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Health
Western Sydney
Local Health District

CONSUMER COUNCIL

WSLHD Consumer Council Review: Productivity Commission

Inquiry report No 84

"Shifting the Dial"

5 year Productivity Review

CONSUMER REPRESENTATIVES CONSIDER THE RECOMMENDATIONS OF CHAPTER 2 OF 'SHIFTING THE DIAL" WITH REFERENCE TO SUPPORTING PAPER NO.5

WSLHD CONSUMER COUNCIL, APRIL, 2018

Western Sydney Local Health District Consumer Council response to

Recommendations Chapter 2 Inquiry Report No. 84 "Shifting the dial" 5 Year Productivity Review &

Supporting paper No. 5 "Integrated care"

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WSLHD Consumer Council congratulates the Council of Australian Governments for aspiring to a patient-centred integrated care approach (p7, Supporting Paper No. 5. Productivity Commission, 2017).

We agree with many of the aims coming out of Chapter 2 of "Shifting the Dial". We strongly suggest that the inclusion of consumers and carers in the realisation of these aspirations, using a co-design methodology, will significantly strengthen the value of outcomes resulting from the Productivity Commission's review.

1. Executive summary

In this paper we provide a Western Sydney consumer perspective to the recommendations made in the Productivity Commission's Inquiry Report No. 84 "Shifting the Dial" Chapter 2. We outline some essential principles that we have used to filter each of the recommendations, including:

1. *"Nothing about us without us"* – co-design is always at the heart;
2. We need care to be integrated and co-ordinated;
3. The money belongs to us as a community of taxpayers;
4. A significant focus must be health literacy;
5. The structure of delivery systems is not as important to us as the outcomes of delivery; and
6. Our carers and families matter.

We then make a number of related recommendations important to consumers and communities in Western Sydney. The intention of our recommendations is to strengthen those made in Chapter 2 of Shifting the Dial, each of which we then consider. We make concluding remarks before naming the contributors to this paper.

While we agree with **more nimble funding arrangements**, we expect greater transparency in the governance of public expenditure, especially in progressing the Prevention and Chronic Condition Management Fund (PCCMF). This will be made possible with more explicit partnership with Consumers and their Representatives.

We agree that **de-funding low value interventions** is what consumers and carers consider to be appropriate given that public money should not be wasted. Consumer Representatives frequently identify the absence of high quality preventative health initiatives in Western Sydney. We identify that unplanned re-admissions are costly for the taxpayer and individuals concerned. These episodes are frequently associated with premature discharge from hospital. More attention needs to be paid to the patient's readiness for discharge.

All healthcare should aim to **make the patient the centre of care.** Absent in this recommendation is foundational co-design thinking to develop models of care which put the patient at the centre. "Consulting with consumer groups" falls short of what is required to ensure that the patient experience informs emerging models of care. Health literacy support is critical to a consumer perspective on this recommendation. Given Western Sydney's cultural and socio-economic profile, the need for health literacy support in our area is all the more acute.

We agree that removing the current messy, partial and duplicated presentation of information and data to provide easy access to health care data for consumers and carers is essential in **using information better.** While using My Health Record to promote both information and clinically proven advice to patients is desirable we recommend that in developing pathways to do this consumers and carers should be partners. Better partnership with consumers and their Representatives in Western Sydney will go a long way to address the slow sign-up by patients and General Practitioners.

While consumers and carers recognise the **need to embrace technology,** any change to the pharmacy model must be undertaken with care. Consumers and carers recognise the argument that fewer errors in dispensing medicines are found when high quality automated systems are in place. However, consumers urge caution to ensure the individual relationships that can often exist between pharmacists and community members are protected. These person-based relationships

often assist community members with individual advice and assistance which could not be provided by a robotic system.

We agree that the **set-up of a tax on high-alcohol, low-value products** may be helpful. However, in Western Sydney those communities affected by using these products should be engaged to understand the impact of this recommendation. They should be supported to become partners in how this is implemented. Revenue from taxes that deter inappropriate usage and poor health outcomes should be explicitly directed to health funding for treatment and preventative education rather than to general revenue.

In the next section we will detail the specific recommendations Consumer Representatives make as a result of this review.

2. WSLHD Consumer Council Recommendations

1. **Explicit co-design partnerships with consumers and carers.** To enable the recommendations of Shifting the Dial Chapter 2, there is a crucial need for an organised, coordinated and funded process to bring Western Sydney Consumer Representatives from the partner organisations together so that partnership and advocacy can be strengthened. This includes Consumer Representatives from WSLHD Consumer Council, the Consumer Advisory Council of the Primary Health Network and the Consumer Council of the Sydney Children's Hospital Westmead. We would argue that by not doing this formally and explicitly, *Consumer Representative Partnership* is easy to forget and neglect. All emerging developments in healthcare in Western Sydney should be co-designed with this supported Consumer Representative body at the centre.
2. **Urgently adopt the Prevention and Chronic Condition Management Fund (PCCMF) here in Western Sydney.** We believe this is an immediate pathway to build Integrated Care systems. Consumer Representatives need support as partners to ensure wise spending and transparency in the governance and the outcomes of this funding.
3. **Support and promote Health Literacy in Western Sydney.**
    a. **Support the University of Sydney / WSLHD Health Literacy Hub:** Western Sydney has a significant opportunity to continue to develop a health literacy hub to address the needs of our most culturally diverse community. Funding will cease in June 2018 and a very small investment (2 positions) should be funded annually. Failure to do so will see a most significant opportunity to boost effective consumer access and use of the health system in Western Sydney
    b. **Support "Students as Lifestyle Advocates (SALSA) program".** Western Sydney has a program of students mentoring other students to promote health (Shah, Foley, Molinari, Lim, & Shrewsbury, 2017). Strong outcomes to improve health literacy at the student level have been demonstrated. We understand that there has not been a strong commitment to funding this program notwithstanding the approach has been so successful that it is being applied internationally**.**
    c. **Include Western Sydney teachers in health literacy initiatives.** Given school teachers' low health literacy levels as reported in SP5, it is crucial that the opportunity to build health literacy in this core group of influencers is optimised.
4. **Consumers recommend re-consideration of the role of Western Sydney Community Health Centres (CHCs).** We suggest there is an untapped potential for traditionally hospital-based services to be more accessible, integrated and aligned with the Patient Centred Medical Home model being introduced by the Primary Health Network (WentWest) if they

are auspiced in our CHCs. Consumers also frequently report not knowing what services are available in CHCs. We recommend developing channels to build community understanding of the current services provided by CHCs.

5. **More urgent attention is needed relating to the frequency of patient re-admissions in Western Sydney.** The patient's readiness for discharge is an issue. Frequent unplanned re-admissions are distressing and costly for the patient, their family and the system. We recommend funding dis-incentives for high rates of re-admissions.
6. **Clear discharge plan processes to ensure correct and appropriate connections between hospital and GP.** Based on consistent consumer feedback, the point of discharge communication is often a source of mistakes and poor communication where health outcomes are compromised. We recommend that processes are developed within My Health Record to ensure that GPs are sent and in turn acknowledge the discharge plan when the patient leaves hospital. The patient or their advocate should also be able to confirm that the contents are correct. Therefore the plan must be in clear, appropriate and straight forward language. For culturally and linguistically diverse community members an interpreter should always be integral to discharge planning and execution.
7. **Focus on "people skills" of staff in public health in Western Sydney:** We recommend that the full spectrum of staff working in the public health system require training in order to "treat patients as customers". This should be mandatory, multi-lingual and culturally safe and appropriate.
8. **Explore telehealth options for communities that avoid hospital for complex socio-political reasons.** SP5 points out the cost savings by using telehealth effectively. We believe that in our patch, telehealth would be a welcome initiative for many in Western Sydney including Aboriginal and Torres Strait Islander and some CALD communities.
9. **The use of SMS and other technologies** should be prioritised to better manage waiting times and enhance access to services in WSLHD. We are aware that this has started to happen in some services, and it should be rapidly deployed to others. This alone would vastly improve the patient experience in Western Sydney.

3. About us: the WSLHD Consumer Council

This paper was developed as a result of discussions between Consumer Representatives (CRs) involved in collaborative activities with staff members across Western Sydney Local Health District (WSLHD). At a time when WSLHD has a strategic priority that "Patient Experience Matters", it is timely that Consumer Representatives consider their viewpoints about emerging developments in health in Western Sydney. For emerging systems to effectively address consumer needs it is crucial that the consumer voice is heard and heeded.

Since a framework was launched in 2014, WSLHD has been developing systems for engaging with consumers and carers. Listening and responding to consumer and carer-raised issues, ideas and concerns has been at the heart of the program.

The WSLHD Consumer Council meets once each month and is accessible by all properly selected and recruited CRs. Approximately forty (40) individual CRs collectively set the agenda and invite staff members to present on topics which expand CR perspectives about WSLHD activities and plans. Crucial internal partnerships have emerged between the Consumer Council and many teams across the public health system in Western Sydney. Some of these include:

- Integrated Care;
- The Diabetes Initiative;

- Health Service Planning;
- Hospital in the Home;
- Westmead Redevelopment; and
- Youth and Adolescent Medicine.

Regular invited guests include WSLHD Board members, staff from the Primary Health Network (WentWest) and staff representatives leading the National Safety and Quality Health Service National Standard 2: Partnering with Consumers[1]. Importantly, the agenda is set by Consumer Representatives who lead the direction of the conversation.

Achievements have included the Seven Habits of Highly Engaged Committees program which was co-designed by Consumer Representatives based on their experiences on WSLHD committees over a two year period. The program was showcased in a ninety (90) minute workshop at the recent Patient Experience Symposium 2018 hosted by NSW Health. A team of WSLHD Consumer Representatives presented this workshop.

Western Sydney is one of the most culturally diverse locations in the world. We have the largest urban population of Aboriginal and Torres Strait Islander people in Australia and a significant population of refugees and new arrivals. Consequently, our needs are acute and emerging. Application of the "Shifting the Dial" Chapter 2 recommendations in Western Sydney therefore requires our cultural diversity to be a central consideration.

Next, we will detail the principles we have adopted throughout our review before addressing in detail the recommendations made in Chapter 2 of the Inquiry Report No. 84 "Shifting the Dial". We will then make our concluding remarks.

4. Principles for this review

Consistent with International best practice for consumer-centred healthcare, this response has been developed through a number of filters, as follows.

1. ***"Nothing about us without us"* – co-design is always at the heart.** This principle is aligned with National Safety and Quality Health Service Standard No. 2: Partnering with Consumers. *"Leaders of a health service organisation develop, implement and maintain systems to partner with consumers. These partnerships relate to the planning, design, delivery, measurement and evaluation of care. The workforce uses these systems to partner with consumers".* This means that consumers and carers are partners in the design and governance of the organisation. This approach is often referred to as a "Co-design" methodology.[2]
2. **We need care to be integrated and co-ordinated:** Based on continual feedback from consumers and carers, health care that is conceived and delivered without adequate "thick" connections between those services (i.e. in silos) does not work for consumers and carers.

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[1] This report does not represent the views of visitors to the WSLHD Consumer Council, only Consumer Representatives who are the core members and drivers of the Council.

[2] We recommend that if the consumer is expected to participate in decisions about their holistic healthcare, they should be included from the beginning, certainly at the level of defining Integrated Health Care. An example would be "My care is planned with people who work together to understand me and my carer(s), put me in control, coordinate and deliver services to achieve my best outcomes". This is an example of a user-led definition that "supports a defining narrative and purpose for integrated care strategies at all levels of the system". It is the definition used by the Government of England (Redding, 2013)

3. **The money belongs to us as a community of taxpayers:** As taxpayers we are very concerned about how public money is spent to deliver the health outcomes that are needed by consumers and carers. Western Sydney communities expect transparency in the governance, the expenditure and the outcomes of public investment, especially the PCCMF. Transparency is not negotiable.
4. **A significant focus must be health literacy:** Our cultural diversity means we need initiatives that ensure health information is understandable for all, from school age children to older people whose first language is not English or who have an Aboriginal or Torres Strait Islander background.
5. **The structure of delivery systems is not as important to us as the outcomes of delivery.** The outcome of health system is what matters to consumers and carers. The structure of the delivery system is not relevant from a consumer perspective. Consumers and carers are not interested in the bureaucracy of health. While we understand that there has to be a bureaucracy to deliver patient centred care we are most concerned with the outcome. We note that the Canterbury model has transformed care from potentially an exponential curve of expense and "more of the same" to a truly patient centred model. We note this was done by focusing on building the capacity of staff to "own" innovations that saved the patient's time. The outcome has ensured that each dollar is only spent once. We urge governments to make this happen in Australia. As consumers and carers we expect that if models are working elsewhere that we can learn from, why are we not doing so? What are the barriers?
6. **Our carers and families matter:** When talking about "consumers", it is important to always include carers. Often carers are unpaid advocates who carry repositories of history that current records may fail to capture. Taking this on board involves staff members listening to and responding to carers. This is especially important in situations where patients are living with chronic conditions including mental health conditions.

5. Detailed response to recommendations made in Chapter 2: "Shifting the Dial"

Recommendation 2.1: Implement nimble funding arrangements at the regional level.

1. Prevention and Chronic Condition Management Fund (PCCMF) makes sense for Western Sydney. It will be important to partner with consumers and carers to determine how this fund and any returns on investments are spent. In this context, *partnership will be required* to determine what matters most to consumers, carers and community members. We are fortunate that in Western Sydney we have a Primary Health Network (PHN) and Local Health District (LHD) that are aligned and work productively in partnership together.

2. Partnership should explicitly include Consumer Representatives. Western Sydney stakeholders have worked on partnership between the PHN, the LHD and Children's Hospital Westmead and this has a good reputation. Somewhat less developed is the partnership with consumers and carers. We recommend that in describing the "partnership" all documentation should explicitly include *Consumer Representative Partnership*. While there are consumer councils in place within all three partner organisations, the three bodies are quite separate and there is no practical support to bring these three groups together as a legitimate "partner" explicitly included in documentation referring to this formal partnership. There needs to be an organised, coordinated and funded process to bring Western Sydney Consumer Representatives together so that partnership and advocacy can be strengthened. We would argue that by not

doing this formally and explicitly, *Consumer Representative Partnership* is easy to forget and neglect.

3. **Western Sydney Consumer Representatives are ideally placed to promote lessons learned** across the system. Public awareness campaigns will be more effective when the users of the system are promoting it. Much funding is wasted on messaging campaigns that don't work as they are pitched incorrectly. Work with Consumer Representatives. They know about our community.

4. Related to this recommendation although not discussed directly were references made in the conclusions within Supporting Paper No.5.

- **Promote the existence and reconsider the role of Community Health Centres (CHCs)**: based on consumer feedback, communication about the services and access requirements for each CHC could be significantly improved. Many community members express confusion about what is a CHC compared with a Community Centre, what is the role of council vs health in these centres. We ask what channels exist to understand what communities need from CHCs and what opportunities are available to facilitate community partnerships which aim to promote better transparency, usefulness and access to services available in CHC in the Community.
- Community Health Centres have the potential to provide greater access to traditionally hospital-based services for everyone. Access to specialist services for integrated health patients is a big issue both physically and financially. More specialist services, bulk billed outside of hospital in our suburbs closer to where the patients are would deliver better patient outcomes. We heard an example of an older woman visiting her cardiologist in Parramatta in his private office. This specialist bulk billed most appointments with less waiting and no crowds. This was much more accessible and amenable for her than the hospital. **Could CHCs provide more specialist services to make more accessible traditionally in-hospital services that are often difficult to access?**

Recommendation 2.2: Eliminate low-value health interventions

1. WSLHD Consumer Council members themselves have experienced **hospital-acquired complications (HACs)** and have reported the distressing and costly consequences. Some report the long-term impact on their ability to work and participate in the life of the community. It is essential that episodes of HACs are systematically analysed so that these are eliminated as soon as possible.
2. **Chronic conditions can result from poor preventative health thinking.** Failure to support high value interventions with co-designed preventative health initiatives often delivers low-value high-cost reactions to stave off the effects of chronic disease. CRs frequently identify the absence of high quality preventative health initiatives in Western Sydney.
3. We agree that **de-funding low value interventions** is what consumers and carers consider to be appropriate given that this is spending public money.
4. **There should be funding dis-incentives for high rates of unplanned re-admissions**. According to consumer feedback, unplanned re-admissions are distressing for both patients and their families, and costly for the taxpayer. A premature discharge from hospital is also a key factor leading to preventable readmission. More attention needs to be paid to the patient's readiness for discharge. For example, we hear frequently about patients with Chronic Obstructive Pulmonary Disease (COPD) who, while in hospital, have their needs

accommodated and their energy is conserved. However, early discharge without enough support leads to people being readmitted. According to SP5 p 30, 1% of the NSW population took up 46% bed days in a recent year. We argue that this population is likely to be discharged too early and inappropriately without adequate support. Re-admissions are often the result of :

a. Failure to view the patient as a whole person in the context of family and other inputs who have significant relevance to discharge planning;
b. Inadequate/ incomplete medical record to inform hospital responses to patients on admission;
c. Poor communication about the care required by the patient and family once discharged. E.g. use of medicines given in hospital and medicines pre-dating hospital. A lack of clarity about what the patient's medicine should be can be a costly problem. We recommend that discharge staff sit down with the patient and explain the details of the discharge document, including medications and follow-up consultations. Ensure that a relative or carer is present with the patient to explain the discharge arrangements. We want system assurance that the patient's GP is given a copy of the Discharge Plan within 24 hours of discharge. We understand our Integrated Care team is doing some good work in this area to improve processes. We request that there is a process to ensure plan has been received by GP – e.g. a receipt to confirm. We ask whether this is a planned feature of the My Health Record system. Importantly, the discharge summary needs to be in appropriate and straight forward language with a strong process attached to ensure that the patient information is correct. Interpreters may need to be involved in this process to ensure the patient / carer understands what is planned.

5. Funding split between state and commonwealth is unhelpful in the current scheme where inadequate incentive is available for GPs to provide comprehensive care to patients. This detracts from patient-centred care.
6. **Pilot projects funded by taxpayers should have more rigorous usability standards applied before funding is released.** Related to this recommendation is the use of "evidence". Consumers and carers note that in SP5 there is frequent reference to many different studies, research projects and pilot projects that had been completed but were not particularly helpful or usable due to design flaws including insufficient participants, inadequate length of trial, size of trial etc. (e.g. pp 119,127,129).

Recommendation 2.3: Make the patient the centre of care

1. **Using co-design to develop the models.** What is remarkable about this recommendation is that it speaks of "consulting with consumer groups" to achieve acceptance of the model. We argue that a better outcome would be achieved if a co-design approach were used at the point of developing the model, consistent with the principle "Nothing about me without me". Co-design should start at the Health Department level, not after policy is passed to enablers such as LHD's for enactment with consumer input. Such an approach would ensure that funding is spent wisely on consumer-identified priorities.
2. **In Western Sydney we are working on PREMS and PROMS**. One GP practice (Hills Family Medical Practice) is consistently using these measures to partner with their patients. We recommend this GP practice becomes the exemplar for Western Sydney to encourage other practices to incorporate what matters to patients as outcome and experience measures.

3. **Health literacy support is critical.** SP 5 (P. 20) notes that 60% of people under 55 years have low levels of health literacy, rising to 75% in over 55 years. It further notes that 99.6 % of on-line medical information is beyond the average person’s comprehension. We are concerned that the impact of poor health literacy is greater in Western Sydney given our cultural and socio-economic profile. The need for health literacy support in our area is all the more important.
    - Asking patients to take responsibility for their health choices without providing health literacy support is not going to work, nor is it reasonable and it sets up the clinical encounter for failure. We ask whether health literacy interventions will be instrumental in the roll out of the Health Care Homes model in primary care in Western Sydney.
    - Western Sydney has a significant opportunity to continue to develop a University of Sydney health literacy hub to address the needs of our most culturally diverse community. Funding will cease in June 2018 and a very small investment (2 positions) should be funded annually. Failure to do so will forfeit a highly significant opportunity to boost effective consumer access and use of the health system in Western Sydney.
    - Here in Western Sydney we have the Students as Lifestyle Activists (SALSA) program in which students mentor other students to promote healthy lifestyle behaviours (Shah et al., 2017). Strong outcomes to improve health literacy at the student level have been demonstrated over a substantial period of time. We understand that there has not been a strong commitment to fund this program notwithstanding the approach has been so successful that it is being applied internationally**.**
    - Consumers and carers don’t know what they don’t know. How would they identify their own level of Health Literacy? We like the idea of Health Literacy being assessed via the My Health Record and material being shared that builds health literacy through this channel. This would be an appropriate project for a co-design approach.
    - **33% of teachers have inadequate health literacy** (Chapter 3, Supporting Paper No. 5, Productivity Commission, 2017). In Western Sydney, stronger linkages connecting health and education are required to bring school teachers into health literacy training initiatives.
    - **Waiting room as a health literacy promoting space** is a good idea (p.14, Supporting Paper No.5, Productivity Commission, 2017). How can we activate this in Western Sydney?
4. **Improved communication** and attitude change is central to this recommendation generally and health literacy in particular. The single concern most voiced by Consumer Representatives is poor staff communication that is confusing and impersonal (p13, Supporting Paper No. 5, Productivity Commission, 2017). Although much progress has been made engaging CRs on committees across WSLHD, CRs have identified there are many staff members who do not yet focus on the patient as a whole person. As much as possible, patient wellbeing, not merely relief of symptoms, should be the goal of treatment. This would improve communication between patient and clinician and is not complicated.
    - This recommendation must take on board the need to fund communication improvement programs which reach all staff (including corporate services as well as clinical). Communication training needs to:
        - start with how to “walk a mile” in the shoes of the patient
        - use techniques like “teach-back” (Health Issues Centre, 2015)
        - use programs such as “Hello My Name is”- this is already starting in Westmead Hospital and should be supported across Western Sydney

  - **Document / video creation should be a co-design activity**. Consumers and carers know what is and isn't good written or video communication.
  - **"People skills"** – we recommend that all staff, from clinical to administration require training in how to "treat patients as customers". This should be mandatory, focused on how to deliver excellence in Customer Service. We believe this would go a long way to shifting the emphasis to the patients as the centre of the care instead of being part of the problem. Recommend this should be mandated by the Ministry of Health and the needs of CALD and Aboriginal and Torres Strait Islander communities should be an integral part of this mandatory training.

5. **My Health Record is an integral part of patient-centred care**. Most WSLHD CRs have signed up for their My Health Record however find that it is of little use as their healthcare team rarely uploads information from the record. We are concerned that in the implementation plan for its rollout in Western Sydney the audits appear to be measuring whether GP practices have uploaded the patient record to the system, rather than whether that patient's information is *continually uploaded*. Audits and incentives may need review.
6. **Explore telehealth for communities that avoid hospital for complex socio-political reasons.** The use of telehealth in Australia in just 10% of consultations would save $300 million annually in travel and waiting times (SP5, p14). We believe this would be a welcome initiative for many community members in Western Sydney including Aboriginal and Torres Strait Islander and some CALD communities.
7. **The use of SMS and other technologies** to better manage waiting times and enhance access to services would be a welcome component for many in emerging models of care. We are aware that this has started to happen in some services, and it should be rapidly deployed to others. This alone would vastly improve the patient experience in Western Sydney. We note that currently the impact of long waiting lists is that patients can forget their appointments.
   - **Ageing population.** Older persons in Western Sydney are often marginalised due to their difficulty with digital communications. To ensure that older people have access to good information other approaches are required. While telehealth has been used effectively within Aged Care Facilities, supported by staff, others living in the community may struggle with it. The need for supportive system alternatives to digital methods is real and without such support many older people find themselves taken by ambulance to emergency departments.

Recommendation 2.4: Use information better

1. We agree that removing the current messy, partial and duplicated presentation of information and data to provide easy access to health care data for consumers and carers is essential and that this is a shared government responsibility.
2. We agree that using **My Health Record** to provide a promote both information and clinically proven advice to patients is desirable but recommend that in developing pathways to do this consumers and carers should be partners. Many consumers and carers are concerned about privacy, and reassurance of the general public is required. Western Sydney Consumer Representatives report that although they have signed up for My Health Record, their GPs are not uploading their health information. We suggest that the slow uptake by GPs is due to inadequate remuneration for undertaking this task.
3. **Electronic Health Records in hospital.** There is a concern that the electronic system is vulnerable. In Western Sydney there was an incident in January 2018 where electronic records were offline for a number of hours. This meant records could not be retrieved, as reported in the media. How can the health system provide certainty for the public about the invulnerability of the Electronic Health Record in hospital?

Recommendation 2.5: Embrace technology to change the pharmacy model

Reducing mistakes in pharmacy: Consumers and carers recognise the argument that fewer errors in dispensing medicines are found when high quality automated systems are in place. However, information is only as good as its input. Good coordination between the prescribers is essential. This requires better communication between hospital, GPs and specialists. Another concern is that currently many pharmacists provide a free home delivery service to a number of elderly people as well as providing information and advice on prescriptions. This one-on-one service would be lost with an automated system with a qualified Supervisor. Any change to this system would need to maintain access to qualified community pharmacists especially for many in the community who currently benefit from such access. Furthermore, would the cost of implementation prohibit the community chemist from setting up? Would this enable the supermarkets to take over the marketplace? Any discussions about change should be in partnership with the recipients of the service, i.e. consumers and carers.

Recommendation 2.6: Amend alcohol taxation arrangements

We agree that the set-up of a tax on high-alcohol, low-value products may be helpful. However, in Western Sydney those communities affected by using these products should be engaged to understand the impact of this recommendation and should become partners in how this is implemented. Taxes that are presented as deterrents because of the product's effect on health should be directed to health funding for treatment and preventative education rather than general revenue.

6. Conclusion

In conclusion, we, as WSLHD Consumer Representatives believe that moving towards Integrated Health Care in Western Sydney will provide good benefits for consumers and carers if the program focuses on how to build partnerships with Western Sydney communities. A starting point is to work with each of the partner Consumer Councils (SCHN, WSLHD and WentWest) to strengthen the voice of the consumer in all partner activities, including foundational planning for implementation. Without this there is a significant risk of not bringing the community on the journey as we transition from old to new ways of doing business.

Western Sydney Local Health District Consumer Council has outlined a number of specific recommendations that bring a focus to what matters to consumers here in Western Sydney. Access and affordability are key issues for consumers and carers. Hospitals are often grid-locked and poor access and usability of hospitals adds unnecessary stress to the health experience for many. We are strong advocates for Integrated Care and importantly any initiative in our Western Sydney community that keeps people safe, healthy and out of hospital.

We again congratulate the Council of Australian Governments for aspiring to a patient-centred integrated care approach. We look forward to your response to our recommendations.

Best wishes

On behalf of the Western Sydney Local Health District Consumer Council - 17 April 2018

Mrs Kathy Van Oeveren	Mrs Marjory Freeman	Mr Ken Freeman
Mr Michael Watts	Ms Kathie Collins OAM	Mr Mike Font
Mrs Lisa Keast-Jones	Mrs Judith Lababedi	Mr Ajay Varshney
Ms Sue Ramsay	Ms Lorraine Shaw	Dr Philip Lee

7. References

Health Issues Centre. (2015). Teach-back: A technique for better communication. Retrieved 20 March, 2018, from http://www.healthissuescentre.org.au/news/detail/teach-back-a-technique-for-better-communication

Productivity Commission. (2017). Supporting Paper No. 5. Integrated Care. 5 Year Productivity Review Shifting the Dial from https://www.pc.gov.au/inquiries/completed/productivity-review/report/productivity-review-supporting5.pdf

Redding, D. (2013). The narrative for person-centred coordinated care. *Journal of Integrated Care, 21*(6), 315-325.

Shah, S., Foley, B. C., Molinari, I., Lim, K.-S., & Shrewsbury, V. A. (2017). The Students As LifeStyle Activists (SALSA) program. *Br J Sports Med*, bjsports-2016-097219.