First Nations’ Consumer Representative Opportunity: Patient Access Advisory Committee Member

Closing date: 9am, Thursday 4th February 2021.

Queensland Department of Health

**The Department of Health is providing one (1) First Nations’ health consumer representative the opportunity to participate in the Patient Access Advisory Committee (PAAC) to help establish system-level performance oversight and monitoring of Patient Flow in Queensland Public Hospitals.**

Purpose

The Patient Access Advisory Committee (PAAC) is a Tier 3 committee to provide strategic advice to the System Management Advisory Committee (SMC) on issues affecting consumer access to public acute health services and timely flow through the episode of patient care.

The primary functions of the Committee are to:

1. Provide strategic advice to Queensland Health System Management Advisory Committee (SMAC) on strategies to support system-wide opportunities for improvement in patient flow, with the goal to improve access to care.
2. Review and refine existing protocols to align to best practice and ensure safety and quality of service delivery is maintained.
3. Understand key pressure points of patient flow in the system to target service improvement.

What is Patient flow?

Patient flow represents the ability of the healthcare system to serve patients quickly and efficiently as they move through stages of care. When the system works well, patients flow like a river, meaning that each stage of their treatment in the various areas of the healthcare system is completed with minimal delay. This may include the flow into, through and out of the hospital system, or the connections between the community healthcare setting and the hospital system. Regardless optimal patient flow means a high likelihood of optimal provision care at the right place, by the right team, at the right time.

Membership

The Committee shall be chaired by the Deputy Director-General, Clinical Excellence Queensland, Department of Health (or delegate). Please find full list of membership through the PAAC Terms of Reference.

The PAAC Terms of Reference are attached.

Role of the consumer

The role of the successful applicant will be to attend all PAAC meetings (either in person or virtually as appropriate) and to actively participate in all activities such as pre-meeting reading, discussions, provision of feedback and advice, including on out-of-session matters.

Who is it for?

This opportunity would suit a First Nations consumer or carer representative with at least 6 -12 months committee experience, either at the Hospital and Health Service, or Statewide level.

The successful consumer will be joined by a second consumer representative on the Committee who has been a member since the committee has formed.

Time and location

The first meeting will be held on Wednesday February 10th, 2021 and bi-monthly thereafter.

Meetings will be held at the Department of Health, 15 Butterfield St Brisbane with a Microsoft Teams facility available for participants to attend remotely.

Remuneration and Support

Consumers will be remunerated for their time in line with [Health Consumers Queensland’s remuneration position statement](http://www.hcq.org.au/wp-content/uploads/2015/12/Consumer-Remuneration-Rates-Dec-2015.pdf). Parking and travel expenses will be covered (Brisbane only) if participants are requested to attend in person.

How to apply

**Please complete this consumer application form and return to**[**consumer@hcq.org.au**](mailto:consumer@hcq.org.au) **by** 9am, Thursday 4th February 2021.

For assistance please contact Health Consumers Queensland via [consumer@hcq.org.au](mailto:consumer@hcq.org.au) or by phone on 07 3012 9090.

**Consumer Application Form**

**Patient Access Advisory Committee Member**

Full name:

Preferred phone number:

Email:

Postal address:

Postcode:

* By completing this application, I consent for my details to be added to the Health Consumers Queensland network database YES | NO
* I would like to receive email updates from Health Consumers Queensland YES | NO
* Are you happy for Health Consumers Queensland to share this form with Queensland Health as part of the process for this application? YES | NO

Please highlight any group you identify as being a part of:

* Living with a disability/chronic condition
* Caring for someone with a disability
* Physically isolated or transport disadvantaged
* Culturally or linguistically diverse
* From a non-English speaking background
* LGBTIQ+

Do you identify as: Aboriginal | Torres Strait Islander | Both | Prefer not to state

Are you a: Consumer | Carer

Age range: 16-24 25-29 30-39 40-49 50-59 60-69 70+

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Gender:** |  Male | Female | Intersex | Other | Prefer not to state |

Please describe any support you need to take part in this activity *(examples include support person, hearing loop, dietary requirements)*

*Your responses to the following questions only need to be a brief sentence or two*

* Please describe your experience as a health consumer representative including committees, focus groups, surveys, governance roles, etc.

*Tip: Past consumer representative positions that have similar requirements to the opportunity you’re expressing interest in. Give an indication of how long each position was for, and any relevant highlights.*

* **Please describe any connections you have to your community (e.g. networks, groups)***Tip: Think about how this relates to the role you’re applying for.*
* Please describe your interest in joining the Patient Access Advisory Committee (PAAC)? *Tip: Although this section usually requires the longest response, try to keep it concise. Things to consider focusing on here include:*
* *any past lived experience that shows your understanding of the topic, or*
* *your understanding of the social/health/economic implications of the topic/condition, or*
* *Any systems change that you have identified that will improve care for health consumers, and possible strategies you could share to affect that change.*

Please provide contact details for a staff member from a health service or department you are currently partnering with. (we will advise if you are shortlisted before we contact your referee).

Full name:

Staff Role:

Partnering Activity (e.g. Committee Chair):

Organisation:

Phone number:

Email:

Applicant Role: