in their roles and that they had been supported to build their skills and knowledge by attending the session.

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



I identified ways to build on my current skills and knowledge



## Consumer representative networking sessions

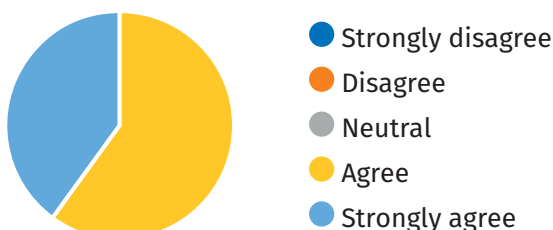
HCC hosted two networking sessions for consumer representatives.

Everyone that attended either agreed or strongly agreed they had the opportunity to connect with other consumer, carer, family or community reps across the health system in WA.

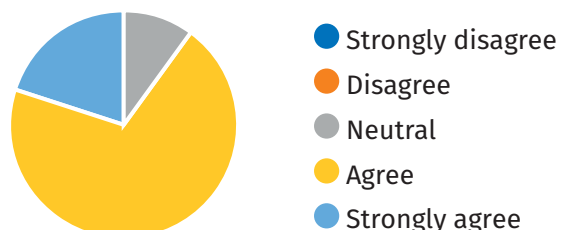
**OVER 92%** Agreed or strongly agreed they had learned something they could apply in their role.

**70%** Agreed or strongly agreed they'd had the opportunity to discuss the implications of the Sustainable Health Review on their work.

I had the opportunity to connect with other consumer, carer, family or community reps across the Health system in WA



I learned something I can apply in my role as a rep



# Systemic Advocacy

## Medical Devices

On 5th April 2019, HCC and other health consumer agencies across Australia convened a Mesh Forum to bring together the key regulatory and clinical players in the implementation of the Senate Inquiry Recommendations into pelvic mesh. It was also to alert people to the emerging issue of hernia mesh, and a report from consumers was provided to WA Health's Chief Medical Officer and Clinical Excellence Division. The Therapeutic Goods Administration (TGA) released a Strategy the day before the event (which had had no consumer input) and this Strategy is now being enacted so we will keep a close watch on this.

The current breast implant recall shows that exactly the same issues are at play as with mesh, as there is no clear way to know;

- a) how many women have the textured breast implants
- b) who they are and
- c) how they can be contacted to advise them of the health risk they now face.

While the consumer expectation is that there would be a proactive recall (similar to when faulty airbags are identified by car companies), the reality is very far from this.

HCC is also advocating for a stronger co-design approach to the WA Pelvic Mesh Clinic and will collaborate on a Ministerial Mesh Summit later this year.

## Sustainable Health Review

The Sustainable Health Review Final report was formally launched on the 10th April 2019. The HCC Executive Director was one of the panellists for the launch, and noted that the Report and its recommendations won't make any difference to consumers unless they are implemented. The Final Report is a key focus of HCC for the systemic advocacy we will undertake.

## Family Birth Centre

HCC has continued to support consumer involvement in the development of the Family Birth Centre at Fiona Stanley Hospital. As this is going to print, the Family Birth Centre has been officially launched and is taking bookings.

## Sexual Health and Blood Borne Virus Advisory Committee (SHaBBVAC)

The HCC Executive Director is Co-Chair of this Committee. A key focus for HCC on this committee is to support the inclusion of consumers. After a year of operation, the inclusion of three consumer members with lived experience of HIV and other sexually transmitted infections was confirmed, including the terms and conditions of consumer attendees. HCC will be assisting with recruiting, training and mentoring these three consumers.

## WA Women's Health and Wellbeing Policy

HCC contributed on the WA Women's Health and Wellbeing Policy, by sitting on the Women's Health Conference Organising Committee, the Policy Working group including the Writing sub-working group.

## WA Men's Health Policy

HCC provided representation on the Men's Health Policy Working Group and attended the policy launch.

## WA Language Services Policy

The existing 2014 policy is due to be updated to ensure that in a linguistically diverse community, limited competence in the English language is not a barrier to accessing services.

## LGBTI Health Strategy

HCC provided representation towards the LGBTI Health Strategy, that aims to raise awareness of the physical health and mental wellbeing of LGBTI people across the lifespan and to provide a framework of supporting strategies to enhance equity in access and health outcomes.



# Systemic Advocacy

## Advanced Health Research Alliance

HCC is a representative on the Board of the WA Health Translation Network (WAHTN), and now that WAHTN is an Advanced Health Research Translation Centre, we had the opportunity to be part of the Consumer and Community Involvement Project. The WAHTN Strategy is being worked on in the second half of 2019 and keeps HCC right at the centre of health research translation and community involvement in research.

## WA Health Translation Network - Consumer and Community Health Research Network (CCHRN)

The HCC Executive Director has been working closely with the Consumer and Community Health Research Network (CCHRN) to support the Network's aim of securing additional funding. Regular meetings have ensured a close connection between the two services, with a future consultation workshop planned for the two agencies in October. We believe it is essential to ensuring active consumer and community participation at all stage of the health and medical research process.

## Australian Commission on Safety and Quality in Health Services

HCC was commissioned on a Fee for Service basis by the Australian Commission on Safety and Quality in Health Care to host two consumer and carer consultation sessions: on the review of the Australian Charter of Healthcare Rights; and on the plan to develop national safety and quality health service standards for primary care services. At these sessions' invitees were sought from a diverse range of backgrounds to try to ensure a range of perspectives were heard.

## Supporting Communities Forum

This whole of government forum has had a number of areas of interest. At last year's AGM the draft Outcomes Framework for the whole of WA was presented and is beginning to gain traction. HCC will certainly be referencing it as we updated our outcomes for our next contract with WA Health.

Another key piece of work has been the Homelessness Strategy, as well as work on developing state Privacy laws.

2020-2021 priorities are still being decided, and these four have been proposed:

- Child Wellbeing Strategy
- Implementation of the 10-Year Strategy on Homelessness 2020 - 2030
- Further Development and Implementation of the Community Services Outcome Measurement Framework
- Digital Inclusion

If you have any comments or suggestions, please contact HCC's Executive Director.



## We're Stronger Together

# Partnerships

## Empowering health consumers with disabilities

HCC has been working with People With Disabilities WA on a joint project which aims to empower consumers with disability to have a more positive experience when accessing the health system.

A diverse group of people with disability, their carers and families are providing suggestions, advice and expertise on the communication, training needs and formats of resources for people with disability to Health Consumers' Council Trainers.

## Obesity and weight management

HCC worked 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 the past year, HCC facilitated a workshop for the DoH team to get further feedback from consumers about the emerging priorities for the draft plan.

## Justice Health Project

HCC partnered with the Aboriginal Health Council of WA (AHCWA) to develop and deliver the training, and it is envisaged that the training should be able to be delivered throughout Australia, wherever the need is. 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.

## My Health Record – Opt Out Option

HCC staff and staff from the WA Primary Health Alliance were available to talk with members of the public about My Health Record at a stall in Forrest Place in Perth CBD in January. There was a low of interest in the topic from passers-by, but those who approached the stall had the opportunity to talk with staff about their questions.

## Alcohol and Other Drugs Advisory Group – now Alcohol and Other Drugs Consumer and Community Coalition - AODCCC

HCC was funded by the WA Primary Health Alliance to assist consumers in the AOD sector to become incorporated. The AGM was held in November 2018 and the organisation has already received Lotterywest funding to consult consumers to inform a submission–

this was always the vision, for AOD consumers to have a say at the policy level, not just the service level.

## Community Link Booth – Fiona Stanley Hospital

The HCC partnered with Connect and Fiona Stanley Hospital, to develop a booth where people could provide information about non-clinical supports to keep them well once out of hospital.

ConnectGroups received funding from LotteryWest for the booth, and is coordinating the booth volunteers. FSH provide the floor space – adjacent to the main entrance and information desk, as well as internet and parking for volunteers. HCC ensured that the FSH CAC and Emergency Department CAC were across the development.



## Mental Health Week Partnership Event

HCC partnered with Derbarl Yerrigan Health Services, Yorgum and Wungening Aboriginal Corporation to run a collaborative event for Mental Health Week.

## Health Engagement Network (Community of Practice)

This project was established to explore the potential for a cross-system community of practice after discussions between the Health Consumers' Council, the WA Primary Health Alliance (WAPHA) and Aha! Consulting based on observations and feedback from their work with health service staff and consumer/carer representatives across the health system in WA.

With funding from WAPHA, HCC started a project (working with Aha! Consulting) to explore the level of interest for this community of practice amongst staff and consumer/carer representatives.

# Meet our Board

## Board Members

as at 30th June 2019.



Cheryl Holland



Nigel D'Cruz



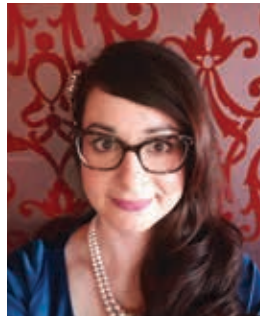
Mallika Macleod



Richard Brightwell



Samantha Bradder



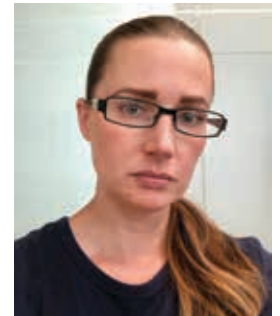
Rebecca Carbone



Danae Watkins



Marlon Fernando



Rebecca Smith

Name	Position	Dates Acted	Meeting Eligible to Attend	Meetings Attended
Cheryl Holland	Member (Chairperson to Nov 2018)	July 2018 - June 2019	9	7
Mallika Macleod	Chairperson	December 2018 - June 2019	6	4
Samantha Bradder	Treasurer	December 2018 - June 2019	6	6
Rebecca Carbone	Secretary	December 2018 - June 2019	6	4
Danae Watkins	Member	December 2018 - June 2019	6	6
Marlon Fernando	Member	July 2018 - June 2019	9	3
Nigel D'Cruz	Member	July 2018 - June 2019	9	7
Richard Brightwell	Deputy Chairperson	July 2018 - June 2019	9	8
Rebecca Smith	Member	September 2018 - June 2019	7	7
Tony Addiscott	Member	July 2018 - November 2018	3	3
Tom Benson	Member	July 2018 - November 2018	3	2
Laura Colvin	Member	July 2018 - November 2018	3	2
Lee Griffiths	Member	July 2018 - November 2018	3	2

We were named as finalist in the Engaging Young Leaders on Aged and Community Boards Difference Maker Diversity Awards in the Not-For-Profit category, for championing diversity in the board room".



# Volunteers



**With thanks to our volunteers for their hard work, together you contributed more than 1080 hours. We couldn't do it without you!**

Sue Benson	Advocacy	Mallika Macleaod	Board
Chris Lao	Advocacy	Rebecca Smith	Board
Alistar Morgan	Advocacy	Richard Brightwell	Board
Bethany Lorian	Policy	Cheryl Holland	Board
Samantha Smith	Advocacy	Nigel D'Cruz	Board
Kieran Bindahneem	Engagement	Marlon Fernando	Board
Louis Williams	Engagement	Lee Griffiths	Board
Rebecca Carbone	Board	Tony Addiscott	Board
Danae Watkins	Board	Tom Benson	Board
Samantha Bradder	Board	Laura Colvin	Board

# Organisational Members



<https://cihealth.com.au/>



# Patient Experience Week 2019



Patient Experience Week (PXW) is a global movement that provides a focused time to celebrate accomplishments, re-energise efforts and honour the people who positively impact the patient experience every day.

HCC's 2019 PXW event focused on the Aboriginal patient experience of the WA Health system. This is in recognition of the fact that Aboriginal people make up 3.8% of the WA population, and yet have the greatest health needs of any group in the state.

The purpose of the main event was to create an opportunity for Aboriginal health consumers and carers to share their success stories and experiences in a collaborative setting, alongside staff from across the health system, to drive systemic change. With a focus on Aboriginal culture and traditional healing methods, HCC aimed to raise awareness of the elements that contribute to a positive experience of health and healthcare for Aboriginal people.

Sessions throughout the day included;

- Patient Opinion Breakfast
- Whispering tree – a shared vision for Aboriginal patient experience
- Welcome to country – Dr Richard Walley
- Stories of healing
- Food as healing
- Yarning circles – see for yourself
- Laughter as medicine – Derek Nannup, Clown Doctor
- Video stories – extending the impact
- Traditional healing – its impact on communities
- Health Consumer Excellence Awards – honouring the everyday heroes in health

## Health Consumer Excellence Awards Honouring the everyday heroes in health.



### Health Professional Award – Highly Commended

Dr Andrew Leech  
Dr Nathan Highton  
Dr Nick Gottardo  
Linda Kuuse  
Nicole Pates

(Pictured L-R) Nicole Pates, Dr Nick Gotardo, Dr Andrew Leech & Michael Grecco



### Health Consumer Award – Winner

Tina Tuira-Waldon

(Pictured L-R) Melissa Dimitru, Carissa Wright, Tina Tuira-Waldon & Michael Grecco



### Health Organisation Award – Winner

Nidjalla Waangan Mia  
(GP Down South)

(Pictured L-R) Peel Youth Medical Service, Nidjalla Waangan Mia (GP Down South) & Michael Grecco



### Aboriginal Torres Strait Islander Award – Winner

Jodie Jackson

(Pictured L-R) Jodie Jackson, Yura Yungi Medical Service, Michael Grecco & SMHS – Aboriginal Health Champions Program

# Health Consumers' Council (WA) Inc

ABN: 87 841 350 116

## Abridged financial report for the year ended 30 June 2019

	2019	2018		2019	2018
	\$	\$		\$	\$
<b>STATEMENT OF FINANCIAL POSITION</b>			<b>STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME</b>		
AS AT 30 JUNE 2019			FOR THE YEAR ENDED 30 JUNE 2019		
<b>CURRENT ASSETS</b>			Grants	1,025,796	1,045,247
Cash assets	525,067	446,251	Grants - Commonwealth funding	-	-
Receivables	12,034	93,985	Interest	5,189	7,259
<b>TOTAL CURRENT ASSETS</b>	<b>537,101</b>	<b>540,236</b>	Other income	218,346	327,228
<b>NON CURRENT ASSETS</b>			Employment expenses	(869,694)	(914,005)
Property, Plant & Equipment	91,326	148,324	Operating expenses	(95,004)	(127,142)
<b>TOTAL NON CURRENT ASSETS</b>	<b>91,326</b>	<b>148,324</b>	Administration expenses	(112,535)	(205,365)
<b>TOTAL ASSETS</b>	<b>628,427</b>	<b>688,560</b>	Premises expenses	(122,223)	(125,353)
<b>CURRENT LIABILITIES</b>			Motor vehicle expenses	(9,778)	(6,997)
Payables	118,511	162,434	Depreciation	(61,896)	(38,624)
Provisions	68,293	58,268	Capital grants	-	149,880
<b>TOTAL CURRENT LIABILITIES</b>	<b>186,804</b>	<b>220,702</b>	<b>Total comprehensive income</b>	<b>(21,799)</b>	<b>112,128</b>
<b>NON CURRENT LIABILITIES</b>			<b>Total changes in equity</b>	<b>(21,799)</b>	<b>112,128</b>
Provisions	14,135	18,571	<b>STATEMENT OF CASH FLOWS</b>		
<b>TOTAL NON CURRENT LIABILITIES</b>	<b>14,135</b>	<b>18,571</b>	FOR THE YEAR ENDED 30 JUNE 2019		
<b>TOTAL LIABILITIES</b>	<b>200,939</b>	<b>239,273</b>	Cash flows from Operating Activities		
<b>NET ASSETS</b>	<b>427,488</b>	<b>449,287</b>	Receipts from operations	1,295,462	1,233,017
<b>EQUITY</b>			Payments to suppliers and employees	(1,216,937)	(1,459,917)
Retained Earnings	407,488	429,287	<b>Net cash generated by (used in) operating activities</b>	<b>78,525</b>	<b>(226,900)</b>
Reserves	20,000	20,000	Cash flows from Investing Activities		
<b>TOTAL EQUITY</b>	<b>427,488</b>	<b>449,287</b>	Purchase property, plant & equipment	(4,898)	(170,282)
			Capital grants	-	-
			Interest received	5,189	7,259
			<b>Net cash generated by (used in) investing activities</b>	<b>291</b>	<b>(163,023)</b>
			Cash flows from Financing Activities		
			<b>Net cash generated by financing activities</b>	<b>-</b>	<b>-</b>
			<b>Net increase/(decrease) in cash held</b>	<b>78,816</b>	<b>(389,923)</b>
			Cash at beginning of financial year	446,251	836,174
			<b>Cash at end of financial year</b>	<b>525,067</b>	<b>446,251</b>
<b>STATEMENT OF CHANGES IN EQUITY</b>					
Beginning Retained Earnings	429,288	285,030			
Total comprehensive income	(21,799)	112,128			
Transfers from reserves	-	32,129			
Reserves	20,000	20,000			
Closing Retained Earnings	427,488	449,287			

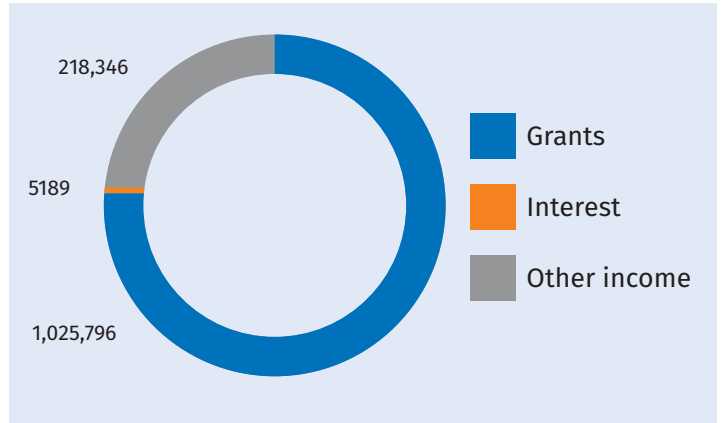
### NOTES

The Abridged Financial Report has been derived from the reviewed general purpose financial report that is prepared in accordance with note 1 to that report.

# Our Financial Year

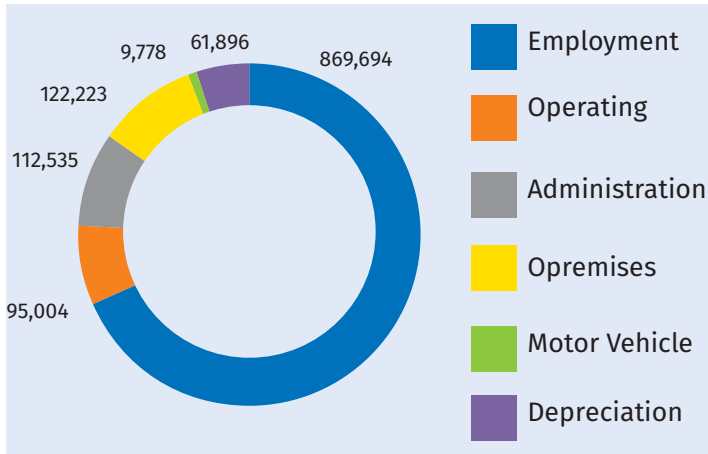
## Revenue

2018-19



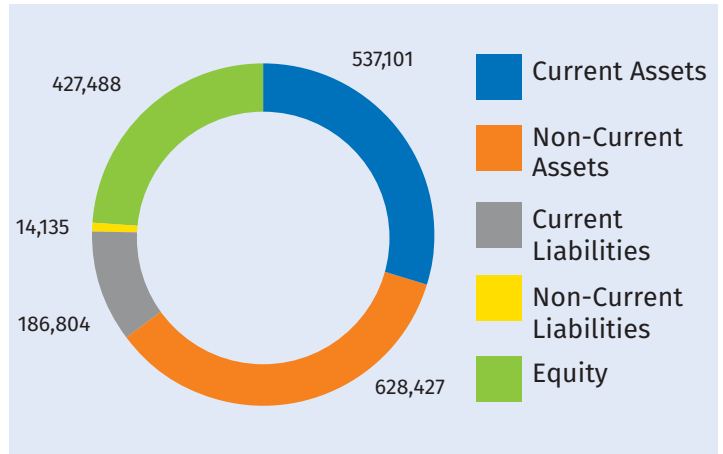
## Expenses

2018/2019

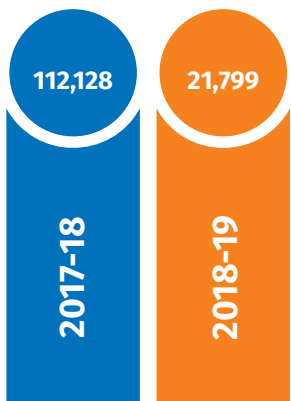


## Financial Position

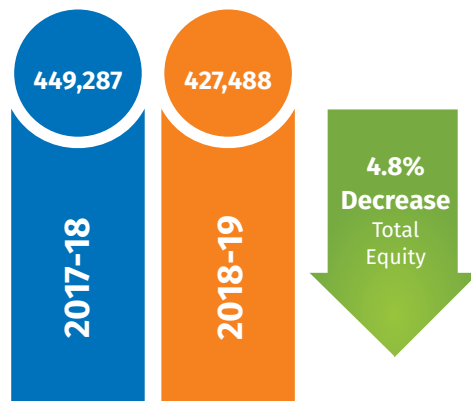
2018/2019



## Total Comprehensive Income



## Changes in Equity



# Health Matters

Health Consumers' Council (WA) Inc. Magazine  
December 2018

**Creating a Kinder Health System**  
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**World Kindness Day**  
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**A First in WA**  
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**WA Health Excellence Awards**  
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**Celebrating People in Healthcare**

# Health Matters

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**Clown Doctor & Bush Food**  
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**A Call For Extra Care**  
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**Michele Kosky - HCC's First Executive Director**  
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**Patient Experience Week 2019**

# Health Matters

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**Four decades of consumer advocacy**  
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**5 Questions to ask your doctor**  
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**Alliance Against Depression**  
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**Self Advocacy and Peer Support**



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