



# Minutes for HSP Consumer Council Meeting

Monday 31 March 2008 1130 – 1300

Hakaterere/ Rakaia Rooms - Level 3

Princess Margaret Hospital

*“Nothing about us, without us”*

<b>Attendees:</b>	Beth Nobes (apology for lateness), Seulata Fui-Moagutuuli, Jill Waldron, Charmaine Wilson, David Lamb, Donald Pettitt, Elizabeth Miller, Gloria Weeks, Jackie Girvan, Keith Gibb, Robyn Rainey, Richard Davison, Amelia Dalley
<b>Secretariat:</b>	Nigel Miller (Acting Chair and Chief Medical Officer), Felicity Woodham (Health Services Planning Manager), Sue Dasler (minute taker)
<b>Visitors:</b>	Pam Shanks (support person for Robyn Rainey)
<b>1. Apologies:</b>	Margaux Hlavac (Family- Women’s Health) has reluctantly resigned from the Council Tim Carter – Secretariat has been unable to contact Tim
	<b>Action:</b> Secretariat to develop nomination process for replacement – noting that if contact is made with Tim, he will bring to the Council additional expertise
<b>2. Minutes and Actions from meeting held 3 March</b>	
Terms of Reference	<ul style="list-style-type: none"> <li>▪ Changes to the Terms of Reference tabled – Monday 6<sup>th</sup> December to read Monday 8<sup>th</sup> December</li> </ul>
	<b>Action:</b> Secretariat to e-mail updated Terms of reference to the group
“Nothing about us, without us	<b>Approved:</b> Robin Rainey approved the use of the People First motto for use by the Council
Consumer Group Engagement	<ul style="list-style-type: none"> <li>• Query re letter to organisations – agreement at 3 March meeting that organisations were to be informed of names of council members only. It was noted that organisations have been requesting this information.</li> <li>• Council members are not expected to respond to requests from the media</li> <li>• Council members are not expected to deal with consumer complaints</li> <li>• Format of material for distribution – discussion on the need to keep the language simple and where possible to reduce the volume of information</li> </ul>
	<b>Action:</b> Secretariat to work with the group in establishing a set format for material for distribution. Explore options for plain language translation Reference material: “Plain language of an Ordinary Life”
“We should think of ourselves, the consumer council, as a whole body, everyone with the same aim and form consensus views. We are here to represent consumers.”	

<b>3. Position of Chair</b>	
	<ul style="list-style-type: none"> <li>• Michelle Collyer: Group is to represent the consumer. You may be asked to look at issues that you are not familiar with or are not within your field; however it is important to take a big picture approach.</li> <li>• Richard Davison: Time required to get to know each other is important, however the election of the chair is key to the functioning of the council</li> <li>• Nigel offered to continue to chair and recommended that the election of the chair be placed on the 28<sup>th</sup> April meeting agenda</li> <li>• Query re role of the Chair – response to run a successful meeting and to convey the council view in a variety of forums</li> <li>• Suggested that the group consider a revolving chair</li> </ul>
	<b>Action:</b> Election of chair to be on the next meeting agenda
<b>4. Presentation – Overview of the CDHB – Felicity Woodham</b>	
	<p>Discussion</p> <ul style="list-style-type: none"> <li>• Funding for Public Health and Disability Services is provided directly from the Ministry of Health and is outside the CDHB. The DHB can make comment only and has no control over the purchase of services.</li> <li>• R Davison: The role of Primary Health Care organisations is to initially provide general practice services, and to expand beyond GP services. Refer to implementation of the NZ Primary Health Care Strategy.</li> <li>• How will the council work across the sector bearing in mind there is tax funded and private enterprise services? – Nigel: We will gain a better understanding of the relationship between services as the council develops. The vision from the patient perspective must be that the systems work together as one</li> <li>• D Lamb – What is the main functions of the DHB Statutory committees, and how much consumer input is there currently? Nigel_ Their role is to advise the Board on important issues. Consumer input is variable, with elected Board members. The Community Public Health and Disability Services Advisory Committee has a greater consumer focus. It should be noted that the prime role of the Consumer Council is to work with Health Services Planning</li> <li>• R Davison – Challenge for PHO to plan for improvements for the disadvantaged in currently – Could be a role for the council to explore how we can achieve services for the disadvantaged that makes ‘common sense’. How can we spend money sensibly to get better outcomes? Consumers are in the best position to offer information on improving efficiencies.</li> </ul>
	<p><b>Action:</b> Felicity asked the group to provide feedback of subjects they would like covered as part of the orientation/induction</p> <p>Members to contact the secretariat should they wish to receive a copy of the NZ Primary Health Care Strategy</p> <p>Felicity to co-ordinate with CPHAC &amp; DSAC regarding a meeting</p>

**5. Michelle Collyer: Presentation on her experience as a consumer in the National Health Service (UK) and the National Institute of Clinical Excellence (NICE).**

- Everyone entitled to the same level of care
- Countries are at different levels of consumer engagement
- Give yourself time to learn to work together as a team
- Give yourself time to be effective
- Work with, not against providers and the CDHB
- Be open minded
- Acknowledge that the DHB is giving patient participation a chance
- Find your own way of working
- Consumers/patient do count

Discussion

- Does the UK Hospital Boards have to consult with consumer advisory groups? Yes. 'Links' and 'Hosts' of Hospital and Primary Care Trusts are fully involved in giving a consumer voice.

Nigel: NZ Experience. DHB are required to formally consult on their District Annual Plan (DAP) and any significant changes which have not been signalled in their DAP.

Consumer participation has been a feature of the Health Services Planning (HSP) programme of work.

- Keith Gibb acknowledged the work of Elder Care Canterbury and the importance of retaining consumer participation in the implementation and follow-up of HSP.
- Beth Noble: What was the length of time from establishing consumer participation to the current environment in the UK?  
Michelle: Many years. When there was an understanding that consumers had valuable things to say, then it became easy to have a credible voice.

Nigel: NZ has established a Quality Improvement Committee – focus is on safety and quality of health services – the work plan is to involve consumers. CDHB is pioneering consumer participation with the Consumer Council being the first in NZ.

- Donald Pettitt: asked what time is required – Michelle shared her experience of 6 hours a week, but variable. It is up to the group to set what time is acceptable and who should do what.

**6. Other related business**

- Gloria Weeks suggested the group look at options for disability training.
- Jill Waldron suggested the group look at environmental accessibility training

**7. Next meeting**

Monday 28<sup>th</sup> April 1200 to 1330 (note: light refreshments will be served at 1145)