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## HCCA EVENTS

### Staying Healthy in a Changing Climate - Seminar

1pm - 3pm,  
Wed 26 February 2020  
Hughes Community  
Centre, Wisdom St,  
Hughes

### Members' Forum

11am - 2pm  
Wed 4 March 2020  
Building 1, Pearce  
Community Centre, Collett  
Place, Pearce  
RSVP by Thursday 27  
February 2020

## UPDATE FROM THE OFFICE

The drought, fires and floods affecting the Canberra region have focussed our attention on the health consequences of climate change and has underscored the need for an urgent, convincing and sustainable response. We have been talking a great deal about this in the HCCA office, with our members, staff in health services as well as our families and friends. Rising temperatures increase the risk of heat-related death and illness. We experienced extreme heat waves this summer as well as very poor air quality as a result of the fires. In the longer term we may see a change in the types of communicable diseases in the Canberra region, particularly those that are water borne and/or vector borne.

In response to these challenges Claudia Cresswell is facilitating a session on staying Healthy in a Changing Climate on Wednesday 26 February in Hughes. There are more details in this newsletter.

In 2016 HCCA developed our first position statement. This was on Climate Change and Health. The main messages of this position statement is:

- Climate change can cause serious and irreparable harm to the environment and human health
- People and our health must be central to climate change policy and action
- Concerns about climate change may result in uncertainty, stress and mental ill-health
- Climate change mitigation and adjustment strategies can deliver positive health outcomes
- Addressing climate change requires connected solutions

You can read our position statement on our website [here](#). It is due for review this year. If this is something you are interested in contributing to, please let Claudia Cresswell or Kathryn Briant know.

On Monday I attended the official opening of the newly refurbished Cancer Ward (14A) and the new Link Bridge that joins the Canberra Regional Cancer Centre (Building 19) and Building 3. The ACT Minister for Health, Rachel Stephen-Smith MLA, officially opened the new space and staff showed us around. This is good news for consumers who are accessing cancer and haematology services as inpatients as they will now receive their treatment in a completely refurbished ward. There are more single rooms which HCCA has long advocated for. This provides more privacy for patients and families.

We also know that sleep is important for healing and recovery and the increased number of single rooms will help with that. There is also more access to natural light. There are day beds in patient rooms for family members. The ward is a positive pressure environment which reduces the risk of infection to immune-suppressed patients. These rooms are designed so that air flows out rather than in to minimise airborne bacteria. Overall this refurbishment provides a much more comfortable environment for consumers, their family and friends. HCCA has been involved in the design of this ward and we are pleased with the results. Ward 14B is planned to open mid-2020.

A reminder that our next Members' Forum is on Wednesday 4 March. Bernadette McDonald, CEO of Canberra Health Services (CHS), will be speaking to us about her vision and priorities for CHS. Louise Botha (ACT Health) will also talk about the SafeWards program. Please RSVP to [karenjames@hcca.org.au](mailto:karenjames@hcca.org.au).

In closing I want to let people know that I have just signed an employment contract to continue in my position at HCCA for another three years. I can't believe that I have been in my role for 12 years. I have the energy and vision for another three years. Amongst a range of projects, I am looking forward to contributing to the master planning of the Canberra Hospital site, the design of SPIRE, planning for a territory wide approach to services and the introduction of the new Digital Health Record.

*Darlene Cox  
Executive Director*

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## **POLICY AND RESEARCH UPDATE**

We have had a number of requests for policy input recently – thank you so much to all those who have provided feedback! Recent policy submissions include:

- The Draft 'Challenging Behaviour Guideline', attempting to provide a framework for ACT public health services to manage and respond violence and aggression, as part of seeking a safer culture in health care.
- The review of Canberra Health Service's Clinical Procedure for Idiopathic Environmental Intolerance / Multiple Chemical Sensitivity

I am just pulling together the final input from our consultation on the Consumer Feedback Management Policy and Procedure to be submitted at the end of the week.

*Kathryn Briant  
Policy Officer*

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## **Deeble Institute for Health Policy Research**

The Deeble Institute for Health Policy Research was established in November 2011. It is the research arm of the Australian Healthcare and Hospitals Association (AHHA). The Deeble Institute develops and promotes rigorous and independent research that informs national health policy and work to create opportunities to translate research into good health policy and practice

Health Policy Evidence Briefs are short, easy to read, objective papers that synthesise the research evidence in an area of health policy. They are designed to help policymakers who need to quickly find out what evidence exists in a topic area, how compelling it is, and what the implications might be when using it to develop health policies. They also provide a list of key readings for those who need to know more.

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# HEALTH LITERACY UPDATE

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## Reducing Low Value Care

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Current estimates are that approximately 30 per cent of health care delivered to patients is low-value care, or simply waste. The NHMRC Partnership Centre for Health System Sustainability (PCHSS) recently convened 80 health system experts and stakeholders representing diverse groups in the healthcare system, and tasked them to explore potential solutions to reduce low-value care. The number one recommendation is to keep people out of hospital! Other recommendations included to make better use of data and analytics in decision making, organise the system to reward value-based health care, integrate healthcare services and put consumers at the centre. The latter is no news to us! For more information see the Croakey article.

Darlene Cox is a member of the Choosing Wisely and Low Value Care Steering Committee at CHS. This committee is looking at Choosing Wisely recommendations and other initiatives that can be introduced and sustained across the health services in the ACT. The introduction of Choosing Wisely was a recommendation from the ACT Health Culture Review.

*Claudia Cresswell  
Health Literacy Officer*

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## Strength for Life Launch

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On 6 February Minister for Seniors and Veterans, Gordon Ramsay MLA, launched the Strength for Life program run by Council on the Ageing (COTA) ACT. Strength for Life is a progressive training program designed to improve strength, balance, coordination and endurance for people over the age of 50 (over 40 for Aboriginal or Torres Strait Islanders). COTA ACT is training qualified and experienced exercise professionals to deliver the program in 2020. Other likely benefits of the program may include:

- increased mobility
- reduced risk of falls
- preventing or managing arthritis, osteoporosis, diabetes and heart disease
- speeding up recovery from illness
- reducing lower back pain
- improved ability to undertake daily living tasks
- opportunities for social interaction
- improvement in self-esteem and mental wellbeing



Classes will be held twice weekly in fitness centres, retirement villages, community organisations and community centres. Classes will be capped at 15 people and the cost will be affordable. Participants may be able to access rebates through their health fund. For more information call Diane Percy (Strength for Life Coordinator) at COTA ACT office on 6282 3777 or email [dpercy@cotaact.org.au](mailto:dpercy@cotaact.org.au) or [strengthforlife@cotaact.org.au](mailto:strengthforlife@cotaact.org.au)

*Left: Diane Percy (Strength for Life Coordinator) at centre with trainers and staff.*

*Yelin Hung  
Multicultural Liaison Officer*

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# HEALTH INFRASTRUCTURE UPDATE

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## SPIRE Project – Local Community Reference Group

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Major Projects Canberra is establishing a Local Community Reference Group (LCRG), with members expected to be announced shortly.

The Local Community Reference Group will be tasked with providing input into:

- Streetscaping so all elements fit cohesively together in the visual landscape
- Contributing to the urban design of the SPIRE Project
- Collaborating with other Government organisations to address concerns around key traffic interfaces, to arrive at innovative solutions that meet the needs of the local community.

The first Local Community Reference Group Forum on the SPIRE project was held 4 February 2020. Themes that were explored at the Forum included:

- Urban design
- Delivery arrangements.
- Parking and local traffic
- School access

A post-forum report about '*What we heard*' at the Forum will be published on the [SPIRE Project](#) page on the ACT Government Your Say website. We will share the link in a future newsletter.

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## Media Coverage on the SPIRE Project

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On 12 February 2020, *The Canberra Times* ran an article, [Key SPIRE details yet to be determined](#), on the SPIRE Project. The article stated that the government is yet to finalise key details of the SPIRE project and is still considering "alternative approaches" to the project.

The article also referred to emails obtained through Freedom of Information that show Canberra Health Services was still investigating three different site footprints for the project in November 2019. The documents included discussions about:

- the possible location of the main entrance to the hospital, with Yamba Drive preferred.
- linking SPIRE to the existing buildings through a new structure, but this was yet to be costed.

- The possibility of closing Hospital Road to traffic depending on the option chosen.

In the article, the Health Minister, Rachel Stephen-Smith MLA confirmed that the site of the SPIRE project has been settled and the Government had no intention of reconsidering it. The options being considered in the documentation referred to the footprint of SPIRE. A building footprint generally refers to the area on a project site that is used by the building as defined by its external walls.

There was considerable discussion in the [ACT Legislative Assembly during Question Time](#) on Wednesday 12 February 2020 on the proposed options for the footprint. You can view the discussion in the Legislative Assembly at the [ACT Legislative Assembly on Demand](#) webpage.

Anne Meuronen  
Community Participation Coordinator

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# CONSUMER REFERENCE GROUP REPORTS AND INFORMATION

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## Quality and Safety – CRG Meeting

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The next meeting of the Q&S Consumer Reference Group is on Tuesday 25 February 2020. This is a closed meeting. Consumer representatives on quality and safety committees in health services are invited to attend. This group is chaired by Sue Andrews and Kate Gorman is the secretariat.

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## Quality and Safety - Tackling the Emergency Department Crisis

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Dr Lesley Russell, Adjunct Associate Professor, Menzies Centre for Health Policy, University of Sydney, has some proposals aimed at boosting and extending emergency medicine, saving patients' lives and improving the lives of emergency care providers.

The Australian Institute of Health and Welfare shows that in 2017-18 public hospital EDs saw more than eight million patients, with about half in the semi-urgent or non-urgent categories. To address this situation some proposals are:

- Most EDs need to be bigger. Even if patients don't get seen sooner, at least they can lie in a bed in a room, rather than in a corridor
- Have three types of EDs: (1) the traditional area for absolute emergencies (2) a GP emergency clinic and (3) a mental health / substance abuse emergency department
- Ideally these should be in a single location. But the case can be made for more stand-alone GP emergency clinics
- A single entrance for self-referral to the GP clinic or the mental health ED. It is unrealistic to expect all patients to self-triage

- These ED streams should be "leaky" because the initial triage may have missed something.

These proposals require more resources and more staff. Some presentations could be seen by a GP and paid for by Medicare, with an additional annual federal contribution of \$1 billion. A matching contribution from states and territories would increase the budget by 50 per cent. Building and rebuilding costs could be paid for from the Australian Government's Infrastructure Investment Program.

The most important expenditure will be on workforce; more doctors, nurses, mental health professionals, dentists, nurse practitioners, allied health workers, Aboriginal Health Workers, technicians and translators. The Australia's Future Health Workforce – Emergency Medicine report found that there will be a substantial oversupply of emergency medicine specialists through to 2030. This provides an opportunity to expand the ED workforce and to adjust rostering and work hours to improve the quality of doctors' working lives.

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## Quality and Safety - Hearing Loss in Hospital

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An article in the BMJ states that one in six people in England has hearing loss — 71 per cent of over 70s. Increasing age brings greater risk of frailty, dementia, and functional impairment in daily activities, which may be compounded by hearing loss.

Quality of care in hospital may be jeopardised if we don't document and share knowledge of patients' pre-existing hearing loss. It can be a risk factor for developing delirium, make it harder for patients to understand instructions or information, which could in turn hinder physical examination, functional or cognitive assessment, and rehabilitation.

Sometimes hearing loss can leave clinical teams thinking, wrongly, that a patient has significant cognitive impairment or depression. A patient may easily leave the consulting room having missed key information.

Some basic good practice is to sit or kneel at a patient's eye level, and touching on the shoulder or hand to signal that you want to speak. Slow, clear, face-to-face speech at eye level is preferable, sometimes with vocal register lowered slightly. Shouting rarely helps and can destroy confidentiality. In some patients, removing earwax, using written communication, or listening aids, can help. For others, contact with hospital services provides opportunities to detect previously unrecognised hearing loss.

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## Quality and Safety – Clinical Handover is Vital

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As patients transition between hospital and community, it is essential that a clinical handover precedes or accompanies them as they exit the hospital. The following from the [GPs Down Under](#) Facebook group provides a wish list for those preparing clinical handovers to primary care.

- Kindness - A personalised handover helps GPs to continue ongoing care.
- Identify - Is the correct GP identified in the patient record? Who else in the team needs to be included in the clinical handover to primary care?
- Situation - How did the patient end up in hospital? What is the impression regarding diagnosis? Are there any other significant health concerns?
- Background - What were the outcomes for the patient? Include challenges encountered, allergies or adverse drug reactions.
- Assessment - Summarise significant results and what the clinical team did for the patient. Provide details of medication changes.
- Recommendations - Has a follow-up hospital appointment been made? Are other services involved? Are there any results pending? Ensure discharge medications and instructions are clearly recorded and communicated. Is there an advance care plan or directive? Are there sutures or dressings? Are further investigations needed? Include details of what you would like done, why, and a recommendation for management if abnormal. Provide a contact number.

At the hospital administration level there is much that can be done to improve clinical handover to GPs. Here are their suggestions:

- Change the name from “discharge summary” to “clinical handover to primary care”. Change the language used in conversations. Language shapes culture.
- Pay doctors appropriately for the time needed to complete these handovers.
- Redesign electronic discharge systems around the needs of clinicians and patients, not in excess of 1–2 pages of core clinical information.
- Ensure the senior clinician assumes responsibility for the handover.
- Prioritise identification of a patient’s GP.
- Ensure that that patient has a copy of the clinical handover and an understanding of the content. Avoid jargon and acronyms.
- Ensure that all relevant team members are included in the handover.

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## E-Health – CRG Meeting Report

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The E-Health Consumer Reference Group (E-health CRG) held its first meeting on 13 February 2020. We heard about and discussed some of the IT systems upgrade work underway, including:

- The new switchboard system soon to be installed at Canberra Hospital
- An upgrade to the supply chain IT systems
- Use of digital patient journey boards for improving patient flow across Canberra Hospital
- Utilisation of electronic kiosks for check-in and way-finding
- Procurements for both the Pathology Lab Information System and the Digital Health Record for the ACT

There was also lots of discussion around My Health Record:

- Integration with other IT solutions used across our health system

- Work being undertaken to improve the viewing of My Health Record across both Canberra Health Services and Calvary public hospital
- Advance Care Planning – uploading, accessing and viewing these documents in the My Health Record
- Capital Health Network’s project to try and improve registration and utilisation of My Health Record by private specialists in the ACT.

The E-Health Consumer Reference Group meets every two months. It is chaired by Russell McGowan and Kathryn Briant is the secretariat.

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## **e-Health - Digital Health: Heaven or Hell - KPMG Report**

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Around the world there is an acceptance that health services are at least a decade behind other industries in the use of information technology to increase productivity and quality. Unfortunately, IT implementation in health care has often stood out as problematic, overspent and underwhelming. Paradoxically, even “successful” implementations have sometimes made efficient care delivery more difficult.

It is clear that success isn’t achieved by simply replacing analogue processes with digital ones. It’s about rethinking the purpose of services, re-engineering how they are delivered and capitalizing on opportunities afforded by data to adapt and learn.

This report aims to cut through both the narrow ambitions of ‘doing the same things, but digitally’ and the often fanciful predictions of many reports about technology’s potential to transform health care. Real-life stories of success and failure around the world are examined to find out what really works in realizing productivity gains in health, how organizations can get this right (or wrong), and how the delivery of health care is realistically going to change in the years to come. Seven evidence-based big opportunities, and seven practical lessons to capitalize on them have been identified. You can read the [report here](#).

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## **Accessibility & Design – CRG Meeting Report**

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Discussions of accessibility and health building design have become more intense since HCCA has become involved with the SPIRE project at Canberra Hospital. SPIRE is the planned building precinct that will cover surgery, radiology and emergency services on the eastern side of the hospital campus (access via Palmer Street). The HCCA Accessibility and Design Consumer Reference Group (A&DCRG) met on 4 February 2020 and covered SPIRE, CHS master planning, parking, transport, residences for interstate patients, signage and the First Impression’s Project. The main focus was the probable

changes that will occur with SPIRE and the partial closure of Hospital Road. This road runs through the centre of the campus and its closure would limit public transport and change access for everyone. HCCA is part of the ongoing discussion with both the project team and CHS Infrastructure and Health Support Services.

The next meeting is on April 7 where the guest speaker will talk about master planning across CHS. Anne Meuronen chaired the last meeting. Claudia Cresswell is the secretariat.

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## **Health of Older People - The Australian Injecting and Illicit Drug Users League**

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The [Australian Injecting and Illicit Drug Users League \(AIVL\)](#) is the Australian national peak organisation representing state and territory drug user organisations for people with lived experience of drug use. AIVL’s purpose is to advance the health of people who use/have used illicit drugs.

The population of people who inject drugs in Australia is an ageing cohort. Latest data found that the average age of people accessing injecting equipment through needle and syringe programs has risen from 38 years in 2012 to 42 years by 2016.

In 2019 AIVL produced a *Policy statement on supporting healthy ageing for people who inject drugs and/or receive pharmacotherapies*. It provides interesting reading on the availability of the overdose reversal drug, Naloxone, as well as other issues of relevance to this group.

The next Health of Older People Consumer Reference Group (HOPCRG) meeting is on Wednesday 19 February 2020. The Liaison Officer from the AFP Vulnerable Persons Unit will be attending to provide the group with information about their role. Adele Stevens is the chair of HOPCRG and Darlene Cox is the secretariat.

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## ITEMS OF INTEREST

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### Australian Institute of Health and Welfare (AIHW)

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AIHW are Australia's leading health and welfare statistics agency. AIHW data services ensure strong evidence is available on a wide range of health and welfare matters. This enables stronger decision making for better services and programs for all Australians.

AIHW holds valuable data used to produce reports, bulletins, online content and data products. It is committed to providing accessible and reusable government data in line with strict privacy and confidentiality requirements. It also manages Australia's metadata online registry. You can find a broad range of reports, data and health performance information on the AIHW website [here](#).

Accessing information about the health of Australians and health care performance will now be made easier by two new online resources. The Australian Health Performance Framework (AHPF) was created by the Australian Health Ministers' Advisory Committee (AHMAC) as a single mechanism for system-wide health reporting.

Users can also access information released by the AIHW and other key national, state, territory and non-government agencies, including the Australian Bureau of Statistics, the Independent Hospital Pricing Authority and the Australian Commission on Safety and Quality in Health Care.

The new MyHospitals reporting platform will bring local level data together with the state and territory and national level information. The new platform presents data and information on spending on hospitals, workforce issues, hospital activity, the safety and quality of care in hospitals and access to hospital services. It also includes new My Local Area functionality that allows users to explore data about a specific hospital or local hospital network.

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### Update on Event Venues for People with Multiple Chemical Sensitivities

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We are aware that some HCCA members and staff experience multiple chemical sensitivities which can cause a range of unpleasant symptoms when those people come into contact with chemicals commonly found in cleaning products, air fresheners, deodorants and perfumes. Some people have asked about the use of chemicals in the venues we use.

HCCA uses low toxicity cleaning products only when necessary, and has no air fresheners in bathrooms at Maitland House (Hackett offices and meeting rooms).

Recently we requested information about the use of chemicals at the SHOUT venue that we also use at the Pearce Community Centre. We were advised that:



The Pearce Community Centre (PCC) does have automatic air fresheners in all the toilets including the disabled toilets. The toilets are the responsibility of the PCC and the air fresheners cannot be removed from the toilets as they were installed for specific reasons. SHOUT cannot guarantee that there are no chemicals, of any sort, used within the building. However we don't use air fresheners in the SHOUT Meeting Room.

To assist people with multiple chemical sensitivities HCCA would like to request that people attending our events consider using personal products that are low-scent or unscented. Thank you.

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## Useful Newsletters

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### SHOUT Newsletter

- latest edition [here](#)

### Winnunga Nimmityjah

- Latest edition [here](#)

### Consumers Health Forum of Australia

- February edition [here](#)

### Australian Commission on Safety and Quality in Health Care

- On the Radar latest issue [here](#)

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## UPCOMING HCCA EVENTS

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### Staying Healthy in a Changing Climate Seminar

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It's clear we have a climate crisis and that many people are suffering and struggling to know how to cope. This seminar may assist you to stay as safe and as healthy as possible in the rain, hail, fires or smoke. HCCA will present this seminar in conjunction with Canberra Health Services, the Emergency Services Agency and the Next Step Mental Health Service.

Topics include:

- preparing for climate emergencies
- managing poor air quality, smoke and heat
- managing the stress caused by the changing climate and climate damage
- best sources of information

**Date:** 1.00pm – 3.00pm, Wednesday 26 February, 2020

**Venue:** Hughes Community Centre, Wisdom St, Hughes. Parking front and rear.

**RSVP:** to [karenjames@hcca.org.au](mailto:karenjames@hcca.org.au) or phone: 6230 7800 by Monday 24 February. Refreshments provided.

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## Members' Forum

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Our next Members' Forum will be on **Wednesday, 4 March at the SHOUT meeting room in Pearce.**

This forum will feature two guest speakers:

- Louise Botha, Senior Project Officer-Towards a Safer Culture, will talk about the Safewards Project. This project aims to reduce the need for seclusion and restraint of patients and improve culture in hospital settings. You can read more about the Safewards [here](#).
- Bernadette McDonald, Chief Executive Officer, Canberra Health Services, will talk about her priorities and vision for Canberra Health Services.

**Date:** 11.00am - 2.00pm, Wednesday 4 March 2020

**Venue:** SHOUT meeting room, Pearce Community Centre, Collett Place, Pearce.

**RSVP:** by **Thursday 27 February** to Karen James on [karenjames@hcca.org.au](mailto:karenjames@hcca.org.au) or call 6230 7800 and advise any dietary requirements and if you need transport assistance.

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## RECENT APPOINTMENTS

- Linda Trompf has been appointed as Consumer Consultant for Healthscope National Capital Private Hospital.
- Geri Badham continues as consumer representative on the reconvened Arts in Health Advisory Group.

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## CONSUMER PARTICIPATION

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### Focus Groups

Kate Gorman recently conducted two consumer focus groups. The Canberra Hospital Paediatric Diabetes and Endocrinology Service invited HCCA to conduct a focus group of parents and children to assess what is working well and to get feedback on their plans for service improvements.

ACT Ambulance Service invited HCCA to run a second consultation session with representatives of service providers and organisations who work with vulnerable groups in the community. Last year HCCA conducted the first consultation and will be reporting the results of both sessions to help ACT Ambulance Service better meet consumers' needs.

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### Occupational Violence Prevention and Management Committee CHS

Canberra Health Services is seeking a consumer representative to participate in the Occupational Violence Prevention and Management Committee. The role of the OVPMC is to monitor implementation of the Occupational Violence Strategy and associated policies and procedures, review statistical reports and develop strategies in consultation with staff, management and other stakeholders.

The role would suit an experienced consumer representative with an interest in occupational violence prevention, work health and safety and policy implementation.

You can view the terms of reference for this committee [here](#). You can nominate for this committee [here](#). This opportunity closes on **Tuesday 3 March 2020**.

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### Governance Committee for Pharmacist in Residential Aged Care Facilities Program - Capital Health Network

Capital Health Network and University of Canberra are seeking a consumer representative to join the governance committee for a project that aims to integrate a pharmacist into Residential Aged Care Facilities to improve resident safety and reduce medication-related effects and hospitalisation. The governance committee will provide advice to CHN on the service model, evaluation framework and strategies to attract and retain pharmacists and monitoring and evaluation of the program.

The position would suit an experienced consumer representative with an interest in pharmacy services and residential aged care facilities. The governance committee will be convened for the duration of the project from March 2020 to July 2021.

You can view the terms of reference for this committee [here](#). You can nominate for this committee [here](#). This opportunity closes on **Tuesday 3 March 2020**.

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# CONSUMER REPRESENTATIVE SPONSORSHIP OPPORTUNITIES

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## Better Care Everywhere: Healthcare Variation in Practice National Conference

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The Australian Commission on Safety and Quality in Health Care will hold its annual conference at the International Convention Centre in Sydney on 20 and 21 July 2020.

The conference is a forum to increase understanding of health care variation and to share successful initiatives to improve appropriateness of health care and improve patient outcomes. Led by national and international guest speakers, it is an opportunity to take part in plenary sessions, panel discussions and seminars to gain practical knowledge and skills to help deliver better patient outcomes.

More information about the conference can be found [here](#).

HCCA will sponsor two consumer delegates to this conference and is seeking expressions of interest from consumer representatives. Sponsorship includes conference registration, and transport and accommodation costs. HCCA has an expectation that consumer representatives who are sponsored to attend conferences will share their knowledge through contributing a written or spoken report for the benefit of other members and staff.

If you would like to attend this conference, please complete the expression of interest form [on the HCCA website](#). The closing date for expressions of interest is **Tuesday 10 March 2020**.

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### Contact Us

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Consumer Bites is the fortnightly newsletter from **Health Care Consumers' Association ACT**

Please note that Consumer Bites provides a small snippet of health related articles our members might find interesting to consider, ponder and analyse. The HCCA does not purport to endorse any opinions or the veracity of claims contained within the articles.

*Editor: Darlene Cox*