



Government of Western Australia
WA Country Health Service

District Health Advisory Councils (DHAC)



DHAC Member Handbook

Contents

Introduction.....	3
About the WA Country Health Service	3
Purpose of DHACs	4
DHAC roles and suggested actions	4
Being an effective consumer representative	8
Advocating on behalf of others	10
Tips for productive DHAC meetings.....	11
DHAC communications.....	13
DHAC member orientation checklist	14
Common health service acronyms.....	15
Glossary of common DHAC meeting terms	16
FAQs about DHAC payments & reimbursement	18

Introduction

This handbook aims to support you to understand and fill your consumer health advocacy role as a District Health Advisory Council member.

You should read this handbook alongside the District Health Advisory Council Guidelines, which provide information about DHAC administration and governance processes.

About the WA Country Health Service

In Western Australia there are five area health services, one of which is the WA Country Health Service - commonly referred to as **WACHS**.

WACHS delivers hospital and community-based health services to regional WA, via an integrated Regional Network Model. The model includes Regional Health Centres, Integrated District Health Services, and flexible services with a primary health care focus for small towns and isolated communities.

Services are managed and adapted to address local need and circumstance with input from a wide range of community representatives and key stakeholders.

WACHS is made up of seven geographical and operational regions which are supported by a central office in Perth:

- Kimberley
- Pilbara
- Midwest
- Goldfields
- Great Southern
- Wheatbelt
- South West

Each regional health service is referred to by its region i.e. WACHS Kimberley or WACHS Great Southern.

The WACHS Board is the governing body for WACHS. The Board works closely with the CEO, who manages the day-to-day organisational operations to deliver safe, high-quality, and efficient health services to local communities.

The range and scope of the WACHS organisation is enormous, with services being planned and delivered for a diverse and sprawling population with widely varying health needs. A high short-term population of tourists also exists in many areas and has to be taken into account.

Purpose of DHACs

An **informed** and **participating** community provides the platform for successful health service delivery and improvement.

As a consumer, carer or community representative, you have perspectives and knowledge about health services, health conditions, and/or the needs of your communities that WACHS can learn and improve from.

DHACs have been established with the aim of:

1. Providing an effective avenue for community and consumer participation.
2. Improving service safety, quality and access using consumer and carer input.
3. Providing a voice for the community and consumers to WACHS through the local health service, WACHS Board, the Minister for Health, Director General of Health, Chief Executive Officer of WACHS and other senior WACHS staff about country health needs, priorities and services.
4. Establishing a two-way information exchange by:
 - a) consumers and community members informing the health service of health service access and delivery needs and offering solutions.
 - b) the health service providing consumers and the community with evidence of priority health needs and suitable service models to improve access, safety and quality.
5. Influencing health consumer, community, WACHS and inter-agency partnerships at the local, district, regional and State levels.

DHAC roles and suggested actions

Your DHAC has four keys roles:

1. Consumer Advocacy and Communications
2. Supporting Safety and Quality Improvement
3. Consumer Input into Health Service Planning
4. Supporting Consumer Health Literacy

Working with your local Health Service, your DHAC will develop an annual workplan with one or more actions for each role depending on your DHAC's capacity.

The workplan will help you to monitor progress and celebrate achievement. Creativity and flexibility is the key, and your DHAC might consider some of the actions suggested below:

Consumer Advocacy and Communications

You will hear the words advocate or advocacy frequently in your role as a DHAC member. You are a health advocate. Advocates inform and support a cause that influences a system to improve.

Health advocacy empowers consumers to actively participate in decision making about their own health care as well as the broader health system.

Good communication between each DHAC, their community, consumers, and the health service is vital to its success as a consumer advocacy and advisory group.

The following actions may help your DHAC to advocate on behalf of consumers:

DHAC Promotion

- Display photos of DHAC Council members at the entrance of local health facilities, together with a poster about consumer rights and responsibilities.
- Distribute DHAC brochures to areas often used by health consumers and carers, for example:
 - Waiting rooms in WACHS health services
 - Doctor's surgeries
 - Aboriginal Medical Services
 - Population Health/Immunisation Clinics
 - Aged Care facilities
- Advertise your DHAC or call for new members via local newspapers, newsletters, and local radio.

Key Stakeholder Engagement

- Talk with other community groups and health service providers in your district to hear their views and promote the work of your DHAC.
- Consider the needs of disadvantaged groups in your district (this includes consumers where English is not their first language).
- Representatives from the following groups could be invited to your DHAC meeting as a guest to make a presentation or to voice any concerns they may have around the health service delivery in your area:
 - Individual, active consumers and carers (current health service users)
 - Youth (such as high school students)
 - Multicultural groups
 - Chronic Disease groups (e.g. Cystic Fibrosis, Diabetes)
 - Aboriginal Medical Services
 - Local Health Advisory Groups (LHAGs)/Hospital User Groups
 - Disability Services
 - Local Government
 - St Johns Ambulance
 - Aged care provider in the area (e.g. Silver Chain)
 - Mental Health, Drugs and Alcohol services and support groups
 - WA Country Primary Health Network

Community involvement

- Represent your DHAC at local events to promote your Council, distribute health information, or to ask the community about their health and service needs – for example:
 - Community Fair/Agricultural Show/Field Day
 - Main shopping centre stall
 - Planned community health events (e.g. Diabetes, Heart, Disability, or Carer's Awareness weeks)
 - Community planning forums
 - Public workshops held by health services
 - Register your DHAC as a "watcher" on the online consumer feedback platform [Patient Opinion](#).
- The information received from this community involvement can form part of your DHAC meeting discussions.
- Key issues raised as a concern may be actioned via your local health service and will also be listed on your DHAC's annual report. This information goes to the CEO of WACHS and is discussed at the annual DHAC Chairperson' Forum.

Supporting Safety and Quality Improvement

Safety in health care means reducing the risk of avoidable harm to an acceptable minimum level¹. Quality in healthcare means the best possible health outcomes given the existing situation and resources, consistent with consumer centred care².

Monitoring health service safety and quality, and feedback from consumers and carers, can help improve care delivery. Your DHAC can play a role in this by:

- Being aware of and understanding the Safety and Quality plan for your district/region.
- Including the following safety and quality topics as standard agenda items at all DHAC meetings:
 - Regional/district safety and quality report provided and explained by local safety and quality staff.
 - Information or updates on the district/regional health services strategies to address and meet the National Safety & Quality Health Service Standards.
 - An update from your local/regional Patient Safety and Quality Committee DHAC representative, to ensure DHAC members understand the issues discussed and decisions made by that Committee.

¹ World Health Organization. The conceptual framework for the international classification for patient safety. Version 1.1. Final technical report. Geneva; 2009.

² WONCA working party on quality and safety in family medicine. Quality and safety in family medicine. WONCA; 2011.

- Undertaking annual audits of health service facilities and health service complaints and compliments.
- Understanding the importance of Hand Hygiene in patient safety – i.e. your DHAC could enter the health service’s Hand Hygiene training program.
- Assisting in the distribution of patient safety information to consumers in the community and in health services (e.g. in outpatient waiting rooms).

Consumer Input into Health Service Planning

As community and consumer representatives, DHAC members provide the consumer voice in health service planning in their district and regions.

- DHACs members will gather information from and represent consumers and the community on their health needs and issues and feed this back to the health service.
- DHAC members are invited to participate in working groups, community reference groups or forums as representatives for the community and consumers in any consultation for:
 - Clinical Service Planning
 - Development of district health service plans
 - New health infrastructure planning

Supporting Consumer Health Literacy

Health literacy is about how people understand information about health and health care, and how they apply that information to their lives, and use it to make decisions.

Low levels of individual health literacy contribute to poorer health outcomes, increased risk of harm and higher health care costs.

Your DHAC help your local health service to empower consumers and carers to be proactive in their health and health literacy by:

- Providing information on lifestyle health problems and treatment options to consumers and community.
- Distributing patient information resources.
- Undertaking audits of consumer/patient information and publications.
- Being involved in developing new consumer publications.
- Placing monthly media articles in local newspapers or community newspapers or even putting the information on community boards in each town. Standard, pre-prepared articles are available for the DHACs to use via their local health service Operations Manager and DHAC Admin Support.

Being an effective consumer representative

There is no right way to become an effective consumer representative. Much of it is learned from networking and experience. Talk with other consumers, carers, other consumer representatives and health service providers to widen your knowledge of consumer issues and the health system.

As you undertake your role, consider the following questions:

- How does the issue being discussed affect consumers?
- What are the views of consumers?
- What are the needs of consumers?
- Can the views of consumers be captured in a better way?
- How does my experience as a consumer contribute to an understanding and identification of issue/s?
- How will consumers be affected by the committee's or service's decisions?
- What are the consequences of these decisions, in the short and long term?

You may also find the following tips useful:

Tip 1: Network

Talk with consumers, carers, and other consumer representatives to gain an informed view of consumer perspective on various issues. Listen carefully to what people have to say, ask questions, clarify issues and principles. Your role is to understand a range of consumer viewpoints, and to try to present this diversity of issues.

Read the [Australian Charter of Healthcare Rights](#), the [WA Public Patients' Hospital Charter](#), and the [National Safety & Quality Health Service Standards](#). These Charters and Standards provide frameworks for health-care providers to give consumers high quality care and for consumers to actively seek the best care.

You can use these Rights and Standards to remind yourself of your commitment to consumer issues, support your argument, and represent a broad consumer perspective.

Tip 2: Ask Questions

Questions are a powerful tool for consumers to use. No question is too silly to ask: chances are someone else at the table wants to ask the same question!

You don't have to know the answers, sometimes it is enough to keep asking the questions to keep the consumer perspective on the agenda. Use every opportunity to ask basic questions:

- Would you mind defining that term for me?
- I don't know the background to that decision (or issue) – could you fill me in briefly?
- Why didn't that plan work? What was the original intention?
- Does the evidence support this? Are there other options?
- How does this benefit consumers?

Tip 3: Tell your story

Telling your story of your health care experience can help you quickly paint a picture that captures feelings and allows people to empathise – this is why stories are important.

However, remember to use your personal experiences constructively. Be clear about your message. Know the story you want to tell, use it to present an understandable and convincing argument, and cut straight to the point you are seeking to make.

While your personal story may be valuable in presenting a point, as a consumer representative your viewpoint should also be based on the broader consumer experience, taking into account the range of experiences and needs of all consumers.

Tip 4: Agreeing AND disagreeing

Agreeing with another person's opinion at a meeting or discussion can be just as important as disagreeing. It helps to reveal consensus and strengthen a response. This is especially important for committees where a lot of the work may be done via email.

It is also worth remembering that not all people will be persuaded on every issue. Be strategic and save the strongest pitches and determination for the important issues. Make your point clearly, concisely and strongly – then allow the meeting to continue.

Consumer representation: benefits and challenges

Many health consumer representatives find their involvement both empowering and satisfying. They can see how they are adding new consumer-focused information or issues to decision-making processes; how they are making a difference.

It can also be challenging. You will win some issues but not all. If consumer representatives can change the culture of health service committees, which are often technical, into seeing that consumers are vital stakeholders and offer value to the decision making process, then this is a good achievement.

Lasting change often comes in small steps. Sometimes, your gains may not be obvious until many years later, but each change you make as a consumer representative is valuable and will benefit all consumers in the long-term.

Advocating on behalf of others

If a community member approaches you with a health service issue, remember this:

- This person is a member of the district you represent and they think there is something you need to know.
- How you respond will affect the way they see the independence and integrity of your DHAC.
- You do not have to make a judgement on what they say, just listen and direct them to the right place to have their issue addressed.

Active listening

- Try to let the person talk it out without interruption. A healthy approach is to assume that the person is capable, intelligent and honest so that you stay open to what they have to say.
- You don't have to make any judgement on the content of the information. You don't have to ask questions about facts unless it will help you follow what is being said. Not interrupting shows that you are listening and saves you from deciding what questions to ask until the person has finished what they feel they need to say.
- It is OK to say supportive comments like "Wow that must have been awful" without it being a judgement or siding with/against the consumer or the health service.
- Ask an open question such as 'What would you like to do about this?' (rather than "What would you like me to do about it?"), "Why did you want to tell me about this?", 'What do you think could be done about this?'

Providing a helpful response

You could say:

- There is a complaints process for the local health service that you could use.
- There are also consumer advocacy and complaints agencies that can assist you:
 - Health Consumers' Council - 1800 620 780.
 - Mental Health Advocacy Service– 1800 999 057.
 - Health & Disability Services Complaints Office (HADSCO) – 1800 813 583.
- Thanks for telling me this. I will keep this confidential and not take any action, but it is really helpful for me to hear about people's experiences and health services for when I am in meetings and dealing with the health service.

You may decide there's good reason to:

- Offer to pass their details on to the health service complaints person - but just the contact details, not the content details of the complaint.
- Agree to attend a meeting with them at the health service as an independent third party if this would make it easier for them to make the complaint.

You do not have to be judge of the complaint or comments, simply respond naturally as a fellow human being.

Your role is to listen and direct them to the right complaints process. It is his or her complaint and their responsibility to pursue it or not. Your role is to learn from the information and make sure the health service responds in a suitable way.

Tips for productive DHAC meetings

Focus on the important issues

- Sometime not all items raised between meetings can be addressed, and it is important that an agenda is maintained with the priorities of your DHAC in mind.
- It is ok to defer less important items to the next meeting, so that your DHAC can spend time on what matters most.

Try different strategies to keep time

- You might like to set a time target for each agenda item to ensure that enough time is spent on the most important items.
- Consider including a category next to each agenda item describing what needs to happen at the meeting (inform, discuss, decide) to avoid unnecessary time spend deliberating.

Don't make it all hard work

- Factor in time before, during, or after the meeting for tea, coffee, networking and laughing: this will make for a sustainable DHAC than all work, all the time.

Everyone can be brief, clear and informative

- In a meeting, it is not just the agenda but also what is said that needs to be prioritised, so try and keep what's said to what needs to be said. The person leading the agenda item needs to guide people on what they need to know to advise or decide as a group, e.g. where advice is being sought, for what purpose and what are the issues involved.
- For major discussions or planning, use whiteboard/butchers papers to write up key points for the group as it goes along.
- While discussion is important, your group needs a clear direction to move forward. Throughout the meeting drive discussion towards answering the key questions, documenting decision, and delegating actions items. The Chair can keep an eye on how the discussion is flowing, but everyone should try to keep focussed and on track.

Share responsibility for process

- If only the Chair leads the meeting, a meeting in the absence of the Chair may not run well. Considering rotating Chairing, or shared Chairing with the Vice or Deputy Chair.

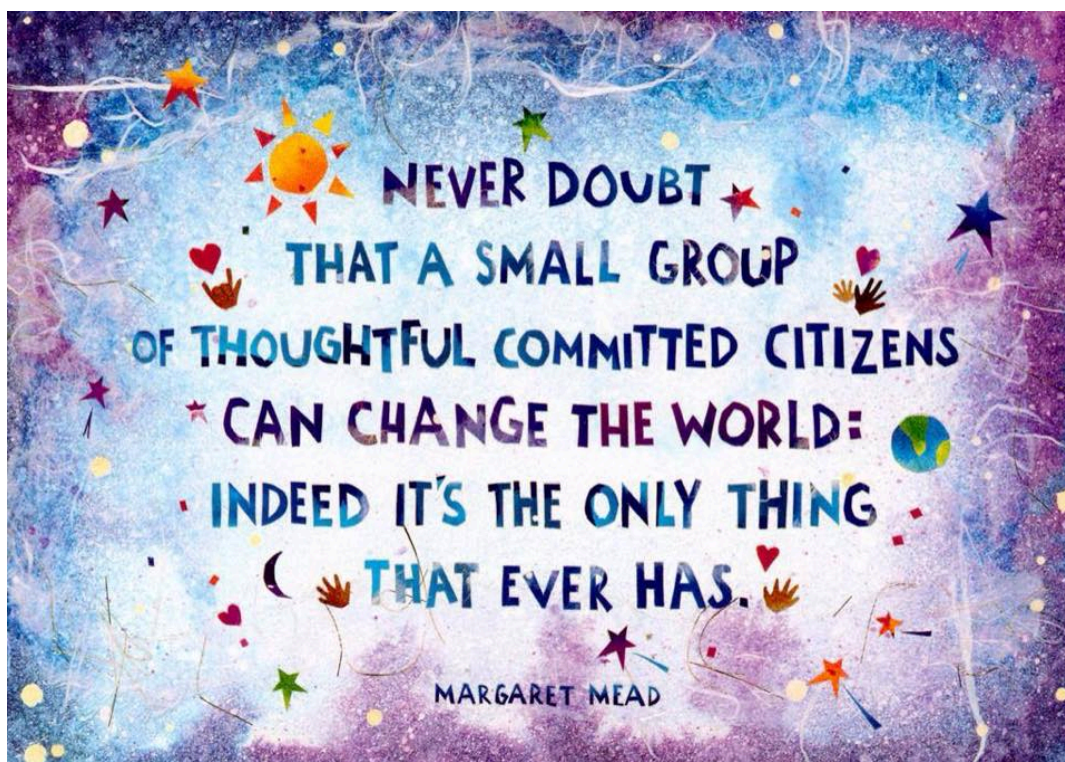
- Work together. Nobody is perfect at meeting processes, so everyone can work together to keep each other on track, on purpose, and on time in ways that build respect and support in the group.
- Consider keeping a Meeting Procedure one pager that summarises any helpful and agreed ways of running the meeting.

Defer and delegate

- Delegating is giving a task to someone. Deferring is agreeing to leave an agenda item to the next meeting.
- If there is a task, there should always be a delegate. If an action doesn't have someone responsible for it happening, it won't happen (or one person will end up doing everything).
- You can delegate a task to two or more people to do together.
- Delegate upwards. If your DHAC doesn't feel it is being sufficiently informed about health service, inviting relevant staff to talk directly to your DHAC members instead of delegating someone to find out the information can sometimes be the most helpful way forward.

Celebrate achievements

- Make sure you celebrate the progress of the group – every small win helps!



DHAC communications

Keep up to date with what is happening across the WA Country Health Service in relation to District Health Advisory Councils and consumer engagement via the following avenues:

DHAC e-News

A monthly DHAC e-Newsletter is sent to all DHAC Chairs, with stories from DHACs across WACHS as well as other relevant consumer engagement, service improvement and health literacy information for DHAC members. DHAC Chairs should circulate the e-newsletter to their fellow members. Your participation in this newsletter is welcomed. Please send any information, stories, or photos that you think would be of interest/benefit to DHAC members across country WA to dhacinfo@health.wa.gov.au

DHAC internet page

The WACHS internet DHAC page houses a range of DHAC-related information, policies, and templates for current DHAC members and prospective members to refer to. Visit www.wacountry.health.wa.gov.au and select “Get Involved” from the menu on the left hand side of the page.

DHAC member orientation checklist

The following introductions, information and training should be provided to you by your local health service and DHAC as part of your orientation to your role:

- Introduction to your DHAC Chair and members and overview of meeting format.
- Introduction to the Regional Director (or representative) of your health service and explanation of the health service structure.
- Overview of WACHS Strategic Priorities and Regional Strategic Plan
- Safety and Quality plan for the local health service
- Information on the NSQHS Standards with particular focus on NSQHS Standard 2
- Explanation of the different responsibilities and funding sources in WACHS and what other health service providers are in your region.
- Introduction to the DHAC Admin Support of your health service: your meeting information and payments for attending meetings will be coordinated by this person.
- Orientation to your health facility including emergency procedure for your DHACs regular meeting venue, and introduction to relevant personnel.
- DHAC Guidelines: explanation of information and opportunity to ask questions.
- DHAC Member Handbook: explanation of information/opportunity to ask questions.
- Information on Patient First, the Australian Charter of Healthcare Rights, Patient Advocacy, and health literacy.

If you haven't been provided with this information, please contact your local DHAC Admin Support Staff or speak to your DHAC Chair.

Common health service acronyms

Acronyms are often used by health services to save time. However, they can also feel like a secret code. Don't hesitate to staff and other DHAC members to avoid using acronyms and to explain acronyms and their meanings (e.g. what's Safety & Quality?).

ABF	Activity Based Funding
ABM	Activity Based Management
ACSQHC	Australian Commission of Safety & Quality in Health Care
ATSI	Aboriginal & Torres Strait Islander
CALD	Culturally & Linguistically Diverse background
CAHS	Child & Adolescent Health Service
CAWA	Carers WA
CIMS	Clinical Incident Management System
COO	Chief Operating Officer
COV	Council of Official Visitors
DG	Director General
DHAC	District Health Advisory Council
DoH	Department of Health
ED	Emergency Department
ETS	Emergency Telehealth Service
FTE	Full Time Equivalent
GP	General Practitioner
HACC	Home & Community Care
HCC	Health Consumers Council
HCN	Health Corporate Network
HIN	Health Information Network
HUG	Hospital User Group
ICU	Intensive Care Unit
KPI	Key Performance Indicator
LHAG	Local Health Advisory Group
MH	Mental Health
MPS	Multi-Purpose Site
NESB	Non-English Speaking Background
NGO	Non-Government Organisation
NMAHS	North Metropolitan Area Health Service
NSQHSS	National Safety & Quality Health Service Standards
PATS	Patient Assisted Travel Scheme
PHN	Primary Health Network
RFDS	Royal Flying Doctor Service
RPH	Royal Perth Hospital
SCNA	Silver Chain Nursing Association
SHEF	State Health Executive Forum
SJAA	St Johns Ambulance Australia
SMAHS	South Metropolitan Area Health Service
S&Q	Safety & Quality
VMP	Visiting Medical Practitioner
WACHS	WA Country Health Service
WAPHA	WA Primary Health Alliance

Glossary of common DHAC meeting terms

Active listening

Seeking to understand what the speaker is trying to communicate, such as by being attentive, asking for clarification, and confirming understanding. Active listening is a key way to strengthen relationships and get depth of information.

Advocacy

The process of speaking up for the rights, interests, or views of a person or group of people. Advocacy is necessary where someone's voice is not being heard when they advocate for themselves.

Agenda

A document that specifies what will be discussed and in what order during a group meeting.

Autonomous

The capacity of a committee to make informed, unformed, un-coerced decision making and self-governance free from conflict of interest.

Carer

Someone who provides significant, unpaid support to another person, such as a family or friend.

Conflict

A difference between two or more people, such as difference of opinion, perspective, values, or priority. Conflict is a normal part of any decision-making process. When dealt with in a spirit of cooperation, conflict is an opportunity for greater understanding and improved solutions. When dealt with in a spirit of competition, conflict is often destructive and painful.

Consumer

A person with a past or present lived experience of psychological or emotional distress, irrespective of whether they have received a diagnosis or accessed mental health services.

Collaboration

The pooling of energy, resources, intelligence, and skills into collaborative efforts that brings greater results than those of just one member.

Compromise

Two parties in conflict work together to reach a decision, where neither gets what they want, but both parties get what they want to some extent (a 'middle ground').

Concerns

Questions, challenges or problems a person has. Concerns should include an explanation of the reasoning behind the concern. Any participant can bring up concerns.

Minutes

The detailed notes documenting what communication took place during a meeting.

Participation Payment (Honorarium payment)

The Australian Tax Office defines honorarium payment as an honorary reward for voluntary services, or a fee for professional services voluntarily rendered.

Policy

An agreed upon way of doing things. A formal statement that defines how the group should proceed in the case of a certain kind of situation. Examples of policy types: safety, conflict resolution, food distribution, economic, working hours, communication methods, etc.

Procedure

Supports policy, which is a basic agreement on how to do things, by more detailed information and instructions.

Quorum

The minimum number of people required for a meeting to be held, or for decisions to be made. A quorum protects the group from rule by a minority.

Stakeholders

These are people that will be affected by a decision. Not all stakeholders are equal! From an advocacy perspective, those most affected by a decision are the most important stakeholders. How much weight is given to each stakeholder's interests should be openly set in relation to the group's culture.

Transparency

The workings of the group should be visible to all members and to stakeholders as agreed. People should know why decisions were made and why policies stand. All information, procedures, agendas, rules, records and minutes should be easily accessible (and possibly promoted) to all group members and stakeholders (and possibly the public which are almost always stakeholders to some degree).

Working Group

Either an already formed or ad-hoc collection of people responsible for a certain set of tasks. Working groups put plans into action. These people have a defined set of goals they must achieve and a limited jurisdiction for autonomous decision-making. They may structure themselves as a flat democracy or some form of cooperative hierarchy. Their activities should be transparent to the group.

FAQs about DHAC payments & reimbursement

Am I entitled to a Consumer Representative payment?

DHAC consumer and carer members may choose to claim a participation payment for their attendance at official DHAC meetings or pre-approved DHAC-related activities.

The [WACHS Advisory Council Participation Payments, Reimbursement of Expenses and Support Policy](#) endorses the Health Consumers Council recommended rates for participation payments to consumer and carer representatives on DHACs (\$30 per hour or part thereof).

Consumer Representatives are volunteers and have a personal choice to accept or decline participation payments.

What Can I Be Reimbursed for?

DHAC consumer members may be reimbursed for some out-of-pocket expenses relating to participation in approved health service activity. Out of pocket expenses might include travel, parking, meals, accommodation, and printing.

None of these are automatically approved. It depends on whether they are legitimate and necessary expenses as part of the DHAC role, and whether they have been pre-approved. Some health services may apply restrictions based on budget.

[The WACHS Advisory Council Participation Payments, Reimbursement of Expenses and Support Policy](#) provides reimbursement for out of pocket expenses and travel consistent with the above information.

Who Pays Me?

The payment and reimbursement process may vary between WACHS regions. Your DHAC Admin Support Officer will be able to advise and assist with the process. You will usually need to complete a reimbursement form and an ATO Supplier Form.

How does my participation payment impact my tax declaration?

The Australian Tax Office does not require you to declare participation payments, as they are considered as honorary rewards for voluntary services which are not assessable as income and related expenses are not deductible.

How does my participation payment impact my Centrelink Payments?

Centrelink requires you to declare participation payments. This is counted as part of your reportable earnings, and how much you earn affects your Centrelink payment rates. Centrelink can provide information on how much you can earn without affecting your Centrelink payment. The way you receive payment (as cash, bank transfer, or voucher) does not change whether it is a reportable earning.

How does my participation payment impact my WA Housing?

Based on Centrelink's definition of income, if you receive participation payments (honorary), you are also required to declare those amounts to the Department of Housing.