

MINUTES
12 Mar 2020 – 1:00pm – 2:15pm
Teleconference

Part A	Item 1	MEETING OPENING – 1:00pm
	1.1	<p>Acknowledgement of Country</p> <ul style="list-style-type: none"> Acknowledgement of Country was given by AJ.
	1.2	<p>Apologies:</p> <ul style="list-style-type: none"> CW, Eastern Suburbs Mental Health Consumer FP, Kirketon Road Consumer HM, Prince of Wales/Sydney Eye Hospital Consumer JS, The Albion Centre Consumer JW, The Royal Hospital for Women Consumer MR, Eastern Suburbs Mental Health Consumer
	1.3	<p>Present:</p> <ul style="list-style-type: none"> CF, War Memorial Hospital Consumer DM, Consumer/Community Representative DN, HIV Outreach Team Consumer EP, St George/Sutherland Mental Health Consumer GL, St George Hospital Consumer JR, Consumer/Community Representative KS, Drug and Alcohol Consumer MM, Consumer/Community Representative PL, Sutherland Hospital Consumer PN, Patient Reported Measures Program Manager SM, Sutherland Hospital Consumer SR, The Royal Women Hospital Consumer <p>Meeting Chair:</p> <ul style="list-style-type: none"> AJ, Manager, Community Partnerships Unit <p>Chairs:</p> <ul style="list-style-type: none"> KB, Consumer/Community Representative GC, Prince of Wales/Sydney Eye Hospitals Consumer <p>Minutes:</p> <ul style="list-style-type: none"> SB, Engagement and Support Officer, CPU <p>This meeting was held via teleconference due to COVID 19. Although there is a low level of infection in Sydney, this precaution was taken to minimise risk.</p>
	Item 2	<p>Approval of Minutes</p> <p>Minutes of the DCCC Formal Meeting held 12 December 2019 were approved, as moved by GC and seconded by SR.</p>
	Item 3	<p>Declaration of Conflict of Interest: Nil</p>
Part B	Standing Items	
	Item 4	<p>CAC/Community Presentation: KB</p> <p>Held over</p>

Part C	New Business	
	Item 5	<p>Patient Reported Outcome and Patient Reported Experience Measures - PN</p> <p>Patient Reported Measures (PRM's) are a suite of surveys used to better understand what matters most to patients and find out if the care we deliver supports the outcomes and experiences that patients expect. In place of an interactive workshop, which will take place at a future face-to-face meeting, the following comments and discussion was noted:</p> <ul style="list-style-type: none"> • PRM's are surveys used by the health service to better understand what matters most to patients and find out if the care we deliver supports the outcomes and experiences that patients expect • In SESLHD, there are two positions dedicated to overseeing the implementation of PRM's who support services to become equipped to collect information • PRM's are intended to be used at health service and system level to add value to the whole system, improve access, and increase information sharing • Patient Reported Outcome Measures (PROM's) captures information about a patient's quality of life or a condition-specific measure at the point of care, such as how diabetes impacts a patient's life. It is directly reported, no interpretation is made of the responses and it is just strictly the patient's point of view with no pre-determined parameters • Patient Reported Experience Measure (PREM) surveys are anonymous and voluntary and they ask patients to provide feedback on an encounter with the health service based upon a number of specific domains such as safety, quality, access of care, and information provided • PREM surveys enable patients to provide timely feedback about their health-related experience so that clinicians can better understand their needs, improve care and quality of life, identify areas of excellence, and identify areas of improvement to drive future healthcare needs • Experience measures are completed away from the clinician anonymously so that there it in no way negatively impacts their care • PRM surveys have been around for quite some time internationally for quality improvement research and more recently, the Ministry of

		<p>Health NSW commenced a state-wide implementation of the surveys which have been validated internationally and also by the Agency for Clinical Innovation (ACI), have good clinical evidence, and were co-designed by clinicians, managers and consumers across the state</p> <ul style="list-style-type: none"> • The surveys can be collected via paper or electronic device (e.g. tablet), most surveys take 5 minutes to complete, they are done in outpatient and inpatient services, and in PROM surveys, the results can be viewed by a clinician during an appointment • PRMs are a critical component in supporting Leading Better Value Care (LBVC) across NSW • LBVC is a value-based, state-wide program that involves clinicians, networks and organisations working together on high-impact initiatives to improve outcomes and experiences for people with specific conditions • LBVC is a program that aims to help achieve the NSW Health vision of having a sustainable health system that is value based, delivers outcomes that matter to patients and the community, is personalised, invests in wellness and is digitally enabled • As immediate priorities, 13 initiatives have been selected which align to existing work efforts that have been “road-tested” to varying degrees across the system. • JR queried how survey results will be linked to outcomes (i.e. improvement programs) and because Outcome surveys are done and reviewed at the point of care, a response can be identified and acted upon directly by the clinician. In terms of Experience surveys, the service received a report back with feedback and can implement relevant site-based changes based upon those results. • In terms of the collection from information, KS asked how health literacy and technical abilities was being managed and in terms of languages and health literacy. In regards to languages the surveys are available in the top 10 languages across NSW • The questions in the survey have been validated by the ACI, they have a health literacy level of year 10 English, the experience measure questions are simple and straight forward (9 questions), however, outcome questions are lengthier • No feedback has been received that questions cannot be comprehended but they have been interpreted in varying ways • Technological abilities have varied and clinicians have trailed it on tablets with mixed feedback however, carers and administrative officers or clinicians can assist patients with things like dexterity issues • In terms of the extra time commitment for clinicians, most feedback has shown that the surveys save time, as they are mostly completed in the waiting room before seeing a clinician and the information collected helps concentrate upon what matters most to the patient • PRM’s are implemented state-wide, particularly in LBVC services <p>ACTION 1 Contact SB to express interest in this topic area.</p>
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Item 6	<p>Annual Committee Performance Evaluation A SurveyMonkey Annual Committee Performance questionnaire was sent out to all members to complete.</p>
Item 7	<p>Quality and Safety Board Committee Nomination The Quality and Safety Board Committee is seeking one member from the DCCC to join as a representative and PL and KB expressed their interest.</p> <p>ACTION 2 Nominees, both those who expressed their interest at the meeting and those who were unable to at the time, should send their expression of interest to SB for voting at the next meeting.</p>
Item 8	<p>Diversity Surveys: Review The DCCC Diversity Surveys, which are for internal use to ensure that our membership is as representative of diverse consumers and carers, was reviewed. The following comments were noted:</p> <ul style="list-style-type: none"> • In the disability section, KS suggested changing the language used to be more positive and empowering, and use the term “adjusted capabilities” instead of disability • As this is may not be a universal term, AJ suggested explaining that in the orientation • KB queried whether lived experience of alcohol, tobacco, or other drugs should be included in the survey • The survey is for internal use and accreditation in order to ensure that the membership is as diverse and representative as possible • Last year’s survey results indicated that Aboriginal and Torres Strait Islander representation was an issue and as a result, we engaged with Tim Croft, manager of the Aboriginal Health Unit • The Aboriginal Health Unit has since gone out and done community engagement sessions and is set to present his findings at a DCCC meeting to progress this topic <p>ACTION 3 SB to follow up with the Disability Strategy Unit regarding terminology and follow-up with KS on appropriate language in the drug and alcohol space.</p> <p>ACTION 4 SB to add “client/patient consent” to the agenda drafting document.</p> <p>ACTION 5 SB to follow-up with Tim Croft to see if he would like to attend an informal DCCC meeting, perhaps with Gary from Drug and Alcohol.</p>
Item 9	<p>Co-Chair Nominations GC co-chair term ends in April 2020 and he is renominating for a second term, which was reviewed last year and determined would be extended from 6 months to one year, for a total possible two year chair term.</p> <p>ACTION 6 Send co-chair nominations to SB for voting at the next meeting.</p>

	<p>Item 10</p>	<p>Business without notice DN asked how CAC meetings were proceeding with COVID – 19 restrictions on face-to-face meetings. The following comments were noted:</p> <ul style="list-style-type: none"> • GL mentioned that St George did not make a decision yet on whether to have all meetings as teleconference • The Director of Strategy, Improvement and Innovation has said that the situation will change daily • SR noted that face-to-face meetings are incredibly valuable • Staffing might also impact meeting cancellations <p>ACTION 7 AJ to send Consumer Advisory Committee secretariats an email, outlining the success of teleconference at the DCCC meeting and although it is not preferred, it is an option over cancelling meetings.</p>
<p>Part D</p>	<p>Meeting Close 2:24pm</p>	
	<p>Item 11</p>	<p>Next Meeting Date: 9 April 2020 Time: 11:30-1:00pm Venue: Teleconference Type: Formal</p>

Action Items from District Consumer and Community Council Meetings

Meeting Date	Item	Action	Who	Status
18 Apr 19	9	<i>SB to invite Tim Croft to present to the DCCC.</i>	SB	Complete. Item added to agenda drafting list.
27 Jun 19	10	<i>SB to submit the DCCC recommended Purpose Statement to Kate and establish next steps.</i>	SB	Complete. 26/2/19 Lisa Altman suggested that, given the Journey to Excellence ends next year, the statements be revisited at that time.
19 Nov 19	7	<i>Letters will be sent out to all of the projects that attended, letting them know the outcome of the day.</i> <i>Invite champion projects back to the DCCC for future collaboration.</i>	SB	Complete 12/2019 Complete 12/2019. Pending a response.
12 Dec 19	7	<i>SB to follow-up with Media and Communications regarding a standing spot in The Pulse.</i>	SB	Pending
	12	<i>SB to develop a methodology paper, outlining the approach to the Innovative Projects Recognised by the DCCC event.</i>	SB	Pending
12 Mar 20	5	<i>Contact SB to express interest in PRMs.</i>	DCCC	Pending
	7	<i>Quality and Safety Board Committee representative nominees send their expression of interest to SB for voting at the next meeting.</i>	DCCC	Pending
	8	<i>SB to follow up with the Disability Strategy Unit regarding terminology and follow-up with KS on appropriate language in the drug and alcohol space.</i>	SB	Emailed 18/3/19
		<i>SB to add "client/consent" to the agenda drafting document.</i>	SB	Complete
		<i>SB to follow-up with Tim Croft to see if he would like to attend an informal DCCC meeting, perhaps with Gary from Drug and Alcohol.</i>	DB	Pending. See item 9 from 19 Apr 19 meeting above.
	9	<i>Send co-chair nominations to SB for voting at the next meeting.</i>	DCCC	Pending
10	<i>AJ to send Consumer Advisory Committee secretariats an email to say that the DCCC had a relatively successful and meaningful engaged meeting via teleconference and although it is not preferred, it is an option over cancelling meetings.</i>	AJ	Complete 19/3/2020	