HealthCare Consumers

Health Care Consumers' Association

Annual Report 2016-17

Annual Report 2016-2017

This report reviews the activities and achievements of Health Care Consumers' Association of the ACT (HCCA) during the period 1 July 2016 to 30 June 2017.

The report is also available on our website at http://hcca.org.au/index.php/about-hcca/governance/annual-report.html. If you would like a hard copy of this report please contact the office at adminofficer@hcca.org.au.

Cover Photos

1. Michelle Banfiled, Louise Bannister, Shelley McInnis, Indra Gajanayake, Alan Thomas, Marcus Bogie, Marion Reilly and Sue Andrews in October 2016

2. Bill Heins, Rick Lord and Russell McGowan at the Consumer Representatives Forum in May 2017

3. Sally Deacon, Khalia Lee, Darlene Cox, Kate Gorman, Yelin Hung, Kathryn Dwan, Claudia Cresswell, Molly Wilkinson and Kathryn Briant in March 2017

Health Care Consumers' Association

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Health Care Consumers' Association of the ACT

Our Purpose

Health Care Consumers' Association (HCCA) is a health promotion organisation. Our mission is to deliver better health outcomes through consumer empowerment so consumers can be in control of their own health.

HCCA is the peak health consumer advocacy organisation in the ACT and we have supported and developed health consumer perspectives and policy since we were incorporated in 1978.

We strive to improve the quality and accountability of health services by providing health care consumers with the opportunity to participate in health policy, planning and service delivery decisions. We encourage consumers to identify priorities and issues of concern relating to health and we formally convey these collective views to the ACT Government, Primary Health Networks, Federal Government and other bodies.

HCCA works closely with consumers and support consumer representatives to put forward consumer perspectives. We hold consultative fora to enhance consumer voices and information sessions to improve health literacy in our community and have regular communications with our members and networks through our newsletter and social media. We also advocate consumer perspectives in health policy and undertake research into consumer experiences of health care.

Executive Committee members: Michelle Banfiled, Louise Bannister, Shelley McInnis, Indra Gajanayake, Alan Thomas, Marcus Bogie, Marion Reilly and Sue Andrews.
Fiona Tito Wheatland was absent for this photo.

HCCA Strategic Plan 2016 - 2017

Our Vision

Consumers in control of our own health.

Mission

Better health outcomes through consumer empowerment.

Values

We value our members' knowledge and experience of the health system and their involvement in their local communities.

Other values are:

Bill Heins, Rick Lord and Russell McGowan at the Consumer Representatives Forum in May 2017

- Responsibility
- Integrity
- Collaboration
- Equity

GOAL 1: Effective consumer participation in health policy development and service design, planning and delivery.

GOAL 2: HCCA continues to be a strong and credible voice for consumers on health care.

GOAL 3: High levels of health literacy in the Canberra community.

GOAL 4: Our members, staff and stakeholders regard HCCA as a strong and responsive organisation.

Sally Deacon and Sue Andrews at the Consumer Representatives Forum in May 2017

Darlene Cox, Linda Kohlhagen from ACT Health, Yelin Hung, Claudia Cresswell and Geri Badham at the Accessibility and Design Consumer Reference Group in October 2017

Highlights of 2016 - 2017

Governance

- HCCA met all our governance obligations and contractual requirements.
- Eight Executive Committee meetings were held between July 2016 and June 2017.
- The Consumer Representatives Program Steering Committee met six times between July 2016 and June 2017.
- The Health Policy Advisory Committee met four times between July 2016 and June 2017.
- The Executive Committee continued to review HCCA organisational policies to ensure they remain up-to-date and relevant for the organisation. The Executive Committee reviewed and endorsed 27 organisational policies between July 2016 to June 2017.
- The Executive Committee established an Evaluation Working Group to review the HCCA Strategy Plan.

Representation and Partnership

- In 2016-2017 the Consumer Representatives Program supported 40 consumer representatives and 9 organisational representatives (staff members).
- HCCA made 27 endorsements of consumer and organisational representatives to committees, of which 13 were consumer appointments, and 14 were organisational appointments.
- In total, HCCA supported consumer and organisational representatives on 133 new and continuing committees across ACT Health, Calvary, ACT community organisations and national bodies.
- In total, there were 40 HCCA consumer representatives in 146 positions (some committees had more than one consumer representative attending) on 133 committees in this period.
- The ACT e-Health Consumer Reference Group met five times.
- The ACT Health of Older People Consumer Reference Group met six times.
- The ACT Accessibility and Design Consumer Reference Group was established in August 2016 and met four times.
- The ACT Quality and Safety Consumer Reference Group met five times.
- The HCCA Health Policy Advisory Group met four times.
- HCCA met with the ACT Health Executive eight times to discuss issues of interest to consumers.
- HCCA's two-day consumer representative training was delivered in November 2016.
- Consumer Representative forums were held in August and November 2016 and in March and May 2017.

Health Policy Submissions

National

HCCA made eight submissions on national health issues:

- Productivity Commission Human Services Issues Paper, July 2016
- Wounds Australia Aseptic Wound Dressing Procedure, September 2016
- National Review of Pharmacy Remuneration & Regulation , September 2016
- Royal Australian College of General Practitioners Consumer Brochure on why you need a regular GP , October 2016
- Consultation Paper on the Pricing Framework for Australian Public Hospital Services 2017-18, October 2016
- Revalidation in Australia - Medical Board of Australia, November 2016
- Aged Care Review, December 2016
- Australian Medical Council review of the training, education and professional development programs of the Royal Australasian College of Surgeons, March 2017

Local

HCCA provided 12 responses on local health issues, patient information brochures, policy and discussion papers for ACT Health:

- Providing Clinical Health Services in an Off-Campus Environment Policy, July 2016
- Babies First Food Brochure, August 2016
- Multiple Chemical Sensitivities Clinical Procedure, September 2016
- Open Disclosure Policy, October 2016
- Records Management Policy, October 2016
- Draft LGBTI (lesbian, gay, bisexual, trans, and/or intersex) Inclusion Framework ACT Health, October 2016
- CHHS Providing Clinical Health Services in an Off-Campus Environment Policy - additional review, November 2016
- Draft Incident Management Policy, Procedure and Significant Incident Procedure, November 2016
- Consumer Handout Policy, December 2016
- School Immunisation Program, March 2017
- Memory Assessment Service Patient Information Sheet, April 2017
- Aquatic Therapy University of Canberra Public Hospital Policy and Procedure, April 2017

We also reviewed the Capital Health Network Transition of Care Pilot – DRAFT Service Delivery Model, October 2016

Health Issues Groups

- Master plan for the University of Canberra Health hub, December 2016

Focus Groups and Public Consultations

- Comments on Cardiac Survey - transition from hospital to home, July 2016
- Review of Pharmacy Remuneration and Regulation - public forum, August 2016
- Homebirth consultation communications, September 2016
- Comments on Falls survey (COTA) - October 2016
- Australian Medical Council Consultation framework for accreditation standards for quality use of medicine, November 2016
- Aged Care Legislated Review Consultation, February 2017
- Capital Health Network - Needs Assessment Forum, February 2017

Capital Health Network , Needs Assessment Forum in February 2017

Melissa Fox from Health Consumers Queensland, Yelin Hung and Kathryn Briant at the Emerging Consumer/Carer Leaders Colloquium in March 2017

Executive Committee 2016 - 2017

Dr Sue Andrews
President

Sue joined the HCCA Executive Committee in April 2012 and was elected President at the AGM in the same year.

Sue has worked in different roles in the health field over many years and is committed to consumer centred health care. She began her working life as a Medical Technologist at the Royal Alexandra Hospital for Children in Sydney, then in Papua New Guinea and later in Canberra. After completing an honours degree in Science at the ANU in the 1980s, Sue joined ACT Health initially as a researcher for the Cervical Screening Pilot Program, then later in the 1990s as Women's Health Advisor and also in other health and social policy areas. She has experience in the non-government sector, having worked for Family Planning Australia and ACT Shelter and has served on the boards of Sexual Health and Family Planning ACT, the Domestic Violence Crisis Service and the Women's Centre for Health Matters, of which she is a life member. Sue has a PhD in Women's Studies and maintains a strong interest in the social determinants of health, including gender. Sue chairs the HCCA Health Policy Steering Committee and the Quality and Safety Consumer Reference Group and is a consumer representative on The Canberra Hospital Clinical Ethics Committee, and the ACT Clinical Council and is a member of the Board of the Consumers Health Forum of Australia.

Dr Michelle Banfield
Vice - President

Michelle has been a member of HCCA since 2011 and joined the Executive Committee in November 2012. She was elected Vice President at the AGM in 2014. Michelle is a mental health and health services researcher at The Australian National University. Originally a biological anthropologist exploring the behaviour and social systems of primates, Michelle moved into mental health research after serious mental illness derailed her grand plans and gave her a new focus. She has a PhD in epidemiology and population health, using participatory research methods to explore mental health consumers' priorities for research on depression and bipolar disorder in Australia. Her current work is focused on mental health services and policy, using a flexible model of research involvement to include consumers and other stakeholders in the research process and ensure their perspectives are central. She is Head of the Lived Experience Research Unit at the Centre for Mental Health Research.

Dr Indra Gajanayake
Treasurer

Indra joined HCCA in 2009 and become a member of the Executive Committee in October 2015. In November 2016, Indra stepped into the Treasurer's position, following Fiona Tito Wheatland's resignation. Currently, she is the Consumer Lead in ACT Health's Falls Standard Group and is a consumer representative on a number of ACT Health committees. Indra has extensive experience in health policy, performance monitoring, information development and reporting in Australia, and in population research in Sri Lanka. She has a Master's Degree in Medical Science (Clinical Epidemiology) and a PhD in Demography. A past President of the Public Health Association of Australia (PHAA) ACT Branch, Indra is also a member of the Australasian Epidemiological Association and the Consumers' Health Forum of Australia. She has a strong interest in population health issues and safety and quality of health care people receive in the community and in hospitals.

Dr Fiona Tito Wheatland
Member

Fiona joined the Executive Committee in 2015, having served on the committee in the 1990s in a number of roles, including President of HCCA and more recently Treasurer. She has had extensive experience as a consumer advocate and consumer representative in various parts of health care. She has worked on patient safety issues in particular for more than 25 years – first as Chair of the Professional Indemnity Review, and then later on committees at the local hospital, Territory and National level. She has served as a consumer representative on the Policy Review Committee of Mental Health ACT, as Principal Health Advisor to ACOSS, as inaugural Chair of Health Policy in the ACT Council of Social Services and as Chair of the ACT Community Health Rights Advisory Council. She graduated with her PhD looking at the Doctor Identity and its impact on patient safety in 2017. Fiona is currently a community representative on the Canberra Regional Medical Education Council, was the HCCA representative on the Australian Council of Healthcare Standards (ACHS) from 2014-2017, a community representative on the Australian Pharmacy Council and member of the Progress Reports Working Group of the Australian Medical Council. Fiona is also a member of the HCCA Health Policy Advisory Committee.

Marcus Bogie
Member

Marcus Bogie joined the Executive Committee at the AGM in 2014. Marcus is the Senior Client Services Coordinator at the AIDS Action Council of the ACT. Marcus has worked for the Council for the past 17 years in various roles and has a thorough understanding of the needs of people accessing health services. Having lived with HIV for over 20 years, Marcus has first-hand experience in navigating the health system and is conscious of the needs of people receiving timely and accurate information. He is the coordinator of the Blood Borne Virus Counsellors Network and represents the AIDS Action Council on various committees in advancing its cause. Marcus is passionate about equal access and believes stigma and discrimination around any issue is intolerable. He strongly believes in assisting people to be empowered to advocate for themselves and if not, having someone skilled to advocate on their behalf.

Louise Bannister
Member

Louise is passionate about women's health and wellbeing, disability rights and advocacy. Louise joined HCCA in 1999 and started her consumer representative role in 2001 as a member of a Disability Task Group for ACT Health's Breast Screen and Cervical Screening Programs. This experience led to her being appointed to the ACT Cervical Screening Advisory Program, where she served for 10 years, including 5 years as the Committee's Chair. Louise has worked on many Community Health committees over the years, including the Clinical Review Committee, and was also a consumer representative on the Health Infrastructure Program Project Control Group. She is currently on the Quality and Safety Committee for Rehabilitation and Community Care (RACC).

Louise served for 7 years on the ACT Board of the Physiotherapist Board of Australia, to help oversee the Board's transition to a National body. She has previously served on HCCA's Executive Committee from 2003-2006 and was part of the Consumer Representative Training team from 2008-2012. As well as being involved with HCCA, Lou is also an active member of Women With Disabilities ACT. Louise is currently serving on the ACT Ministerial Council on Women (MACW); and the Disability Reference Group (DRG). In 2012, she was awarded the Chief Minister's Inclusion Award, for Inclusion by an Individual, in recognition of her work in the disability community.

Marion Reilly
Member

Marion joined HCCA in 1997 and was a member of the Executive Committee from 1998 to 2012. Marion has also help to shape the HCCA Consumer Representative Program and she chaired the Consumer Representatives Program Steering Committee until 2011. Marion has also participated in various committees with the Department of Health and ACT Health and is currently sitting on the ACT Equipment Scheme Advisory Committee and the Canberra Imaging Group, a private committee. Her main interest in health is where the 'patient' is the central decision maker. She is also interested in supporting people living with disabilities.

Shelley McInnis
Member

Shelley joined the HCCA towards the end of 2013, after a lengthy career in health education and health promotion. She has worked as a researcher into cardiovascular disease, a lecturer in health program planning and evaluation, a health policy advisor for state and territory and federal governments, and a manager and evaluator of health projects in developing countries of Asia and the Middle East. She has also, as an inquiry secretary for federal parliamentary committees, crafted reports on subjects such as the social costs of drug abuse. After her retirement from full -time work in 2006, she trained and worked as a mediator with Canberra's Conflict Resolution Service, and devoted herself to the care of family members with Type 1 diabetes and dementia. Since joining the HCCA, Shelley has served as a consumer representative with the National Prescribing Service, the Capital Health Network, and the ACT Government's Dementia Services Advisory Group. She is a member of the HCCA's Health of Older Peoples' Consumer Reference Group and Health Policy Advisory Committee, and is also on the Steering Committee of a Palliative Care Research Project. In 2016 she was elected for a two-year term as an Ordinary Member of the Executive Committee.

Dr Alan Thomas
Member

Alan has been a member of HCCA for over 10 years and have served on a variety of ACT Health Committees. The most recent include the Program Control Groups for the Health Infrastructure Program (HIP) for both the Canberra Hospital and the Calvary Hospital. He is presently a member of HCCA's Consumer Representative Program Steering Committee and the ACT Health's Medical and Dental Appointments Advisory Committee.

Alan has a PhD in Analytical Chemistry and worked for 5 years as a pharmaceutical chemist with the Commonwealth Health Department. He believes HCCA is making a significant contribution to health care in the ACT, and that in general there is a good working relationship with ACT Health. He would be keen to ensure this continues. He is interested in a discussion at the Executive Committee level in the first instance on whether HCCA should take a more advocacy role, particularly for the management of patients in hospital, and if so how that could be achieved.

HCCA members at the 2016 Annual General Meeting in September 2016

Indra Esguerra, Meegan Fitzharris, Sue Andrews and Jeremy Hanson at the HCCA election forum with electoral candidates in October 2016

President's Report

Shelley McInnis, Minister for Health, Meegan Fitzharris and Sue Andrews in September 2017

In the context of a new ACT Labor government elected at the end of 2016 and a new Minister for Health and Wellbeing, and the continuing implementation of a broad ranging reform agenda across ACT Health, this last year has been one of change and opportunity for HCCA. Our new funding agreement has been in place since December 2016 and includes an increased focus on consumer based research and health literacy, as well as a continuation of our core business of the consumer representatives program and health policy work. The HCCA Strategic Plan is currently under review to enable us to continue to achieve our goals as well as be responsive to emerging health issues for consumers across the ACT health care system.

We welcome ACT Health's recent release of the Draft Territory Wide Health Services Framework for consultation. There are now opportunities for consumers to provide feedback on this important 10 year health plan for the ACT, including participating in the Territory Wide Health Services Advisory Group. The government anticipates that, "together we will deliver a fully integrated, territory wide health system that is person and family centred, safe and effective, and adaptable to the community's changing needs" and HCCA looks forward to being part of that process.

HCCA is providing significant consumer input into ACT Health's development of the Quality and Safety Strategy which aims to improve the way care is delivered and to reduce incidents of preventable harm. Sally Deacon has been leading this work which involved extensive consultation about what safe, quality care means to consumers, as well as research into consumer and carer experiences of health care. Quality and safety of health care is a key health policy priority for HCCA and this was reflected in the excellent response from our members and communities to the online survey, focus groups and stakeholder interviews.

The Executive Committee has diligently undertaken all its governance responsibilities again this year. It regularly monitors the work of the organisation against the goals of the strategic plan, reviews and endorses organisational policies, and discusses and responds to emerging health system and consumer issues. The EC has endorsed HCCA position statements on the Health Effects of Climate Change and one on Health Literacy. We are now looking forward to the development of a position statement on Consumer (or Person) Centred Care. I sincerely thank all EC members for their contribution over the last year. This year Fiona Tito Wheatland is stepping down from the EC. Fiona contributed enormously to the work of the EC with her sharp legal mind and her extensive knowledge and involvement in health policy and quality and safety issues. Thanks also to Indra Gajanyake for taking on the Treasurer's role this year.

I am pleased to report that HCCA continues to operate from a sound financial basis. Current members' equity is $336,431, an increase from the previous financial year.

In May this year the Evaluation Working Group of the Executive Committee began the process of reviewing HCCA's Strategic Plan. An online survey for members and stakeholders was developed which sought feedback on the relevance of the goals and objectives of the Plan as well as the governance and management of the organisation. Key messages from that survey, which had a good response rate, is that both members and stakeholders see HCCA to be a well governed and managed organisation and the existing goals remain relevant. The new Plan will be finalised and endorsed by the Executive Committee for release in February next year. I'd like to acknowledge the work of the Evaluation Working Group – Michelle Banfield, Shelley McInnis, Alan Thomas, Wendy Armstrong, Russell McGowan, Linda Trompf and Marion Reilly, and also extend a thank you to all those members who have contributed their time and thoughts to this important process.

I would like to acknowledge and thank HCCA members and consumer representatives for their continuing contributions and participation in the work of HCCA. As well as undertaking consumer representative work with ACT Health and other health organisations locally and nationally, many are involved in HCCA Consumer Reference Groups. These cover areas of quality and safety, the health of older people, and e-health. They provide valuable input into HCCA's policy and advocacy work. Members are also actively involved in the Health Policy Advisory Committee and the Consumer Representatives Program Steering Committee. The quarterly Consumer Representatives Forums are also significant occasions for consumer representatives to meet and discuss issues of concern and share information. One of our long standing consumer representatives, Roger Killeen, resigned from HCCA this year to look after his own health, and I thank him for his contribution to HCCA and his strong and effective advocacy for people living with diabetes.

HCCA is a well respected peak consumer health body in the ACT and our input into policy and other significant forums is often highly sought after. On behalf of the Executive Committee I extend our appreciation and thanks to our Executive Director Darlene Cox for her exemplary leadership and management of HCCA. We now have in place an experienced and skilled staff team - thanks to all, especially our new staff – Molly Wilkinson, Claudia Creswell, Sally Deacon and Kathryn Dwan. We said goodbye to Kerry Snell in December after 8 years with HCCA, and farewelled Khalia Lee who went to Japan for a year's study. And of course we welcome Sandra Avila back from maternity leave!

Next year will be HCCA's 40th birthday and there are some significant events being planned to mark this important year in the history of the consumer health movement in Australia. Perhaps we can anticipate another 40 years for the organisation but with rapid technological change, amongst other things, it is interesting to contemplate what HCCA (or our health system) might look like four, or even two decades into the future. HCCA will continue to advocate for consumer rights and health care services that are accessible, equitable, safe, high quality, and always consumer centred.

Dr Sue Andrews
President

Executive Director's Report

This has been an extremely challenging year. The protracted negotiations of our Service Funding Agreement had a significant impact on the operations of HCCA and took its toll on many people. The Service Funding Agreement was signed on 5 December 2016 and confirms funding for HCCA until 30 June 2019. We have been funded for some exciting work including diversifying the way in which we support consumers to participate in providing input to ACT Health, expanding our health literacy program to include people living with chronic conditions and continuing to provide consumer input into policy development. HCCA also has a role in the development and monitoring of the ACT Health Research Strategy.

Kerry Snell and Darlene Cox in February 2017

As I reported last year the disruption led to the loss of three staff, with Caitlin Stamford, Eleanor Kerdo and Nicholas Wales finding work elsewhere. Kerry Snell, who had worked with HCCA for nearly nine years, decided to retire this year and her last day with HCCA was in May 2017. We were able to provide Kerry with a good send off and I have said in a number of forums that my working relationship with her has been one of the most significant of my career. Kerry provided the Ying to my Yang. Together we were a great team. Kerry has taken to retirement like a duck to water and after some time off we are hoping to get her back in involved with the organisation as a member. Our office manager Sandra Avila had a little girl and enjoyed six months of maternity leave. We also had new staff join us. Kathryn Dwan joined us as Manager of the Policy and Research team, Sally Deacon was appointed to the position of Manager of Consumer and Community Participation and Claudia Cresswell joined us to work with Yelin on our Health Literacy program. They have contracts until 30 September 2019, in line with our Service Finding Agreement. Molly Wilkinson joined us to provide administrative support in Sandra's absence and her contract has been extended until 30 June 2018. The new team has settled in well and the office is a happy and highly productive place.

In trying circumstances we have managed to deliver on our commitments and do some outstanding work that I am very proud of. Sarah Spiller led an excellent piece of work on consumer experiences and expectations of home based palliative care. Sarah and Kathryn Dwan presented the findings to the ACT Palliative Care Clinical Network in September 2017 and this work was positively received. We are now exploring ways to work with ACT Health top improve palliative care services in the context of the model of care that is being finalised.

Claudia Cresswell led a project to review patient information on HealthPathways site. This work was commissioned by Coordinare, the Primary Health Network for the South East New South Wales. Claudia worked with consumers, community organisations and HCCA members and staff to review 1165 links to patient information across 243 health pathways. The information was reviewed according to a number of criteria, including accessibility, how current the information was, how relevant consumers found it to be,

whether it included links to local groups and the extent to which it provided information and strategies on the self management of chronic conditions. We learnt a great deal through this project and it has strengthened our health literacy program.

Other highlights included:

- The completion of a review of the consumer participation training we provide to the community and consumers. This review was comprehensive and identified areas for improvement in processes and also changes in context. The review was endorsed by the Executive Committee and the recommendations are now being implemented.

- In addition, we also took the opportunity to reflect on our activity of many years in the Consumer Representatives Program and consumer involvement in health infrastructure projects. Two reports (*The HCCA Consumer Representatives Program, 2006-2016* and *Consumer Involvement in Health Infrastructure Projects in the ACT, 2009-2016*) have been finalised and are available on our website.

- The levels of engagement from members in our review of the Strategic Plan has been strong. The Evaluation Working Group has been undertaking much of this work, within the scope set up by the Executive Committee. I would like to thank Michelle Banfield and Shelley McInnis for their leadership on this.

This year Roger Killeen retired as a consumer representative. We were able to farewell Roger at the Consumer Representatives Forum in September 2017. Roger has been involved with HCCA for around 15 years and has been a strong advocate for improvement in services for people with diabetes. He was also a consumer member tender evaluation panel for the digital imaging system (RISPACS), a member of the Walk in Centre Advisory Committee and a strong contributor to HCCA forums and events. I want to thank Roger for his friendship and support and wish him well in retirement.

We heard of the passing of Terry Swarner this year. Terry was an active member of HCCA before he relocated to the US in 2016. Terry was very focused on improving the quality of care for people with multiple chronic and long term conditions with a particular focus on eHealth. He was passionate about the quality of food services in ACT Health, having owned a restaurant in Canberra for many years.

I am pleased to work with such a terrific team of staff as well as our Executive Committee and consumer representatives. We need to maintain our focus to bring about the change we want to see. And we can only do this by working together. Thanks everyone for your contribution.

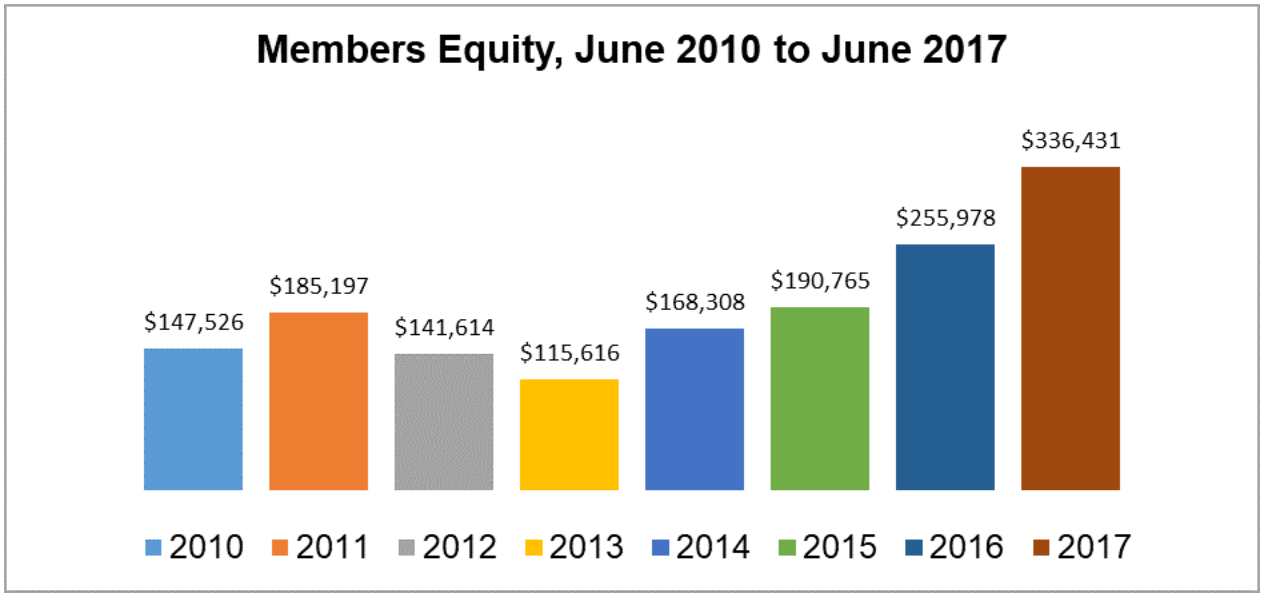
Darlene Cox
Executive Director

Roger Killeen and Darlene Cox in September 2015

Treasurer's Report

HCCA ended the 2016-17 financial year with a budgeted cash surplus of $80,453 after the auditor's adjustments for depreciation, annual leave, accrued expense and prepayments. The effect of this budget surplus is to increase total member equity.

The audited financial statements show that members' equity was $336,431 at 30 June 2017. This financial year marks the highest members' equity in the history of HCCA. The chart below shows changes in members' equity over the last eight years.



The Association is in a very strong financial position and, in the unlikely event of being wound up, has sufficient reserves to satisfy all debts and obligations. Apart from office equipment, all the Association's assets are cash held in term deposits.

Total income for the 2016-17 year was $770,121, close to the income received in 2015-16. The Service Funding Agreement with the ACT Health Directorate remains HCCA's main source of income comprising around 86% of total income. In addition to consumer representation, policy work and health literacy, HCCA started working on two research projects funded by ACT Health on after hours primary care and home based palliative care. This created an additional income of $15,000 in our project funding. HCCA also worked closely with Coordinare, the South Eastern Primary Health Network and the Capital Health Network reviewing clinical pathways containing patient information. This project led to an additional income of $5,000 during this period. In addition to this, HCCA received $20,000 from Capital Health Network to provide consumer representation as required.

The HCCA activity funding this year was made up of:

Core Funding from ACT Health	$667,840
Other Projects	$76,842
Membership and Donations	$150
Bank Interest	$5,290
Capital Health Network	$20,000
Total Income	**$770,121**

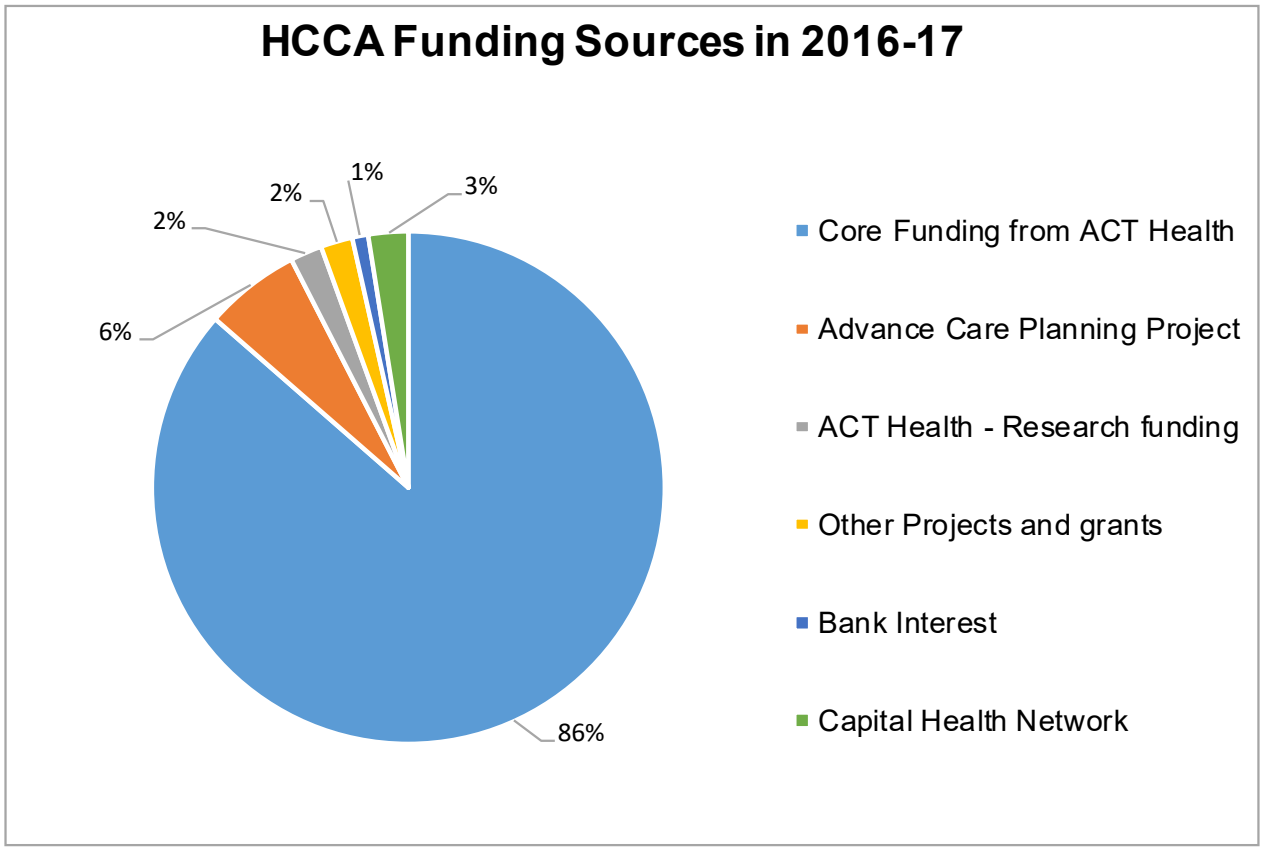
Wages and related staff costs remain the Association's main expense. The total staff costs across all programmes during the year was $570,713, down from $617,746 in 2015-16. This decrease in wages was due to delays in negotiating the Service Funding Agreement for the 2016-2019 period.

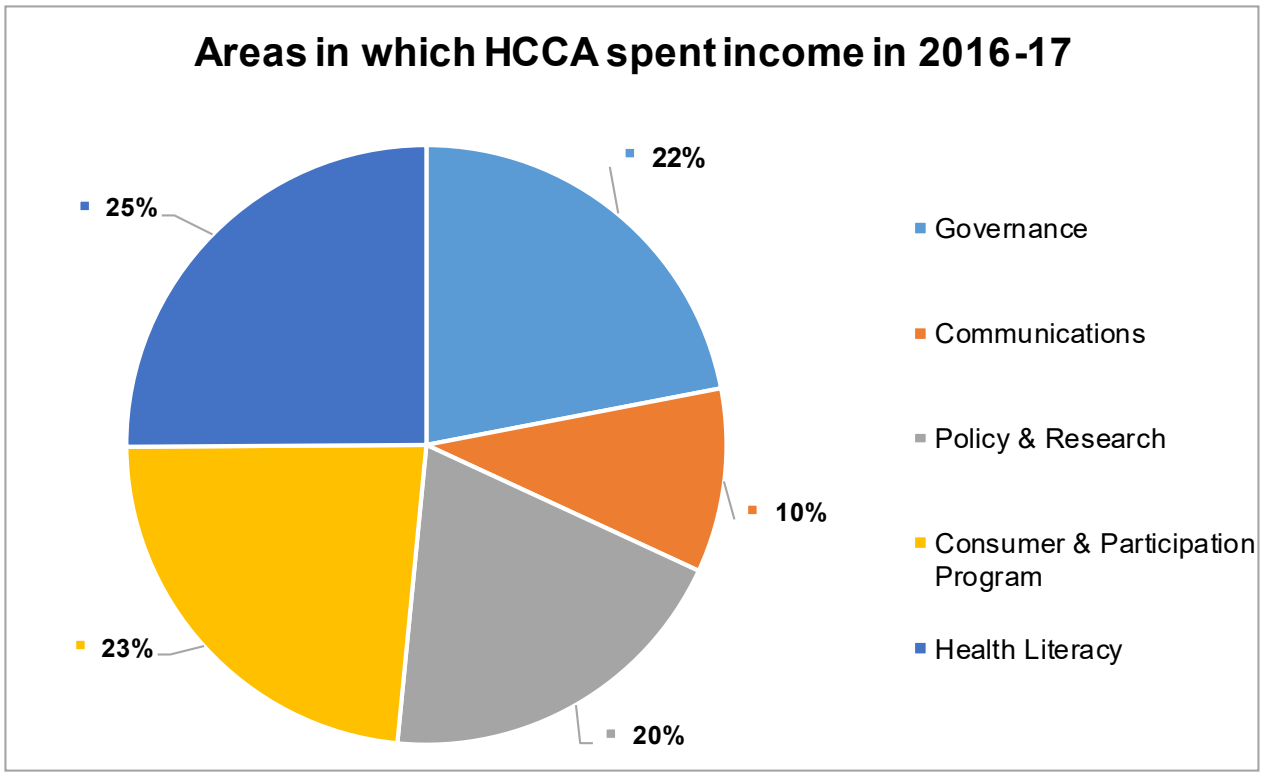
I wish to thank our Executive Director Darlene Cox, contract bookkeeper Meg Rigby and Office Manager Sandra Avila for their support in my role as Treasurer during the year.

Indra Gajanayake
Treasurer

Financial Resources

HCCA is mainly funded by the ACT Health Directorate. A detailed audited report for 2016-2017 has been included in this report outlining the funding received and how it was invested across our different programs to advocate for better health services for our communities. The following graphs summarise the sources of income in 2016-2017 and the areas in which this income was invested.





Organisational Members

HCCA has 141 individual members of whom 66% are actively engaged with the programs and activities run by the organisation.

HCCA strongly values the support of our colleagues in the following organisations:

- AIDS Action Council of ACT
- Alcohol, Tobacco and Other Drugs Association of the ACT
- Alzheimer's Australia ACT
- Asthma Foundation ACT
- Bosom Buddies ACT Inc
- Canberra & Queanbeyan ADD Support Group Inc
- Canberra Ash Incorporated
- Canberra Lung Life Support Group
- Canberra Region Kidney Support Group
- Council on the Ageing ACT
- Hepatitis ACT
- National Health Coop
- Pain Support ACT Inc.
- Palliative Care ACT
- People With Disabilities ACT Inc
- RSI and Overuse Injury Association of the ACT
- Sleep Apnoea Association Inc
- Women's Centre for Health matters
- Women with Disabilities ACT

Hepatitis ACT providing an education session to HCCA staff in June 2017

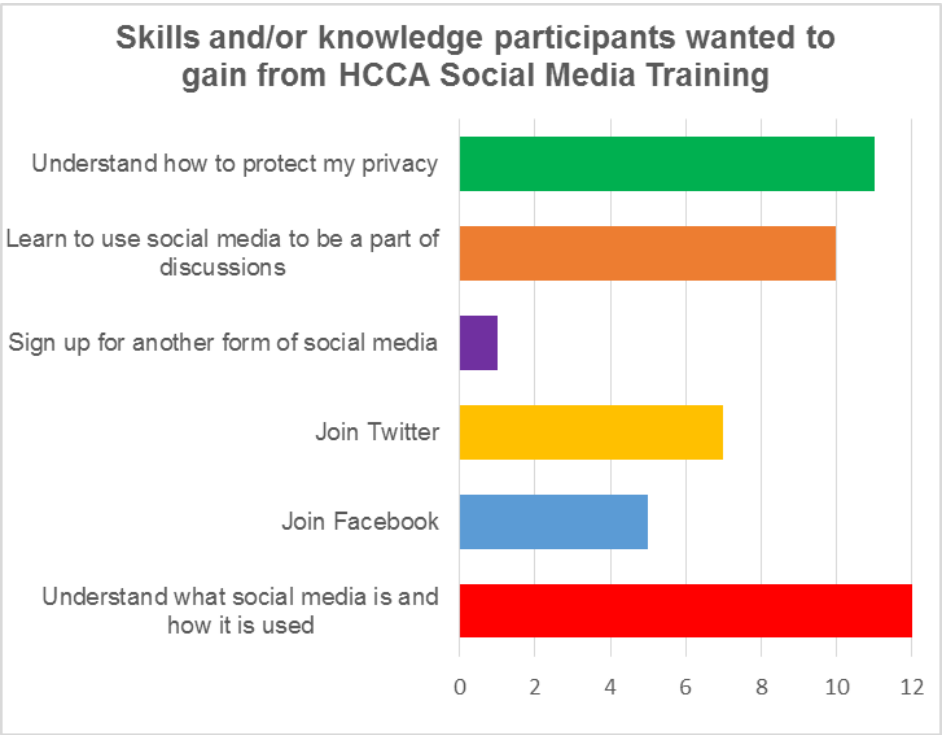
Communication and Promotion

HCCA continues to utilise social media platforms to inform our local community on the latest in health and health services.

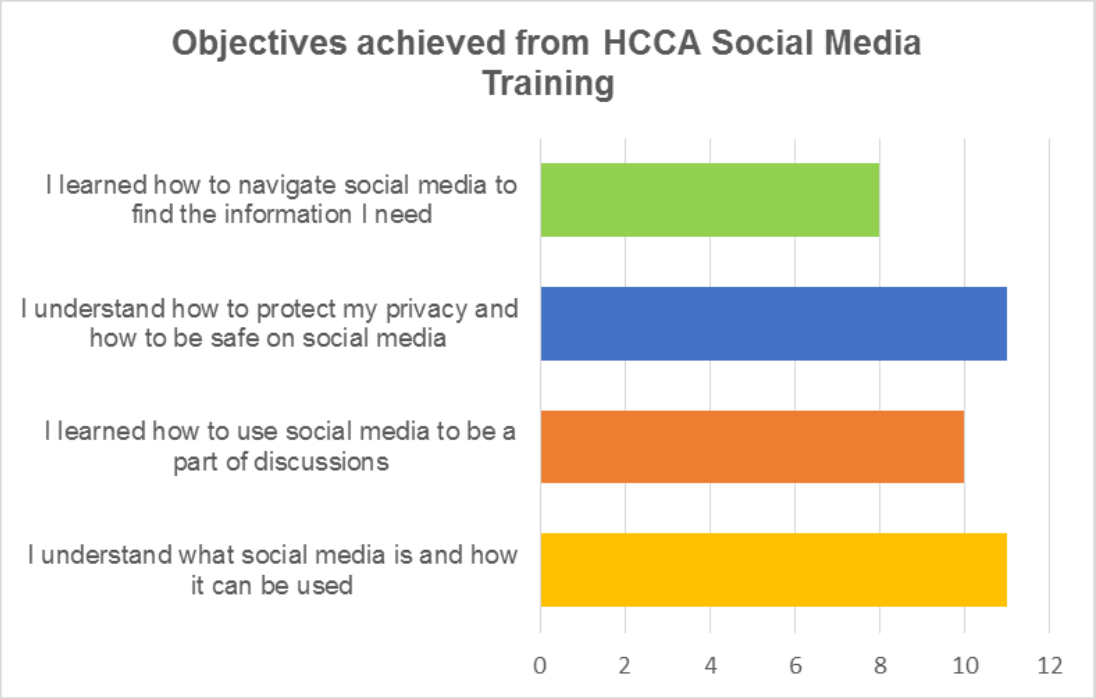
Our Executive Director, Darlene Cox, and Administration Assistant, Khalia Lee, have continued to maintain HCCA's presence on social media through Facebook and Twitter, as well as keeping our community up to date on the latest health issues and services through our newsletter, website and blog pages.

Social Media Training 2016

In the last financial year, HCCA was awarded a social media grant to provide social media training to our members who were interested in learning how to use Facebook and Twitter. Administration Assistant and resident social media guru Khalia Lee successfully ran three training sessions in September, October and November 2016. The training sessions were targeted at assisting members on how to navigate and interact with social media for their consumer representative work. 13 HCCA members attended the training, half of the participants had never used social media before the sessions. The skills and knowledge that our participants were most interested to gain from the social media training sessions were to understand what social media was and how it is used, how to be a part of discussions on social media and how to protect my privacy on social media.



After attending both sessions on Facebook and Twitter, everyone indicated that they felt that the training sessions gave them enough information to comfortably use social media at home. Participants also indicated that they learned the skills and knowledge that they wanted to gain at the beginning of the sessions.



Newsletter Consumer Bites

This financial year HCCA have published 23 editions of our fortnightly newsletter Consumer Bites. Consumer Bites is the main way in which we communicate with our members about our consumer representatives program and policy and advocacy work. The newsletter also includes links to research articles, local events and media relevant to the HCCA policy priorities.

Facebook

Over the past 12 months, HCCA has seen an increase in our 'likes'. Our likes have increased by 52 people, from 477 to 529 likes reaching our goal of 500 from last financial year. We have posted 1,206 status posts that received 96,400 views from our followers and members of the community. HCCA posts a wide variety of information to keep our community up-to-date on the latest in local and national health, new and already existing health services here in the ACT as well as providing updates on what's going on in the office.

Twitter

The HCCA twitter page, @HealthCanberra, has seen an increase in followers over the past financial year. We have gone from 749 followers to 844. Twitter allows HCCA to keep up with current health issues that affect our community as well as providing a platform to engage with local stakeholders and members of government.

Radio

HCCA continued to promote health services and our organisation through local and community radio. Our Multicultural Liaison Officer, Yelin Hung, was able to provide multicultural radio stations resources and information on Advanced Care Planning and after-hours health services and were translated into 8 different languages. The Canberra Multicultural Services Station (91.1FM) translated our resources into Indian, Chinese, Spanish and Arabic, and the Multicultural Broadcasting on 2XX (98.3FM) translated our information into Lebanese, Thai, Filipino and Hindi.

Website

http://www.hcca.org.au

HCCA continues to update the website regularly, providing information on the work that HCCA does. Last financial year, there was a focus on updating the layout to be more consumer-friendly, and this financial year HCCA focused its efforts on ensuring that the content on our website was relevant and current. 4939 people visited our website in 2016-17, with an average time of 2 minutes 21 seconds spent browsing. The average number of pages viewed on our website was three and 65% of people who went on our website were returning visitors. 79% of visitors are from Australia, with almost half of these people located in Canberra. These people spend on average 3 minutes 20 seconds on the website and view around 4 pages per visit.

Through the website, members of the community can access our policy submissions and newsletter, Consumer Bites, as well as information on health literacy, advanced care planning and consumer representative opportunities and events. The HCCA website remains a crucial platform for our organisation as it easily connects people to the work HCCA is currently involved in as well as linking them to our other social media pages for the latest in health and health services.

Blog

http://hcca-act.blogspot.com

HCCA posted a total of 14 blog posts in the 2016-17 financial year, featuring posts on the ACT Budget, updates on new health services and conference reports from our consumer representatives. The HCCA blog remains an important platform for our members and consumer representatives as it give them the opportunity to share their experiences and knowledge on a variety of health related topics that interest them.

Denise Mott and Khalia Lee learning about Twitter at Social Media Training

Khalia Lee, Margaret McCulloch and Trish Lord discussing how to protect your privacy on Facebook at Social Media Training

Health Policy

The health policy program provides strong consumer participation in the form of policy submissions at a local and national level on issues which are relevant and of significant interest to our members. HCCA's policy work advocates for a consumer centred health care system that focuses on enabling equity in health and ensuring people in the ACT and surrounding region have access to safe, high quality health care. We work closely with individuals, community groups and ACT Government to ensure that we all participate in creating systemic change and that we achieve better outcomes through consumer empowerment. We are privileged to work with such engaged and passionate consumers who are driven to help change our health system and improve our health care

During 2016-2017 HCCA made a total of 21 submissions, comment or feedback to government. Of these, 12 were made to the ACT Health Directorate, with one other to the Capital Health Network. A total of eight submissions were delivered to Federal Government bodies, with another five submissions to national NGOs. In addition, we made a contribution to five other policy issues through focus groups and public consultations, both local and national.

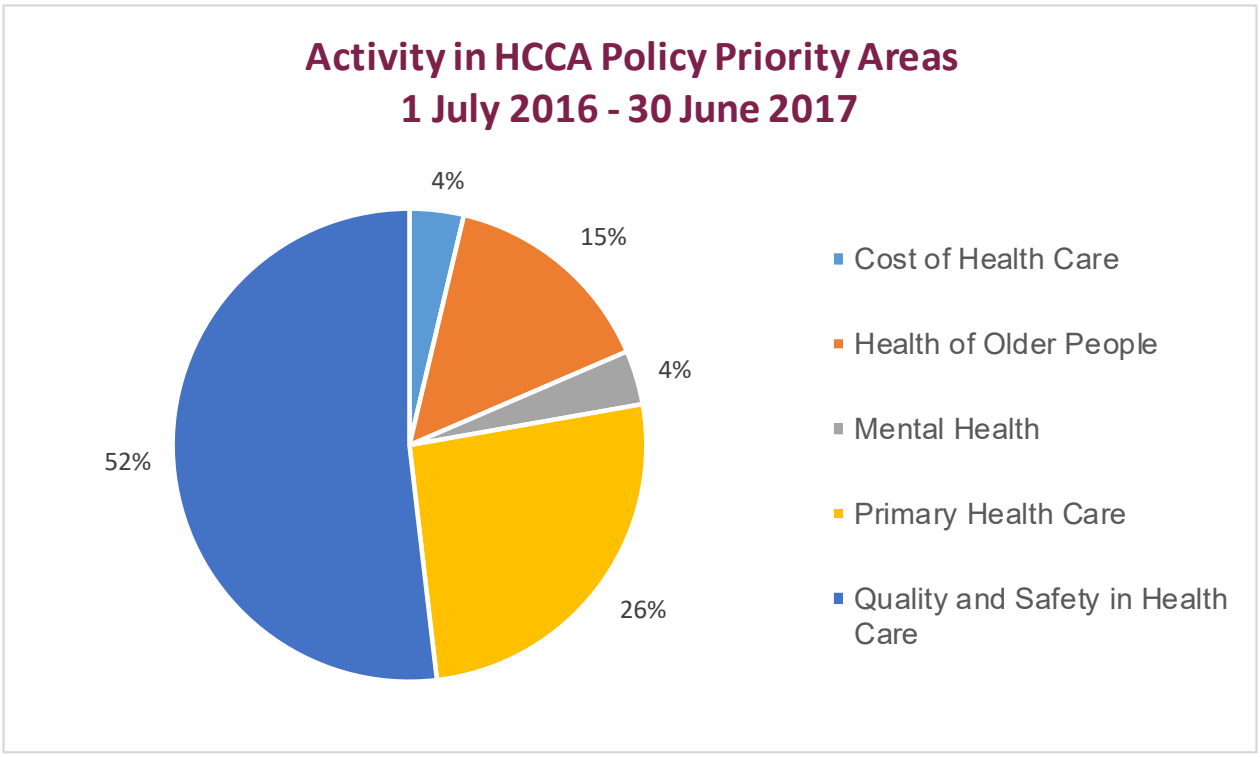
Policy Priority Areas

Each year the Executive Committee sets priority policy areas to guide the work of the organisation. In 2016-17, there was no change to the policy priority areas agreed in Feb 2016. These are:

HCCA Policy Priority Areas in 2016 - 2017
Quality and Safety in Health Care
Health of Older People
Primary Health Care
Mental Health
Cost of Health Care

Kathryn Dwan, Claudia Cresswell, Kate Gorman, Yelin Hung and Kathryn Briant in March 2017

The table below demonstrates how our policy activity is split across our priority areas. Quality and safety in health care continues to be an extremely large area of activity with just over half of our submissions in 2016-17 relating to this priority area. This is quite a broad category, including (but not limited to) patient information sheets at the local level to health service plans at the national level.



Kathryn Briant and Kathryn Dwan in March 2017

Research Projects

During 2016-17 HCCA undertook two major research projects and a major report on consumer involvement and health infrastructure 2008-2016:

Consumer experiences and expectations of home based palliative care

Palliative care improves the quality of life of people with a life-threatening illness. It cares for their family before, during and after the illness. Palliative care addresses physical needs, such as pain, but also provides psycho-social and spiritual support. GPs, community nurses and allied health professionals can provide palliative care in the community. But, patients with complex needs and troublesome symptoms may need specialist help. Victorian research tells us that while approximately 70% of people would like to die at home, little more than 10% do.

We interviewed over 15 people about their experiences receiving palliative care or caring for someone who needed it. A third of these had experienced home based palliative care. Most had received some palliative care in hospital.

Where people died turned out to be less important than we expected. What they wanted were models of care that supported and involved loved ones, responded to the needs of the whole person, and respected the person's unique situation, culture and preferences. When these conditions were met the experience of home based palliative care and that provided in hospital did not differ significantly. However, those receiving home based palliative care tended to be happier with the care provided. HCCA continues to work with ACT Health to transform the findings and recommendations of this report into practical actions that will provide people with the experience they want and deserve.

Consumer experience of general practice and after-hours health care in the ACT

HCCA took its first snapshot of ACT general practice in 2009 and then again in 2013. A lot has changed since then. The Walk-in Centres are well established, the National Health Cooperative now has seven practices, and the National Home Doctor Service (13SICK) is increasingly popular. In July 2016 we survey consumers again and added questions about after-hours care. Well over 800 people completed the survey, 200 more than in previous years. Fifteen consumers also shared their experiences of general practice and after-hours care via interview. HCCA will be presenting the results of is research over the coming year in a number ways. We will also work the ACT Health and others to improve the care that people of the ACT deserve.

Consumer involvement and health infrastructure 2008-2016

In December 2016 HCCA released the report, "*Of course it's better if we're there!:* Consumer involvement in health infrastructure in the ACT, 2009-2016". The report shares HCCA's experience and lessons learnt from seven years of supporting consumer involvement in health infrastructure projects. Between 2009 and 2016 ACT Health services underwent a major program of redesign and change, and HCCA supported consumer involvement in a large number of infrastructure projects including:

- Mental Health Assessment Unit, The Canberra Hospital (TCH) (2010)
- Surgical Assessment and Planning Unit, TCH (2010)
- Magnetic Resonance Imaging suite and PET/CT Scanner Suite, TCH (2010)
- Village Creek Centre rehabilitation, aged and community care services centre in Kambah (2011)
- Gungahlin Community Health Centre (2012)
- Adult Mental Health Unit, TCH (2012)
- Emergency Department Upgrade, Calvary Public Hospital (2012)
- Belconnen Community Health Centre (2013)
- Centenary Hospital for Women and Children (2013)
- Emergency Department and Intensive Care Unit Extension, TCH (2013)
- Canberra Regional Cancer Centre (opened 2014)
- Rehabilitation, Aged and Community Care Outpatient Services (New Building 15), TCH (2014)
- Expansion and refurbishment of Tuggeranong Community Health Centre (2014)
- Nurse-led Walk in Centres, Tuggeranong and Belconnen, co-located with Community Health Centres (2014)
- Emergency Department Expansion, Canberra Hospital (2017)
- University of Canberra Public Hospital (expected completion 2018)

Consumer and community involvement in health infrastructure projects occurs in other Australian jurisdictions, but this involvement is generally focused on the physical design of buildings and in particular the design of areas used by patients. What set apart the ACT's approach from 2009 to 2016 was the level of involvement that consumers had in strategic decision-making and governance. HCCA's work and ACT Health's approach to consumer involvement in health infrastructure provided an unprecedented opportunity for health consumers in the ACT and region to contribute to strategic decision-making in relation to a major program of health infrastructure redesign and expansion.

The report describes the establishment and expansion of HCCA's work in this area, and identifies key elements and outcomes of this work. It details challenges to effective consumer involvement in health infrastructure and the strategies that HCCA used to respond to these, and it also identifies factors for success in partnerships between consumers and government. It draws on interviews with HCCA consumer representatives and staff: thank you again Adele, Alan, Bill, Trish, Russell, Darlene and Kerry. And, of course, thanks too to the 51 consumer representatives and staff who worked on health infrastructure matters over these years!

Health Literacy Program

HCCA extended the Health Literacy Program employing Claudia Cresswell part-time in March 2016. Claudia is working on improving health literacy for people with chronic conditions and improving the health literacy environment.

Yelin Hung and Claudia Cresswell

An exciting new trial project called First Impressions is at the core of what she is doing to improve the health literacy environment. Consumers visit different health services once every two months to report their first impressions of how easy it is to get around the health service. HCCA will work with ACT Health to gauge the usefulness of the project and to improve concerns with signage and wayfinding.

Other avenues to improve the health literacy environment include assessing parking issues in ACT Health facilities, reviewing ACT Health written material for readability and relevance and reviewing patient information on a clinician's online database. The latter review is funded by the Capital Health Network and is due for completion in the later part of 2017. Many HCCA individuals and groups helped in reviewing hundreds of patient information sources. HCCA will recommend a structure for finding and listing consumer friendly information for new health pathways.

To support community health literacy the Health Literacy team have been updating the HCCA community information sessions. The sessions include 'Navigating the Health System, 'Making the most of your Appointment' and 'Speaking up for Yourself in the Health System'. To deliver or advertise these modules HCCA attends networking meetings, and meetings of groups who represent people with chronic conditions. General conversations about health literacy take place at expos such as Senior's Week or community information stalls.

Claudia Cresswell
Health Promotion Officer

First Impressions participant visiting the Emergency Department and main entrance at the Canberra Hospital

First Impressions participant indicating the use of acronyms in signage at Canberra Hospital

Health Literacy Program from the Multicultural Corner

Hola a Todos!!!

It has been busy and yet an exciting year again. The work of health literacy awareness continues as part of the HCCA Health Promotion Framework. There has been a lot of work happening with the Culturally and Linguistically Diverse (CALD) community of ACT. Health literacy continues to be an issue in Australia with a considerable 59 per cent of Australians found to have inadequate health literacy. This level of limited ability to search for and use health information, make informed decisions or maintain their basic health drive the consumer to misuse the health services at hand. The ACT is home to many people from a wide variety of CALD backgrounds. Just look at the following snapshot below:

- The ACT community was born in over 175 countries. 24% of the community was born overseas, and 17% of the community was born in a country where English is not the main language spoken.
- We speak more than 180 different languages at home. 18% of the community speaks a language other than English at home, 2% of the community speak English not well or not at all.
- We have over 260 different ancestries.
- We follow over 110 different religions.

There is an impact of low health literacy on people from non-English speaking backgrounds:

- Access the services that they need
- Not understanding issues related to their health
- Experience social isolation, which impact physical and mental health
- Mismanaging their medication

This year we were lucky to have Claudia Cresswell working on improving health literacy for people with chronic conditions and improving the health literacy environment. It is exciting involving CALD consumers in the First Impressions trial project.

We continue delivering information sessions to the community making emphasis on the topics: Navigating the Health System, Understanding Medicare, Making the most of your Appointment and Speaking up for Yourself in the Health System. Also, a lot of work has been done with Advance Care Planning (ACP) program alongside Christine Bowman. Some ACP resources have been translated in mandarin, greek and tagalog to reach the hard to reach communities and make this ‘Conversation for Everyone’ available. This work has helped increasing awareness to the new emerging CALD groups through ACT Libraries and other community organisations who provide settlement services to new migrants in ACT. The work continues linking with new

Kate Gorman, Ronnie Croome, Michelle Thinius and Yelin Hung at the ACT Nursing and Midwifery Award Gala Dinner in May 2017

Yelin Hung, Sue Andrews and Kathryn Briant at the Emerging Consumer/Carer Leaders Colloquium in March 2017

Yelin Hung presenting to the Croatian Group from Community Services in September 2017

Yelin Hung at the CALDWays Forum in September 2016

groups to facilitate community capacity building for improved health literacy within ACT CALD community. We are still working with ACT Health Multicultural Reference Group looking at ways to find solutions for various barriers that CALD community still facing when accessing health services.

There have been CALD events which I have been part of as well as training.

- Homelessness Prevention Week 2016 Forum: as part of the determinant of health, this forum provided important information about the prevalence of homelessness and where people experiencing homelessness are and the need for adequate funding to deal with homelessness and associated affordable housing issues.
- The Consumers Health Forum Colloquium event: The purpose of the Colloquium was to work with consumers/carers to find different avenues to advocating for a better Australian health system and to have a uniform people-centred approach to raise quality, reduce waste and improve our health and well-being. The focus was the need to change the model of engaging with consumers to be able to hear the voices that haven't had the opportunity to have a say.
- Partners in Cultural Aged Care NSW & ACT hosted a CALDWays 2016 forum which identified access barriers that CALD consumers are experiencing with My Aged Care. This forum provided an opportunity for participants to advocate for the needs of CALD consumers aged 65 and over.
- Another event was the launch of the Canberra Multicultural Women's Forum (CMWF) in March 2017. It has been very useful being part of the CMWF to grasp an insight of what CALD women face when accessing health services. There has been planning for the upcoming year to facilitate community capacity building about different services including navigating health services to various women's groups.

Other CALD events attended:

- Community Harmony Day: Federation of Indian Associations of ACT
- Launch of Labor Women's Budget Statement 2017
- Multicultural Festival 2017
- Reconciliation Week Lunch - Carers ACT
- 2017 Ramadan Iftar in the City - Breaking Fast

I look forward to the coming months in 2017-2018 for more work to be implemented and see more new arrivals using the right health services at the right time.

Hasta pronto…

Yelin Hung
Multicultural Liaison Officer

Yelin Hung talking to the Greek Seniors Group about Advance Care Planning in May 2017

Yelin Hung giving a presenting about After hours and Medicare in August 2016

Advance Care Planning Program

HCCA provided practical information about Advanced Care Planning to nearly 500 people this year. Our Advanced Care Planning Program assists people to make choices about the healthcare they will receive in the event of a future emergency, or if in the future they cannot make decisions themselves. The program is funded by ACT Health through the Respecting Patient Choices program.

This year the Program ran 31 information sessions for a total 454 participants. This included 24 sessions for particular audiences, which included older people, people experiencing socioeconomic disadvantage and people of non-English speaking backgrounds.

Participant group	Number of sessions
Older people and people living with disadvantage	19
Culturally and linguistically diverse communities	4
General information sessions	8

The Program also provided 520 information packs that include the documents required to complete an Advanced Care Plan (ACP). For the first time this year HCCA ran workshops for three groups of university students: two sessions for University of Canberra physiotherapy students, and one session for University of Canberra Occupational Therapy students.

In last year's Annual Report, HCCA reported on the publication of a plain English workbook to assist people with an intellectual disability to undertake an ACP. The workbook, along with a plain English translation of the *Statement of Choices*, was developed jointly with the ACT Disability, Aged and Carer Advocacy Service (ADACAS). This year, this material was used several times by ADACAS and ACT Health Respecting Patient Choices.

This year HCCA worked with ADACAS to explore the area of capacity to undertake Advanced Care Planning. Several questions require more exploration:

- Who decides capacity – particularly in the community setting?
- When does this happen?
- How does this happen?
- What tools are used?
- Is supported decision making involved?
- What are the ramifications of this decision?
- How is it different from the perspective of the carer?

This is important area for future consideration.

Already translated into Spanish and Simplified Chinese, the plain English *Statement of Choices* was also published in Greek and Tagalog this year. These languages were selected in co-operation with the ACT Health Multicultural Health and Diversity Policy Unit. Translation of these resources has allowed stronger engagement with these communities, and ACP sessions have been held this year with members of the Greek and Filipino communities.

Session participants continued to voice dismay this year that legal ACP documents are only available in English. As a result, family members often act as informal interpreters and translators for people who do not speak English as their first language. This raises the possibility of potential conflicts of interest, and the question of whether a person can give their informed consent when a family member acts as interpreter or translator. Additionally, as people age they may lose some capacity in their second language. While they may have understood the documents when they signed them, this may no longer be the case as they age. HCCA has continued to advocate this year for legal documents to be translated into languages other than English.

HCCA worked informally with Palliative Care Australia this year to develop ACP resources for use within the Aboriginal and Torres Strait Islander community. A set of cards and a booklet to assist Aboriginal and Torres Strait Islander peoples to have the conversation about ACP were launched at Parliament House in March this year, as part of Palliative Care Australia's *Dying To Talk* initiative.

The Program would not be as strong as it is without the involvement and enthusiasm of HCCA members. This year the Program is particularly grateful for Sue Schreiner's involvement. Sue gave up a lot of her time to help the ACP Co-ordinator understand the complex legislation that covers ACP.

The Program's funding comes to an end in November this year. At the time of writing it was unclear whether the program would continue. The Program's success over the past three years demonstrates that with the right information and assistance, more people in the community can put an ACP in place.

Christine Bowman
Advance Care Planning Coordinator

Christine Bowman presenting Advance Care Planning to a Chronic Conditions Group in October 2016

Getting out and about

HCCA held seven community stalls in the ACT throughout 2016-2017. The purpose of having these stalls is to inform the community about ACT health services and how to navigate the health system. We also talk to consumers about the work HCCA does and the different ways we can become active health consumer advocates to make health services healthier. This promotes better understanding and knowledge in different parts of the community when it comes to using health services.

The following table shows the stalls HCCA had during this period:

Date	Stall
21/9/2016	Self Help and Wellbeing Expo
22/10/2016	Carers ACT Community Info Expo
2/2/2017	World Cancer Day 2017
19/2/2017	Multicultural Festival
23/3/2017	Seniors Expo 2017
29/4/2017	Gungahlin Festival Stall
2/6/2017	Northside Community Services BBQ Stall

Claudia Cresswell and Yelin Hung talking to a member of the community in June 2017

Claudia Cresswell and Yelin Hung at the Seniors Expo in March 2017

HCCA Committees 2016 - 2017

Consumer Representatives Program Steering Committee

The Consumer Representatives Program Steering Committee supports planning and oversight of activities related to the HCCA Consumer Representatives Program and the selection of consumer representatives for committees. The Consumer Representatives Program Steering Committee met six times in this period.

Members from 1 July 2016 to 7 February 2017:

Chair: Adele Stevens

Member: Alan Thomas

Member: Bill Heins

Member: Marion Reilly

Member: Caitlin Stamford

Secretariat: Kate Gorman

Members from 8 February 2017 to 30 June 2017:

Chair: Alan Thomas

Member: Ros Lawson

Member: Marion Dean

Member: Marion Reilly

Member: Lou Bannister

Secretariat: Kate Gorman

The Health Policy Advisory Committee

The Health Policy Advisory Committee provide oversight and advice in relation to HCCA policy submissions and position statements. The Health Policy Advisory Committee met four times in this period.

Chair: Susan Andrews

Member: Fiona Tito-Wheatland

Member: Joy Pettingell

Member: Wendy Armstrong

Member: Linda Trompf

Reading Members: Shelley McInnis, Fran Parker

Secretariat: Kathryn Briant and Kathryn Dwan

Consumer and Community Participation Program

Sally Deacon and Kate Gorman

In the 2016-17 financial year, the Consumer Representatives Program continued to facilitate consumer participation on health service committees across Canberra, and the region. Most consumer representation was on ACT Health committees, however HCCA's consumer representatives also participated in Calvary, Australian National University, Canberra University, Capital Health Network, and private health service committees, and ACT and National bodies. HCCA continues its funding arrangement to provide ongoing consumer representation as required on Capital Health Network committees (six at present) and facilitate consumer input into CHN projects.

Ongoing changes to structure and staffing (especially at higher levels) in ACT Health which began in 2015 continued to affect consumer participation outcomes at HCCA during this financial year. We saw a marked increase in the number of committees which were disbanded or suspended, and a decrease in the number of requests for consumer representation from ACT Health. In 2016- 2017 there were only 20 new and replacement requests for consumer representatives from ACT Health. This compares to 61 requests for new and replacement consumer representatives from ACT Health in 2015-16.

HCCA made 27 endorsements of consumer and organisational representatives to committees in 2016-17 (of which 20 were ACT Health committees and the remainder other health services including Calvary and National bodies). 13 of these were consumer appointments, and 14 were organisational appointments. Of the 27 endorsements made in 2016-17, 10 endorsements were made to new committees, or committees where HCCA has not previously had a consumer or organisational representative. The balance of the endorsements were made to replace consumer representatives who resigned from their committees, or add an additional consumer representative to a committee. Of the 10 endorsements to new committees, 6 were made to ACT Health Committees, including three to University of Canberra Public Hospital committees, and the remainder were endorsements to other national and ACT committees. Less opportunities for consumer representative roles has also impacted the number of active consumer representatives; this year has seen a drop in the number of active HCCA consumer representatives from about 50 people down to 40 in 2016-17.

The downturn in requests for consumer representation on ACT Health committees, combined with has coincided with a decision to broaden the ways in which HCCA delivers the consumer perspective to health services into the future. While committee participation remains important, it is becoming clear that:

- in general, people have less time available for the commitment that committee work entails - HCCA is finding it difficult to recruit people to committee positions. This is supported anecdotally by the similar recent experiences of our sister consumer advocacy organisations.
- this method of advocacy only suits a limited number of people with specific skills. It therefore removes a diverse range of voices from the advocacy pool which also need to be heard.
- in some cases, the engagement of consumer members of health committees may be a token gesture from health services that replaces more genuine engagement.

Therefore, the consumer participation team will venture more into different ways of delivering a consumer perspective, in addition to committee work. This may include more social media participation, surveys, document review, focus groups, consultations, interviews, consumer tutors in workforce training and capturing consumer stories using different media.

In recent years, the Consumer Representatives Program has delivered consumer representative training to the community twice a year. This training is free, available to anyone, and has run over two days. In the 2015-16 financial year, the training was delivered once (November 2016), as a major review of the training was carried out in the first half of 2017, and training delivery was suspended while this took place.

At the beginning of the 2016-2017 financial year, HCCA continued consumer advocacy work in partnership with ACT Health, but a new service funding agreement (SFA) had not yet been entered into. This funding uncertainty meant that it was not possible to recruit staff to replace those who had moved on in the previous financial year. This resolved in December 2016 when a new three-year SFA between HCCA and ACT Health was signed and came into effect.

The 2016-17 year began with Kate Gorman coordinating the day-to-day running of the Consumer Representative Program, and Kerry Snell managing the program overall. In February 2017, Kerry Snell, the Manager of the Consumer Representatives Program, retired. Kerry has been a passionate, committed HCCA staff member in a number of roles over the past nine years, including several years spent on the (ceased since mid-2016) Health Infrastructure Program which oversaw consumer participation in a wide range of health infrastructure programs in the ACT. Kerry's knowledge, passion, humour and ability to 'tell it how it is' has been a huge asset to HCCA- and we haven't lost that- she's part of the brains trust we continue to call on from time to time- as well as catching up at staff social events. We're happy to hear that retirement is suiting her very well.

With certainty of funding came a round of recruitment in February 2017, and with recruitment came a number of new staff, including the Manager of Consumer and Community Participation, Sally Deacon. This title is a new one which incorporates Kerry's previous role, and focuses on consumer participation at a strategic level, in a number of ways including committee work. Sally brings experience in delivering national, regional and local level health care improvement programs in the UK and Australia with a focus on Quality & Safety. As part of these programs she has worked in partnership with consumer advocacy groups. Sally and Kate together are the HCCA

Consumer Participation team, which looks after the Consumer Representatives Program at HCCA.

The Consumer Participation work of HCCA is guided by the Consumer Representatives Program Steering Committee (CRPSC). This committee is made up of experienced consumer representatives who act in a volunteer capacity in this role, as well as the Consumer Participation Coordinator at HCCA. The current members are Ros Lawson, Marion Dean, Marion Reilly, Lou Bannister, Kate Gorman (secretariat) and Alan Thomas (chair). As well as providing the primary way of endorsing consumer representatives to become health service committee members, the CRPSC guides the direction of consumer participation at HCCA, provides advice on consumer participation issues as and when they arise, and reviews documentation and policy relating to consumer participation. HCCA would like to warmly thank the members of the CRPSC for their commitment to this important role, with special thanks to Alan Thomas for his thoughtful and balanced approach as the committee chair.

HCCA celebrated the achievements of our consumer representatives at our annual Thank You Celebration in February 2017. The HCCA staff would like to thank all our consumer representatives for their continued efforts and achievements in advocating for the needs of consumers in health service decision making and design across Canberra and the region. It's a privilege to work with you and we are grateful for the time you, our dedicated and passionate consumer representatives give to making health services better for everyone.

Kate Gorman and Sally Deacon
Consumer and Community Participation Team

Kerry Snell presenting at the Consumer Representatives Thank You celebration in February 2017

Consumer Representatives

- Adele Lewin
- Adele Stevens
- Adina Jordan
- Alan Thomas
- Anna Saxon
- Bernard Borg-Caruana
- Bev McConnell
- Bill Heins
- Chris Mills
- Claire Howe
- Dave Baxter
- Denise Mott
- Fiona Tito-Wheatland
- Fran Parker
- Geri Badham
- Helen Cotter
- Helen Dyriw
- Indra Gajanayake
- Jacinta Dugbaza
- Jenny Berrill
- Jenny Marshall
- Jo Bothroyd
- Joanne Baumgartner
- Kate Moore
- Kay Henderson
- Leia Earnshaw
- Lisa Harris
- Louise Bannister
- Marg McCulloch
- Marion Reilly
- Michelle Banfield
- Pam Graudenz
- Pat Branford
- Rick Lord
- Roger Killeen
- Russell McGowan
- Sarah Davies
- Shelley McInnes
- Sue Andrews
- Sue Schreiner
- Trish Lord
- Wendy Armstrong

Trish Lord and Marion Dean

Geri Badham and Fran Parker

Consumer Representatives Training

HCCA's Consumer Representatives Training is a free course which is open to all members of the community. Historically each training course has covered five modules over two days. The first day focusses on health literacy- it provides information about the different health services which are available in the ACT, how to access them and how to decide which service best fits a person's needs. Participants are encouraged to consider what it is that they value in the health system, and empowered to be active partners in their own health care. This provides the basis for the second day, which introduces participants to the value of consumer input into the way health systems are designed and run, and teaches them about effective consumer representation. Participants also learn about the broader work of HCCA.

HCCA's training courses are usually very well received by participants. While most people attending do not go on to become consumer representatives, the training serves an important health literacy education function in our community and is valued by HCCA and the community for this alone.

In November 2016 HCCA staff delivered consumer representation training, with 13 people attending. Two trainees were subsequently endorsed to health service committees. Trainees can become involved in HCCA in different ways, including contributing to policy submissions, attending focus groups and networking with their colleagues and friends to increase awareness of how consumers can take control of their own health and treatment.

From February 2016 through the first half of 2016, the Consumer Participation team carried out a comprehensive review of HCCA's consumer representative training to ensure that what we were delivering met the needs of consumers and health service partners. We interviewed recent training participants, surveyed our partner organisations and surveyed our sister organisations in the ACT and other Australian states to find out their views on our training, and what was being delivered elsewhere. We also spoke to current and past staff members of HCCA who have been involved in training delivery. Our review indicated that:

- The ACT model of consumer participation is unique, in that an independent organisation (HCCA), sources and train and endorses consumer participants, and then assists in managing the relationship between the endorsed consumer and the health service. In other states, health services source their consumer participants, send them to the consumer organisation for training, and then takes responsibility for managing the relationship between the health service and the consumer from then on.
- Participants in HCCA training, by and large, were very happy with the training and information they had received.
- For those participants (usually a minority) interested in taking on systemic

advocacy work, more could be done to help them develop the skills needed to do consumer participation work- information alone was not enough for those people.

- However many participants, although interested in being involved in advocacy work, did not want to participate in committees.
- HCCA could consider how to better retain the highly diverse backgrounds and life experiences present in training participants to incorporate into its future advocacy work.
- There were a number of format and administrative changes which could be considered, including the addition of pre-reading to maximise this opportunity to learn.

As a result of the review, a new format has been developed for this training, and it has been renamed 'Consumer participation training' to indicate that it is not solely focussed on committee work as a means of participation. The complete training now runs over three days:

- Day 1 & 2: Consumer participation basics, including navigation and safety in the health system.
- Day 3: Advanced consumer participation skills including more about consumer advocacy, advocacy relationships and committee work.

Day three is optional, and is intended for people who want to become consumer representatives with HCCA. It is a pre requisite for endorsement to a committee. There is also another module in development which will be Consumer Skills in Research and Policy. It is planned that the redeveloped training be delivered twice in 2017.

HCCA Consumer Representatives Training in November 2016

Sponsored Conference Attendance

HCCA is proud to continue to sponsor our consumer representatives and staff to attend conferences and other events. This provides our consumer representatives with the opportunity to increase their knowledge and pursue their particular interests, and facilitates discussion and knowledge-sharing amongst our members after the event.

July 2016

COTA Australia's National Policy Forum 2016- Reframing Primary Health Care for Older Australians

Russell McGowan

Sue Andrews

Ros Lawson

August 2016

Food- EPI Australia Workshop: Benchmarking Obesity Prevention Policies in Australia

Russell McGowan

Fiona Tito Wheatland

National Standards Excellence- Demonstrating Continual Improvement and Innovation Conference

Darlene Cox*

Jenny Marshall

Kathryn Briant

October 2016

12th Annual National Chronic Disease Management Conference: Person Centred Healthcare: Achievements and Challenges

Kerry Snell*

Darlene Cox*

Optimising Health: Salutogenic Approaches To Health Practice, Policy, Research And Education

Joanne Baumgartner

Sue Schreiner

Kate Gorman*

Russell McGowan

November 2016

Australian Associaltion of Gerontology 2016 Conference

Adele Stevens

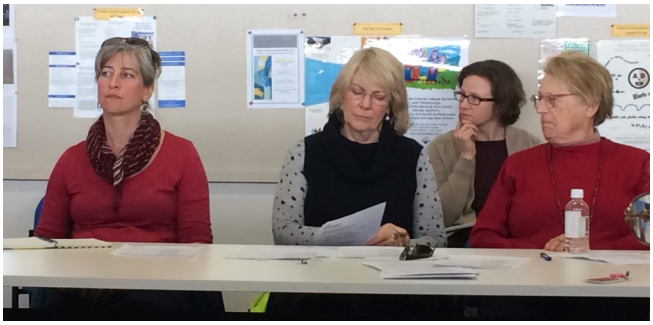
Pam Graudenz

Ros Lawson

June 2017

Affordable, Accessible, Appropriate Housing for Older Australians- COTA Australia National Policy Forum

Ros Lawson



Kate Gorman, Ros Lawson, Sally Deacon and Sue Schreiner at the Consumer Representatives Forum in August 2017

* Organisational Representative

List of Consumer and Organisational Representative Positions 2016-2017

ACT BODIES

Child Youth Health Services Network for the ACT and Region

Yelin Hung*

Asthma Support Network Steering Committee

Yelin Hung*

Ochre Health Clinical Governance Board Meeting

Darlene Cox*

Community Development Steering Network

Yelin Hung*

Canberra Multi Cultural Community Forum

Yelin Hung*

Canberra CALD Women's Forum

Yelin Hung*

Domestic Violence Prevention Council CALD Subcommittee

Yelin Hung*

ACT Housing Tenant Consultative Group

Yelin Hung*

Primary Health Care Nurse Practitioner Clinical Practice Guidelines Review Committee

Darlene Cox*

ACT ED Primary Care Attendences Research Study Steering Committee

Darlene Cox*

ACT COMMUNITY SERVICES DIRECTORATE

Better Services Taskforce

Darlene Cox*

CAPITAL HEALTH NETWORK

ACT Health Pathways Governance Committee

Darlene Cox*
Russell McGowan

Capital Health Network Community Advisory Council

Kate Moore

Connect up For Kids Steering Group

Kate Gorman*

Pharmacists in General Practice Pilot Program Reference Committee

Pat Branford

CHN Clinical Council

Sue Andrews

Coordination Committee for the ACT Strategic Priorities For Primary Health Care and Chronic Disease

Darlene Cox*

CALVARY PUBLIC

Calvary Clinical Governance Committee

Jenny Berrill

Medication Safety Committee

Pat Branford
Trish Lord

Pain Management Working Group

Pat Branford

Clare Holland House Quality Improvement Risk and Safety Committee

Jenny Marshall
Fran Parker

* Organisational Representative

List of Consumer and Organisational Representative Positions 2016-2017

PRIVATE HEALTH SERVICES

Canberra Imaging Group Clinical Risk and Audit Committee
Marion Reilly

UNIVERSITY OF CANBERRA

Pharmacy Course Advisory Group
Pat Branford

ACT HEALTH

Canberra Hospital and Health Services

Allied Health Executive Meeting

Adele Lewin

Allied Health Profession Lead Forum

Adele Lewin

Clinical Ethics Committee

Anna Saxon
Sue Andrews

Cancer, Ambulatory and Community Health Support

ACT Palliative Care Clinical Network

Adele Stevens

ACT Palliative Care Committee

Fran Parker

ACT Palliative Care Contract selection Sub-committee

Fran Parker

Ambulatory Care Administrative Standards and Governance Committee

Russell McGowan
Michelle Banfield

Ambulatory Care Steering Committee

Russell McGowan
Sue Schreiner

BreastScreen ACT Community Reference Group
Joanne Baumgartner
Louise Bannister

Cancer, Ambulatory and Community Health Support Clinical Governance Committee Meeting

Rick Lord
Indra Gajanayake

Cancer, Ambulatory and Community Health Support Fundraising and Volunteer Committee

Chris Mills

Primary Health Care Nurse Practitioner Clinical Practice Guidelines Review Committee

Darlene Cox*

Capital Region Cancer Service Rapid Assessment Unit Project Group

Russell McGowan

Clinical Support Services

Nutrition Standards Group

Jacinta Dugbaza

Community Health

Gungahlin Health Services Orientation Project Reference Group

Yelin Hung*

Critical Care

Division of Critical Care Executive Committee

Jo Bothroyd

DonateLife ACT Clinical Advisory Committee

Jenny Berrill

* Organisational Representative

List of Consumer and Organisational Representative Positions 2016-2017

Director General

Executive Directors' Council

Fran Parker

Ministerial Medicines Advisory Committee

Kathryn Briant*

e-Health and Clinical Records

Alerts System Steering Committee

Bernard Borg-Caruana

Electronic Medication Management Steering Committee

Indra Gajanayake

eOrders Steering Committee

Denise Mott

Information Management and Information Technology Steering Committee

Bernard Borg-Caruana

Health E-Futures Clinical Working Group

Joanne Baumgartner

HealthCARE Improvement Division

ACT Health Directorate Quality and Safety Committee

Russell McGowan
Lisa Harris
Darlene Cox *

Canberra Hospital and Health Services Clinical Governance Committee

Jo Bothroyd

Clinical Governance Forum

Helen Dyriw

Health Interagency Clinical Review Committee

Anna Saxon
Jo Bothroyd

Consumer Handout Committee (Standard Two SubGroup)

Helen Dyriw
Kathryn Dwan*

Goal Setting and End of Life Working Group

Adele Stevens

Health Technology Assessment Committee

Russell McGowan

National Standards Steering Committee

Darlene Cox*

Respecting Patient Choices Program Reference Group

Adele Stevens

Standard Two Committee: Partnering with Consumers

Darlene Cox*
Helen Dyriw
Sally Deacon*
Yelin Hung*

Standard Three Committee: Healthcare Associated Infections

Jenny Berrill

Standard Four Committee: Medication Safety

Kathryn Briant*

Standard Five Committee: Patient Identification and Procedure Matching

Lisa Harris

* Organisational Representative

List of Consumer and Organisational Representative Positions 2016-2017

Standard Six Committee: Clinical Handover

Russell McGowan

Standard Seven Committee: Blood and Blood Products

Jo Bothroyd

Standard Eight Committee: Respecting Patient Choices Program Reference Group

Pam Graudenz

Standard Nine Committee: Recognising and Responding to Clinical Deterioration in Acute Health Care

Adele Stevens

Standard Ten Committee: Preventing Falls and Harm from Falls

Indra Gajanayake

Health Protection Service

Food Regulation Reference Group

Kay Henderson

Health Infrastructure and Planning

Arts in Health Committee

Geri Badham

Wayfinding Sculpture Committee

Geri Badham
Yelin Hung*

Sustainable Transport Working Group

Claudia Cresswell*

Calvary Public Infrastructure Planning and Service Development Committee

Kerry Snell*

Walk In Centre Redevelopment Strategic Committee

Darlene Cox*

University of Canberra Public Hospital (UCPH)

Management of a Deteriorating Patient Working Group

Adele Stevens

RACC Inpatient Unit User Group

Pam Graudenz

RACC Model Of Care Working Group

Pam Graudenz

UCPH Project Control Group

Kerry Snell*

UCPH Communications And Stakeholder Operational Commissioning Working Group

Kerry Snell*

UCPH Customer Service Core Design Team Meeting

Kerry Snell*

UCPH Operational Commissioning Steering Committee

Kerry Snell*

UCPH Inpatient Units Design User Group Round 1

Kerry Snell*

UCPH Hydrotherapy User Group Round 1

Kerry Snell*

UCPH RACC Operational Commissioning Working Group

Kerry Snell*

* Organisational Representative

List of Consumer and Organisational Representative Positions 2016-2017

CHHS Health Infrastructure Program Executive Steering Committee

Kerry Snell*

UCPH Overall Design Round 1 User Group

Kerry Snell*

UCPH Landscape Design User Roup

Kerry Snell*

UCPH Interior Finishes

Kerry Snell*

UCPH Model Of Care Operational Commissioning User Group

Kerry Snell*

UCPH Overall Design Round 2 User Group

Kerry Snell*

UCPH Day Service User Group

Kerry Snell*

Risk Treatment User Group

Kerry Snell*

Medicine

Chronic Disease Management Clinical Network

Marg McCulloch
Trish Lord

Diabetes Services Reference Group

Roger Killeen

Division of Medicine Quality and Safety Governance Committee

Indra Gajanayake

MH, JH and Alcohol and Drug Service

MH, JH and Alcohol and Drug Service Divisional Executive Committee

Dave Baxter

The Way Back Stakeholder Reference Group

Kate Gorman*

NATIONAL BODIES

AHPRA Community Reference Group

Darlene Cox*

Australian Council of Health Care Standards

Fiona Tito-Wheatland

Australian Medical Council (AMC) Specialist Education Accreditation Committee (SEAC)

Darlene Cox*

Choosing Wisely Advisory Group

Darlene Cox*

Consumer eHealth Alliance Steering Committee

Russell McGowan

National Safety and Quality Health Service (NSQHS) Standards Review Steering

Committee
Darlene Cox*

Royal Australian College of Physicians Capacity to Train Reference Group

Fiona Tito Wheatland

Medical Board Of Australia's Consultative Committee On Revalidation For Medical Practitioners

Darlene Cox*

* Organisational Representative

List of Consumer and Organisational Representative Positions 2016-2017

AMC Progress Reports Working Group

Fiona Tito Wheatland

AMC Ethics Committee

Fiona Tito Wheatland

Royal College Of Pathologists Lay Committee

Darlene Cox*

MBS General Gynaecology Working Group

Joanne Baumgartner

Australian Pharmacy Council Accreditation Committee

Fiona Tito Wheatland

Nursing and Midwifery

Nursing and Midwifery Excellence Awards Selection Panel

Kate Gorman*

Homebirth Trial Governance Group

Kerry Snell*
Darlene Cox*

People, Strategy and Services

Canberra Region Medical Education Council

Fiona Tito-Wheatland

Policy and Government Relations

ACT Dementia Services Advisory Group

Shelley McInnes

Coordinating Committee for the ACT Strategic Priorities for Primary Health Care and Chronic Disease
Darlene Cox*

Multicultural Health Policy Reference Group
Yelin Hung*

Rehabilitation, Aged and Community Care

ACT Domiciliary Oxygen and Respiratory Support Scheme (DORSS) Advisory Committee
Helen Cotter

ACT Equipment Loans Scheme Advisory Committee
Joanne Baumgartner
Marion Reilly

Community Care Clinical Governance Committee
Indra Gajanayake
Sue Schreiner
Joanne Baumgartner

Dementia Care in Hospital Program Project Steering Committee
Rick Lord
Bev McConnell

Dementia Care in Hospital Program Project Working Group
Bev McConnell

Rehabilitation, Aged and Community Care Quality and Safety Committee
Louise Bannister

Transitional Therapy and Care Program (TTCP) Executive Management Meeting
Trish Lord

Walk-in Centre Clinical Advisory Group
Roger Killeen
Sandra Avila*

Strategy and Corporate

ACT Policy Advisory Committee
Jenny Marshall
Sue Schreiner

* Organisational Representative

List of Consumer and Organisational Representative Positions 2016-2017

ACT Gene Technology Advisory Council
Claire Howe

The Canberra Hospital Smoke Free Environment Implementation Committee
Yelin Hung*

Selection Committee for Deputy Director General, Quality, Safety And Risk
Fiona Tito Wheatland

Surgery, Oral Health and Imaging

Pain Management Unit Consumer Representatives Meeting
Marg McCulloch

Women, Youth and Children

ACT Maternity Services Advisory Network
Adina Jordan
Sarah Davies

Child Protection Training Program Revision Working Group
Kate Gorman*

Community Quality and Safety Committee
Wendy Armstrong

Maternity Quality and Safety Committee
Sarah Davies
Leia Earnshaw

Paediatrics Safety and Quality Committee
Denise Mott

Women, Youth and Children Divisional Quality and Safety Committee
Wendy Armstrong

Joanne Baumgartner being thanked for her time as a consumer representative on the ACT Equipment Loans Advisory Committee in February 2017

* Organisational Representative

HCCA Staff 2016 - 2017

Our passionate and committed staff work to support our members and consumer representatives to deliver a stronger consumer voice in the planning, delivery, review and monitoring of health services in the ACT.

Administration

Executive Director
Darlene Cox

Office Manager
Sandra Avila

Administrative Officer
Khalia Lee

Policy and Research

Administration Officer
Molly Wilkinson
Commenced in March 2017

Manager, Policy and Research
Kathryn Dwan
Commenced in March 2017

Policy Officer
Kathryn Briant

Consumer and Community Participation Program

Policy Officer
Sarah Spiller

Manager, Consumer and Community Participation
Sally Deacon
Commenced in March 2017

Coordinator, Consumer Representatives Program
Kate Gorman

HCCA Staff 2016 - 2017

Health Literacy Program

Manager, Consumer and Community Participation
Kerry Snell
Retired in May 2017

Multicultural Liaison Officer
Yelin Hung

Health Promotions Officer
Claudia Cresswell
Commenced in March 2017

Advance Care Planning Coordinator
Christine Bowman

Staff Changes 2016 - 2017

HCCA staff. Christine Bowman, Sarah Spiller and Sandra Avila were absent for this photo.

Kerry Snell: After almost nine years at HCCA, Kerry decided to retired so she could spend more time with her family and focus on her health.

Kathryn Dwan: Stated working at HCCA in March 2017 as Manager, Policy and Research.

Sally Deacon: Started working at HCCA in March 2017 as Manager, Consumer and Community Participation.

Claudia Cresswell: Started working at HCCA in March 2017 as Health Promotions Officer .

Molly Wilkinson: Started working at HCCA in March 2017 as Administration Officer.

Health Care Consumers Association of the ACT Incorporated

ABN: 59 698 548 902

Financial Statements

For the Year Ended 30 June 2017

Health Care Consumers Association of the ACT Incorporated

ABN: 59 698 548 902

Contents

For the Year Ended 30 June 2017

Health Care Consumers Association of the ACT Incorporated

ABN: 59 698 548 902

Committee's Report

30 June 2017

The committee members present their report on Health Care Consumers Association of the ACT Incorporated for the financial year ended 30 June 2017.

Committee Members

The names of the committee members throughout the year and at the date of this report are:

Names	Position	Appointed/Resigned
Sue Andrews	President	
Michelle Banfield	Vice President	
Indra Gajanayake	Treasurer	
Marcus Bogie	Member	
Fiona Tito Wheatland	Member	
Louise Bannister	Member	
Marion Reilly	Member	
Shelley McInnis	Member	Joined at the 2016 AGM
Alan Thomas	Member	Joined at the 2016 AGM
Bill Heins	Member	Resigned at the 2016 AGM
John Didlick	Member	Resigned at the 2016 AGM

Change in Treasurer Position

After the 2016 AGM, Fiona Tito Wheatland resigned as treasurer and Indra Gajanayake was appointed as the new Treasurer for a one year term until the AGM in 2017 when this position will become available.

Principal activities

The principal activities of Health Care Consumers Association of the ACT Incorporated during the financial year were to provide a means for health care consumers to participate in local and national policy, planning and service decisions that affect their health. No significant changes in the nature of these activities occurred during the year.

Operating result

The surplus of the Association for the financial year ended 30 June 2017 amounted to $ 80,453 (2016: $ 52,008).

Opinion

In the opinion of the committee, the accompanying annual financial report is drawn up so as to give a true and fair view of the performance of the Association for the year ended 30 June 2017 and the financial position of the Association as at that date. The accompanying annual financial report of the Association is made out in accordance with Accounting Standards, Australian Accounting Interpretations, other authoritative pronouncements of the Australian Accounting Standards Board and the financial reporting requirements of the *Australian Charities and Not-for-profits Commission Act 2012*.

Health Care Consumers Association of the ACT Incorporated

ABN: 59 698 548 902

Committee's Report

30 June 2017

Opinion

Signed in accordance with a resolution of the Members of the Committee:

Committee member: ..... Committee member: .....

Dated this 18th day of October 2017

Health Care Consumers Association of the ACT Incorporated

ABN: 59 698 548 902

Auditor's Independence Declaration
Under Section 60-40 of the Australian Charities And Not for Profits Commission Act 2012
To the Committee Members of
Health Care Consumers Association of the ACT Incorporated

As lead auditor for the audit of Health Care Consumers Association of the ACT Incorporated for the year ended 30 June 2017, I declare that to the best of my knowledge and belief, there have been:

(i) no contraventions of the auditor independence requirements of the *Australian Charities and Not for Profits Commission Act* 2012 in relation to the audit; and

(ii) no contraventions of any applicable code of professional conduct in relation to the audit.

MCS Audit Pty Ltd

Phillip W Miller CA
Director

Dated in Canberra on: 19 October 2017

Health Care Consumers Association of the ACT Incorporated

ABN: 59 698 548 902

Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2017

	Note	2017 $	2016 $
Revenue	4	**770,121**	769,422
Employee benefits expense		**(570,713)**	(617,746)
Depreciation and amortisation expense		**(7,466)**	(7,242)
Program expenses		**(20,141)**	(23,644)
Executive Functions		**(5,542)**	(5,800)
Rent		**(22,191)**	(20,846)
Other expenses		**(63,615)**	(42,136)
Profit before income tax		**80,453**	52,008
Income tax expense		**-**	-
Profit for the year		**80,453**	52,008

The accompanying notes form part of these financial statements.

Health Care Consumers Association of the ACT Incorporated

ABN: 59 698 548 902

Statement of Financial Position

30 June 2017

	Note	2017 $	2016 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	6	**368,226**	285,720
Trade and other receivables	7	**26,841**	33,279
Other assets	9	**14,463**	1,846
TOTAL CURRENT ASSETS		**409,530**	320,845
NON-CURRENT ASSETS			
Property, plant and equipment	8	**25,903**	19,838
TOTAL NON-CURRENT ASSETS		**25,903**	19,838
TOTAL ASSETS		**435,433**	340,683
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	10	**44,718**	51,652
Short-term provisions	11	**54,284**	28,553
Other financial liabilities	12	**-**	4,500
TOTAL CURRENT LIABILITIES		**99,002**	84,705
TOTAL LIABILITIES		**99,002**	84,705
NET ASSETS		**336,431**	255,978
EQUITY			
Reserves	13	**153,214**	13,214
Retained earnings		**183,217**	242,764
TOTAL EQUITY		**336,431**	255,978

The accompanying notes form part of these financial statements.

Health Care Consumers Association of the ACT Incorporated
ABN: 59 698 548 902

Statement of Changes in Equity

For the Year Ended 30 June 2017

	Note	Retained Earnings $	Total $
Balance at 1 July 2016		**242,764**	**242,764**
Transfer from retained earnings to general reserve		**(140,000)**	**(140,000)**
Net Surplus for the year		**80,453**	**80,453**
Asset Revaluation Reserve		**13,214**	**13,214**
General reserve	13	**140,000**	**140,000**
Balance at 30 June 2017		**336,431**	**336,431**
Balance at 1 July 2015		190,756	190,756
Net Surplus for the year		52,008	52,008
Asset Revaluation Reserve		13,214	13,214
Balance at 30 June 2016		255,978	255,978

The accompanying notes form part of these financial statements.

Health Care Consumers Association of the ACT Incorporated

ABN: 59 698 548 902

Statement of Cash Flows

For the Year Ended 30 June 2017

	Note	2017 $	2016 $
CASH FLOWS FROM OPERATING ACTIVITIES:			
Receipts from grants		**771,268**	752,081
Payments to suppliers and employees		**(680,521)**	(724,482)
Interest received		**5,290**	5,679
Net cash provided by/(used in) operating activities	16	**96,037**	33,278
CASH FLOWS FROM INVESTING ACTIVITIES:			
Asset Additions		**(13,531)**	(3,885)
Net cash used by investing activities		**(13,531)**	(3,885)
CASH FLOWS FROM FINANCING ACTIVITIES:			
Net increase/(decrease) in cash and cash equivalents held		**82,506**	29,393
Cash and cash equivalents at beginning of year		**285,720**	256,327
Cash and cash equivalents at end of financial year	6	**368,226**	285,720

The accompanying notes form part of these financial statements.

Notes to the Financial Statements

For the Year Ended 30 June 2017

The financial report covers Health Care Consumers Association of the ACT Incorporated as an individual entity.

The functional and presentation currency of Health Care Consumers Association of the ACT Incorporated is Australian dollars.

Comparatives are consistent with prior years, unless otherwise stated.

1 Basis of Preparation

Health Care Consumers Association of the ACT Incorporated applies Australian Accounting Standards - Reduced Disclosure Requirements as set out in AASB 1053: Application of Tiers of Australian Accounting Standards and AASB 2010-2: Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements.

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards - Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB) and the Australian Charities and Not-for-profits Commission Act 2012. The Association is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

2 Summary of Significant Accounting Policies

(a) Income Tax

The Association is exempt from income tax under Division 50 of the *Income Tax Assessment Act 1997*.

(b) Leases

Lease payments for operating leases, where substantially all of the risks and benefits remain with the lessor, are charged as expenses on a straight-line basis over the life of the lease term.

Lease incentives under operating leases are recognised as a liability and amortised on a straight-line basis over the life of the lease term.

(c) Revenue and other income

Revenue is recognised when the amount of the revenue can be measured reliably, it is probable that economic benefits associated with the transaction will flow to the Association and specific criteria relating to the type of revenue as noted below, has been satisfied.

Revenue is measured at the fair value of the consideration received or receivable and is presented net of returns, discounts and rebates.

All revenue is stated net of the amount of goods and services tax (GST).

Notes to the Financial Statements

For the Year Ended 30 June 2017

2 Summary of Significant Accounting Policies

(c) Revenue and other income

Grant revenue

Grant revenue is recognised in the statement of profit or loss and other comprehensive income when the entity obtains control of the grant, it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

When grant revenue is received whereby the entity incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

Health Care Consumers Association of the ACT Incorporated receives non-reciprocal contributions of assets from the government and other parties for zero or a nominal value. These assets are recognised at fair value on the date of acquisition in the statement of financial position, with a corresponding amount of income recognised in the statement of profit or loss and other comprehensive income.

Interest revenue

Interest is recognised using the effective interest method.

Sale of donated goods

Revenue from the sale of donated goods and fundraising is brought to account when funds are received. The value of donated goods is not recognised as revenue by the Association.

Other income

Other income is recognised on an accruals basis when the Association is entitled to it.

(d) Goods and services tax (GST)

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payable are stated inclusive of GST.

The net amount of GST recoverable from, or payable to, the ATO is included as part of receivables or payables in the statement of financial position.

Cash flows in the statement of cash flows are included on a gross basis and the GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

(e) Property, plant and equipment

Each class of property, plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation and impairment.

Notes to the Financial Statements

For the Year Ended 30 June 2017

2 Summary of Significant Accounting Policies

(e) Property, plant and equipment

Where an asset is acquired at no cost, the cost is its fair value as at the date of acquisition. The carrying amount of the assets is reviewed annually by directors to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the assets employment and subsequent disposal. The expected net cash flow is discounted to their present values in determining recoverable amounts.

Depreciation

Property, plant and equipment, excluding freehold land, is depreciated on a straight-line basis over the assets useful life to the Association, commencing when the asset is ready for use.

The depreciation rates used for each class of depreciable asset are shown below:

Fixed asset class	Depreciation rate
Office Furniture	10%
Computer and Equipment	10-35%

(f) Financial instruments

Financial instruments are recognised initially using trade date accounting, i.e. on the date that the Association becomes party to the contractual provisions of the instrument.

On initial recognition, all financial instruments are measured at fair value plus transaction costs (except for instruments measured at fair value through profit or loss where transaction costs are expensed as incurred).

Financial Assets

Financial assets are assigned to the different categories on initial recognition, depending on the characteristics of the instrument and its purpose. A financial instrument's category is relevant to the way it is measured and whether any resulting income and expenses are recognised in profit or loss or in other comprehensive income.

All income and expenses relating to financial assets are recognised in the statement of profit or loss and other comprehensive income in the 'finance income' or 'finance costs' line item respectively.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. They arise principally through the provision of goods and services to customers but also incorporate other types of contractual monetary assets.

After initial recognition these are measured at amortised cost using the effective interest method, less provision for impairment. Any change in their value is recognised in profit or loss.

Held-to-maturity investments

Held-to-maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity. Investments are classified as held-to-maturity if it is the intention of the Association's management to hold them until maturity.

Notes to the Financial Statements

For the Year Ended 30 June 2017

2 Summary of Significant Accounting Policies

(f) Financial instruments

Held-to-maturity investments are subsequently measured at amortised cost using the effective interest method, with revenue recognised on an effective yield basis.

Available-for-sale financial assets

Available-for-sale financial assets are non-derivative financial assets that do not qualify for inclusion in any of the other categories of financial assets or which have been designated in this category. The Association's available-for-sale financial assets comprise listed securities.

Impairment of financial assets

At the end of the reporting period the Association assesses whether there is any objective evidence that a financial asset or group of financial assets is impaired.

Financial liabilities

The Association's financial liabilities include borrowings, trade and other payables (including finance lease liabilities), which are measured at amortised cost using the effective interest rate method.

(g) Impairment of non-financial assets

At each reporting date, the Association reviews the carrying values of its assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell or value in use, is compared to the assets carrying value. As a not-for-profit entity, value in use for the Association, according to AASB 136 Impairment of Assets, is depreciated replacement cost. Any excess of the asset's carrying value over its recoverable amount is recognised in the statement of profit or loss and other comprehensive income as an impairment loss.

(h) Cash and cash equivalents

Cash and cash equivalents comprises cash on hand, demand deposits and short-term investments which are readily convertible to known amounts of cash and which are subject to an insignificant risk of change in value.

(i) Employee benefits

Provision is made for the Association's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be wholly settled within one year have been measured at the amounts expected to be paid when the liability is settled.

The Association classifies employees' long service leave and annual leave entitlements as other long-term employee benefits as they are not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. Provision is made for the Association's obligation for other long-term employee benefits, which are measured at the present value of the expected future payments to be made to employees to the extent that they are not funded by the ACT Community Sector Portable Long Service Leave Scheme. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields at the end of the reporting period on government bonds that have maturity dates that approximate the terms of the obligations. Upon the measurement of obligations for other long-term employee benefits, the net change in the obligations is recognised in profit or loss classified under employee benefits expense.

Notes to the Financial Statements

For the Year Ended 30 June 2017

2 Summary of Significant Accounting Policies

(i) Employee benefits

The Association's obligations for long-term employee benefits are presented as non-current liabilities in its balance sheet, except where the Association does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period, in which case the obligations are presented as current liabilities.

(j) Provisions

Provisions are recognised when the Association has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured.

Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

(k) Fair Value of Assets and Liabilities

The Association measures some of its assets and liabilities at fair value on either a recurring or non-recurring basis, depending on the requirements of the applicable Accounting Standard.

"Fair value" is the price the Association would receive to sell an asset or would have to pay to transfer a liability in an orderly (i.e. unforced) transaction between independent, knowledgeable and willing market participants at the measurement date. As fair value is a market-based measure, the closest equivalent observable market pricing information is used to determine fair value. Adjustments to market values may be made having regard to the characteristics of the specific asset or liability. The fair values of assets and liability that are not traded in an active market are determined using one or more valuation techniques. These valuation techniques maximise, to the extent possible, the use of observable market data.

To the extent possible, market information is extracted from the principal market for the asset or liability (i.e. the market with the greatest volume and level of activity for the asset or liability). In the absence of such a market, market information is extracted from the most advantageous market available to the entity at the end of the reporting period (i.e. the market that maximised the receipts from the sale of the asset or minimises the payments made to transfer the liability, after taking into account transaction costs and transport costs).

For non-financial assets, the fair value measurement also takes into account a market participant's ability to use the asset in its highest and best use or to sell it to another market participant that would use the asset in its highest and best use.

3 Critical Accounting Estimates and Judgments

Those charged with governance make estimates and judgements during the preparation of these financial statements regarding assumptions about current and future events affecting transactions and balances.

These estimates and judgements are based on the best information available at the time of preparing the financial statements, however as additional information is known then the actual results may differ from the estimates.

The significant estimates and judgements made have been described below.

Notes to the Financial Statements

For the Year Ended 30 June 2017

3 Critical Accounting Estimates and Judgments

Key estimates - impairment

The Association assesses impairment at the end of each reporting period by evaluating conditions specific to the Association that may be indicative of impairment triggers. Recoverable amounts of relevant assets are reassessed using value-in-use calculations which incorporate various key assumptions.

4 Revenue and Other Income

	2017	2016
	$	$
- Project income	**5,689**	24,239
- Member subscriptions	**140**	1,320
- Bank interest	**5,290**	5,679
- Donations	**10**	240
- Grant income	**738,992**	736,842
- Capital Health Network	**20,000**	-
- Other income	**-**	1,101
Total Revenue	**770,121**	769,421

5 Result for the Year

The result for the year was derived after charging / (crediting) the following specific expense items:

Auditing or reviewing the financial report	**2,625**	2,350
Employee benefits expense	**570,713**	617,746
Depreciation expense	**7,466**	7,242

6 Cash and Cash Equivalents

Cash at bank and in hand	**158,461**	80,026
Short-term deposits	**209,565**	205,485
Other cash and cash equivalents	**200**	209
	368,226	285,720

7 Trade and Other Receivables

CURRENT		
Trade receivables	**26,369**	32,979
Deposits	**472**	300
Total current trade and other receivables	**26,841**	33,279

Notes to the Financial Statements

For the Year Ended 30 June 2017

8 Property, plant and equipment

PLANT AND EQUIPMENT

	2017 $	2016 $
Office furniture		
At cost	**5,901**	5,901
Accumulated depreciation	**(3,338)**	(2,747)
Total furniture, fixtures and fittings	**2,563**	3,154
Office equipment and computers		
At cost	**50,769**	37,238
Accumulated depreciation	**(27,429)**	(20,554)
Total office equipment	**23,340**	16,684
Total property, plant and equipment	**25,903**	19,838

(a) Movements in Carrying Amounts

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	Office Furniture $	Office Equipment $	Total $
Year ended 30 June 2017			
Balance at the beginning of year	**3,154**	**16,684**	**19,838**
Net Additions	**-**	**13,531**	**13,531**
Depreciation expense	**(591)**	**(6,875)**	**(7,466)**
Balance at the end of the year	**2,563**	**23,340**	**25,903**

9 Other Assets

Prepayments	**14,463**	1,846
	14,463	1,846

10 Trade and Other Payables

Trade payables	**2,648**	633
Parental Leave Fund Centrelink	**973**	-
GST payable	**13,893**	19,596
Sundry payables and accrued expenses	**-**	16,847
Other payables	**8,761**	589
Payroll Liabilities	**18,443**	13,987
	44,718	51,652

Notes to the Financial Statements

For the Year Ended 30 June 2017

11 Provisions

	2017	2016
	$	$
Provisions for Annual Leave	**44,284**	28,553
Provision for paid parental leave	**10,000**	-
	54,284	28,553

12 Other Financial Liabilities

Unexpended Grants	**-**	4,500
Total	**-**	4,500

13 Reserves

(a) Asset revaluation reserve

The asset revaluation reserve records fair value movements on property, plant and equipment held under the revaluation model.

Asset revaluation reserve		
Opening balance	**13,214**	13,214
Closing balance	**13,214**	13,214

(b) General reserve

The general reserve records funds set aside for future expansion of Health Care Consumers Association of the ACT Incorporated.

General reserve		
Opening balance	**-**	-
Addition to reserve	**140,000**	-
Closing balance	**140,000**	-
Total Reserves	**153,214**	13,214

Notes to the Financial Statements

For the Year Ended 30 June 2017

14 Related Parties

The members of the Association who served on the Committee during the year ended 30 June 2017 (including the previous year's committee) were:

Sue Andrews
Michelle Banfield
Indra Gajanayake
Marcus Bogie
Fiona Tito Wheatland
Louise Bannister
Marion Reilly
Shelley McInnis
Alan Thomas
Bill Heins
John Didlick

There were no related party transactions during the year.

15 Auditors' Remuneration

	2017	2016
	$	$
Remuneration of the auditor		
- auditing or reviewing the financial statements	**2,625**	2,350
Total	**2,625**	2,350

16 Cash Flow Information

(a) Reconciliation of result for the year to cashflows from operating activities

Reconciliation of net income to net cash provided by operating activities:

	2017	2016
	$	$
Profit for the year	**80,453**	52,008
Non-cash flows in profit:		
- depreciation	**7,466**	7,242
Changes in assets and liabilities:		
- (increase)/decrease in debtors & prepayments	**(6,179)**	1,229
- increase/(decrease) in accrued expenses & creditors	**(6,934)**	443
- increase/(decrease) in grants in advance	**(4,500)**	(10,500)
- increase/(decrease) in provision for employee entitlements	**25,731**	(17,144)
Cashflows from operations	**96,037**	33,278

Notes to the Financial Statements

For the Year Ended 30 June 2017

17 Events after the end of the Reporting Period

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Association, the results of those operations or the state of affairs of the Association in future financial years.

18 Statutory Information

The principal place of business of the association is:

Health Care Consumers Association of the ACT Incorporated
100 Maitland Street
Hackett ACT 2602

Health Care Consumers Association of the ACT Incorporated

ABN: 59 698 548 902

Responsible Persons' Declaration

The responsible persons declare that in the responsible persons' opinion:

- there are reasonable grounds to believe that the registered entity is able to pay all of its debts, as and when they become due and payable; and
- the financial statements and notes satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012.*

Signed in accordance with subsection 60.15(2) of the *Australian Charities and Not-for-profit Commission Regulation 2013.*

Committee member ..... Committee member .....

Dated this 18th day of October 2017

Independent Audit Report
To the Members of
Health Care Consumers Association of the ACT Incorporated

Report on the Audit of the Financial Report

Opinion

I have audited the financial report of Health Care Consumers Assoc of the ACT Incorporated, which comprises the balance sheet as at 30 June 2017, the statement comprehensive income, statement of changes in equity and cash flow statement for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the responsible entities' declaration.

In my opinion the financial report of Health Care Consumers Assoc of the ACT Incorporated has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

(a) giving a true and fair view of the registered entity's financial position as at 30 June 2017 and of its financial performance for the year then ended; and

(b) complying with Australian Accounting Standards and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

I conducted my audit in accordance with Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report. I am independent of the registered entity in accordance with the auditor independence requirements of the *Australian Charities and Not for-profits Commission Act 2012* (ACNC Act) and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to my audit of the financial report in Australia. I have also fulfilled my other ethical responsibilities in accordance with the Code.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Information Other than the Financial Report and Auditor's Report Thereon

Those charged with governance are responsible for the other information. The other information comprises the information included in the registered entity's annual report for the year ended 30 June 2017, but does not include the financial report and my auditor's report thereon.

My opinion on the financial report does not cover the other information and accordingly I do not express any form of assurance conclusion thereon.

Responsibilities of Responsible Entities and the Committee for the Financial Report

The responsible entities of the registered entity are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the ACNC Act, and for such internal control as the responsible entities determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, responsible entities are responsible for assessing the registered entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the responsible entities either intends to liquidate the registered entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the registered entity's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Report

My objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

• Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

• Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the registered entity's internal control.

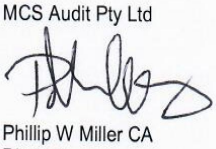
• Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by responsible entities.

• Conclude on the appropriateness of the responsible entities' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the registered entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the registered entity to cease to continue as a going concern.

• Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

MCS Audit Pty Ltd



Phillip W Miller CA
Director

Unit 1/37 Geils Court, Deakin ACT 2600

Dated: 19 October 2017