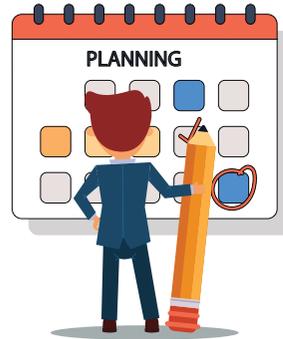


The Community Advisory Council (CAC) Terms of Reference (TOR) document stipulates the scope, roles and responsibilities of the CAC and its members. As stated in the TOR, CAC members participated in the annual review of the current document and provided feedback.

MEMBERSHIP COMPOSITION

Additional representation should be included on the CAC, such as people:

- + from diverse gender groups
- + with lived experience of homelessness
- + with low socio-economic status



MEETING FREQUENCY

The majority of CAC members **disagreed** with the suggestion of moving the meetings from bi-monthly to quarterly as any longer would be too far apart, and as a result, there would be too much information at meetings.

PARTNERSHIP

CAC members noted that the shared membership between the Clinical Council and CAC is **working well**.



ROLES AND RESPONSIBILITIES

CAC members discussed that for Gold Coast Primary Health Network (GCPHN) to become a truly **consumer-centric organisation**, CAC members roles and responsibilities should be reviewed to involve **selecting** new Board members.

RECOMMENDATIONS

- + CAC members to be **actively involved** in the selection process of new Board members.
- + **Proposed changes** to the terms of reference document to be **presented** to the Board.



The Your Experience of Services (YES) Survey is Australia's National Health Consumer Experience of Care Survey and was recently reviewed by the Australian Mental Health Outcomes and Classification Network (AMHOCN). AMHOCN consulted with consumers, carers, service providers and primary health network (PHN) staff to review the draft experience measures. Whilst the questions are still being finalised with minor amendments being made, the assumption is that the YES Survey will be implemented and given to providers that Gold Coast Primary Health Network (GCPHN) commission. CAC members were asked how they thought GCPHN providers could increase access and uptake of the survey by clients of these providers.

HOW CAN ACCESS TO THE SURVEY BE INCREASED?

- Surveys could be implemented as part of the “informed consent” process at the **beginning** of the service, which **initiates trust** at the start of the journey.
- Consumers should be asked how they would **like to engage** in the survey. Surveys need to be **optimised for mobile** and **accessible** for people with vision impairments.
- Surveys should be made **available in a variety of different formats** due to different preferences, such as online, via phone call or text message, paper-based and face-to-face.
- The point of the survey needs to be **clear** and identifiable data should be **removed**. The survey should also **clearly explain** what the results will be used for and how.
- Providers should **show gratitude** to consumers filling in the survey and provide thanks either verbally or on the survey itself.
- It needs to be considered that specific questions **may not align to every mental health service type** and surveys won't be a “one type fits all”.

HOW CAN UPTAKE BE INCREASED?

- CAC members felt **incentives**, particularly monetary ones, would increase uptake.
- Consumers would want to know what they would **achieve** by filling in a survey. The **purpose of the survey needs to made clear** at the very beginning.
- CAC members discussed how people tend to complete surveys when the **subject and issue is important** to them. A good quality survey that is not too long, is more likely to get filled in.
- Providers need to communicate to consumers that if their service was **poor**, consumers should report that. Providers can then **improve their services** for future consumers.
- **Simple** information and graphics.

Some CAC members felt that using a **consumer advocate** to assist others in filling in the survey would increase uptake. These advocates could:

- offer assistance
- help consumers to understand and complete survey
- follow-up if the survey was not yet returned.

HEALTHYGC WEBSITE REVIEW

CAC RESULTS, DECEMBER 2018

Gold Coast Primary Health Network (GCPHN) have begun an extensive review of their HealthyGC website with the aim of restructuring it in 2019. The website, as well as the HealthyGC service directory was presented to the Community Advisory Council (CAC) for their feedback. CAC members were also asked to consider the possibility of GCPHN using the existing National Health Services Directory (NHSD) and to compare HealthyGC to websites they found user-friendly.

WHICH DIRECTORY DID CAC MEMBERS LIKE BETTER IN TERMS OF “LOOK AND FEEL” - NHSD OR HEALTHYGC?



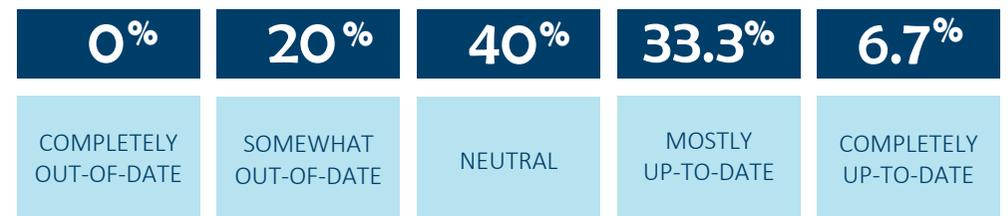
WHICH DIRECTORY DID CAC MEMBERS THINK WAS EASIER TO USE? - NHSD OR HEALTHYGC?



DID CAC MEMBERS THINK THE MENU TABS ON THE HEALTHYGC WEBSITE WERE EASY TO UNDERSTAND?



DID CAC MEMBERS FIND THE INFORMATION ON THE HEALTHYGC WEBSITE UP-TO-DATE?



DID CAC MEMBERS GET AN UNDERSTANDING OF WHAT GCPHN DOES FROM THE INFORMATION ON THE HEALTHYGC WEBSITE?



6 out of 15

CAC members specified that they use the search engine **Google** when looking for health-related services, rather than a specific health directory or website.



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THE HEALTHYGC WEBSITE SHOULD:

- Be **mobile friendly**.
- Have a **“threshold question”** on the landing page of the website, which would assist visitors in **navigating through information** relevant to them.
- Have **separate areas** (or the appearance of separate areas) for health professionals and consumers.
- Have a **similar layout** to websites such as My Mental Health.org and My Aged Care when undergoing the restructure, as CAC members felt these websites were some of the best being used by them.
- Remove any reference to the words **“Medicare Local”** as it can be off-putting and confusing for consumers.
- Include **privacy** disclaimers.
- Be easy to navigate. CAC members stressed the importance of the website needing to be **basic and easy to use**.
- Have **up-to-date** content. Some members felt the content on HealthyGC was current enough.

ADDITIONAL WEBSITE FEEDBACK:

CAC members discussed how extensions on website addresses (e.g. .com and .org) can make a difference to whether consumers perceive a website as **trustworthy** or not.



CAC members discussed how GCPHN help coordinate available healthcare services on the Gold Coast and brings “silos” together, which CAC members agreed was a very positive thing.

CAC members agreed that consumers only need to know a **basic explanation** of what GCPHN does.



CAC members stressed the importance of all forms of communication by GCPHN using the word **consumer** instead of patient.

CAC members felt that the current video about what GCPHN does was too long and should be placed somewhere other than the homepage with a more **“attention-grabbing”** screenshot.

CAC members felt that the HealthyGC website could **remove** its service directory and instead link to the NHSD.

