

**MINUTES**  
**Wednesday 21 November 2018 – 9:00am – 11:00am**  
**The Claffy Theatre Room**  
**Sydney/Sydney Eye Hospital**

<p><b>Part A</b></p>	<p><b>Item 1</b></p> <p>1.1</p> <p>1.2</p> <p>1.3</p>	<p><b>MEETING OPENING – 9.00am</b></p> <p><b>Acknowledgement of Country</b></p> <ul style="list-style-type: none"> <li>• Acknowledgement of Country was given by ST (DCCC Co-Chair)</li> </ul> <p><b>Apologies:</b></p> <ul style="list-style-type: none"> <li>• AJ (Manager, Community Partnerships Unit)</li> <li>• AB (Executive Director, HCNSW)</li> <li>• CO (Director of Allied Health, SESLHD)</li> <li>• DP (Acting Chief Executive, SESLHD)</li> <li>• GL (St George Hospital Consumer)</li> <li>• GO (BCPC Consumer)</li> <li>• GR (Associate Medical Director, SESLHD)</li> <li>• HM (Consumer/Community Representative)</li> <li>• JD (Director Planning, Population Health and Equity, SESLHD)</li> <li>• JW (The Royal Hospital for Women Consumer)</li> <li>• KBr (Director of Clinical Governance, SESLHD)</li> <li>• KO ( Director, Nursing and Midwifery Services)</li> <li>• RL (Eastern Suburbs Mental Health Consumer)</li> </ul> <p><b>Present:</b></p> <ul style="list-style-type: none"> <li>• AV (Prince of Wales/Sydney Eye Hospital Consumer)</li> <li>• CF (War Memorial Hospital Consumer)</li> <li>• CT (Change Lead, eHealth)</li> <li>• DM (Consumer/Community Representative)</li> <li>• DN (HIV Outreach Team Consumer)</li> <li>• ED (Bondi Junction Headspace Consumer)</li> <li>• GC (Prince of Wales/Sydney Eye Hospital Consumer)</li> <li>• HMi (Prince of Wales/Sydney Eye Hospital Consumer)</li> <li>• JR (Consumer/Community Representative)</li> <li>• JT (Prince of Wales/Sydney Eye Hospital Consumer)</li> <li>• KS (Drug and Alcohol Services Consumer)</li> <li>• MJ (Clinical Improvement Manager, SESLHD)</li> <li>• NF (Programs and Peer Support Officer, Positive Life NSW)</li> <li>• PB (St George Hospital Consumer)</li> <li>• PC (The Albion Centre Consumer)</li> <li>• PL (Sutherland Hospital Consumer)</li> <li>• RN (HIV Outreach Team Consumer)</li> <li>• SO (The Albion Centre Consumer)</li> <li>• SR (The Royal Women Hospital Consumer)</li> <li>• TV (My Health Record Engagement Program Lead, PHN)</li> <li>• YC (My Health Record Digital Health and QI Manager, PHN)</li> </ul> <p><b>Chairs:</b></p> <ul style="list-style-type: none"> <li>• KB (St George Mental Health Consumer)</li> <li>• ST (The Albion Centre Consumer)</li> </ul> <p><b>Minutes:</b></p> <ul style="list-style-type: none"> <li>• SB (Engagement and Support Officer, CPU)</li> </ul>
----------------------	---	---

	<b>Item 2</b>	<b>Approval of Minutes</b> Minutes of the DCCC Formal Meeting held 23 October 2018 approved, as moved by GC and seconded by DN.
	<b>Item 3</b>	<b>Declaration of Conflict of Interest:</b> DM declared a possible conflict, as he is a member of the ADHA Consumer Advisory Committee.
<b>Part B</b>	<b>Standing Items</b>	
	<b>Item 4</b>	<p><b>CAC Presentation: Drug and Alcohol Services - KS</b></p> <ul style="list-style-type: none"> <li>• Drug and Alcohol Services, which began in 2013, has paid consumers that work within that service and also with its clients.</li> <li>• The service is expanding and in March they recruited 5 new Aboriginal consumers, who are not usually engaged with main stream health services partially due to the standard business model that has limited accessibility, requires computer literacy, and involves a criminal record check.</li> <li>• There are currently 2 opioid treatment centers, The Langton Centre in Surry Hills and the centre at St George Hospital, and expansion to Sutherland Hospital is expected once infrastructure issues are addressed.</li> <li>• Client demographics vary based on service location, particularly by age, but generally service users have various comorbidities and very complex needs.</li> <li>• The consumers currently host coffee mornings twice a week for clients, which may help to address the social isolation that has been identified as a priority in the ageing population.</li> <li>• The consumers also work beside people receiving treatment, participate in data collection, contribute to quality improvement projects, attend governance meetings and sit on committees throughout the district in order to bring a consumer perspective to treatment, service delivery, and treatment outcomes.</li> <li>• Generally, it is a very positive environment where the goal is to “save and change” people’s lives by helping clients establish what they want to achieve in life, empower them to do so, and make them feel safe.</li> </ul>
<b>Part C</b>	<b>New Business</b>	
	<b>Item 5</b>	<p><b>iiHub Bronze Level Training – MJ</b></p> <ul style="list-style-type: none"> <li>• In a response to challenges in health care delivery, such as an ageing population and chronic comorbidities, in addition to finite resources, a key focus has been upon building capacity and capability in staff to make local improvements.</li> <li>• The Improvement and Innovation Hub (iiHub) provided the introductory Improvement Bronze Level training to the DCCC consumers,</li> <li>• The training, which is typically only offered to SESLHD staff, provides the tools and theory to make improvements in the care they provide.</li> <li>• Background: Although training is not mandatory, over 2,500 staff have enrolled and completed the course and iiHub are hoping to gain more staff interest through this momentum.</li> <li>• In terms of improvement projects, iiHub see the creation of partnerships with staff and consumers as a fundamental aspect of this work.</li> </ul> <p><b>ACTION</b> SB to distribute the Bronze level training PowerPoint.</p>

<p><b>Item 6</b></p>	<p><b>My Health Record: Update &amp; Panel Questions</b></p> <p>This follow-up session on My Health Record had representatives on the panel from the Primary Health Network (YC and TV), Positive Life NSW (NF), eHealth NSW (CT), and a consumer advisory committee (PB). The following questions and comments were noted:</p> <p><i>Who can access my records?</i> YC – Registered health care providers looking over your care, and nominated and authorised representatives. NF – Legislation has limited access to the Department of Health, Australian Digital Health Agency, and the Chief Executive of Medicare.</p> <p><i>SR - Do they need a patient's permission to access records?</i> CT – They operate under a standing consent model in hospitals, unless you state otherwise. YC – If you choose to opt out, you have taken away the permission automatically. PB – Allied staff will have access to your medical documents and information. NF – If you want to remain with a My Health Record, the responsibility to manage the records and what content is accessible falls with the individual. There is a “break glass” policy though that allows doctors to access data in emergencies. CT – There are 2 conditions where break glass can be used: 1. Serious threat to life, health and safety and health providers cannot obtain consent (patient is unconscious), and 2. Reasonable grounds that care will lessen or prevent serious threat to public safety. There are strict audit process when it is utilised and penalties for misuse.</p> <p><i>What level of computer literacy will be required for people to view and take control of their records?</i> NF – Many access issues have come up where patients do not have a driver's license or do not have a computer, let alone the skills to navigate the site. YC – My Health Record is linked to your myGov account and so, requires authentication however, the PHN partnered with the Department of Human Services to deliver awareness campaigns or iPad training sessions to CALD groups and low-literacy groups. It does require basic to intermediate skills depending on the task. CT – There is assisted opt-out through helplines but patients are also not required to do anything with their Record. If you choose to have a record, it will be managed in the background through providers regardless. TV – You can nominate representatives to assist you to manage your record. NF – There is also a degree of health literacy to know what is actually written in your record. ST – Medication lists are also available through Medicare online.</p> <p><i>What is the relationship between MyGov account and My Health Record?</i> YC – The MyGov account is an access point to My Health Record. It is not a standalone website and requires a 2 step authentication through the MyGov portal. Information between these services however is not linked. ED – If you have not opted out and you want Medicare and My Health Record to link, you have to do it yourself. JT – The level of computer literacy required is underestimated. NF – Consumer groups and consumer representative organisations are doing work to run programs that help guide people through the process. PB – There is still not enough awareness that people are being signed up automatically.</p> <p><i>What are the implications for young people, as well as domestic violence victims</i></p>
----------------------	---

		<p><i>with children?</i></p> <p>YC – A new bill has ensured safeguards are in place for victims of domestic or family violence with children. Those who pose a risk to the child will not have access to their records.</p> <p>YC – If a parent has access to a child’s My Health Record they can see everything but at 14, a child can take control and their parent will not have access, or they can limit access by making them a nominated representative and hide any information they want.</p> <p>YC – At 18, they will automatically get their own Medicare card and own record.</p> <p>CT – Children under 14 can provide evidence of their capacity to have their own card and record.</p> <p>CT – In terms of domestic violence victims, the Government will now ensure that a person "cannot be the authorised representative of a minor" if they have restricted access to the child, or pose a risk to the child or a person associated with them.</p> <p>YC – It is also possible to use a pseudonym.</p> <p>CT – Another bill passed that states that law enforcement will be required to have a court order to access information, and no other agencies have direct access to the My Health Record system.</p> <p>CT – An update from last session is that addresses on documents and records will automatically be masked, managed by each jurisdiction.</p> <p><i>GC – How is unauthorised access detected?</i></p> <p>YC – A patient is identified by a 16 digit #, as is the provider and the organisation. They determine unauthorised access by suspicious activity such as multiple log ins, logging in at strange times of the day, and overseas access.</p> <p><b>ACTION</b> SB to circulate the My Health Record Questions and any additional answers from the panel.</p>
	<b>Item 7</b>	<b>Business Without Notice</b> Nil
<b>Part D</b>	<b>Meeting Close 11:06am</b>	
	<b>Item 8</b>	<b>Next Meeting</b> <b>Date:</b> Monday 17th December 2018 <b>Time:</b> 09:30 am-11:30am <b>Venue:</b> The Claffy Theatre Room <b>Type:</b> Formal

*Action Items from District Consumer and Community Council Meetings*

Meeting Date	Item	Action	Who	Status
21 May 18	7	<i>Begin compiling a list of small win programs/initiatives the DCCC could undertake, such as “Hello my name is...”.</i>	SB	List added to the end of the complete list of Annual Plan ideas.
15 Jun 18	9	<i>CPU to establish a Terms of Reference (for the Data Subcommittee), send out an Expression of Interest, and collect nominations for 2 members to be selected by next formal meeting.</i>	CPU	Terms of Reference not approved by Executive Council. Being reviewed.
26 Jul 18	9	<i>DCCC to advocate for the consumer engagement video to be used at their home CAC facilities.</i>	CAC Members	War Memorial has included the video in their orientation package, The Albion Centre is changing

# SESLHD Consumer and Community Council (DCCC) Informal Meeting



				their waiting room TV's – considering adding.
13 Aug 18	5a	<i>2 surveys to be issued concentrating on role in DCCC to identify training needs and gaps.</i>	SJ	2 <sup>nd</sup> survey, asking consumers to self-evaluate themselves against competencies is pending with SJ. Back from holiday 22 Oct 2018.
	6	<i>Looking to establish a working group of 4-5 DCCC consumers to work with iiHub. An EOI will be developed.</i>	SB	Working group EOI will be sent out after the Bronze level training, which is held at the November informal meeting.
	7	<i>DCCC Charter to be finalised at October 18 (formal) DCCC Meeting.</i>	SB	Deadline extended to December 17 formal meeting.
18 Sep 18	1	<i>S Boucher to distribute information on the Remedy Project and End of Life Care Plan EOI for consumer representation to DCCC.</i>	SB	Collaborating with GR on how to involve consumers based on October meeting feedback.