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SUMMARY

The purpose of the stakeholder roundtable was to seek feedback on the establishment of a 'Health Consumers Committee', which Health Consumers Queensland is expected to establish and provide the secretariat for as part of its deliverables under its service agreement with Queensland Health. The proposed committee will provide an opportunity for consumer and carer representatives to raise key consumer and carer issues to a state-wide executive level. It will also provide an opportunity for Queensland Health representatives to discuss issues and initiatives that require consumer and carer input from a state-wide perspective.

The Stakeholder Roundtable was attended by 15 Queensland Health staff and 34 consumers/other stakeholders (see below for list).

The event was facilitated by independent facilitator Cheryl Gilroy, using a World Café approach: <http://www.peopledynamics.com.au/#!/cheryl-gilroy/c224t>

Aunty Valda Coolwell commenced proceedings with an acknowledgement of traditional owners.

Michael Walsh, Director General, Queensland Health and Mark Tucker-Evans, Board Chair, Health Consumers Queensland both welcomed attendees. The Director-General's support for the funding of Health Consumers Queensland and for consumer engagement was well received by consumer and health attendees.



INTRODUCTION

Health Consumers Queensland and Queensland Health invited senior health staff, consumers, carers and stakeholders to attend the Stakeholder Roundtable held on 6th October 2015, to inform the establishment of a Health Consumer Committee. Consumer, carer and stakeholder participants were selected following an Expression of Interest (EOI) process.

As the peak body for health consumers and health consumer organisations in Queensland, Health Consumers Queensland facilitated the Stakeholder Roundtable and will chair the Health Consumers Committee.

The purpose of the Stakeholder Roundtable was to gain information and advice on the first steps required in establishing the Committee. The first section of the program comprised an update from the Director General of Queensland Health, Michael Walsh, followed by an introduction by the Health Consumers Queensland Board Chair, Mark Tucker-Evans. The remainder of the program was structured providing advice and feedback on the purpose of the Committee, guiding principles, key priorities and first steps.

This report brings together all the information contributed on the day including recommendations for the next steps.

Attendees brainstormed the following:

- **What will be the guiding principles?** What is important about working together?
- **What are the key priorities?** Suggested priorities/outputs for the committee and its work over next 12 months.
- **First steps:** Discussed appropriate skills/networks needed by membership of committee, important elements of the Terms of Reference, potential standing agenda items and other reference documentation as relevant on the operation of the group.



Word cloud: visual representation of key words from Purpose of Committee round.
The word cloud on front page of report is representative of the full outcomes of the workshop roundtable.



OUTCOMES

The outcomes from each group were taken into consideration when preparing the following tables to provide a comprehensive overview of the outcomes of the three questions posed to participants. They are not in any order.

Purpose of Committee

The following statements reflect group thinking around the purpose of the Committee:

- Partnering for better health outcomes for all
- Driving consumer engagement Queensland wide to facilitate co-design and improve health outcomes for all.

Guiding Principles

What is important about working together?

Participants were asked to identify the guiding principles they thought important to inform and guide the Committee.

Responsive, respectful and inclusive of all	Authentic partnership	Respectful valuing of consumers	Equal weight to all voices	Facilitate health literacy in the system
Strengthen consumer engagement	Values diversity of views	Equal partnership	Facilitate proactive cultural change	Cultural inclusiveness
Consultative and supportive	Strategic role in driving consumer engagement	Broadly representative of health issues	Facilitate engagement	Better health outcomes for all
Strategically focussed	Authentic purpose not Tokenistic	Sincere and committed involvement	Support to participate and shared decision making	Collaborative and true partnership
Good communication	Accountability linked to Transparency	Respectful valuing of consumers	Diversity of representation	Clear transparent processes
Outcomes focussed	Provide value to consumers and to providers	Health literacy: inclusive language	Action and strengths based	Consumer centred

RECOMMENDATIONS - Guiding Principles:

The recommended principles below were consistently mentioned by workshop participants to inform and guide the Committee:

1. Collaborative and authentic partnership between consumer/carer and Queensland Health committee members.
2. Responsive, respectful and inclusive of all
3. Actions and strength based
4. Consumer centred
5. Accountability and transparency in all committee actions.
6. Outcomes focussed – towards achievement of key priorities and committee purpose
7. Inclusive language – language used in meetings and documentation is accessible for all
8. Sincere and committed involvement of all committee members
9. Provide value to consumers and health services



Key Priorities

Participants were asked to agree on and prioritise outputs for the next twelve months.

Communication strategy: communicating to all levels state-wide	Identify key groups/partners for informing in and out	Driving consumer engagement statewide	Involvement of all stakeholders: private and PHNs	Appropriate resourcing and remuneration
Focus on grassroots level issues	Tools, training and skills development	Focus on better health outcomes	Clear short and long term objectives	Assessment of consumer/community engagement training
Cultural diversity training	Grow and sustain a consumer engagement movement	Raise the visibility/voice of health consumers	Input to QH policy and projects	Identification of gaps in health system
Identify quick wins, easy wins	Involve Premiers Department	Frameworks for communication and engagement	Drive standard for QH for effective consumer engagement	Measure/assess the effectiveness of existing systems
Health Literacy: improve and drive health literacy through system	Coordination and integration of supports for consumers	Understanding of what is needed. Orientation to system and wicked problems	Better health/better preventative health	Sustainable cultural change within QH
Interaction and relationship with other QH committees	Develop priorities from engagement/needs assessment	Planning for continuum	Oversee operational measures of HHS's	Mapping exercise on state level – orientation, who, what, how, why exercise
Identify impacts of social determinants of health	Partnerships across all sectors of health	Understand how the system understands itself	Identify priorities top 3 from rural, remote, urban	Feedback and feed-in mechanisms

RECOMMENDATIONS - Key Priorities:

The key priorities recommended by workshop participants to inform and guide the Committee are:

1. Determine short and long term objectives – quick wins to demonstrate true commitment
2. Drive effective consumer engagement state-wide
3. Development of a communications strategy to guide dissemination of information from the committee and back into the committee.
4. Process to input into Queensland Health policy and projects
5. Strengthen health literacy within health services and for consumers and carers.
6. Sustainable cultural change within Queensland Health to better embrace consumer engagement.



First Steps

Participants were asked to discuss membership, Terms of Reference, standing agenda items as relevant on the operation of the Committee.

Membership

Geographical and lived experience	Strategic and outcomes driven	Diverse representation: CALD, Aboriginal and Torres Strait Islander	Broadly representational	Systems thinkers
Passion for health	All sectors of health representation	Responsible and accountable	Real commitment	Small efficient group 12 – 16 80/20 consumers/health
More consumers than health staff	Less peak bodies	Eight consumers at least	Leaders and influential	Networked/connected
Diverse representatives with networks	Not sole voice	Expressions of Interest process	High level consumer representatives	Co-opt people as required
Dominated by consumers/carers	Change agents/implementers	Partnership	Support rising star consumers to be on committee	Chair (Health Consumers Queensland or Consumer)
Clinicians, Primary Health and Private Hospital representatives	Hospital and Health Service representatives: urban/rural/remote	Chief Health Officer (QH)	Qld Clinical Senate Chair of Chairs Clinical Networks (Qld)	Queensland Health Director General representative



RECOMMENDATIONS - Selection Criteria for Membership

The membership recommendations are based on the outcomes of the Stakeholder Roundtable:

- Strategic and outcomes driven
- Leaders and influential
- Diverse representation including Aboriginal and Torres Strait Islander, cultural and linguistic diversity
 - Geographical and lived experience
- Passion for health
- Networked/connected
- Demonstrate partnership
- Real commitment

Committee Name Suggestions

Qld Health Partnership	Qld Health Collaborative	Strategic Leadership Group	Queensland Health Consumer Collaborative	Queensland Health Consumer Partnership Collaborative
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RECOMMENDATIONS - Name

- Queensland Health Consumer Collaborative
- Optional: Queensland Health Consumer Partnership Collaborative

RECOMMENDATIONS: Structure of Committee

Following the stakeholder roundtable, discussions between Health Consumers Queensland and Queensland Health the following is the recommended makeup of the committee, that there be a limit on membership with representatives including:

- Consumer Chair – Chair of Health Consumers Queensland
- Chief Health Officer and Deputy Director-General, Prevention Division
- Deputy Director General, Strategy, Policy and Planning Division (QH)
- Deputy Director General Clinical Excellence (QH)
- Chair of Chairs (Hospital and Health Services)
- Chief Executive of Chief Executives (Hospital and Health Services)
- Queensland Clinical Senate
- Chair of Chairs, Clinical Networks
- Consumer and Carer Representatives x 7 – inclusive of Aboriginal and Torres Strait Islander, CALD

Terms of Reference and Agenda

Determine term: minimum 24 months - option for 3 rd year.	Quorum - consumers/carers	Communication processes	Monthly for first quarter strategic	Four meetings per year Six meetings per year
Out of session process	Meeting protocols	Strategic Plan Annual Planning day	Communications and Engagement Strategy	Roles of responsibility/committee sub-committees
Establishment of sub-committees/reports	Remuneration	Conflict resolution process	Replacement of members process/proxies	Secretarial support
Demonstrate partnership	Agreement by consensus not voting	Working parties as required	Start meetings with shared stories	Queensland Health activities: consumer engagement, patient safety & quality, patient experience reports
Reporting on Committee progress against principles	Case studies of best practice in engagement	Health Literacy	Guest speakers	Process for analysing identified issues
Best practice research international	Performance outcomes, partnerships, innovative ideas	What's happening on the ground	Max 3 year term	

RECOMMENDATIONS - Terms of Reference

- Meeting frequency (recommendation is bi-monthly to start)
- Determine term of membership
- Quorum – Quorum is not achieved unless a minimum number of consumer and QH staff are present.
- Meeting protocols
- Communication processes
- Commence meetings with stories
- Process for replacement of members and proxies
- Guest speakers
- Reporting on progress against guiding principles
- Remuneration and reimbursement for consumers

- Conflict resolution process
- Establishment of sub-committees/working parties
- Agreement by consensus not voting

ACTIONS ARISING FROM THE FORUM:

October: Post forum report circulated to attendees and members of Health Consumers Queensland's network for feedback/comment by Friday 23rd October.

Wednesday 28 October: Call for Expressions of Interest circulated to Health Consumers Queensland's network for consumer members of committee.

Wednesday 11 November: Consumer Expression of Interests close.

November: Queensland Health staff invited to join Committee via Strategic Policy Unit.

Wednesday 9 December: First two hour meeting to be held at Health Consumers Queensland office. Agenda items will include approving draft Terms of Reference, deciding on meeting frequency (may meet monthly for first three months, then quarterly).

FORUM ATTENDEES

Queensland Health STAFF (15):

Michael Walsh, Director General, Queensland Health
Kirstine Sketcher-Baker, Senior Director, Patient Safety and Quality Improvement Service
Nick Steele, Deputy Director-General, Healthcare Purchasing and System Performance Division
Bronwyn Nardi, A/Deputy Director-General, Strategy, Policy and Planning Division
Paul McGuire, Executive Director, Strategic Policy and Legislation Branch
Liz Drake, A/Senior Director, System Planning
Jeannette Young, Chief Health Officer & Deputy Director-General Prevention Division
Kaye Pulsford, Executive Director, Preventive Health Branch
Bill Kingswell, Executive Director, Mental Health Alcohol and Other Drugs Branch
Stephen Rashford, Medical Director, Queensland Ambulance Service
Andy Marshall, General Manager, Cape York Health Services, Torres & Cape HHS
Jermaine Isua, Cultural Advisor, Cultural Capability Statewide,
Jack Bell, A/Director, Nutrition and Dietetics, Prince Charles Hospital, Queensland Clinical Senate
Josephine Peat, Principal Policy Officer, Strategic Policy Unit
Daniel Seguin, Policy Officer, Strategic Policy Unit

CONSUMERS AND STAKEHOLDERS (34):

Glenn Wilson – Consumer Representative
Geoff Rowe – Qld Aged & Disability Advocacy (QADA)
Margaret Sugden – COTA Board member
Kathy Kendall – Health consumer advocate
Odette Tewfik – Multicultural Women’s Health and consumer representative
Niki Parry – QUIHN, QUIVAA, AIVL
Kevin Conway – Consumer Representative
Dan Kent – Deputy Chair Bundaberg and Rurals Consumer Advisory Network
Anna Voloschenko – Consumer representing interests of CALD communities
Caroline Weaver – Volunteer with Caboolture and Kilcoy Hospitals
Kim Thirkettle – Carer peer support worker
Leah Hardiman – President Maternity Choices Australia
Lil Carrigan – Australian Pain Management Association and consumer representative
Harry Pitt – Torres Strait Islander consumer representative
Carolyn Becker – Consumer representative
Helena Lake – Consumer representative
Lyn Wilson – Consumer representative
Simon Clough – Brook Red Assistant Manager and live experience
Hana Alraman – Ethnic Communities Council of Queensland
Jeff Cheverton – Brisbane North PHN
Rebeka Naranjo – Diabetes Queensland
Beryl Crosby – Consumer Advocate
Sandiellen Black –Co-ordinator – Kyabra Recovery Connections

Bruce Teakle – Maternity Choices Australia

Lisa Pritchard, Executive Director, Assessment and Resolution Office of the Health Ombudsman **HEALTH**

CONSUMERS QUEENSLAND (9):

Mark Tucker-Evans - Board Chair

Erin Evans – Board member

Brendan Horne – Board member

Melissa Fox – General Manager

Anne Curtis – Project Manager

Georgina Lawson, Jo Smethurst and Chelsea Gourgaud – Project Officers

Nicole O’Keane – Office Manager

FEEDBACK - STAKEHOLDER ROUNDTABLE RECOMMENDATIONS

26TH October 2015

The following feedback has been received by Health Consumers Queensland in relation to the distribution of the Stakeholder Roundtable: Establishment of a Health Consumers Committee report.

Health Consumers Queensland Network member

Congratulations on what looks like a plan of where to go now that Health Consumers Queensland has regained government support. I apologise that I was unable to attend the roundtable as I am carer for a very ill husband with the result that I am unable to be free for useful activities such as participation in the 6 October event. I would very much like to be taking an active role.

member and HHS Consumer Representative

I have had a good read through the Report of Outcomes. I am glad there is a state-wide focus including remote and rural areas; and that Health Literacy is considered a priority.

The proposed membership make-up sounds good, although a strong Chair will be needed to hold the various "vested" interest groups together as various matters are discussed.

Overall, I am sorry to have missed what appears to have been an excellent Forum, but I certainly support the outcomes.

Health Consumer

I did have to look twice to see how comments in the table related if it was left to right? Or top to bottom? As there weren't any headings look forward to it proceeding – the name I found interesting too.

Lawrie Donaldson – Primary Health Network Regional Manager

I couldn't detect much PHN input at your forum. Perhaps it's a bit too early as the PHNs are still to find their feet.

Can I suggest that you leave space in the committee structure to incorporate the PHN's at some later stage.

Hearing impaired Consumer

Just two points after my first read of the Report on Outcomes from the Forum.

- 1) No name was quoted for the committee and
- 2) As one sixth of the population have a mild to a severe hearing impairment and it is generally only those with profound deafness(stone deaf) that have Auslan sign language interpreters, the bulk of people with hearing problems are in the group that are not stone deaf but don't do Auslan and as such this group can and do easily misunderstand directions by clinicians of all ilk because there is a reluctance by the same to write everything down and it is not always practical to have other augmentive hearing devices or services such as real time captioning available, hence there are often adverse health outcomes for this group which are put down to mental capacity rather than hearing capacity.

The solution in this stigmatized group which stigmatizes itself more than anyone else by denial of what they hear and understand and what they don't is -- There has to be more training in health training equally as you would for other safety initiatives for people who are hearing impaired and other disabilities.

I also note that it is extremely important to have our first Australians represented heavily but it is also extremely important to have people with mobility, hearing and the myriad of disabilities that often unless

recognized by clinicians, the consumers in these groups will have very adverse outcomes equal or greater than the indigenous population.

Thanks again for your response to my suggestions to be added to the outcomes of the recent forum convened by yourself.

Regional Health Consumers Queensland Network member

I was struck by the lack of explicit mentioning of teleconferencing. To me it seems that the new committee when formed will tend to be Brisbane (and other urban areas) centred simply because of the difficulties of longer distance travel. Teleconferencing, while not ideal, does enable those in rural and remote areas to participate (plus, of course, those in other, distant conurbations) and without it I don't think the committee will meet some of the objectives described in the file you sent. I am only two hours out of Brisbane but the complications involved in even that travel was the main reason why I did not apply to attend the forum in the first place. There are probably many others facing similar travel problems. My own experience has been that I am able to contribute to the regional CAG using the teleconferencing facilities available at the local hospital, which is fairly close to me. Perhaps you could feed this observation back to the forum assessment group.

Health Consumer Queensland Network member

I regret I was not able to attend the stakeholder's round table. Thank you for forwarding me the findings of the roundtable and the recommendations for the Health Consumer Committee in partnership with Queensland Health. It is a very exciting step forward to an inclusive and shared future in health.

I have read the draft proposals and recommendations and find them very comprehensive and well balanced. Thank you for including me in the process.

Regional Health Consumer Network member

Although I missed the first hour due to flight delays I recall many of the outcomes and agree with the recommendations.

Thanks for a succinct and easy-to-read summary.

Health Consumer Queensland Network member and PHN consumer representative

Verbal feedback

Could not attend the Forum due to other commitments, report and outcomes are very positive and exciting.