

# 2015-16 ANNUAL REPORT



HCQ

**HEALTH  
CONSUMERS**  
QUEENSLAND



A photograph of a tropical waterfall cascading over mossy rocks, surrounded by dense green foliage and trees. The scene is captured in a long-exposure style, giving the water a soft, blurred appearance. The waterfall flows from the upper right towards the bottom center of the frame.

# ACKNOWLEDGEMENT OF TRADITIONAL OWNERS

The Board and staff of Health Consumers Queensland acknowledges the Australian Aboriginal and Torres Strait Islander peoples of this nation. We acknowledge the traditional custodians of the lands on which our organisation is located and where we conduct our business. 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.



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**Queensland**  
Government





# MESSAGE FROM OUR CHAIR

“There is still much work to do but it is extremely gratifying to look back over the past twelve months and to see the substantial work undertaken and our achievements.”

Firstly I take this opportunity to thank the Palaszczuk Government for their commitment to support health consumers and carers to have a voice in how Queensland's public health services are planned and delivered.

This enabled us, through a service agreement with the Queensland Department of Health, to commence 2015–2016 with a standalone office led by our General Manager Melissa Fox supported by a small dedicated team.

I do want to highlight the establishment in November 2015 of the Queensland Health Consumers Collaborative, a joint initiative between Health Consumers Queensland and Queensland Health. Membership includes Chief Health Officer and Deputy Director-General, Prevention

Division; Deputy Director-General, Strategy, Policy and Planning Division; Deputy Director-General, Healthcare Purchasing and System Performance; Deputy Director-General, Clinical Excellence Division; Chair of Chairs, Hospital and Health Boards; representative of Chief Executives Forum, Hospital and Health Services; Chair, Queensland Clinical Senate; and Chair of Chairs, Clinical Networks. Each is matched by a health consumer selected by Expression of Interest from our network.

This strategic, high level Collaborative is informing embedding of consumer partnerships at every level of planning, policy, delivery, monitoring and evaluation of services provided by Hospital and Health Services and the Department of Health.

We have also provided consumer engagement training to other stakeholders including Primary Health Networks, private hospitals, NGOs, etc. I'm also pleased to report on the work we've undertaken as members of the Queensland Clinical Senate and the recognition of the State's leading clinicians of the important contribution consumers can make to delivering a person-centred health system. This builds on the ground-breaking work undertaken by Health Consumers Queensland in 2012.

During the past year we also recruited an additional two directors to govern Health Consumers Queensland. Julie Connolly brings to our board an interest in reform in the health sector and human services more generally. She believes that the trajectories of reform in both governance and funding contain the potential to empower consumers, ensuring that their voice and experience is integral to the way that services are designed and delivered.

Stephen Russell has held numerous positions as member and chair of public sector advisory and consultative committees on health and environmental matters. As a long term health consumer he has actively participated in the management of his particular health needs and brings these skills and experience to assist others to shape the health system.

We have been particularly active in making submissions providing health consumer and carer perspectives on key health issues and opportunities and have appeared at a number of Parliamentary Committees of Inquiry.

A highlight of 2015–2016 was our first Annual Forum since becoming an independent organisation *Disruptions in Health to drive better health outcomes: the role of the consumer movement*. We were particularly pleased that the Minister for Health and Minister for Ambulance Services,

the Hon. Cameron Dick launched *My health, Queensland's future: Advancing health 2026* at this forum. Health consumers had contributed to the development of the vision and had been featured prominently throughout the document demonstrating the central role consumers have in designing systems to meet their needs.

I take this opportunity to thank my fellow directors for their contribution throughout the year and their ongoing commitment to the work of Health Consumers Queensland. I also want to sincerely thank our staff team who have worked enthusiastically and tirelessly to develop Health Consumers Queensland as a significant force in shaping a health system to meet the needs of consumers.

There is still much work to do but it is extremely gratifying to look back over the past twelve months and to see the substantial work undertaken and our achievements.

## Mark Tucker-Evans

Chair





# MESSAGE FROM OUR CHIEF EXECUTIVE OFFICER

**As a consumer representative for over ten years, I have seen firsthand the transformational change in people and health services when consumers and health professionals work together to create a health system which better meets the needs of patients and families.**

It is a privilege to have been associated with Health Consumers Queensland for the last eight years, firstly as a member of the Ministerial Advisory Committee, then as Coordinator after we transitioned out of Government to become a Non-Government Organisation and now as Chief Executive Officer overseeing the expansion of our organisation.

I wish to offer deep thanks to COTA Queensland for their support – Chief Executive Mark Tucker-Evans (also our Chair), the Board and staff. COTA Queensland has a rich tradition of assisting organisations in their early days including Volunteering Queensland and Meals on Wheels. If not for COTA's generous provision of office space, use of computer equipment, administration and IT support and more over a period of two and a half years, it would have been very difficult for Health Consumers Queensland to maintain our activities and be in the position we are today.

The work we do in supporting consumers to directly improve the system and have more

control over their own lives resulted in our being successful in attaining health promotion charity status with the Australian Charities and Not-for-Profits Commission (ACNC).

Recognising the importance of consumers and community members having a say in health-care decision-making and priorities, the Queensland Government funded Health Consumers Queensland for three years. Our funding started on 1 July 2015 and meant we had the opportunity to expand our team to a staff of six and move into our own office space with a training room on Level 9, 217 George St at the top of the Queen Street Mall.

With more resources and more staff, Health Consumers Queensland has been able to support consumers and consumer organisations by providing training, networking opportunities and expanding our statewide Consumer Network. We have continued to partner with health services to support their consumer engagement activities through strategic advice and provision of consumer representatives.



I would like to acknowledge the support of our Board in providing a clear direction for our organisation to grow as a voice for consumers and partnerships to improve health outcomes for all Queenslanders. And I would especially like to thank our staff for their hard work, enthusiasm and dedication as we have grown as an organisation.

The success of our work relies on trust and collaboration with a range of health services and consumer stakeholders. Thank you for walking this

journey with us. By working together, we are all ensuring that consumer engagement is increasingly no longer a 'tick-box' but an acknowledged value add for health services. Part of day to day service design, delivery, planning and evaluation – no longer is it about 'doing to' consumers but 'doing with'.

**Melissa Fox**

Chief Executive Officer







# OUR ORGANISATION

**Health Consumers  
Queensland is the  
peak organisation  
representing the  
interests of health  
consumers and carers  
in the state.**

## **Health Consumers**

**Queensland is a not-for-profit organisation and a registered health promotion charity and we believe in improving health outcomes for people in Queensland.**

Our priority focus is on consumer engagement that influences and leads improvements and delivers better health outcomes for all Queenslanders. We achieve this through our Queensland-wide health consumer network, tailored training and skills development programs, strategic advice, specific project management and maximising opportunities for consumer representation at all levels of the health system.

**YOU CAN FIND  
OUT MORE ABOUT  
OUR STORY AT  
[WWW.HCQ.ORG.AU](http://WWW.HCQ.ORG.AU)**

# OUR MISSION, VISION AND

## OUR MISSION

Health Consumers Queensland empowers consumers to lead and drive better health outcomes.

## OUR VISION

Consumers and community partnering with the health system to get the healthcare we want.

## STRATEGIC THEMES

1

### **Build capacity towards consumer-focused co-design and transformation of the health system**

- Education for consumers and health service staff.
- Building systemic advocacy skills that enables consumers to take leadership in co-design.

2

### **Growing a strong, responsive and sustainable organisation**

- Develop, strengthen, build, measure, learn.
- Utilise the passion, energy and vision of our people.
- Strong governance, culture, accountability and compliance.
- Sustaining diverse income sources.

3

### **Building profile and research**

- Research excellence and partnering with universities nationally to inform policy and practice.

# STRATEGIC DIRECTION

4

## Sought after source of strategic advice to key influencers

- Long term relationships to promote development of a consumer-centred health system.

5

## Partnership with sister organisations and networks

- Building effective and efficient networks of health consumer organisations to leverage engagement with key influencers and decision makers.
- Working alongside sister organisations to strengthen the consumer voice.
- Shared development of consumer advocacy.

## VALUES







# 35%

Growth in our  
statewide network



# 166

The number  
of consumers  
recruited into roles,  
participated in focus  
groups and strategic  
planning days



# 1800

The number of  
people reached  
through training,  
presentations,  
workshops  
and advice



# OUR HIGHLIGHTS

**2015/16 has been a year of significant growth and expansion for Health Consumers Queensland.**



Six staff were recruited to support the Queensland Health three year funding commitment and expanding work requests with other health organisations. In September 2015 we moved into our new office at 217 George Street. The new office was officially opened by the Minister for Health and Minister for Ambulance Services, the Hon. Cameron Dick in November 2015.

In the first six months we re-branded the organisation including our logo, promotional materials, redeveloped our website, signed off on a consultation, communication and marketing strategy, and developed a new purpose-built electronic database to support the expanding network of health consumers, carers, community organisations and health staff.

A monthly E-news keeps our network informed and bi-monthly networking sessions are provided in our office to support our consumer members. Information and networking sessions are also offered when staff are visiting regional towns.



## ELSIE INSPIRES COMMUNITY TO GET ACTIVE

Elsie Seriat was one of nine consumers to present at the joint Health Consumers Queensland and Queensland Clinical Senate Obesity Prevention Forum in July 2015.

She had travelled from Thursday Island to talk about the impact joining Robert De Castella's Indigenous Marathon Project had on her life.

'When I heard what Rob had done for young Indigenous Australians around the country, I chose to be part of it because I wanted to be a change in my community,' she said.

The Indigenous Marathon Project gives Indigenous men and women the opportunity to run the New York, Tokyo and Boston marathons and inspiring communities to live healthy, active lifestyles.

When she started training she weighed 94kgs and struggled to run 3kms. Seven months later she weighed 73kgs and successfully completed the 42km run.

'The ripple effect I now have in the community is awesome. You see everybody out being active,' she said.



## OUR HIGHLIGHTS

### Clinical Senate/ Health Consumers Queensland Obesity Forum

In July 2015, the Queensland Clinical Senate partnered with Health Consumers Queensland on a one-day forum looking at strategies to address the growing rates of obesity in Queensland. More than 30 health consumers invited by Health Consumers Queensland attended the forum from across Queensland including Thursday Island, Cloncurry, Moura and the South-East corner.

They represented a range of ages and cultural backgrounds.

The report and presentations from the Obesity Forum can be found at: <https://www.health.qld.gov.au/clinical-practice/engagement/clinical-senate/meetings-publications/previous-archive/default.asp>





# Queensland Health Consumers Collaborative

On 6th October 2015, Health Consumers Queensland in partnership with Queensland Health convened a Stakeholder Forum to inform the establishment of a statewide Health Consumers Committee. Fifty people attended the forum including senior Queensland Health officials, community service providers and health consumers and carers.

The outcomes of the stakeholder forum resulted in the establishment of the Queensland Health Consumers Collaborative with the first meeting held in December 2015. This strategic, high level Collaborative is informing the embedding of consumer partnerships at every level of planning, policy, delivery, monitoring and evaluation of services provided by Hospital and Health Services and the Department of Health.

The Collaborative is chaired by Health Consumers Queensland Board Chair, Mark Tucker-Evans and

comprises eight high level Queensland Health staff and eight health consumers recruited through an Expression of Interest process. The consumers provide a strong, effective and diverse voice across almost the full spectrum of health issues in Queensland.

For more information on the Collaborative visit the Queensland Health Consumers Collaborative page on our website.



## OUR HIGHLIGHTS

### Annual Forum 2016

Health Consumers Queensland's first Annual Forum was held on the 19th May 2016. A dynamic mixture of speakers explored the theme *"Disruptions in Health to drive better health outcomes: The role of the consumer movement"* through keynote sessions, panels, concurrent sessions and workshops.

The aim of the Annual Forum was to provide an opportunity for consumers and carers, community organisations, Hospital and Health Services, Primary Health Networks and private health services to share new learnings from the

experiences of consumers, carers and health service staff from across Queensland and internationally. It also allowed all stakeholders to share the findings of their initiatives aimed at improving and strengthening consumer engagement in Queensland and increase knowledge of best practice engagement. The forum assisted health service staff in their roles, as well as developed our passionate and engaged consumers and carers to be more effective positive disrupters in the health consumer movement in Queensland.



## OUR HIGHLIGHTS

Over 240 people attended including a variety of participants; health consumers and carers, Queensland Health staff and services, community members and consumer and community organisations. These participants shared their experiences through best practice examples of consumer and community engagement through a program of keynote speakers, panels, two concurrent session topics, workshops and panels. Sixteen community organisations held stalls which provided the opportunity for participants to learn more about their work.

The Minister for Health and Minister for Ambulance Services, Hon Cameron Dick opened the Annual Forum by launching Queensland Health's 10 Year vision – *My Health, Queensland's Future: Advancing Health 2026*. *Advancing Health 2026* articulates a 10-year vision and strategy for Queensland's health system. This was a great opportunity to identify how effective consumer voices are and the role of Health Consumers Queensland in supporting health services to do this better, provide more opportunities for consumer participation and to train staff and consumers to effectively partner together.





## OUR HIGHLIGHTS

### Processes and Templates Working Group

In collaboration with Queensland Health and hospital and health service engagement staff we established a Virtual Working Group to develop a suite of easy to use guidelines, templates and documents to support the engagement of consumers within health services. The resources will be made available on the Queensland Health intranet site for use by all health service staff in 2017.



*“Well trained and supported consumers can and do make an amazing contribution to the quality of health services.... If they are invited to be true partners at the decision making table.*

*It is time... I challenge all health service leaders to take the plunge and truly partner with consumers in planning delivering and improving health services. When you do, you will wonder why you didn't do it sooner.*

*Health Consumers Queensland can help you with the how.... But the will to do it is firmly in your court.”*

**DR JOHN WAKEFIELD PSM**

Deputy Director-General, Clinical Excellence Division, Department of Health



# SUPPORTING EFFECTIVE PARTNERSHIPS

**We facilitate  
strong, authentic  
and meaningful  
relationships between  
health consumers and  
health providers with a  
range of activities.**



## SUPPORTING EFFECTIVE PARTNERSHIPS

### Strategic advice and consultancy

Health Consumers Queensland provides strategic advice and/or consultancy on complex consumer engagement strategies or challenges to optimise health service's consumer engagement activities.

In January 2016, Health Consumers Queensland commenced a six month project to support consumer and community engagement at Children's Health Queensland (CHQ).

Engagement Advisor, Sandiellen Black, was appointed to undertake the project with support from our Project Manager. Children's Health Queensland provided office space and resources for the Engagement Advisor to enable her to operate from the Lady Cilento Children's Hospital campus.

The project completed in June 2016.

## FULL OF HEART – JOHN GAGEN

John Gagen from Brisbane is full of heart. When he learned that over 60% of adult patients with chronic illness are in the 65 plus age group, and until recently that age group had little voice if any within the Queensland Health structure, he stepped up to the plate and became a consumer representative.



For the past 20 years John has been an on-going heart patient at The Prince Charles Hospital in Brisbane and he's now a consumer representative on the Queensland Health Heart Health Consumer Advisory Group, and has been the Chair for the past two years. He is also a member of The Prince Charles Hospital Consumer Advisory Network and on the steering committee of Metro North Hospital and Health Service's LINK and SEED innovation funds project.

As a member of the Queensland Health Consumer Collaborative he hopes to assist in highlighting areas of need and improvement relative to active patients in the 65 plus age group within health policies.



## Sourcing and Recruiting Consumers

One of the main roles of Health Consumers Queensland is to source and recruit health consumers for the Department of Health and health service organisations, universities and other requesting organisations. In the past year 166 health consumers have been recruited into consumer representative and advisory committee roles, participated in conferences, focus groups and strategic planning days.

Hearing the voices of health consumers, carers and families at conferences, symposiums, forums, working groups and planning days is an effective way to ensure strategies, plans and services are designed with consumers at their heart. We have helped health services and organisations find articulate, strong consumers to provide a powerful

consumer perspective in health decision-making. They remind health policy and decision-makers that health policy and healthcare delivery must focus on consumer experience and consumer health outcomes.



*“We cannot build a future-proof fit for purpose health system for Queensland unless we place consumer experience and outcome at the centre of everything we do. Health Consumers Queensland ensure that this intent is translated into action.”*

**DR DAVID ROSENGREN**

Chair, Queensland Clinical Senate



# SUPPORTING EFFECTIVE PARTNERSHIPS

## Videos

Hearing directly from members of our statewide consumer network is a valuable way for people to hear and understand the importance of effective consumer partnerships. We have created a suite of short videos starring mostly members of our consumer network plus some staff from health organisations to share their key learnings and tips for partnering effectively.



**Bruce Teakle**  
Maternity Consumer Representative



**Amber Williamson**  
Consumer Representative



# SUPPORTING EFFECTIVE PARTNERSHIPS

## Developing our network



Supporting and nurturing the development of consumers on our network is crucial to the on-going effectiveness of consumer partnerships. We need to ensure that the demand for consumers doesn't outstrip supply. We provide on-going support to new, emerging and experienced consumer representatives/advocates. Consumer representatives can call us for advice or support at any time. Consumers also access up-to-date and relevant news and views in our monthly e-News and regular updates on our website. Over time we will be developing even more ways to support them. We aim to ensure everything we do is inclusive and accessible to all.

## Networking sessions

Every two months we organise a networking session for experienced consumer advocates. We provide the space and the tea and biscuits for some peer support, to learn from each other and seek ideas and strategies from one another. From time to time we arrange guest speakers to share information on a chosen topic determined by the consumers e.g. National Disability Insurance Scheme and health literacy.

When Health Consumers Queensland staff are delivering training across Queensland we take the opportunity of organising local networking sessions.







*“Over the past year the Western Queensland Primary Health Network has established a Consumer Advisory Council across 55% of Queensland. It has been great to work with Health Consumers Queensland to launch this council, assist the members to understand their roles, and to broaden our footprint into the regions especially the rural and remote areas.”*

## JULIE MAYER

Exec Manager Commissioning,  
Clinical & Consumer Engagement,  
Western Queensland Primary  
Health Networks

## SUPPORTING EFFECTIVE PARTNERSHIPS

### Consumer and Health Staff Training

A training and needs survey distributed to hospitals and health services in 2015 and members of the consumer network identified the need for a suite of training packages particular to health staff and to health consumers and carers in roles within health services.

The training modules are designed to provide a shared understanding of consumer partnerships; its meaning and value as well as to provide some practical tips and strategies. Staff training is to support their embedding of consumer engagement into daily practice, and for consumers to feel competent and confident to provide an independent, consumer perspective on health issues and priorities.



# SUPPORTING EFFECTIVE PARTNERSHIPS

Training commenced in mid-February 2016 and has since been provided to consumer representatives and/or health service staff in the following organisations:

- Mercy Private Hospital Rockhampton
- Silverchain Queensland
- Sunshine Coast Hospital and Health Service Education Support Unit
- Cairns Hinterland Hospital and Health Service
- Children's Health Queensland
- Metro North Hospital and Health Service
- Gold Coast Hospital and Health Service and Gold Coast Primary Health Network Advisory groups
- Queensland Rural, Regional & Remote Women's Network



# SUPPORTING EFFECTIVE PARTNERSHIPS

## Staff Representation on Committees

- Board member, Consumers Health Forum
- Australian Council on Healthcare Standards (ACHS) Queensland and Northern Territory Advisory Group
- Queensland Health Statewide Occupational Violence Implementation Steering Committee
- Metro North Hospital and Health Service Community Board Advisory Group
- Neurodevelopmental Disorders Steering Committee Meeting
- Australian Commission on Safety and Quality in Health Care Partnering with Consumers National Committee
- Queensland Nursing and Midwifery Executive Committee
- Queensland Clinical Senate Member

## Workshops and Focus Groups



Staff facilitated workshops and focus groups for the following organisations:

- Australian Commission on Safety and Quality in Health Care
- Children's Health Queensland consumer representatives and advisory members
- West Moreton Hospital and Health Service Community Reference Group
- Metro North Hospital and Health Service Consumer Representatives/Advisory members





## Submissions

During 2015–2016 the following submissions were submitted:

- Draft Sexual Health Strategy, Strategic Policy Unit
- Allied Health Expanded Scope Strategy
- Abortion Law Reform (Woman's Right to Choose) Amendment Bill 2016
- Public Health (Medicinal Cannabis) Bill 2016 (submission)
- Health and Other Legislation Amendment Bill 2016 (submission and evidence at hearing)
- Oversight of the Health Ombudsman and the health service complaints management system
- Health Workforce Strategy (submission and evidence at hearing)
- Review of Pharmacy Remuneration and Regulation

## Presentations

Requests for presentations on our work are increasing annually. In 2015/16 we provided presentations to:

- International Shared Decision Making Symposium
- CheckUp Leaders Forum
- Queensland Health Patient Safety & Quality Improvement Service
- Darling Downs Hospital and Health Service
- Association of Queensland Nurse Leaders
- Children's Health Queensland Family Advisory Council
- Multicultural Development Association – MDA Queensland
- Gold Coast Primary Health Network
- Office of the Chief Nurse – Nurse Navigators Orientation
- Queensland Health Public Affairs Officers Network
- Western Queensland Primary Health Network Consumer Advisory Committee



## LAURA'S STORY

**“My heart broke when I heard your story.”**

Hailing from Cairns, Laura Richards, was one of two consumers invited to talk about healthcare at a primary care conference held in Cairns this year.

Laura shared her experiences of primary health care to an audience of mostly GPs. At the end of her short talk, a GP stood up in the crowd and told Laura that “my heart broke when I heard your story.”

Laura had told the 100+ crowd of the time she took her newborn daughter to her GP for the routine seven-day check-up, only to be in and out of the room in five minutes. A thorough check-up was not performed and she was almost rushed out of the room. She left feeling shocked, upset, angry and ultimately let down by her GP. Although she's not sure of the impact she had at that conference, she was heartened to hear this GP's reaction to her story and hopes that a seed has been planted that might bring about change.

**62.5%** of health staff think there has been an increase in consumer and engagement activities

**72.5%** of health consumers think there has been an increase in consumer and engagement activities



# ANNUAL SURVEY

**September 2015  
– June 2016**

**85%** of health consumers believe they have made an impact as a consumer and/or carer representative

**65%** of health consumers have seen a positive shift in the health services' consumer engagement culture

The survey is designed to identify an increase in consumer participation in health services, improved capability by Hospitals and Health Services to partner with consumers, improved knowledge of consumer representatives and assessment of health service organisation requirements for training and support for the next year.

Many consumers are feeling more valued and listened to. There are still some that reflect they do not feel as though the health service has improved in its engagement and there is a need for the education and training of long-serving staff.

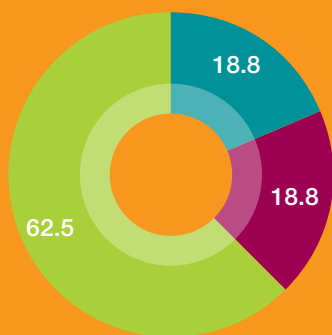
The majority of consumers who participated in our training felt it built their skills, knowledge and confidence to be a consumer representative.

There are quite a number of new consumers involved as representatives within the health system, and on the Health Consumers Queensland network, almost 70% having been involved in representative roles for less than two years.

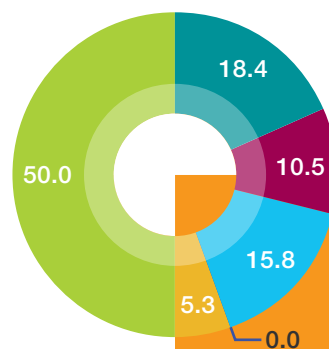
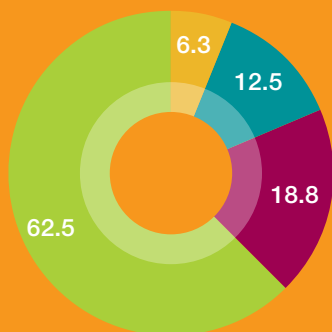
# Annual Survey of Health Staff

*Have you seen a positive shift in the health services' consumer engagement culture in the last year?*

(e.g. board and executive directives, resources, training and support available)

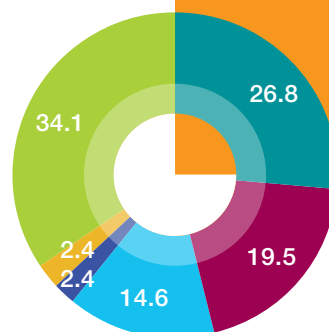


*Do you think there has been an increase in the consumer and community engagement activities being undertaken by your health service in the last year?*



2015

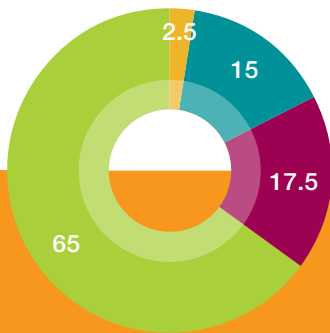
*How long have you been involved in the health system as a consumer/carer/community representative?*



2016

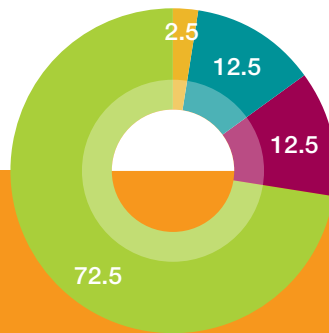


## Annual Survey of Health Consumers



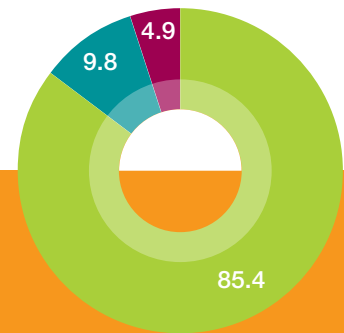
*Have you seen a positive shift in the health services' consumer engagement culture in the last year?*

(e.g. board and executive directives, resources, training and support available)



*Do you think there has been an increase in the consumer and community engagement activities being undertaken by your health service in the last year?*

More consumers feel as though they are getting support (e.g. orientation, training) from their health services than they did last year.



*Do you believe you have made an impact as a consumer and/or carer representative?*

This is an increase in confidence that the consumer input is being valued and more understanding of what effectiveness looks like.

● Yes
 ● No
 ● Uncertain
 ● Not applicable

## MEET OUR STAFF



*"I passionately believe we do have the power to influence and bring about change, in health, and in other systems. The more we give appropriate feedback on how the system looks, feels and works from a consumer viewpoint, the better the system will get."*

### AUNTY WYNN TE KANI

Health consumer and  
community member,  
Brisbane



*L to R:* **Georgina Lawson**, Project Officer;  
**Jo Smethurst**, Project Officer;  
**Leonie Sanderson**, Engagement  
Advisor, Barrett Project;  
**Anne Curtis**, Project Manager;  
**Chelsea Gourgaud**, Project Officer;  
**Melissa Fox**, Chief Executive Officer;  
**Suzanne Wirges**, Project Support  
Coordinator;  
**Nicole O'Keane**, Office Manager.

*Not pictured:* **Sandiellen Black**, Engagement  
Advisor January - June 2016.

# MEET OUR BOARD AND STAFF



*"My passion is cutting through red tape and revealing the bounties that lie beneath in new approaches to solving rural issues.*

*It is a great feeling to know that Central Queensland Hospital and Health Service and the Moura Community worked together with both sides compromising and the outcome was a win/win situation."*

## DEB ELLIOT

Health consumer,  
Brisbane



## MEET OUR BOARD



### MARK TUCKER-EVANS

#### CHAIR

Mark Tucker-Evans has been involved with Health Consumers Queensland since its inception in 2008. He was the inaugural Chair of the Ministerial Advisory Committee and became the first Chair when Health Consumers Queensland was established as an independent organisation.

Mark is the Chief Executive of COTA (Council on the Ageing) Queensland, Chair of the Queensland Council of Social Service (QCOSS), Director of the Australian Council of Social Service (ACOSS); CheckUp Australia, and Institute of Healthy Communities Australia and an Executive Member of the Queensland Clinical Senate.



### DR ERIN EVANS

#### DIRECTOR

Erin is a specialist educator and advisor in complexity management, systems and strategy. She is the discipline lead of systems thinking and complexity management at QUT Graduate School of Business where she lectures to the MBA, Executive MBA and executive programs.

In Australia and internationally, Erin has consulted in a range of industries and areas including health, Indigenous communities, defence, financial services, technology and education. These include organisational development, strategy and change management.



## MEET OUR BOARD



STEVE  
RUSSELL

### DIRECTOR

Steve is a lifelong health consumer and an active health consumer advocate for over 40 years. His professional experience includes Social Justice and Human Resource Program Manager with the Commonwealth Government in the ACT, NSW and QLD, a community development consultant to all levels of government and community sector and an elected local government councillor.

He has held numerous positions as a member and chair of Public Sector advisory and consultative committees on health and environment matters.



BRENDAN  
HORNE

### DIRECTOR

When Health Consumers Queensland was established in 2008 as a Ministerial Advisory Committee, Brendan was there and has continued to be involved as a member of the Board.

Brendan has many years personal experience as a carer within his own family. He is a social worker with a master's degree in social policy. He has been involved in human services, in numerous capacities, for the past 40 years. He has been a director on numerous Boards of Non-Government Organisations in the health disability sphere.



JULIE  
CONNOLLY

### DIRECTOR

Julie Connolly holds a PhD in political philosophy and continues to teach on a casual basis at the University of Queensland in the history of political thought.

In her other day job she manages advocacy, impact and innovation at the Multicultural Development Association (MDA), working with and on behalf of refugees, asylum seekers and other emergent communities in Queensland.

This is not Julie's first job as an advocate, she has also worked in mental health advocacy and trade unions.

*“Working with Health Consumers Queensland has been great, we’ve built a strong relationship through mutual support and a commitment to consumers. Having an external organisation dedicated to engaging with consumers has added value to our work as a PHN at both a strategic and operational level. Everyone in the Health Consumers Queensland team has always been willing to share their expertise and to support us by being a sounding board for ideas and directly providing services to support our Community Advisory Council. Health Consumers Queensland are empowering consumers and people working in health to build the best possible system for our community.”*

## JESSICA McCLEAN

Planning and Stakeholder  
Engagement Project Officer,  
Gold Coast Primary Health Network

## LOOKING FORWARD

# Consumer & Community Engagement Framework Review

Health Consumers Queensland’s Consumer and Community Engagement Framework was developed in 2012 using a collaborative model with many key health stakeholders in Queensland. Since that time it has been used by many hospital and health services in Queensland and Australia wide to inform their Consumer and Community Engagement Strategies.

With consumer and community partnership activities increasing across Queensland Health and primary and private health care providers, it is an opportune time for the framework to be reviewed to ensure it reflects best practice, the growing evidence base in the field and continues to effectively support and guide health services to engage with their consumers and communities.

The Reference Group will support the review process by providing guidance, feedback and recommendations on processes and drafts of the framework and associated documents. An updated framework will be launched February 2017.

## 2017 Annual Forum

Planning has commenced for Health Consumers Queensland’s second Annual Forum being held on Thursday 18 May in Townsville, with the theme *Power and Passion: Culture change through consumer engagement and partnerships*.



# LOOKING FORWARD



## LOOKING FORWARD

# Griffith University Evaluation Project

Health Consumers Queensland has partnered with Griffith University to undertake an independent evaluation of our activities, outcomes and impacts.

We have established a Reference Group consisting of five experienced consumer and carer representatives to help guide and inform the evaluation project. These five consumer representatives are currently working in a number of representative roles or sitting on advisory groups within a health service in Queensland. The reference group will be meeting monthly for up to 18 months to discuss the project deliverables.

Griffith University will provide Health Consumers Queensland with an interim report in October 2017 and a final report in May 2018. The information included in these reports include; a systematic literature review around co-production, co-design

and co-creation: the meaning and application; qualitative interviews, quantitative surveys, data analysis, data cleansing and interpretation.



## Business as usual

We will continue to grow and support our consumer network taking care to increase its diversity and reach across the state. Our annual survey will inform our 2016/17 work including more ways and resources to support health service and health organisation staff and consumers, the development

or regular webinars, and the creation of more resources including case studies and videos.





# 2015–2016 FINANCIAL REPORT



# DIRECTORS' REPORT

Your directors present this report on the company for the financial year ended 30 June 2016.

## Directors

The names of each person who has been a director during the year and to the date of this report are:

Brendan Patrick Horne

Mark Richard Tucker-Evans

Erin Dyan Evans

Julie Connolly appointed (28/01/2016)

Stephen Russell appointed (28/01/2016)

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

## Review of Operations

The surplus of the company for the financial year after providing for income tax amounted to \$140,261. (2015: Deficit of \$1,431)

## Significant Changes in the State of Affairs

No significant changes in the state of affairs of the company occurred during the financial year.

## Principal Activities

The principal activity of the company during the financial year was consumer engagement that influences and leads improvements and delivers better health outcomes for all Queenslanders. This was achieved through their Queensland-wide health consumer network, tailored training and skills development programs, and maximising opportunities for consumer representation at all levels of the health system. No significant change in the nature of these activities occurred during the year.

The company is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the company is wound up, the constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding obligations of the company. At 30 June 2016, the total amount that members of the company are liable to contribute if the company is wound up is \$50 (2015: \$40).

## **Events Subsequent to the End of the Reporting Period**

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the company, the results of those operations, or the state of affairs of the company in future financial years.

## **Likely Developments and Expected Results of Operations**

Likely developments in the operations of the company and the expected results of those operations in future financial years have not been included in this report as the inclusion of such information is likely to result in unreasonable prejudice to the company.

## **Environmental Regulation**

The company's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a state or territory.

## **Dividends**

No dividends paid or declared since the start of the financial year.

## **Indemnification of Officers**

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of the company.

## **Proceedings on Behalf of Company**

No person has applied for leave of Court to bring proceedings on behalf of the company or intervene in any proceedings to which the company is a party for the purpose of taking responsibility on behalf of the company for all or any part of those proceedings.

The company was not a party to any such proceedings during the year.

# DIRECTORS' REPORT (Cont'd)

## Auditor's Independence Declaration

The lead auditor's independence declaration for the year ended 30 June 2016 has been received and can be found on page 41 of the financial report.

Signed in accordance with a resolution of the Board of Directors.

Director



Dated this

Twenty-first

day of

October

2016





INDEPENDENT AUDIT SERVICES

[www.independentauditservices.com.au](http://www.independentauditservices.com.au)  
[mail@independentauditservices.com.au](mailto:mail@independentauditservices.com.au)

T 07 3906 2882 F 07 3906 2890

PO Box 115  
Morningside QLD 4170

## HEALTH CONSUMERS QUEENSLAND LTD

ABN 66 165 711 919

### AUDITOR'S INDEPENDENCE DECLARATION

As lead auditor for the audit of the financial report of Health Consumers Queensland Ltd for the year ended 30 June 2016, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

- (a) the auditor independence requirements as set out in the Australian Charities and *Not-for-Profits Commission Act 2012* in relation to the audit; and
- (b) any applicable code of professional conduct in relation to the audit.

## INDEPENDENT AUDIT SERVICES

### Chartered Accountants

### Jeremiah Thum

Director  
Brisbane, QLD

**Date:** 25 October 2016

Independent Audit Services Pty Ltd ABN 67 168 884 875  
Limited liability by a scheme approved under Professional Standards Legislation  
Registered Authorised Audit Company No. 460755

CHARTERED ACCOUNTANTS  
AUSTRALIA NEW ZEALAND

## STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2016

	Note	2016 \$	2015 \$
Revenue	2	843,469	86,256
Other income	2	46,947	1,246
Employee provisions expense		(479,774)	(77,075)
Depreciation and amortisation expense	3	(10,331)	–
Rental expense	3	(48,368)	–
Administrative expenses		(81,747)	(3,820)
Program costs		(123,243)	(8,039)
Sundry expenses		(6,692)	–
<b>Current year surplus before income tax</b>		140,261	(1,432)
Tax expense			
<b>Net current year surplus</b>		140,261	(1,432)
<b>Other comprehensive income</b>			
Items that will not be reclassified subsequently to profit or loss			
Items that will be reclassified subsequently to profit or loss when specific conditions are met			
Items that have been reclassified to profit or loss			
<b>Total other comprehensive income for the year</b>			
<b>Total comprehensive income for the year</b>		140,261	(1,432)
Surplus attributable to members of the entity		140,261	(1,432)
Total comprehensive income attributable to members of the entity		140,261	(1,432)

The accompanying notes form part of these financial statements.

## STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2016

	Note	2016 \$	2015 \$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash on hand	4	309,425	1,666
Accounts receivable and other debtors	5	2,891	28,723
<b>TOTAL CURRENT ASSETS</b>		<u>312,316</u>	<u>30,389</u>
<b>NON-CURRENT ASSETS</b>			
Property, plant and equipment	6	53,486	—
Intangibles	7	9,654	—
<b>TOTAL NON-CURRENT ASSETS</b>		<u>63,140</u>	<u>—</u>
<b>TOTAL ASSETS</b>		<u>375,456</u>	<u>30,389</u>
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Accounts payable and other payables	8	221,663	16,857
<b>TOTAL CURRENT LIABILITIES</b>		<u>221,663</u>	<u>16,857</u>
<b>TOTAL LIABILITIES</b>		<u>221,663</u>	<u>16,857</u>
<b>NET ASSETS</b>		<u>153,793</u>	<u>13,532</u>
<b>EQUITY</b>			
Retained surplus		153,793	13,532
<b>TOTAL EQUITY</b>		<u>153,793</u>	<u>13,532</u>

The accompanying notes form part of these financial statements.

## STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2016

	Note	Retained Surplus \$	Total \$
<b>Balance at 1 July 2014</b>		14,964	14,964
<b>Comprehensive Income</b>			
Surplus for the year attributable to members of the entity		(1,432)	(1,432)
Other comprehensive income for the year		—	—
Total other comprehensive income		—	—
<b>Total comprehensive income attributable to members of the entity</b>		(1,432)	(1,432)
Balance at 30 June 2015		13,532	13,532
Balance at 1 July 2015		13,532	13,532
<b>Comprehensive Income</b>			
Surplus for the year attributable to members of the entity		140,261	140,261
Other comprehensive income for the year		—	—
Total other comprehensive income		—	—
<b>Total comprehensive income attributable to members of the entity</b>		140,261	140,261
<b>Balance at 30 June 2016</b>		153,793	153,793

The accompanying notes form part of these financial statements.



## STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2016

	Note	2016 \$	2015 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Commonwealth, state and local government grants		942,800	58,018
Payments to suppliers and employees		(564,608)	(71,614)
Interest received		3,038	298
Net cash generated from operating activities	11	<u>381,230</u>	<u>(13,298)</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Payment for property, plant and equipment		<u>(73,471)</u>	–
Net cash used in investing activities		<u>(73,471)</u>	–
Net increase in cash held		307,759	(13,298)
Cash on hand at beginning of the financial year		<u>1,666</u>	<u>14,964</u>
Cash on hand at end of the financial year	4	<u>309,425</u>	<u>1,666</u>

The accompanying notes form part of these financial statements.

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016

<b>Note 2 Revenue and Other Income</b>	<b>2016</b>	<b>2015</b>
	\$	\$
<b>Revenue</b>		
Revenue from (non-reciprocal) government grants and other grants		
– State/federal government grants – operating	843,469	86,256
<b>Total revenue</b>	<u>843,469</u>	<u>86,256</u>
<b>Other income</b>		
– Other	46,947	1,246
Total other income	<u>46,947</u>	<u>1,246</u>
Total revenue and other income	<u>890,416</u>	<u>87,502</u>

### Note 3 Profit for the year

#### a) Expenses

Employee benefits expense:

– Salaries and wages	479,774	77,075
Total employee benefits expense	<u>479,774</u>	<u>77,075</u>

Depreciation and amortisation:

Rental expense on operating leases:	10,331	–
– minimum lease payments	48,368	–
Total Rental Expense	<u>48,368</u>	<u>–</u>

Audit fees

– audit services	3,500	–
– taxation services	–	–
Total Audit Remuneration	<u>3,500</u>	<u>–</u>

**Note 4 Cash and Cash Equivalents**

	2016	2015
	\$	\$
CURRENT		
Cash at bank	309,425	1,666
Total cash on hand as stated in the statement of financial position and statement of cash flows	309,425	1,666

**Note 5 Trade and Other Receivables**

CURRENT		
Accounts receivable	2,891	28,723
Provision for doubtful debts		
	2,891	28,723
Total current accounts receivable and other debtors	2,891	28,723

**HEALTH CONSUMERS QUEENSLAND LTD****ABN: 66 165 711 919****NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016****Note 6 Plant and Equipment**

	<b>2016</b>	<b>2015</b>
	\$	\$
<b>PLANT AND EQUIPMENT</b>		
Furniture		
At cost	8,895	–
(Accumulated depreciation)	(1,418)	–
	<u>7,477</u>	<u>–</u>
Office equipment		
At cost	22,022	–
(Accumulated depreciation)	(1,716)	–
	<u>20,306</u>	<u>–</u>
Computers		
At cost	26,288	–
(Accumulated depreciation)	(5,584)	–
	<u>20,704</u>	<u>–</u>
Office Fitouts		
At cost	5,121	–
(Accumulated depreciation)	(122)	–
	<u>4,999</u>	<u>–</u>
Total plant and equipment	<u>53,486</u>	<u>–</u>

**Movements in Carrying Amounts**

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	<b>Furniture at Cost</b>	<b>Office Equipment</b>	<b>Computers at Cost</b>	<b>Office Fit Out at Cost</b>	<b>Total \$</b>
<b>2016</b>					
Balance at the beginning of the year					
Additions at cost	8,895	22,020	26,288	5,121	62,324
Depreciation expense	(1,417)	(1,716)	(5,584)	(121)	(8,838)
Carrying amount at the end of the year	<u>7,478</u>	<u>20,304</u>	<u>20,704</u>	<u>5,000</u>	<u>53,486</u>



<b>Note 7 Intangible Assets</b>	<b>2016</b>	<b>2015</b>
	\$	\$
Website Development – at cost	5,645	–
Accumulated amortisation	(848)	–
 Data Development – at cost	 5,500	 –
(Accumulated amortisation)	(643)	–
Net carrying amount	<u>9,654</u>	<u>–</u>

	<b>Website Development</b>	<b>Data Development</b>
	\$	\$
<b>2016</b>		
Balance at the beginning of the year	5,645	5,500
Additions Amortisation charge	(848)	(643)
	<u>4,797</u>	<u>4,857</u>

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2016

<b>Note 8 Trade and Other Payables</b>	<b>Note</b>	<b>2016</b>	<b>2015</b>
		\$	\$
CURRENT			
Accounts payable		19,629	11,685
Sundry payables and accrued expenses		25, 176	1,835
GST payables		45,451	1,523
Provision for annual leave		32,076	1,814
Grants unspent		99,331	—
	8(a)	<u>221,663</u>	<u>16,857</u>

(a) Financial liabilities at amortised cost classified as accounts payable and other payables Accounts payable and other payables:

Total current	221,663	16,857
	<u>221,663</u>	<u>16,857</u>
Financial liabilities as accounts payable and other payable	<u>221,663</u>	<u>16,857</u>

### Note 9 Contingent Liabilities and Contingent Assets

In the opinion of the Directors, the Company did not have any contingencies at 30 June 2016 (30 June 2015: None).

### Note 10 Events after the Reporting Period

The directors are not aware of any significant events since the end of the reporting period.

**Note 11 Cash Flow Information****2016**  
\$**2015**  
\$**Reconciliation of Cash Flows from Operating Activities  
with Net Current Year Surplus**

Net current year surplus	140,261	(1,432)
Non-cash flows:		
Depreciation and amortisation expense	10,331	–
Changes in assets and liabilities:		
(Increase)/decrease in accounts receivable and other debtors	1,877	(29,186)
Increase/(decrease) in accounts payable and other payables	228,761	17,320
	<u>381,230</u>	<u>(13,298)</u>

**Note 12 Entity Details**

The registered office and principal place of business

Health Consumers Queensland Ltd  
Level 9, 217 George St  
Brisbane QLD 4000

**Note 13 Members' Guarantee**

The entity is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the entity is wound up, the constitution states that each member is required to contribute a maximum of \$10 towards meeting any outstanding obligations of the entity. At 30 June 2016 the number of members was 5.

# DIRECTORS' DECLARATION

The directors have determined that the company is a reporting entity that does not have public accountability as defined in AASB 1053: Application of Tiers of Australian Accounting Standards and that these general purpose financial statements should be prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements.

The directors of the registered entity declare that, in the directors' opinion:

1. The financial statements and notes, as set out on pages 42 to 51, are in accordance with the Australian Charities and Not-for-profits Commission Act 2012 and:
  - (a) comply with Australian Accounting Standards; and
  - (b) give a true and fair view of the financial position of the registered entity as at 30 June 2016 and of its performance for the year ended on that date.
2. There are reasonable grounds to believe that the registered entity will be able to pay its debts as and when they become due and payable.

This declaration is signed in accordance with subs 60.15(2) of the Australian Charities and Not-for-profits Commission Regulation 2013.

Director



Dated this

Twenty-first day of

October 2016





INDEPENDENT AUDIT SERVICES

[www.independentauditservices.com.au](http://www.independentauditservices.com.au)  
[mail@independentauditservices.com.au](mailto:mail@independentauditservices.com.au)

T 07 3906 2882 F 07 3906 2890

PO Box 115  
Morningside QLD 4170

## HEALTH CONSUMERS QUEENSLAND LTD

ABN 66 165 711 919

### INDEPENDENT AUDITOR'S REPORT

To the members of Health Consumers Queensland Ltd:

We have audited the accompanying financial report, being a general purpose financial report, of Health Consumers Queensland Ltd ("the company") which comprises the statement of financial position as at 30 June 2016, the statement of comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

#### ***Directors' Responsibility for the Financial Report***

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view and have determined that the basis of preparation described in Note 1 to the financial report is appropriate to meet the requirements of the Australian Charities and Not-for-Profits Commission Act 2012 (ACNC Act) and the needs of the members. The directors' responsibility also includes such internal control as the directors determine is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

#### ***Auditor's Responsibility***

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

Independent Audit Services Pty Ltd ABN 67 168 884 875  
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Registered Authorised Audit Company No. 460755

CHARTERED ACCOUNTANTS  
AUSTRALIA NEW ZEALAND

**HEALTH CONSUMERS QUEENSLAND LTD**  
**ABN 66 165 711 919**  
**INDEPENDENT AUDITOR'S REPORT (continued)**

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

Our audit did not involve an analysis of the prudence of business decisions made by directors or management.

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

***Independence***

In conducting our audit, we have complied with the independence requirements of the Accounting Professional and Ethical Standards Board and the *Australian Charities and Not-for-profits Commission Act 2012*.

***Opinion***

In our opinion, the financial report of Health Consumers Queensland Ltd is in accordance with the Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (a) giving a true and fair view of the company's financial position as at 30 June 2016 and its performance for the year ended on that date; and

(b) complying with Australian Accounting Standards to the extent described in Note 1, and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*;

***Basis of Accounting***

Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the directors' financial reporting responsibilities under the *ACNC Act*. As a result, the financial report may not be suitable for another purpose.

**INDEPENDENT AUDIT SERVICES**

**Chartered Accountants**



**Jeremiah Thum**

Director

Brisbane, QLD

**Date:** 25 October 2016

# NOTES





*"In the future I think we can utilise technology better. Technology improvements could include making the internet available for patient use via WiFi hotspots within hospitals. Having internet access will help the younger people I see with Cystic Fibrosis who spend years of their lives in and out of hospital to communicate with each other through cyber support programs as they are forbidden to do this face to face due to current cross infection protocols. The mental state of patients when they feel isolated is utmost to a successful recovery and we all know from personal experience that support groups lead to improved health outcomes for most patients."*

## **DOUGLAS PORTER**

Health consumer, Sunshine Coast





Copies of the full report can be found at  
[www.hcq.org.au](http://www.hcq.org.au)  
or by contacting [info@hcq.org.au](mailto:info@hcq.org.au) or phone **07 3012 9090**.

Level 9, 217 George Street, Brisbane  
PO Box 12474 George St, Brisbane, QLD 4000  
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