
Community Report on the Nepean Community Forums on Health

(Incorporating the results of the
online Nepean Health Community Survey)

held Wednesday 14 November 2012

Conducted by the
Interim Joint Health Consumer Committee
of the Nepean-Blue Mountains Medicare Local
and the Nepean Blue Mountains Local Health District



Health
Nepean Blue Mountains
Local Health District



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Map of the Penrith Local Government Area



Source: Penrith City Council

GLOSSARY OF TERMS AND ACRONYMS

ACAT Assessment	An ACAT assessment is an assessment of your care needs. It is carried out by one or more members of your local Aged Care Assessment Team (ACAT). ACAT members will visit you in your home or in hospital to talk with you about what services you may need and what is available in your area. ¹
Acute health care	Acute health care is generally considered to be short-term medical treatment, usually in a hospital.
Allied health	Allied health includes all health professions (other than medicine, nursing and pharmacy) that require a tertiary degree to practise. Allied health practitioners form part of the public and private health systems.
CALD	Culturally and Linguistically Diverse – a general term for communities of Australia’s non-Indigenous ethnic groups other than the English-speaking Anglo-Saxon majority.
Community and consumer engagement	The involvement of healthcare consumers and the wider community in the design and delivery of health services and health services research.
GP	General Practitioner – often referred to as ‘doctor’.
Health consumer	A person who uses health information, products or services, including carers of health consumers.
LGA	Local Government Area – the administrative boundaries of local government i.e. city council boundaries.
Local Health District	Local Health Districts are responsible for providing community health, hospital care and tertiary health care. Funded by the NSW Government (state government).

¹Aged Care Australia,

<http://www.agedcareaustralia.gov.au/internet/agedcare/publishing.nsf/Content/Glossary+Index+A>

Medicare Local	Medicare Locals are primary health care organisations established to coordinate primary health care delivery and tackle local health care needs and service gaps. Funded by the Australian Government (federal government).
MRSA	Methicillin Resistant Staphylococcus Aureus
NBMLHD	Nepean Blue Mountains Local Health District, serving the residents of the Lithgow, Nepean, Hawkesbury and Blue Mountains LGAs.
NBMML	Nepean-Blue Mountains Medicare Local, serving the residents of the Lithgow, Nepean, Hawkesbury and Blue Mountains LGAs.
NDGP	Nepean Division of General Practice
Primary health care	Primary health care is a first level of care or the entry point to the health care system for consumers e.g. general practice.
Secondary health care	Secondary health care includes services provided by medical specialists and other health professionals who generally do not have first contact with patients.
Tertiary health care	Tertiary health care includes specialised consultative health care, usually for hospital inpatients and those referred from a primary or secondary health professional, in a facility that has personnel and facilities for advanced medical investigation and treatment.

EXECUTIVE SUMMARY

The Nepean Blue Mountains Community Forums on Health were part of a series of forums organised by the Interim Joint Consumer Committee of the Nepean-Blue Mountains Medicare Local (the Medicare Local) and the Nepean Blue Mountains Local Health District (the Local Health District).

The Nepean Community Forums were held on Wednesday 14 November 2012 and were attended by a total of 76 people. The forums were supplemented by an online survey for residents of the Penrith Local Government Area (LGA) to have their say on health services in the region, to which 11 residents responded.

Forum and survey participants provided a number of positive stories and comments about local health services. In particular, participants were clear about praising hospital services, including doctors, nurses and other health professionals, and community services including community transport staff. They were seen as doing their best, often with severe resource shortages.

A range of problems was identified as summarised below. Some were specific to the Nepean while others were shared by participants at the Community Forums on Health held in other LGAs (Hawkesbury, Blue Mountains and Lithgow).

Transport and related issues of availability, distance, parking and cost were key issues.

Aged care services: Consumers told us there is a strong need for aged care advocacy for both home care and nursing home care.

Workforce problems: Forum participants were concerned about the shortage of GPs, specialists and allied health providers impacting on waiting lists, and access to bulk billing. Some GPs close their books and it can be difficult to arrange home visits. Waiting time in surgeries was considered problematic.

Access to information: Consumers want more information on services and how to access them, from a centralised source. Penrith youth require information about services and costs.

Boundaries and cross-border use of health services: Participants want clarity about the resource implications if people who live outside the region use health services within the LGA.

Safety and security within health facilities: Concerns were raised about safety and security in health services, especially hospitals. Consumers were also concerned about infections like MRSA.

Rapid growth and the increasing diversity of the Penrith population were raised several times. The increasing complexity of, and demand for, health services impacts on all aspects of health service provision including issues of workforce and service availability.

Communication problems were identified within and between hospitals, primary health care settings, allied health and specialists: consumers want improved connectivity between all health providers. Carers need to be consulted wherever possible.

Health services for the homeless: Consumers were aware of the high rates of homelessness in the Penrith area; this vulnerable group needs better access to health services.

Men's Health was considered 'not well supported' in the area.

Renal Dialysis: Consumers reported a shortage of services and programs, and problems with access due to transport and parking.

Dental services: A range of problems was raised including the cost, waiting lists and difficulty accessing and transferring dental records.

Multidisciplinary treatment: Consumers called for formal recognition of more holistic treatment in hospitals and general practices. Consideration of evidenced-based alternate therapies was seen as a way of taking the pressure off the medical system.

Recommendations

Following the Nepean Community Forums, the Interim Joint Consumer Committee made twelve recommendations. These are listed below, with consumer quotes *italicised*, and in more detail on pages 21-22. Progress on the recommendations to date is reported on page 23. It is recommended that:

Recommendation 1: Acentralised information access point is developed and resourced for the entire region for consumers and health service staff.

'Knowing what services are available and who and where to contact.'

Recommendation 2: The Medicare Local and the Local Health District develop a comprehensive communication plan that covers internal and external communications for consumers, including the establishment of a senior communication manager position.

'People like to be listened to and to know about health services and why decisions are made.'

Recommendation 3: The complex transport and parking issues raised by consumers are tabled and addressed by high-level transport stakeholders.

'The cost of transport and parking is just too high.'

Recommendation 4: The Medicare Local advocates for improved aged care services including the provision of nursing home beds and home care support.

Recommendation 5: The health workforce (GPs, nurses, allied health professionals and hospital staff) is increased in order to reduce waiting lists and improve timely access to both acute and primary care.

'Waiting lists for GPs and specialised services are huge.'

Recommendation 6: The Nepean Health Consumer Working Group agenda includes consultation with Aboriginal and Torres Strait Islander community members, culturally and linguistically diverse community members and youth, as well as with people experiencing homelessness and people living with disabilities and their carers.

Recommendation 7: The consumer needs of new arrivals from diverse backgrounds in the Nepean are considered by the proposed local Consumer Working Group.

Recommendation 8: Carer support services and resources are increased as per the NSW Carers Charter and the NSW Carers (Recognition) Act 2010.

'Carers are integral to health care and need to be recognised and be part of the process.'

Recommendation 9: The Medicare Local and the Local Health District collaborate to implement illness prevention and wellbeing programs that are appropriate to population needs.

Recommendation 10: Consumers who are admitted to hospital and their relatives are given clear instructions on what process they should follow if they experience any difficulties.

'When things go wrong we don't know where to turn for help.'

Recommendation 11: The Local Health District works to increase worker, patient and visitor safety at all health facilities.

Recommendation 12: The Nepean Health Consumer Working Group works in partnership with local and community organisations and other relevant stakeholders to address the health issues and gaps identified in this report and to provide regular feedback to the community.

INTRODUCTION

The Interim Joint Health Consumer Committee of the Nepean-Blue Mountains Medicare Local (the Medicare Local) and the Nepean Blue Mountains Local Health District (Local Health District) wanted this consultation to be a process of listening to and learning from the community; it does not replace a complaints process. This process will inform the planning and priorities of the proposed Health Consumer Working Groups, and forms part of the quality improvement cycle of health service provision for the area.

Overview – Nepean Community Forums on Health

The Nepean Community Forums on Health were held on Wednesday 14 November 2012. The forums were supplemented with an online survey for residents of the Nepean area to have their say on health services in the region.

These forums represent the beginning of a new joint consumer and community engagement program being rolled out by the Medicare Local and the Local Health District. With the support of these organisations, the forums and the engagement program have been initiated, organised and conducted by health consumers.

This report provides some background to the Penrith LGA, and a brief description of the Medicare Local and the Local Health District. The community forums and survey are outlined and their results summarised.

Participants at the Nepean Community Forums on Health want the issues they raised to be heard. They expect to be kept informed of action that arises as a result of the forums. This report is both feedback to the participants and an action agenda for the Nepean Health Consumer Working Group to be established in 2013.

About the Penrith LGA

The Penrith LGA (usually referred to here as ‘the Nepean’ as defined by its landmark river) has a population of 178,467.² The rapidly growing population is relatively young. Changing migration patterns over time have brought many cultures and languages to the area, with no one ethnic

²Australian Bureau of Statistics, 2011 Census, ‘Quickstats’ data

30/10/2012. http://www.censusdata.abs.gov.au/census_services/getproduct/census/2011/quickstat/LGA16350?opendocument&navpos=220

group dominating. Penrith East, especially, has a high proportion of people either born overseas or whose parents were born overseas. Penrith West, on the other hand, has amongst the highest rates of Australian-born residents across all of western Sydney.

In 2011, the proportion of homes where two or more languages are spoken in Penrith East was 22.9%, compared to 13.2% for Penrith West. Across the whole LGA, 5,385 residents identified as being of Aboriginal and/or Torres Strait Islander heritage, representing 3% of the population (the NSW average is 2%).

Penrith is a major business centre for western Sydney. Major industries in the LGA include retail trades, manufacturing, construction, property and business services, and health and community services.

BACKGROUND TO THE COMMUNITY FORUMS

Nepean-Blue Mountains Medicare Local

Medicare Locals are primary health care organisations established as part of the Australian Government's National Health Reform Agenda. They exist to coordinate primary health care delivery and tackle local health care needs and service gaps. Medicare Locals drive improvements in primary health care and ensure that services are better tailored to meet the needs of local communities³. Medicare Locals are working with local health providers, stakeholders and the communities they serve to:

- improve access to services by linking local General Practitioners (GPs), nursing and other health professionals, hospitals and aged care, Aboriginal and Torres Strait Islander health organisations; and maintaining up to date local service directories
- work closely with the NSW State Government funded Local Health Districts to make sure that primary health care services and hospitals work well together for their patients
- plan and support local after-hours face-to-face GP services
- identify where local communities are missing out on services they might need and coordinate services to address those gaps
- support local primary care providers, such as GPs, practice nurses and allied health providers, to adopt and meet quality standards
- be accountable to local communities for ensuring that services are effective and of high quality.

The Nepean-Blue Mountains Medicare Local commenced operating in early 2012 across a region that includes the Penrith, Blue Mountains, Hawkesbury and Lithgow LGAs. The primary health care workforce in the Nepean includes 206 GPs and 83 Practice Nurses working across 26 practices (January 2013). The area experiences a GP workforce shortage and a significant portion of the workforce is edging towards retirement: approximately 60% are aged over 55.

³Department of Health and Ageing: www.yourhealth.gov.au

Nepean Blue Mountains Local Health District

The Nepean Blue Mountains Local Health District is one of 18 Local Health Districts funded by the NSW State Government. Local Health Districts are responsible for public hospitals, community health services and public health.

Nepean Hospital is located in Penrith. Services include maternity, gynaecology, neonatal intensive care, emergency, diagnostics, paediatric, surgical, intensive care, coronary care, rehabilitation and mental health. Also on the Nepean Hospital campus are a Tresillian Family Care Centre, Menopause Service, Nepean Cancer Care Centre, Diabetes Service and the Wentworth Centre for Drug and Alcohol Medicine.

Penrith Community Health Centre provides a range of services to children, young people and their families, from health promotion, through prevention and early detection to assessment, treatment and continuing care. Community health staff work in partnership with schools, GPs, hospitals, non-government agencies and other organisations. Services include child and family health nursing including home visiting for all new parents, developmental screening and parenting groups, counselling services for children, young people, families and adults, speech pathology for children, occupational therapy for children, hearing screening for children and mental health and drug and alcohol services.

Working Together

The Medicare Local and the Local Health District share the same boundaries, covering an area of almost 9,179 square kilometres with an estimated population of almost 350,000 people. They have established a productive working relationship. Agreed shared priorities include aged care, mental health (including Headspace), improving access to after-hours general practice care, child and family health initiatives, population health and planning, eHealth, and improving the information flow between our two organisations to facilitate improved services.

An early success of this partnership is the joint Consumer Engagement Strategy which resulted in the community forums in each of the four LGAs: Penrith, Hawkesbury, Blue Mountains and Lithgow.

Penrith City Council

Penrith City Council is a major provider of many services that have an impact on the health of the people who live and work in the Nepean. Council's actions can facilitate healthy lifestyles through the provision of services and facilities such as parks, footpaths and leisure centres.

Council advocates for equitable access to health services and works in partnership with health agencies to promote community health issues. Council also has an obligation to ensure that its facilities and environment are accessible to all members of the community regardless of health and mobility. As the Penrith population grows there is increased demand for appropriate housing and local employment, facilities and events that promote recreation, mental wellbeing and connectedness.

The purpose of Council's Health Strategy is to introduce the benefit of health planning and highlight the various factors affecting the health of communities. The Strategy also provides direction and a vision to positively influence the long term health of local communities. It also serves as a guide for the allocation of resources and building capacity for health advocacy and programs.

Consumer and Community Engagement Program

In early 2012, the Medicare Local and Local Health District partnership established a new program to increase engagement between health services and the people who use those services ('consumers').

By February 2012, the Interim Joint Health Consumer Committee of the Medicare Local and the Local Health District had been formed, comprising health consumers residing in the four LGAs.⁴The Nepean community is represented on the Committee by three members of the Consumer Reference Group (CRG), a subcommittee of the Board of the Nepean Division of General Practice (NDGP) which advises, from a consumer perspective, on programs and services aimed at improving the health of people in the Nepean. The group is wellness focused in that it particularly embraces prevention and education.

The major aim of the Joint Consumer Committee was to plan, design and conduct a community forum in each LGA. The forums were seen by the Committee as an important first step in the process of engaging with health consumers across the region and establishing ongoing communication processes. The Nepean CRG representatives on the Joint Consumer Committee had active roles in the planning, delivery and facilitation of the Nepean forums.

In order to reach as many community members as possible the forums were held in conjunction with an online survey (also available in paper format).

⁴See Appendix 1 for the list of health consumer representatives.

Involving Consumers in Research and Teaching

The Medicare Local and the Local Health District both have strong partnerships with:

- The University of Sydney – Nepean Hospital is a teaching hospital
- The University of Western Sydney – general placements for medical students
- The University of Notre Dame – Lithgow Hospital and Hawkesbury Hospital are teaching hospitals.

The Universities of Sydney and Western Sydney have strong relationships with many general practices in the area, providing placements for students. Both universities are also engaged in research activities with the Medicare Local. Consumer engagement in research and in the education of health students is encouraged and supported. The partners are working to foster engaged research undertaken *with* or *by* consumers, and not *to*, *about* or *for* them.

The role and benefits of involving consumers in research can be:⁵

- identifying health issues of concern to the community
- developing research questions that are relevant to consumers e.g. asking pertinent questions
- ensuring that the consumer perspective remains central throughout the research process
- ensuring that findings are going to have 'real life' application
- engaging the community in learning.

Consumer involvement in education of health students ensures students:

- understand that health services need to reflect the needs and priorities of the communities and consumers they serve
- appreciate experiences of consumers living with health problems
- gain insight into the barriers and difficulties that consumers may face in accessing health care
- learn to engage with consumers as partners.

⁵NHS National Institute for Health Research,

<http://www.peopleinresearch.org/find-out-about-involvement/what-difference-does-involvement-make>

THE NEPEAN COMMUNITY FORUMS

The Nepean Community Forums on Health were held across two sessions (morning and evening) on Wednesday 14 November 2012 at the Nepean Room of Penrith City Council.⁶ During the design and planning of the community forums, the Joint Consumer Committee focused on making the events as accessible as possible to the Nepean community.

The forums were promoted through the local media, community facilities including libraries and post offices, the Medicare Local website and existing networks– general practices, community organisations, health consumer organisations and networks, and Penrith City Council.

The aims of the forums were:

- to consult with the Nepean community about local health issues
- to provide advice on the formation and membership of the Nepean Health Consumer Working Group
- to start discussion around the role consumers can play in health service planning, delivery, evaluation and research
- to foster collaboration between health consumers, the Medicare Local and the Local Health District.

Round-table Discussions

Facilitated round-table discussions, during which key points were documented, were followed by the presentation of urgent issues back to the forum.

Consumer Stories

Participants were also given the opportunity to describe their experience with health services, using 'Your Story' sheets. Issues raised in the stories have been included in the analysis that follows. In addition, as agreed with participants, the stories have been de-identified and will be shared with providers at many levels of service provision, including with the Board of Directors of the Local Health District and the Medicare Local. The process aims to maximise their impact on quality improvement in service provision and delivery.

⁶See Appendix 2 for the Nepean Community Forum Agenda.

Online Survey

In order to provide as many avenues as possible for consumers to have a say on health issues in the Nepean an online survey (using Survey Monkey) was opened in the month leading up to the forums and for several weeks afterwards.

This report incorporates the overall findings from both the forums and the survey.

COMMUNITY FORUMS FEEDBACK AND ANALYSIS

Positive Health Service Experiences

Participants provided a number of positive stories and comments about local health services, praising staff who are seen as doing their best with low staffing levels. Many told of good experiences with GP care, allied health, community services and hospitals (public and private).

Key Health Issues

Transport: Availability, cost and parking were health access issues for Nepean consumers. Hospital parking is limited and costly. *'As a carer and a transport provider, the lack of car parking facilities at Penrith and Westmead [Hospitals] is an issue'*. Community transport is appreciated but has its limitations: *'Costs of community transport are high, [and it is] inflexible in accommodating those who can't afford it.'*

People accessing renal dialysis without private transport also confronted transport problems and were able to get only temporary assistance from the local community transport service. Ambulance costs were also a concern: *'Young people in out of home care and no health care card [are] being charged.'*

Aged Care: Consumers told us there is a high need for aged care advocacy, for both home care and nursing home care, and an urgent need for increased Aged Care Assessment Team (ACAT) services. They raised problems including shortages of staff in nursing homes, the need for more home care support and increased community awareness of home care packages for the elderly. Social isolation and associated depression is seen as a problem requiring links to council and community support services.

Workforce problems: Forum participants were concerned about the shortage of GPs, specialists and allied health providers. Shortages impacted on waiting lists and access to bulk billing. Some GPs have closed their books and it can be difficult to arrange home visits. Waiting time in surgeries is problematic, and particularly affects people with special needs. *'Hard for disabled/autistic children to visit GP... Need better home-visiting services or [knowledge of] GPs who can accommodate children in waiting rooms.'* A perceived shortage of cleaners in hospitals was raised as a health issue.

Access to information: Across all the issues raised it became clear that there are major gaps in knowledge of what health services are available and how to access them. Young people in the Nepean require more knowledge about health services and costs.

Boundaries and cross-border use of health services: One issue that repeatedly came up was that people living outside the region need to use the health services within the Nepean area. Consumers want the flexibility to access health services that are most convenient to them, but are concerned about how those services cope with the demand from outside of their region: *'Boundary issue for Warragamba: who services it?'*

Safety and security within health facilities: Participants were concerned about safety and security in health services, hospitals in particular. Racism and discrimination were seen to affect the quality of service and safety of staff and patients. Drug and alcohol affected patients who also suffer from mental illness can be treated for just one condition. *'Consumers need to be linked to the right services and treated more holistically.'* Consumers were also concerned about infections like MRSA. Both staff and consumers were seen to be affected by these issues.

Rapid growth and diversity of the Nepean population was seen to impact on workforce and service availability, with increasing demand and complexity of health needs impacting directly on all health services. Participants want adequate resourcing to ensure that the needs of the cultural and linguistically diverse Nepean community can be met, including culturally sensitive targeted services and support.

Communication: Participants were concerned about inadequate communication between and within health services including hospitals and primary health care settings. They want improved connectivity between all health providers: sharing of records, coordinated and timely access to information, and for relevant information to be shared between all stakeholders including consumers, carers, allied health, GPs, and specialists.

Health services for vulnerable groups: People experiencing homelessness, isolation and difficult living conditions have special health needs and require understanding and sensitivity to overcome service access issues. Consumers are concerned at the high rate of homelessness in Penrith, and that this vulnerable group struggles to access mainstream services.

Men's Health: Participants were concerned that men's health is not well supported in the area. Services need to create a more supportive environment for men to overcome their reluctance to access health care.

Service shortages: Consumers reported difficulty accessing dental and mental health services due to the demand.

Renal Dialysis: Consumers reported a shortage of dialysis services and programs, and problems with access due to transport and parking.

Justice Health: Support for recently released consumers is required to assist them to connect with services in the community.

Multidisciplinary treatment: Consumers called for formal recognition of more holistic treatment in hospitals and general practices. Consideration of evidenced-based alternate therapies was seen as a way of taking the pressure off the medical system.

Online Survey Summary and Analysis

Eleven people completed the survey. Responses generally supported the overall findings of the forum. One finding that stood out more strongly was the need for services that meet the needs of children and adults with disabilities.

The top two health care concerns chosen from a list were the cost of health care and health services for people with special needs. Other issues raised included transport, access to GPs and specialists, holistic care, and services meeting the needs of people experiencing homelessness and families struggling financially.

Other Relevant Information

During 2012 a needs assessment was undertaken for the Nepean-Blue Mountains Medicare Local based on existing data, particularly the 2006 Australian Census.⁷

Across the Nepean there are marked demographic and socioeconomic differences, particularly between Penrith West and Penrith East. Penrith West is a relatively advantaged area compared to the rest of Australia, while Penrith East is relatively disadvantaged.

Penrith West has an ageing population and overall the residents are more likely to have a chronic disease than those in metropolitan Sydney. By 2020, people aged 65 and over are expected to comprise 14.2% of the population. The most prevalent chronic diseases are circulatory (16%), respiratory (22.9%) and musculoskeletal system diseases(23.5%).

In terms of preventative measures and health promotion, rates of obesity, inactivity and smoking are relatively high:

- 24% of people are physically inactive
- 14% of men over 15 are overweight
- 14% of mothers smoke during pregnancy.

Penrith West area still has residents of lower income whose access to services and information would be adversely affected: 19% of people hold Centrelink concession cards and 12% of

⁷The Needs Assessment Report was prepared by JustHealth Consultants and the Menzies Centre for Health Policy.

families with children under 15 are jobless. In 2006, 32% of dwellings had no internet connection.

Penrith East is distinctive for its cultural and linguistic diversity due to the relatively high rates of settlement for migrants and refugees. Statistics indicate slightly higher rates of health risk factors than in Penrith West:

- 25% of people are physically inactive
- 15% of men over 15 are overweight
- 19% of mothers smoke during pregnancy.

Penrith East also has a greater proportion of people with low incomes: 22% of people hold Centrelink concession cards and 16% of families with children under 15 are jobless. In 2006, 35% of dwellings had no internet connection.

RECOMMENDATIONS

Overall there was an indication of a breakdown in communication about a range of issues, both within and across health services and with the community. Beyond formal complaints processes there is no mechanism for two-way communication between health services and the community. It is recommended that:

Recommendation 1: A centralised information access point is developed and resourced for the entire region for consumers and health service staff. This would enable quick access to information about what services are available and how to access those services, especially for consumers seeking aged care and chronic diseases information and services. This could be achieved through the collaboration of relevant stakeholders and delivered via a 1800 telephone number and through the internet.

Recommendation 2: The Medicare Local and the Local Health District develop a comprehensive communication plan that covers internal and external communications for consumers, including regular feedback concerning changes to the provision of health services. This will require the establishment of a senior communication manager position.

Recommendation 3: The complex transport and parking issues raised by consumers through this process are tabled and addressed at a meeting of high-level transport stakeholders, and consumer representatives are invited to contribute to this process.

Recommendation 4: The Medicare Local advocates for an increase in the number of available nursing home beds and ACAT services and for improved coordination of all aged care related services across primary care, acute care, community and council services.

Recommendation 5: The health workforce (GPs, allied health and hospital staff) is increased in order to reduce waiting lists and improve timely access to both acute and primary care.

Recommendation 6: The Nepean Working Group agenda includes consultation with Aboriginal and Torres Strait Islander community members, culturally and linguistically diverse community members and youth, as well as with people experiencing homelessness and people living with disabilities and their carers.

Recommendation 7: The particular consumer needs of newly arrived people in the Nepean area are promoted by the Working Group and addressed by health services.

Recommendation 8: Carer support services and resources are increased as per the NSW Carers Charter and the NSW Carers (Recognition) Act 2010.

Recommendation 9: The Medicare Local and the Local Health District collaborate to implement illness prevention and wellbeing programs that are appropriate to population needs.

Recommendation 10: Consumers who are admitted to hospital and their relatives are given clear instructions on what process they should follow if they experience any difficulties, with outcomes reported on both within the health system and to the consumer.

Recommendation 11: The Local Health District works to increase worker, patient and visitor safety at all health facilities.

Recommendation 12: The Working Group works in partnership with local and community organisations and other relevant stakeholders to address the health issues and gaps identified in this report and to provide regular feedback to the community.

PROGRESS ON RECOMMENDATIONS

The Medicare Local and the Local Health District are continuing to implement the Joint Consumer Engagement strategy by recruiting consumers to the Health Consumer Working Groups. Once these groups have commenced the Consumer Reference Committee of the Nepean-Blue Mountains Medicare Local Board will be formed. This will ensure that consumers from each of the LGAs continue to have a voice and be heard.

A number of actions are already underway that begin to address the recommendations.

- **Communication and Information:** The Medicare Local has committed to employing a Senior Communication Officer **(Recommendations 1 and 2)**.
- **Transport:** A meeting of high-level transport stakeholders has been convened by the Medicare Local with the Local Health District and consumers **(Recommendation 3)**.
- **Workforce:** The Medicare Local has submitted information to the Independent Review into the Australian Government's health workforce programs **(Recommendation 5)**.
- **Engaging consumers from the diverse groups in the community groups:** The proposed Nepean Health Consumer Working Group will be advised of this agenda **(Recommendation 6)**.
- **Carer support:** The Local Health District runs a carer support program and provides support directly while the carer interacts with the hospital. The Medicare Local will focus on carer recognition and support in primary care **(Recommendation 8)**.
- **Mental Health:** The Medicare Local in conjunction with the Local Health District and community partners has submitted a funding application for the Partners in Recovery program for mental health care coordination and support **(Recommendation 12)**.

In addition, the following actions will be taken to address service gaps.

- The existing Penrith Homelessness Hub and associated partner organisations will be a stakeholder in the work to increase access to health services for the homeless **(Recommendation 6)**.
- Visitor management, safety and infection issues (MRSA etc) will be followed up by the Local Health District. The consumer representative on the Local Health District Quality and Safety Committee will report regularly to consumer networks and the proposed Working Group on actions being taken **(Recommendation 11)**.

WHERE TO FROM HERE

The process from here involves reporting back to the community on the outcomes of the forums, and the Nepean Health Consumer Working Group.

The Role of the Health Consumer Working Groups

During 2013 a Health Consumer Working Group, comprised of 10-12 health service consumers, will be established in each LGA. They will meet four times per year. A recruitment process for these groups will be developed by consumers and signed off by the Medicare Local and the Local Health District. Consumers with experience and exposure in health issues, primary health care and/or hospital settings will be drawn from the local community.

A Chairperson will be appointed by the membership. One member will be the Working Group's representative on the Consumer Reference Committee of the boards of the Medicare Local and the Local Health District. The Working Groups will advise on both the membership and the functions of the Consumer Reference Committee of the Medicare Local Board. The Agenda for the Nepean Health Consumer Working Group will include:

- addressing and prioritising the health issues identified by consumers at the community forums (as encapsulated in this report) and within their local communities:
 1. considering the key issues priorities and recommendations tabled for action through this report
 2. developing an action plan for the LGA
 3. reporting on the plan to consumers, the community and the Boards of both the Medicare Local and the Local Health District
 4. receiving information from health consumers regarding new health issues.
- local consultation with consumers as requested by the Boards and the Consumer Reference Committee. Consultation on health resources and programs, including providing advice on program design, planning, evaluation and the development of resources such as brochures.
- providing effective communication and feedback in their local community.
- providing and supporting community representatives on health service committees.
- connecting with consumers for the purposes of health education and health research.

Future consumer consultation could be broadened by further outreach to children and youth, young families, especially low-income households, people from the range of culturally and linguistically communities in the LGA and people experiencing homelessness, as well as people living with disabilities and their carers. Established links with Aboriginal and Torres Strait Islander communities could be strengthened.

Consumer Reference Committee of the Boards

The Consumer Reference Committee will report directly to the Boards of Medicare Local and the Local Health District. Membership will be drawn from consumer representatives identified by the four Local Health Consumer Working Groups and will include Board representation. The Committee will overview the consumer engagement strategy for the Boards.

These groups and their relationship to each other are illustrated in the Draft Consumer Communication model for the Medicare Local and the Local Health District contained in Appendix 4.

Appendix 5 contains a sign-up form for the Nepean Health Consumer Network.

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Appendix 1 Interim Joint Health Consumer Committee

Consumer representatives

Joseph Rzepecki	Penrith LGA
Rosemary Chapman	Penrith LGA
Yung Yung Mitchell	Penrith LGA
Bryan Smith	Hawkesbury Local Government Area (LGA)
Ellen Spyropoulos	Hawkesbury LGA (member up to January 2013)
Barry Adams	Hawkesbury LGA (commenced February 2013)
Jennifer Gilder	Hawkesbury LGA (former member)
Diana Aspinall (Chair)	Blue Mountains LGA
Annette Wickens	Blue Mountains LGA
John Haydon	Blue Mountains LGA
Anne Anderson	Lithgow LGA
Judith Davies	Lithgow LGA
Lorna Fitzpatrick	Lithgow LGA

Secretariat

Sheila Holcombe	CEO, Nepean-Blue Mountains Medicare Local
Debbie Wyburd	Director, Clinical Governance, Nepean Blue Mountains Local Health District
Serena Joyner	Project Coordinator, Nepean-Blue Mountains Medical Local
Rochelle French	Nepean Blue Mountains Local Health District
Jill Hoff	Nepean-Blue Mountains Medicare Local
Leanne Waters	Nepean Blue Mountains Local Health District
Carmel Vagg	Nepean Blue Mountains Local Health District

Appendix 2 Nepean Community Forum Agenda



Health
Nepean Blue Mountains
Local Health District



AGENDA - Nepean Community Forum on Health

Wednesday 14th November 2012 - 10.00 am to 1.00 pm

Penrith City Council, Nepean Room, 601 High Street, Penrith

*Co-hosted by the Joint Health Consumer Committee of the
Nepean-Blue Mountains Medicare Local and the Nepean Blue Mountains Local Health District
and Penrith City Council*

Aims of Day:

1. *To consult with the Nepean community about local health issues.*
2. *To provide advice on the formation and membership of the Nepean Health Consumer Working Group.*
3. *To start discussion around the role consumers can play in health service planning, delivery, evaluation and research.*
4. *To foster collaboration between health consumers, the Nepean-Blue Mountains Medicare Local and the Nepean Blue Mountains Local Health District.*

Chair: Joseph Rzepecki, Joint Consumer Committee Nepean Blue Mountains and Nepean Division of General Practice Consumer Reference Group

- 10.00 am **Welcome to Country**
Uncle Greg Simms, Darug Elder
- 10.05 am **Welcome to the Forum**
Joseph Rzepecki
- 10.10 am **The role for consumers in health care**
- Monique Desmarchelier, Healthy Strategy Officer, Penrith City Council
 - Sheila Holcombe, CEO, Nepean-Blue Mountains Medicare Local
 - Michael Wood, Quality Improvement Manager, Nepean Blue Mountains Local Health District
 - Diana Aspinall, Chair, Joint Consumer Committee Nepean Blue Mountains
 - Prof. Jennifer Reath, Head Dept. of General Practice, University of Western Sydney
- 10:40 am **Questions so far**
- 10:55am **Morning Tea**
- 11.10 am **Hearing from you: table discussions**
Facilitator: Serena Joyner, Nepean-Blue Mountains Medicare Local
- 12:15 pm **Report back**
Table spokespersons reporting highlights to the forum
- 12.40 pm **The process from here, discussion**
Diana Aspinall
- 12.55 pm **Close** - Joseph Rzepecki

Appendix 3 Draft Consumer Communication Model



NEPEAN BLUE MOUNTAINS LOCAL HEALTH DISTRICT (NBMLHD) & NEPEAN-BLUE MOUNTAINS MEDICARE LOCAL (NBMML)

These two organisations formed a partnership to resource and implement the consumer engagement across the whole area.

CONSUMER COMMUNICATION MODEL EXPLAINED

Inaugural Interim Consumer Committee Meeting – Feb 2012.

- Membership was made up of consumers from existing health consumer groups across the four Local Government Areas and they came from Primary Health Care and Local Hospital settings
- The committee aimed to over six months period plan, design and conduct health consumer forums in the four LGAs with an outcome of a report of health issues identified by consumers for the Boards to consider
- A contact register has been compiled for existing health consumer representatives and the committees they are on in order to coordinate support and training for existing and new consumer representatives
- Committee members to be involved in the analysing, writing and making recommendations in a report outlining the findings of the health consumer forums
- With consent a mail out list of all health consumers and consumer organisations has been compiled

Local Health Consumer Forum meetings (4) were held in the local communities of Lithgow, Hawkesbury, Nepean and Blue Mountains.

- The aim was to have consumers identify local health issues
- Provide suggestions for possible membership of a permanent local Health Consumer Working Group 2013

Role of Health Consumer Working Groups (4) one in each LGA meeting 4 times per year

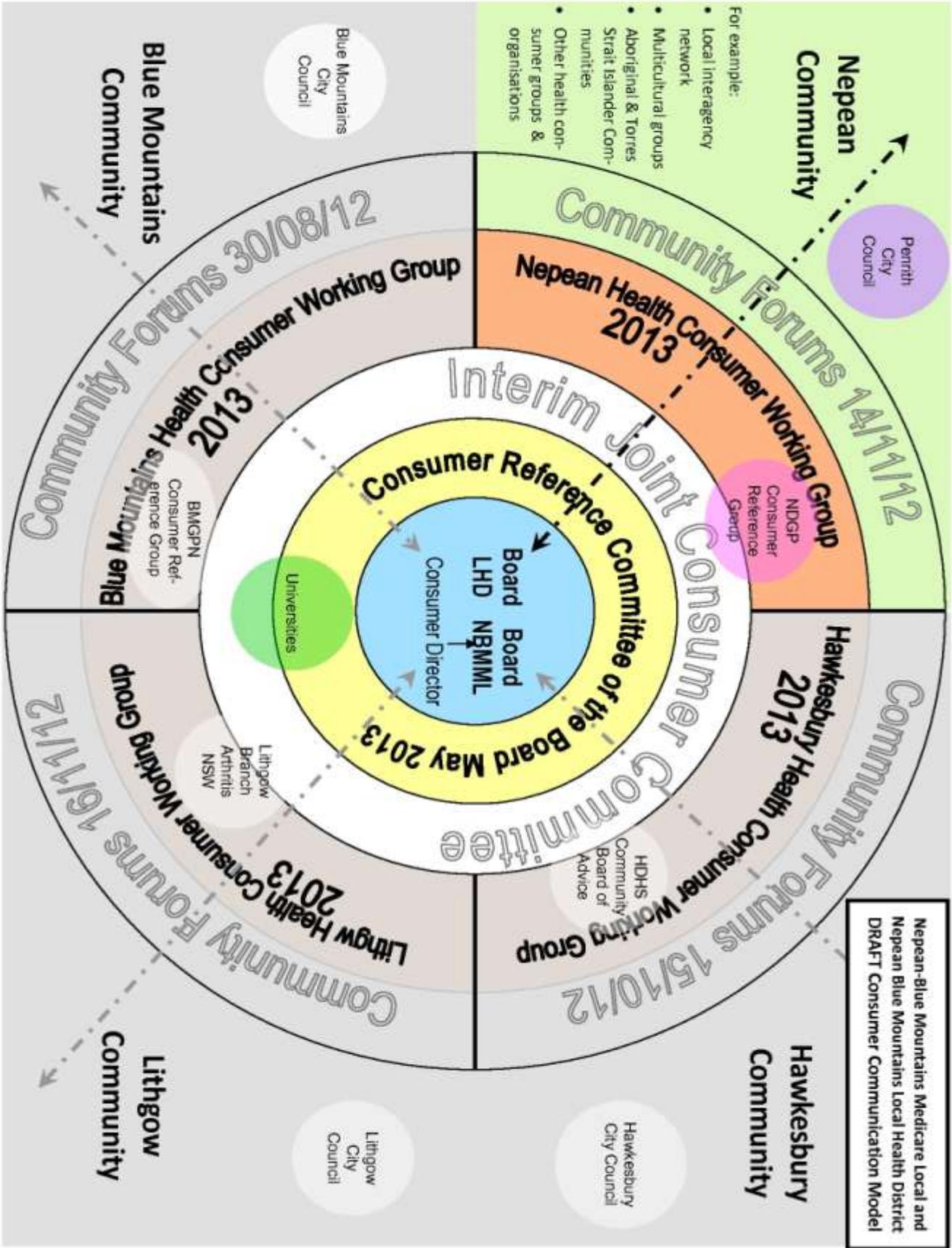
There will be a recruitment process formulated by consumers and signed off on by the two organisations for the membership of these groups. Health consumer applicants are to be drawn from the local community, primary health care and hospital settings.

- Membership will be between 10 and 12 local health consumers and a Chairperson will be appointed
- One member (most probably the Chair) will be the groups representative on the Consumer Reference Committee of the Board
- The Health Consumer Working groups will advise on both the membership and the functions of the Consumer Reference Committee of the Board
- The Agenda for these meetings will include: the health issues identified by consumers at the forums and in their local communities, local consultation with consumers as required by the Boards and the Consumer Reference Committee, effective communication and feedback in their local community, and providing community representation on health committees

Consumer Reference Committee of the Board

- Membership will be made up of the representatives identified by the four Local Health Consumer Working Groups with the NBMML Director–Consumers and a Director of the NBMLHD Board
- This committee will report directly to the NBMML and NBMLHD Boards and communicate back to the local Health Consumer Working Groups through their representatives.
- This committee will have a role to overview the whole consumer engagement strategy for the Boards

FOR FURTHER INFORMATION PLEASE CONTACT: Serena Joyner on 02 4758 9711, serena@bmdgp.com.au



Appendix 4 Nepean Health Consumer Network Sign-up Form

Nepean Health Consumer Network

If you wish to be included in the Nepean-Blue Mountains Health Consumer Network please provide your details below:

Full Name: (essential) _____

Phone: _____ **Mobile:** _____

Fax: _____

Email: _____

(We prefer to communicate with you by email, but if you don't have an email address or prefer to receive updates by mail please write 'none'.)

Postal Address: _____

Suburb: _____ **Postcode:** _____

Are you connected to a support group, consumer group or a service that connects with health consumers? Please indicate the group here: (optional)

Do you know of any other groups or people that should be invited to participate in this network?

Would you like to contribute in some way towards the health consumer engagement across the Nepean area?

Yes No, not at the moment but please keep me informed.

Consent to inclusion in the Nepean Health Consumer Network:

(Please tick the applicable boxes)

- (Essential)** I consent to the Nepean-Blue Mountains Medicare Local securely and privately storing these contact details for the purposes of contacting me about the consumer engagement activities of the Medicare Local or Local Health District.
- I consent to my contact details being added to the mailing and email list for health consumers across the broader Nepean, Blue Mountains, Lithgow and Hawkesbury area.
- I consent to receiving communication from the future Nepean Health Consumer Working Group **and the Joint Health Consumer Committee of the Nepean-Blue Mountains Medicare Local and the Nepean Blue Mountains Local Health District.**

Name (please print): _____ Date: _____

Signature: _____

Please hand in your completed form at the end of the forum. Thank you.

Alternatively, return to :

Nepean-Blue Mountains Medicare Local
PO Box 74, HAZELBROOK NSW 2779
Email: admin@bmdgp.com.au

Fax: (02) 4758 9722

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