

## Canterbury DHB Consumer Council Report

*“Nothing about us without us”*

March 2010

This report was requested by the Chief Executive Officer, Canterbury DHB, as one of two biannual reports. The previous report was submitted in July 2009.

### **The Consumer Council recommends to the CEO:**

That the CEO endorses the Consumer Council report

### **Executive Summary**

The Canterbury DHB Consumer Council is about to celebrate its second full year advising the CEO on matters from a consumer perspective.

Key activities for the past seven months include:

- Invited to take part in Xcelr8 to provide the participants with the concept of “to see what we see”
- Consumer satisfaction surveys – working with Corporate Quality and Risk team to be more involved in this process
- Support requests for consumer involvement
- Involvement in projects such as facilities master planning, “Polypharmacy –do you still need that pill”, ‘flu vaccination programme.

The Council plan to focus on the following areas during 2010:

- Encourage the use of ‘Plain Language’ in printed material for consumers at every opportunity
- The number of hospital outpatient and pre-admission appointments, and the timeliness of these appointments
- Achieve consumer inclusion in the complaints management process

The Council continues to support the participatory style as a way of working to develop health services, and, while there has been significant uptake of this style, the Council would like to see more consumers involved in this process.

### **1 Consumer Council Membership**

Since July 2009, there have been some changes in personal on the Council. Keith Gibb, Seulata Fui, Maureen Arthurs, Marian Hussen, Jill Waldron, Beth Nobes, Elizabeth Miller, Gythlian Loveday Gloria Weeks, Jackie Girvan and Donald Pettitt continue in their roles. Changes include:

- Robyn Rainey resigned due to health issues, replaced by Stewart Haig
- Richard Davison resigned and replaced by Michael McEvedy
- Renee Sides and Margaret Bates resigned in January, and we await their replacement
- We were saddened to hear of David Lamb’s sudden death last August. We were very privileged to work alongside David over the previous 18 months and admired his tireless approach and willingness to make things in the health system better for

others. His significant experience of the health system enabled David to bring an honest and reliable perspective to our many debates and discussions. Always, David had the utmost respect for those providing care, but he wanted to ensure that others would have a similar or better experience.

- June Shaw replaces David on the Consumer Council

## **2. Activity**

The Council's activities include the following:

- Providing consumer input into policy and procedure development and review, in particular the Complaints Policy
- The End of Life Working Group submitted their report to the Clinical Board in September 09
- Initiating input from areas where Council members wanted a better understanding and to ensure the best and consistent outcomes for consumers. This includes changes in older person's health services and community pharmacy prescribing practises
- Request for consumer involvement from;
  - Musculoskeletal Service – forward and responded to from the Arthritis Foundation
  - Medication Review Evaluation Panel – responded to by the Council, with a member from the community accepting the role
  - Facilities Master Planning – a Consumer Council member joined by a member of the community
  - Infection Prevention Committee – three Consumer Council members offer support, with two present at any meeting
- When the Council provides feedback, we request a response to the usefulness of the feedback, to support the Council to develop in this area

### **2.1 “PolyPharmacy – do you still need that pill?”**

Two consumer council members are involved in this initiative, which developed from an Xcel<sup>®</sup> project and is working with primary care and community pharmacies. The first phase was an audit of practice within General Medicine teams, providing care to people aged 75 years and older, using a 'pill pruner' tool. The first audit in July was followed up with questionnaires to the patients, their GP's and community pharmacies (when identified). The questionnaire was to check the impact of the 'pill pruner'. Following this are a series of actions that will improve the patient safety in terms of medication prescribing and changes that occur during hospital admissions.

### **2.2 'Flu Vaccination programme**

The occupational health co-ordinator and communication manager presented to the Council on the 'flu vaccination programme. The Council felt there was a role for them within the programme but this did not come to fruition. We would like to continue to work with the team and become involved in next year's programme.

### **2.3 Customer Satisfaction Surveys**

Following an update with Corporate Quality and Risk team members the Council was very keen to be involved in this process through the following avenues:

- Co-signing letter accompanying forms with CEO (achieved – thank you)
- Review of guidelines - being reviewed by the Ministry of Health
- Input into questionnaire – DHB section (about to occur)

- Distribution of reports, and receive copies of divisional and HAC reports (achieved)

#### Canterbury DHB's Complaints Process

The Council is aware that it is not yet another vehicle for consumer complaints. However, it is concerned about the variation of response to complaints across the DHB. The Council continues to work with Corporate Quality and Risk team to explore ways in which consumers can support this process. We anticipate this will be resolved in the immediate future with consumer involvement included in the complaints process.

#### Clinical Board

Two Consumer Council members are now members of the Clinical Board. The members have been welcomed to the Board and look forward to a positive and supportive partnership.

#### Disability Support Advisory Committee (DSAC)

Following the Council's motto, 'nothing about us without us', the Council was concerned to note that DSAC membership is currently made up of able bodied people. Our efforts last year to have a person with a disability on DSAC did not come to fruition and the Council remains disappointed with this outcome.

### **3 Plans for 2010**

The Council continues to work towards understanding the Canterbury DHB business and at the same time tries to ensure that the consumer's voice is heard at every opportunity. The Council believes that there is much value in the inclusion of consumers in health services development, implementation and evaluation. There is significant activity across the health system and in the effort to get the solutions right the experience of consumers can be very supportive. In particular, we would welcome your support and views on how we may influence the reduction in number and duration of hospital out-patient appointments.

It has been a fulfilling seven months with much achieved, and much yet to do. We look forward to continuing our support and working in partnership with you as the transformation of our health system takes shape.

Keith Gibb

Chair

Canterbury DHB Consumer Council

24 March 2010