

Attachment A



National Seniors
Association

The independent voice of senior Australians

Submission

to

Queensland Health

Consumer Health Council Project

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Abstract

The importance of consumer involvement in health care is widely recognised. Consumers can be involved in developing healthcare policy and research, clinical practice guidelines and patient information material, through consultations to elicit their views or through collaborative processes. Consultations directly between Government with individuals, or groups of consumers greatly enhances debate and the clarity of consumer issues; the groups may be convened especially for the consultation or be established consumer organisations such as the proposed Queensland Consumer Health Council. National Seniors supports the Queensland Health Systems review that recommends a more meaningful involvement of consumers in their own health care.

1. About us

National Seniors is the largest seniors' organisation in Australia with over 100,000 individual members in branches across Queensland. It offers members a vast range of services and benefits and is an influential vehicle for contributing to policy debates affecting seniors in Australia.

National Seniors develops policy based on membership input, including through branches and member organisation forums, and has a pre-eminent role in representing, advocating for, and serving, senior Australians.

The National Seniors *Productive Ageing Centre* aims to assist Australian seniors in achieving the lifestyle benefits of productive ageing. The Centre's focus is on building ongoing participation pathways for the major community involvement avenues of work, recreation, education, community service and facilitating the pursuit of personal quests in an engaging society.

The National Policy Office facilitates the overall policy development and implementation process at both the national and state/territory levels. More specifically it:

- Provides strategic policy advice to the Chief Executive and the National Seniors Board, and identifies trends in ageing and policy issues of interest to seniors;
- Assists the Chief Executive in promoting the policies in the national and state/territory policy documents to government via direct liaison with relevant Ministers, politicians and senior bureaucrats;
- Works collaboratively with the National Seniors *Productive Ageing Centre* (PAC) in identifying research projects, and analyses research undertaken by PAC for input to National Seniors policy development process.

2. National Seniors Policy Position

National Seniors has developed a *National Policy Document* (National Seniors 2006) with one of the priority areas being healthy ageing and continues to be actively involved in advocating for, the needs, rights and interests of seniors on issues relating to the wellbeing of, and justice for, all seniors; redressing all forms of disadvantage and introducing policies that are efficacious to health.

National Seniors supports a more coordinated approach across Government to ensure consistency of access to all health services, and a consistent, rapid and transparent exchanging of information between Government and consumers.

3. Response to Consultation Questions

Do you support the establishment of a Consumer Health Council? In what ways do you think that a Consumer Health Council would be of benefit in the Queensland Context? Where would it fit in relation to other bodies?

National Seniors is of the opinion that it is essential for consumers of Queensland Health to have an independent peak group that represents the interests of the consumer; speaks for and consults with our members' demographic, represents their interests and has a clear mandate to interact at Government level. As such, National Seniors would support the establishment of an independent community based consumer network.

National Seniors supports a Queensland Consumer Health Council that would advocate on behalf of mature aged consumers with government, doctors, other health professionals, hospitals and the wider health system in line with current Primary Health Care objectives.

A Queensland Consumer Health Council would have the following objectives:

- Providing consumers' issues directly and independently to relevant government departments
- Providing an influential vehicle for contributing to policy affecting seniors in matters of health
- Helping mature aged individuals understand health issues
- Encouraging mature aged individuals to participate in decisions that affect the health system; and ensure that their perspectives are included and valued
- Encouraging accountability in the health system to ensure that consumers' money is spent wisely and productively
- Helping the wider community understand the health system, in a support/advocacy role

National Seniors recognises the importance of establishing an *independent* Consumer network that would interact directly with the appropriate level of Government, and not become tangled in a bureaucratic mess of "other bodies".

Please comment on whether you like the proposed name “Consumer Health Council” or would you like to suggest another name for consideration?

National Seniors supports a more consumer-focused approach to health care, however, recommends a name that is more indicative of true independent representation at a consumer level.

“Council” is suggestive of a group of people elected or chosen to make decisions, which could be seen as another level of Government.

National Seniors would propose a more consumer friendly name such as “Consumer Health Network”, which indicates an open transparent communication process between small parts, of a much larger health care system.

Please comment on the roles described for the Consumer Health Council (for example: providing opportunities for consumers to engage with government and services).

National Seniors supports a more coordinated approach across Government to ensure consistency of access to relevant personnel by consumers, and thus influence policy through implementation of primary health care driven reforms.

National Seniors has developed a *National Policy Document* (National Seniors 2006) and continues to refine and develop further policies and provide advice on maintaining and improving services and programs that seniors use and value.

National Seniors supports the following roles for the Consumer Health Council:

- Conducting community engagement strategies and consultation to develop an understanding of consumer issues; provide advocacy and mentoring services to provide support for disadvantaged consumers with no family or support unit
- Training and supporting a network of volunteers that encourage older people to be more involved in their health care
- Training and support for consumers to participate in health care planning and thus influence funding in areas of significance to our older demographic
- Liaising with communities and Government and participating in projects to improve health care for consumers, such as: promoting strategies to reduce suicide in older men, falls prevention, etc.
- Providing information and support for consumers in understanding their rights and directly influencing government to increase seniors’ access to allied health services and the extension of coordinated care and multi-purpose service

National Seniors feels that the most important role of the Consumer Health Council is of objectivity and independence; and that consumers benefit from having direct contact with Government.

Are there any other roles you consider the Consumer Health Council should perform? If so, please describe these and how you think they may be of benefit.

In keeping with socially appropriate and universally accessible health care, National Seniors stresses that support and advocacy for disadvantaged consumer groups in Queensland can only be truly reflected by representatives from those groups. Accordingly, National Seniors recommends that consumers be actively sought from rural and remote areas, indigenous, Torres Strait and South Pacific Islander groups as well as consumers from all Culturally and Linguistically Diverse (CALD) backgrounds.

National Seniors also recommends that the Consumer Health Council implements mechanisms that will widely publicise the role of the proposed Consumer Health Council, along with its vision and intended strategies, potentially with a consumer contact centre.

Following the early intervention strategy, National Seniors further recommends that the Consumer Health Council act as a “finger on the pulse” of consumers, and alerts Government to potential health crises at the consumer level in order to prevent similar scenarios to that which occurred in Bundaberg.

Do you think that there is a need for the Consumer Health Council to provide training and support to the District Health Councils? If so, how do you think this support should be delivered?

National Seniors supports formalised training for people interested in becoming consumer representatives. The training should include instruction about consumer participation and consumer rights; the roles and responsibilities of being a representative, consumer representatives’ stories and how it benefits the health system. Consumers would also need to be informed of how QLD Health works and functions; the current consumer priorities in QLD Health; and how decisions are made in the system.

The Consumer Health Council training would evolve around providing support to consumers and the District Health Council members to understand the role of the Consumer Health Council.

National Seniors recognises the importance of having a culture that allows training and information to flow equally between the two councils.

In what ways do you consider the proposed Consumer Health Council model and functions are suitable in the Queensland context?

National Seniors supports a model that would provide an independent consumer body with a strong advocacy role that would achieve successful access to Government, GP's, dental health, community health clinics, remedial therapists and all other allied health professionals.

National Seniors acknowledges the suitability of the proposed model in Queensland, with its main objective being to represent the interests of all health consumers in the state. The Consumer Health Council members need to be at the "grass-root" level, and representative of a wide range of stakeholders (including people with personal experience of persistent and ongoing health issues), many of whom would also experience psycho-social disabilities due to their illness and its consequences.

If you think the proposed Consumer Health Council model and functions are inadequate, how do you think these can be improved?

National Seniors is confident that a Consumer Health Council modelled on the following definitive objectives would produce a truly independent consumer voice:

- Developing a true understanding of consumer issues through community involvement initiatives, and practicing early identification of relevant consumer driven issues
- Providing regular reports directly to Government and implementing early intervention strategies
- Providing support and advocacy for all health consumers including disadvantaged groups, and proactively introducing preventative strategies.

National Seniors emphasizes the need to demystify and defragment the current process that consumers need to follow to access Government.

Would you like to propose any strategies for the Consumer Health Council that would better meet the needs of specific groups in the community? For example: people with a disability, people who are Aboriginal, South Sea Islanders or Torres Strait Islanders, people from rural and remote communities and people who are from culturally and linguistically diverse communities.

National Seniors is the largest seniors' organisation in Australia with over 280,000 individual members in 170 branches across the country. National Seniors develops policy based on membership input, including through branches and member organisation forums and has a pre-eminent role in representing, advocating for, and serving, a broad spectrum of senior Australians.

The Consumer Health Council needs to be managed and staffed by people who share a commitment to making a difference, with a desire to work collaboratively and reach out to the members, Government and the wider community. National Seniors recommends recruiting representatives, in particular seniors and elders from these groups in order to capture relevant consumer issues.

What factors do you consider will be important in ensuring the Consumer Health Council is successful and achieve the best outcomes for Queenslanders?

National Seniors recommends that to ensure the success of the Consumer Health Council, the Council needs to have validity through a transparent process of recruitment specifically to fill the positions. The consumer representatives appointed should have a focus on strong leadership with good strategic planning, and the ability to deliver consumers' concerns directly to Government.

The Consumer Health Council should be modelled on other successful models, such as the Australian Mental Health Consumer Network; provided training to achieve relevant outcomes, ensure adequate advocacy skills, ensure information flows both ways between community and Government, and retain transparency through all of its processes.

In order to ensure recognition and community acceptance of the Consumer Health Council and to remain connected to all constituents across Queensland; National Seniors feels it is imperative that Council members are seen to engage with community and "walk the walk". Furthermore, consumers and their wider communities need to see that the flow of information is both ways, rapid and transparent; and that their recommendations are seen to be implemented.

Would you like to propose any additional strategies for engaging the Queensland community and consumers of the Health care system that the Consumer Health Council might be able to undertake?

The implementation of a Consumer Health Council is multi layered, ambitious and an absolute requirement that National Seniors fully supports.

Given the complexities of commencing a project of this nature, National Seniors would suggest that additional strategies would be identified once the Council has been operational for a period of time, and would become more apparent once the initial implementation period was completed.

Would you like to make any comments about how you think the Consumer Health Council should be set up? For example, do you think there are any other skills or expertise that members of the Board should have?

National Seniors stresses the importance that the Consumer Health Council not lose its independence if reporting to a Board that is appointed by Government.

Board members need to be recruited directly from the community that is being represented, and possess a wide range of skills and expertise, including some knowledge and understanding of the corporate structure and “machinery” of Queensland Health. National Seniors recommends the appointment of senior Queenslanders, including elder representation to Board level.

Could you describe any other model you think should be considered in developing a Consumer Health Council so that it can operate effectively in Queensland?

National Seniors recommends that elements of the Australian Mental Health Consumer Network (AMHCN) be adopted. The AMHCN has only established since 1996 with 300 members, yet it is the peak, national non-government mental health consumer organization. National Seniors recommends valuing the dignity of individuals, and ensuring that the Consumer Health Council continuously listens to consumers, creating an environment where views are shared, and consumers can request clarity and input at all levels.

Another successful consumer model is that of the Patient & Carer Advisors Group (PCAG) at The Park- Centre for Mental Health. This consumer network is seen as a community with clear links to the wider community and focuses on consumer advocacy and participation in service delivery, decision-making processes and quality improvement initiatives. National Seniors stresses that consumer advocacy is crucial to ensure the best possible outcomes for consumers, and their relatives and carers.

Do you have any additional comments that you would like to make regarding the proposed Consumer Health Council?

National Seniors ideal framework would allow consumers to report directly to relevant Government bodies to maintain an independent voice of consumers.

There does not appear to be any clear relationship outlining where the consumer group would sit; if the Consumer group is to remain as an independent body then a clearer explanation of whether the board is part of the Consumer Health Council is required.

National Seniors recommends that the act is amended to include the Consumer Health Council in order to maintain its true Consumer independence.

5. Conclusion

National Seniors welcomes this opportunity to be included in the consultation process that will lead to the establishment of a Consumer Health Council for Queensland. Further, National Seniors embraces the prospect of identifying a suitable representative to become a member of the Council.

Patients still need to meet stringent criteria to be able to access important areas of treatment such as physiotherapy, podiatry, chiropractic and psychology. Seniors on low incomes often cannot afford to access these services, which in turn leads to an increased use of pharmaceuticals. To address these inequalities, and others, and for the benefit of all health consumers and their wider communities it is important that the Consumer Health Council remain independent.

In view of the current context of Queensland health issues: e.g. inadequate discharge instructions, hospital discharges made on financial grounds not medical, and in particular for disadvantaged groups, National Seniors proposes that the Government gives consideration to the recommendations outlined in this submission.

6. Summary Recommendations

1. establish a peak independent community based consumer network that voice issues directly to Government and
2. provides an influential vehicle for contributing to policy affecting seniors in matters of health whilst
3. encouraging mature aged individuals to participate in decisions that affect the health system through

4. providing advocacy and mentoring services to provide support for all consumers; through actively seeking out consumer participation from all disadvantaged consumer groups, including elder representation, and
5. reviews the role of Council members regularly to ensure that information flow is rapid and transparent and that consumer recommendations are seen to be implemented and
6. acts as a consumer “watch dog” that alerts Government to potential health crises within Queensland.