



Consumers Health  
Forum **OF** Australia

# Annual Report

## 2017-2018



representing consumers on national health issues

# CONTENTS

The Consumers Health Forum of Australia prides itself on a reputation as an independent organisation that is in the business of generating consumer-led ideas for a better health system.

While the challenges facing the health sector are enormous, CHF continues its mission to work collaboratively with health consumers, our members and stakeholders to improve the viability and sustainability of the health system for all health consumers.

The Board of CHF is pleased to present the Annual Report for 2017–2018 which outlines our key achievements and areas of focus over the past year.

*Click through the headings to read more*

**Who we are**

**Why we need CHF**

**Our objectives**

**What is the Chair saying?**

**What is the CEO saying?**

**What have we done in 2017–2018?**

**Policy**

**Submissions and Inquiries**

**Major projects and surveys**

**What have we said in 2017–2018?**

**How is CHF governed?**

**Our work with members and representatives**

**What are our plans for next year?**

**Financial reports**

# WHO WE ARE

The Consumers Health Forum of Australia is the national peak body representing the interests of Australian healthcare consumers and those with an interest in health consumer affairs, with a network reaching millions of Australian consumers.

CHF has the capacity, credibility and authenticity to ensure that governments and decision makers hear and understand the consumer perspective. Our members are diverse: they cover organisations and individuals with key conditions and issues across

the health system and also include professional, research and other health sector bodies.

We acknowledge the Australian Aboriginal and Torres Strait Islander peoples of this nation.

We acknowledge the traditional custodians of the lands on which our organization is located and where we conduct our business—the Ngunnawal people.

We pay our respect to ancestors and Elders, past, present and future for they hold the memories, traditions, culture and hopes of Aboriginal and Torres Strait Islander Australia.



# WHY WE NEED CHF



The launch of CHF's We're #withconsumers tick in 2017-18 demonstrates our ongoing commitment to ensuring integrating the experience and insight of consumers into organisational activities is a priority.

It is known that involving consumers at the organisational, governance and policy levels ensures that issues that are important to consumers are identified and prioritised, add legitimacy to decision making and improve health and policy outcomes as well as relationships with consumers.

## **#withconsumers in 2017-18 was:**

*BMJ/IHI International Forum on Quality and Safety in HealthCare*

# OUR OBJECTIVES

## OBJECTIVE ONE

### ADVOCATING FOR IMPACT

CHF will make credible, authoritative and constructive contributions to national policy and system design. CHF will strive to set the agenda for a consumer centred health system and advocate for the changes needed to realise that future.

## OBJECTIVE TWO

### CONSUMERS SHAPING HEALTH

CHF will support meaningful and authentic consumer engagement and participation at all levels in the health system. CHF will equip consumer leaders to act with impact and influence. CHF will facilitate opportunities to build capacity and improve the practice of consumer centred health care.

## OBJECTIVE THREE

### PARTNERING FOR PURPOSE

CHF will work with members and networks to maximise the impact of the consumer voice at the national level. We will strategically partner with stakeholders to shape better healthcare by ensuring that a consumer focus is always front and centre.

## OBJECTIVE FOUR

### RESILIENT AND STRONG

CHF will maintain and grow a strong and diverse membership. We will ensure our governance and leadership is of the highest standard. We will strengthen our organisational resilience and assure our financial sustainability.



# WHAT IS THE CHAIR SAYING?

The Consumers Health Forum of Australia (CHF) has once again 'punched above its weight' in national initiatives throughout 2017-18. We have been active participants in key reform areas such as the Private Health Ministerial Advisory Committee that has overseen the introduction of new classifications to simplify and help consumers make better choices on private health insurance, a Ministerial Committee examining out-of-pocket costs and advisory structures working with the government to implement reforms ranging from the Health Care Home Programme to My Health Record. This involvement reflects the continued recognition by Government of the important role of consumers in health policy making and program design.

## An enduring vision and mission

CHF's vision for a world class health and social care system centred on consumers and communities and our mission to draw on consumer and community knowledge and experience to relentlessly drive innovation and improvements to the Australian health and human service system remains robust and strong. But that doesn't mean our strategies and activities shouldn't be reviewed and refreshed. Following a stakeholder audit and member consultation, we introduced our refreshed Strategic Plan 2018-2022 to members at last year's AGM. This Strategy has been now formally adopted and is being implemented. We are pursuing four objectives as an organisation:

- Advocating for impact
- Consumers Shaping Health
- Partnering for purpose
- Resilient and strong

## Trusted adviser

I am pleased that CHF continues to enjoy a productive relationship with both Minister Hunt and the other major political parties, as well as constructive relationships with the Department of Health and key agencies within

the wider health portfolio. CHF advice and counsel has been regularly sought throughout the year. At all times, we commit to seeking the views and insights from our members. It can be a challenging task for CHF to weigh up and reflect member views, particularly when there is a diversity of opinion. I can assure you that we carefully and diligently reflect this diversity as well as weigh it up with what the evidence suggests is sound advice.

## Diversification for strength

The CHF Board has a long-term strategy to diversify our funding. This is a conscious and planned decision that will take time to execute. It is a challenge faced by all not-for-profits but a challenge for CHF when we don't stand for a specific cause or disease as most of our counterpart organisations do. We have strict ethical criteria to guide which organisations we will partner with and seek funds from. It is an exciting goal for us and we are confident we will make inroads. As evidence, we have had a pleasing financial result in 2017-18 in what continues to be a challenging environment for non-government organisations.

We increased our funding from the Health Department for various core activities and projects and secured contracts with agencies such as the Australian Commission for Safety and Quality in Healthcare, the Australian Digital Health Agency, NPS MedicineWise, the Therapeutic Goods Administration and funding from Primary Health Networks. We attracted funding from sponsors and supporters for events and projects this year. I would like to acknowledge our 2017-2018 sponsors and supporters for their support of CHF and our mission:

- Australian General Practice Accreditation Limited and QIP Group of Companies (AGPAL QIP)
- Australian Commission for Safety and Quality in Health Care (ACSQHC)
- Australian Digital Health Agency (ADHA)
- Brisbane South Primary Health Network

- Bupa Health Foundation
- Foundation for Alcohol Research and Education (FARE)
- Headspace National Youth Mental Health Foundation
- Medibank Better Health Foundation
- National Mental Health Commission
- Northern Territory Primary Health Network
- Orygen Youth Health
- South Eastern NSW Primary Health Network
- Western Sydney Primary Health Network

Board diversity is a hallmark of good governance and we demonstrated our commitment to that by appointing Ms Ros Chataway and Mr Mark Diamond as Directors after a skills audit and rigorous national search. We also value diversity among our membership. Our successful membership campaign this year has stimulated a very pleasing growth in our membership attracting an additional 50 members. Our core membership remains consumer organisations, but we have an increasing number of professional associations, research institutes, Primary Health Networks and Local Hospital Districts/ Networks now joining us as a show of their support and interest in healthcare consumer affairs.

## Modern governance

Under the stewardship of Deputy Chair, Jo Watson, we have embarked on a modernisation of our constitution with changes to be presented to our voting members for consideration. The changes are designed to ensure we are fully compliant with the standards and expectations of regulators such as the Australian Charities and Not-for-Profits Commission.

I would like to thank our CEO Leanne Wells and her highly capable team for their achievements and support of the Board, and my Board colleagues for another successful year of achievement for CHF.

I commend this annual report to you.



*Tony Lawson, Chair*



# WHAT IS THE CEO SAYING?

I am pleased to present the Consumers Health Forum of Australia's (CHF) Ltd Annual Report for 2017-18.

## Policy imperatives

The complexity of Australia's health care system generates many issues that have an impact on consumers and the policy agendas of governments create opportunity where a better health system more responsive to community need can be created. At CHF we aim to advocate for impact: this means staying single-mindedly focused on influencing policy areas such as safety, quality and consumer participation; primary and integrated care reform; prevention and the social determinants of health; health financing reform; private health insurance reform and national medicines policy.

## Thought leadership

CHF continued our #Consumers Shaping Health Thought Leadership Roundtable Series. Our successful collaboration with The George Institute for Global Health saw us team up to host Going Digital and, in June, we partnered with The University of Melbourne and the Medibank Better Health Foundation to host a Specialist Fees and Performance Transparency Roundtable.

We were delighted that Federal Health Minister, the Hon. Greg Hunt, agreed to participate in an inaugural Consumer and Community Ministerial Roundtable with ourselves, a selection of members and the Mental Health Consumer and Carer Forum. This event is an opportunity for our members to directly engage with the Minister and is now a feature of CHF's annual event calendar.

## Speaking with authority and authenticity

To add to the rich insight from CHF members, we launched Australia's Health Panel in Patient Experience Week, introduced Special Interest Groups and commenced planning for a Youth Health Forum. The Panel is a growing online digital community of people who have consented to participate in regular polls and surveys on health and related issues.

CHF's research program continues to grow helping to add to the weight we can bring to national debates, with the support and leadership of a dedicated Policy and Research Officer. We partnered with NPS MedicineWise to conduct a major multi-stage research project examining consumer attitudes to health data and conducted an Out-of-Pocket Pain survey which attracted an unprecedented 1,200 plus respondents.

## A valued membership backbone

Patient Experience Week saw CHF mount a successful membership campaign which generated over 50 new members this year alone. Members contribute to CHF's policy platform, nominate consumer representatives to committees of government and other key organisations and are kept up-to-date on developments in health through regular Board communiques, a webinar series on our YouTube channel and a bi-monthly e-newsletter, Health Update. Our Consumer Representatives Program, now involving over 80 representatives, is networked through a dedicated Facebook group and liaison officer.

## Credible commentary

CHF opinion on contemporary issues in health care was in demand among media outlets. Our social media presence continued to grow. Across these media, we commented on a diverse set of topics including private health insurance, healthcare affordability, quality and safety issues, pharmacy and primary care reform. CHF speakers were sought out and featured at major national conferences and events including keynotes in major events such as the 4th International Health Care Reform Conference and the CEDA 2017 Health Series. Our bi-annual e-journal, Health Voices continued to be published leading the conversation on key issues such as health workforce, private health insurance and medical device regulation.

## Purposeful partnerships

We continued many valued partnerships and embarked on new ones. We teamed up with Choice, the National Rural Health Alliance and the Breast Cancer Network of Australia to launch our Out-of-Pocket Pain survey at a media event at Parliament House. We partnered with NPS MedicineWise on joint research and continue to support and advance Choosing Wisely Australia. We teamed up with Palliative Care Australia to launch a Palliative Care Consensus Statement at a Parliamentary Breakfast to mark National Palliative Care Week. We were delighted to be a system lead investigator and part of a successful bid led by the Australian Centre for Health Innovation at Macquarie University to establish the NHMRC Partnership Centre for Health System Sustainability. We launched the CHF #withconsumers 'tick' to recognise events that include and work with consumers in best practice and authentic ways.

## Building capacity for consumers to shape health

Following a joint Partnering with Consumers workshop series with the Australian Health and Hospitals Association (AHHA), CHF joined with the Association to commission and produce an Experience-Based Codesign Resource Kit. Our major collaboration with the UK Kings Fund, Collaborative Pairs to Australia, has moved into its implementation phase. This national demonstration will see eight expert clinical-consumer facilitator pairs train over 60 participant pairs in leadership and demonstrate how best to work together on shared work challenges. It has been supported by four Primary Health Networks and the Australian Commission for Quality and Safety in Healthcare and is attracting wide interest.

CHF worked with the Tasmanian Government, Tasmanian Health Service and Primary Health Tasmania to secure tripartite funding to support the establishment of an independent health consumer organisation: a first for Tasmania. An Executive Officer and an Implementation Advisory Group are working towards the establishment and independence of the organisation as soon as possible.

## A vibrant, productive organisation

I would like to thank and acknowledge the talented team and CHF Board for their support and contribution to CHF's 2017-18 achievements. Our funding has diversified in 2017-18 and, as a result, we have been able to grow our capacity and staff numbers to advocate for a world class health and social care system centred on consumers and communities.



*Leanne Wells, CEO*

# WHAT HAVE WE DONE IN 2017-18?

2017-18 was an exciting year for CHF, from working with our growing member base to reach millions of consumers, to launching initiatives that will make a real difference to Australia's healthcare system.



We identified and supported **80+ representatives** on national strategic committees, including the NPS MedicineWise Board, the Health Care Homes Implementation Advisory Group and the Pharmaceutical Benefits Advisory Committee.



We convened Special Interest Groups on topics such as **digital health and research**.



We conducted **10 Webinars** covering key healthcare issues, which were posted on our **YouTube** channel, which had over **4,600** views the past year.



We conducted our **Out of Pocket Pain survey** which drew **1,200** respondents and published the survey report **Out of Pocket Pain** and a companion report **Hear Our Pain**, highlighting people's experience with treatment costs.



**Collaborative Pairs Australia**  
*A Consumers Health Forum Partnership*

We launched the trial of the **Collaborative Pairs initiative in Australia**. An initiative developed by the King's Fund of London, the program brings health providers and consumers together to make a real difference to the health system.



We worked with our **growing member base** (currently **198 members**, with **50 new members** joining this financial year), including organisations and individuals, to reach millions of consumers.



We provided monthly summaries of health news and our policy, project, media and representative work in **healthUPDATE**, and reached over 3,000 subscribers with each issue of **Consumers Shaping Health**.



**CHF**  
**Australia's Health Panel**

We launched **Australia's Health Panel**—the country's first modern, interactive online platform devoted to harnessing the views of Australians about the state of the nation's health care system.



We were sought out and commissioned as **expert advisers** by key agencies, such as the Department of Health, PHNs, the Australian Digital Health Agency and NPS MedicineWise.



We generated **over 1,400** media mentions across Australia including TV and radio interviews and commentary in print media.



We led the conversation on key issues of health workforce and private health insurance in our journal, **Health Voices**.



We were part of and **hosted panels at international and national roundtables, forums, events and workshops**, including the Consumer and Community Ministerial Roundtable with Health Minister, Greg Hunt, now a bi-annual event.



We engaged with **7,500+** followers on Twitter with **500,000+** impressions, and **493** followers on Facebook, reaching an average of **4,000** users a month.





Ministerial Roundtable



Finalising My Health Record for Pharmacists

## POLICY

Our policy team initiates work on key issues that are important to consumers and responds to proposals from government and other national stakeholders so that the consumer perspective is always included in policy deliberations. It involves a mix of developing policy positions, contributing to submissions, participating in inquiries and being an active participant on a wide range of committees and working groups.

CHF policy positions are informed by the available published national and international evidence. Importantly we also use consumer evidence that we collect through a range of qualitative and quantitative methods including survey, consultations and focus groups. To support this collection of evidence we launched Australia's Health Panel, an online community where people can register their views on health issues that are touching their lives.

CHF continued its webinar series on topical issues that are of interest to consumers with webinars covering:

- Briefing on 2018 Federal Budget
- Reform of Regulation of Medical Devices
- Codeine Rescheduling in association with painAustralia
- #hellomynameis campaign with co-founder Chris Pointon
- Secondary Use of My Health Record Data
- Review of the Accreditation System for Health Professionals with Professor Mike Woods
- Update on reform of Private Health Insurance and Pharmacy Remuneration and Regulation.

In 2017-18 the key areas on our policy agenda included private health insurance reform; out-of-pocket costs, implementation of the medicines and medical device reforms and the rescheduling of codeine.

## Private Health Insurance

This continues to be a high priority area for the policy team. We continued to be involved in all of the work of the Private Health Ministerial Advisory Committee as it looked at the implementation of the reforms which were announced in late 2017, especially the introduction of the gold/silver/bronze/basic classification of policies. CHF was a member of the Improved Models of Care Working Group investigating the potential for private health insurance to cover models of care outside of the hospital setting. The focus of this group was on mental health and rehabilitation services. The Group is due to report at the end of 2018.

CHF participated in the Ministerial Advisory Committee on Out-of-Pocket Medical Costs. Out-of-pocket costs are a major problem for consumers who face these costs in addition to paying for private health insurance. The existence of these additional costs is one of the factors influencing whether people seek private treatment using their insurance or to opt for public hospital treatment. This Committee is focused on improving transparency of costs so that consumers can know what a specialist will charge for consultations and procedures prior to seeing the doctor. This Committee is also due to report at the end of 2018.



National Medicines Symposium, May



Digital Health Roundtable March

## Medicines and Medical Devices

The implementation of the medicines and medical device regulation reforms continued throughout the year. This is a key area of concern for consumers who want to be assured that Australia has a strong regulatory framework so that the medicines and medical devices are safe and of a high quality. CHF played an active part in the many and varied consultative processes run by the Therapeutic Goods Administration. We have participated in workshops and written submissions on advertising reform, complimentary medicines and the development of the new provisional pathway for medicines which should speed up access to innovate treatments.

CHF has taken a strong interest in the regulation of medical devices. We ran a webinar on the proposed reforms and continued to advocate for better information for consumers on devices. There is a rapid rate of innovation in the device arena and CHF is keen to ensure regulation keeps up, as well as anticipates future trends. We participated in a workshop and lodged a submission on the proposals around regulation of 3D printed devices as we are keen to ensure all implantable devices are safe for use.

In 2016 the Government took the decision to make all products containing codeine prescription only medicines, commencing from 1 February 2018. This was a significant change for many consumers and despite the long lead time, it became evident that many consumers were not aware of the change. In late 2017 CHF was commissioned, along with some other organisations, to develop an enhanced communication strategy to ensure key groups within the community were made aware of the changes.

CHF produced a set of consumers facing story cards to explain the decision and to encourage consumers to work with their doctor to find alternative ways of managing their pain.

## Digital health

This is a growing area of work and policy discussion for CHF as we move toward the implementation of the National Digital Health Strategy and further developments of the My Health Record (MHR).

CHF advocated for the move to an opt out system for the MHR as a way of pushing the agenda because we believe there are significant benefits for many consumers in having an electronic record. We actively participated in the discussions around the secondary use of data from the MHR to ensure consumers concerns' on the need for strong safeguards on privacy and use of their data were addressed prior to the move to opt-out.

The early part of 2018 was spent preparing for the expansion of MHR through the move from opt-in to opt-out. The objective was to ensure the communication strategy was in place so that consumers received the information they needed to make an informed decision as to whether MHR was right for them or not. The national rollout of the opt-out process commenced in July 2018.

*National Voices Conference, United Kingdom*



*Patient centred care at ceda news, November*



*Collaborative Pairs training, Kings Fund, London*



*Launch of Palliative Care Consensus Statement, Government House*

## SUBMISSIONS AND INQUIRIES

### Parliamentary Inquiries

CHF continued to advocate for consumer concerns through participation in a number of parliamentary inquiries. As well as making submissions CHF was routinely invited to present evidence at public hearings and our submissions are often cited in parliamentary reports.

Our submissions have included:

- Senate Inquiry into Value and Affordability of Private Health Insurance and Out-of- Pocket Medical Costs
- Senate Inquiry into Accessibility and Quality of Mental Health Service in Rural and Remote Australia.

### Submissions

In addition to submissions to Parliamentary inquiries, CHF made a number of submissions into Government and other consultation processes. These included:

- Department of Health Consultation on Prescribing Strong Opioids
- Treasury Consultation on Early Release of Superannuation Benefits
- Development of a Framework for Secondary Use of My Health Record Data
- Independent Review of Accreditation Systems

All CHF submissions are available on the CHF website.



Launch of *Out-of-Pocket Pain Report*, March 2018



2018 International Digital Health Symposium

## MAJOR PROJECTS AND SURVEYS

### Out-of-Pocket Costs

Out-of-pocket costs have emerged as a growing problem for the health care system in Australia; impacting on access to appropriate care and undermining our notion of care being provided according to need rather than capacity to pay. It has also been a factor that has led many consumers to question the value of their private health insurance.

To inform our advocacy on this issue CHF undertook a survey of consumers on their experience of out-of-pocket costs in January 2018. Over 1,200 respondents from across Australia provided their feedback to our survey making it the most shared and responded to in CHF's history. This showed the level of interest and concern for consumers.

The survey found that:

- private patients routinely face bills running into thousands of dollars in a system characterised by high cost, complexity and confusion
- more than a quarter of respondents had costs of more than \$10,000
- many highlighted that meeting these costs had a significant impact on their lives
- many were shocked that they had to pay out-of-pocket costs on top of paying for their private health insurance through ever increasing premiums.

CHF published two reports from the survey. The *Out-of-Pocket Pain* report presents the findings and makes some recommendations or reform whilst the *Hear Our Pain* report contains consumers stories of the costs and impact of those costs.

### Engaging Consumers in their Health Data Journey

Consumer health data – clinical and socio-demographic – is increasingly collected, linked and used, both with and without consumers' knowledge and informed consent. There is increasing focus on 'big data', evidence-informed policy, and the value of data-driven service development and improvement. Recent examples of this include consultations about the secondary use of health data, incentivising the capture of data at the point of care delivery, and the My Health Record.

NPS MedicineWise collaborated with CHF on a research project, exploring consumers' attitudes to data. The project involved a literature review; exploratory interviews with consumers; a survey with a nationally representative sample of consumers; and a jointly hosted thought leadership roundtable bringing together representatives from key organisations involved in digital health and use of data, consumer organisations and consumers involved in the research.

The key findings of its report, *Engaging consumers in their health data journey*, were:

- consumers wanted control over their data
- consumers are more willing to share data for a public good
- a high level of transparency is required as consumers wanted to know who will use and how it will be used
- the need for clear principles to guide data custodians.

# WHAT HAVE WE SAID IN 2017–2018?

CHF's *Out-of-Pocket Pain Survey Report* in March 2018 drew strong interest from all media (Figure 1). This was stimulated by the compelling results but also by the individual snapshots of individual experiences with out-of-pocket costs. The report was released at a launch at Parliament House with the support of CHOICE, Breast Cancer Network Australia and the National Rural Health Alliance.

More generally, CHF's social media presence has hit new records as we have expanded the activity and our profile using these channels (Figure 2). Throughout the year, our CEO was sought for numerous media interviews for national television, radio and newspapers.

The variety of the issues we deal with in media releases and in response to media requests also continues to swell. Among the topics CHF commented on during the year were private health insurance, palliative care, the Community Pharmacy Agreement, medical device safety, primary care, the federal budget, codeine regulation and pain therapy, obesity, after hours medical care, hospital waiting times, diet policy, patient safety, clinical standards in treatment of menstrual disorders, over-diagnosis, consumer involvement in health care and prescription monitoring (Figure 3)

The range of subjects CHF covers was also highlighted in the two editions of *Health Voices* which carried articles from a selection of experts on medical devices and health and medical research.

A sign of changing media appetites has been that while mentions on social media have continued to increase markedly, bolstered by greater use of graphics and images in our messaging, there has been a fall in mentions of CHF in traditional media. Visitors to the CHF website rose by 32 percent over the year. Twitter impressions, that is the number of times a post is displayed, rose by 25 percent. Most striking was the 248 percent jump in the number of times our Facebook posts were viewed.

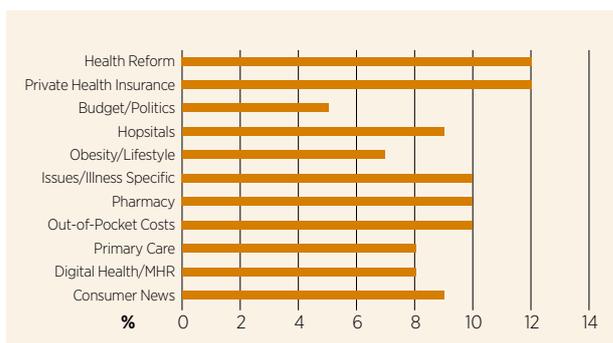
Figure 1: CHF news mentions by month



Figure 2: CHF social media mentions by month



Figure 3: CHF media releases by topic (%)



On social media, CHF's Twitter activity included: **525,500** impressions, **67,940** people saw our content on Facebook, and Our YouTube channel had **46,900** views and attracted **108** new subscribers

In 2017–18 our website had **45,000** users and **133,600** pageviews – a **32%** increase on last year.

# HOW IS CHF GOVERNED?

CHF's Constitution allows a maximum of nine Directors, with six of the Directors being elected on a rotational basis from the membership. The Board may also appoint up to three skills based Directors.

At the Annual General Meeting (AGM) held in November 2017, three Directors were elected by CHF's Voting Members; Lara Alexander, Rowan Cockerell and Christine Walker.

In February 2018, CHF sought expressions of interest to fill up to two Board vacancies. CHF received a significant number of extremely high-quality applications from a very strong field of candidates. Following a rigorous review and assessment process, Roslyn Chataway was selected by the Board to fill a casual vacancy in May 2018 and Mark Diamond was selected for a vacant appointed director also in May 2018.



Prof. Stephen Duckett, Grattan Institute with CHF Board members.

## Directors' terms and board meeting attendance

Name	Position	Term of Office	Board meetings 2017-2018	
			Number eligible to attend	Board Meetings Attended
<b>Current Directors</b>				
Tony Lawson	Elected Director and Chair	To 2019 AGM	6	5
Jo Watson	Appointed Director and Deputy Chair	To 2018 AGM	6	6
Lara Alexander	Elected Director	To 2020 AGM	4	3
Roslyn Chataway	Elected Director (Casual vacancy)	To 2018 AGM	1	1
Rowan Cockerell	Elected Director	To 2020 AGM	6	6
Mark Diamond	Appointed Director (Casual vacancy)	To 2018 AGM	-	-
Jan Donovan	Appointed Director	To 2020 AGM	6	6
Paul Murdoch	Elected Director	To 2018 AGM	6	4
Christine Walker	Elected Director	To 2020 AGM	4	3
<b>Former Directors</b>				
Sue Andrews <sup>1</sup>	Elected Director	To 2019 AGM	4	4
Melissa Fox <sup>2</sup>	Elected Director	To 2017 AGM	2	2
Bel Harper <sup>3</sup>	Elected Director	To 2017 AGM	2	1

1 Ms Sue Andrews resigned effective 12 December 2017.

2 Ms Bel Harper's term expired 13 November 2017.

3 Ms Melissa Fox's term expired 13 November 2017.



Tony Lawson, Chair



Jo Watson, Deputy Chair



Lara Alexander



Roslyn Chataway



Rowan Cockerell



Mark Diamond



Jan Donovan



Paul Murdoch



Christine Walker

# OUR WORK WITH MEMBERS AND REPRESENTATIVES 2017–2018

## CHF Representatives

Consumer representatives play an important role in balancing the views of health professionals and stakeholders, ensuring that consumer issues are considered in decision-making.

Consumer representatives are widely valued by committee organisers. CHF received over seventy requests for consumer representation during 2017–18.

Requests were received from committee organisers including the Australian Government Department of Health, the Australian Institute of Health and Welfare, the Australian Digital Health Agency, Australian General Practice Accreditation Limited, the Australian Commission on Safety and Quality in Health Care, Medicines Australia, Mental Health Australia, the Pharmaceutical Society of Australia and other industry, professional and research projects dealing with national health issues seeking consumer representation to inform their work.

CHF supported eighty consumer representatives working at every level of decision-making, to provide strong consumer representation on numerous strategic national health decision-making committees. CHF consistently receives a notable response to our call for nominations demonstrating the strength of our network and the dedication of the consumer advocates within our network to improving healthcare for all Australians.

CHF thanks our dedicated consumer representatives for their ongoing contribution and commitment throughout 2017–2018.

## CHF Membership

CHF is made up of individual members and state peak health consumer organisations and networks dedicated to particular health conditions.

In 2018 CHF significantly widened its membership base attracting 50 new members, and diversifying CHF's pool of consumer representatives to better represent health consumers. Committee organisers were pleased with the diversity.

Our membership currently stands at 198.

A comprehensive list of CHF members is available at <https://chf.org.au/our-members>

CHF's members played a vital role in shaping Australia's health system, ensuring the consumer perspective remained a priority for decision makers. The growing significance of the consumer in health policy setting and health system decision-making meant that a close association between CHF and its members delivered links and insights of mutual benefit.

CHF remains committed to being member responsive. Member involvement in 2017–18 resulted in increased consumer insights to health debates through national consultations, campaigns and policy development on priority issues. A strong relationship with members guide and strengthen our respective thinking and action in key policy areas.

CHF welcomes applications for membership from organisations and individuals with an interest in health consumer issues. CHF membership is made up of voting members, associate organisational members, associate corporate members, associate individual members and honorary life members.

For more details, or to join CHF, phone us on 02 6273 5444 or visit <https://chf.org.au/our-members/become-amember>

CHF thanks our members for their involvement and support in 2017–2018.

# OUTLOOK: WHAT ARE OUR PLANS FOR NEXT YEAR?

CHF looks forward to continuing our advocacy for a better health system for all in the coming year, working with members and partners to promote consumer insights and views in all major national policy, research and program developments and to building the capacity of the healthcare consumer sector. 2018–2019 will see our next Federal election where we can expect health to be a hotly contested topic.

In 2018–2019 our key activities will include:

A continuation of our *Consumers Shaping Health Thought Leadership Roundtable* series on topical issues for consumers in collaboration with our key academic partner, The George Institute for Global Health

Submissions to the 2019 Federal Budget and other key government and parliamentary inquiries and consultations

Development of a Federal Election Platform through a series of state-based Member Forums and production of an Election Report Card

Producing a 'White Paper' on the next decade of consumers shaping health

Introducing additional activities to our advocacy strategy such as a Members' Parliamentary Advocacy Day

Growing the reach and potential of *Australia's Health Panel* and rolling out a regular series of 'take the pulse' polls on key issues

Reporting on our first ever Consumer Sentiment Survey currently in development

Continuing to work with government and key agencies to provide advice on consumer issues

Hosting the inaugural meeting of our Youth Health Forum and supporting it to stay connected and advocate key issues for young people

Concluding the implementation phase of Collaborative Pairs Australia and establishing an ongoing implementation program involving interested parties

Growing and supporting our Consumer Representatives Program with networking and other leadership opportunities.

# FINANCIAL REPORTS

**FOR THE YEAR ENDING 30 JUNE 2018**

Consumers Health Forum of Australia Ltd

ABN 82 146 988 927

## **Financial Statements**

### **For the Year Ended 30 June 2018**

Directors' Report	20
Auditors Independence Declaration under Section 60-40 of the Australian Charities and Non-for-profits Commission Act 2012	21
Statement of Profit or Loss and Other Comprehensive Income	22
Statement of Financial Position	23
Statement of Changes in Equity	24
Statement of Cash Flows	25
Directors' Declaration	26
Independent Auditor's Report	27

**Consumers Health Forum of Australia Ltd**

ABN 82 146 988 927

**Directors' Report  
For the Year Ended 30 June 2018**

**Auditor's independence declaration**

The auditor's independence declaration for the year ended 30 June 2018 has been received and can be found on page 9 of the financial report.

Signed in accordance with a resolution of the Board of Directors:



Director: .....  
Tony Lawson



Director: .....  
Jan Donovan

Dated: 29 October 2018



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Hardwickes  
ABN 35 973 938 183

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ABN 21 008 401 536

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**Auditors Independence Declaration under Section 60-40 of the  
Australian Charities and Not-for-profits Commission Act 2012**

**To the Directors of Consumers Health Forum of Australia Ltd**

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2018, there have been no contraventions of:

- (i) the auditor independence requirements as set out in the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- (ii) any applicable code of professional conduct in relation to the audit.

Hardwickes  
Chartered Accountants

Robert Johnson FCA  
Partner

Dated: 29 October 2018

Canberra



## Consumers Health Forum of Australia Ltd

ABN 82 146 988 927

### Statement of Profit or Loss and Other Comprehensive Income For the Year Ended 30 June 2018

	<b>Note</b>	<b>2018</b>	<b>2017</b>
		<b>\$</b>	<b>\$</b>
Revenue	10	1,544,014	1,003,082
Administrative expenses		(693,815)	(454,304)
Employee benefits expenses		(820,149)	(785,585)
Depreciation expense		(8,731)	(7,386)
<b>Profit (loss) before income tax</b>		<b>21,319</b>	<b>(244,193)</b>
Income tax expense		-	-
<b>Profit (loss) for the year</b>		<b>21,319</b>	<b>(244,193)</b>
<b>Total comprehensive income for the year</b>		<b>21,319</b>	<b>(244,193)</b>

## Consumers Health Forum of Australia Ltd

ABN 82 146 988 927

### Statement of Financial Position

As At 30 June 2018

	Note	2018 \$	2017 \$
<b>ASSETS</b>			
CURRENT ASSETS			
Cash and cash equivalents	2	1,213,532	829,310
Trade and other receivables	3	147,131	127,500
Other financial assets	4	426,045	426,045
Other assets	5	33,316	20,264
TOTAL CURRENT ASSETS		<u>1,820,024</u>	<u>1,403,119</u>
NON-CURRENT ASSETS			
Other assets	5	8,800	8,800
Property, plant and equipment	6	53,217	5,839
TOTAL NON-CURRENT ASSETS		<u>62,017</u>	<u>14,639</u>
TOTAL ASSETS		<u>1,882,041</u>	<u>1,417,758</u>
<b>LIABILITIES</b>			
CURRENT LIABILITIES			
Trade and other payables	7	1,262,793	759,643
Current tax liabilities	8	11,246	66,667
Provisions	9	74,608	49,163
TOTAL CURRENT LIABILITIES		<u>1,348,647</u>	<u>875,473</u>
NON-CURRENT LIABILITIES			
Provisions	9	-	30,210
TOTAL NON-CURRENT LIABILITIES		<u>-</u>	<u>30,210</u>
TOTAL LIABILITIES		<u>1,348,647</u>	<u>905,683</u>
NET ASSETS		<u>533,394</u>	<u>512,075</u>
<b>EQUITY</b>			
Retained earnings		<u>533,394</u>	<u>512,075</u>
TOTAL EQUITY		<u>533,394</u>	<u>512,075</u>

## Consumers Health Forum of Australia Ltd

ABN 82 146 988 927

### Statement of Changes in Equity For the Year Ended 30 June 2018

2018

	Retained Earnings	Total
Note	\$	\$
<b>Balance at 1 July 2017</b>	512,075	512,075
Profit attributable to members of the entity	21,319	21,319
<b>Balance at 30 June 2018</b>	<u>533,394</u>	<u>533,394</u>

2017

	Retained Earnings	Total
Note	\$	\$
<b>Balance at 1 July 2016</b>	756,268	756,268
Loss attributable to members of the entity	(244,193)	(244,193)
<b>Balance at 30 June 2017</b>	<u>512,075</u>	<u>512,075</u>

## Consumers Health Forum of Australia Ltd

ABN 82 146 988 927

### Statement of Cash Flows

For the Year Ended 30 June 2018

	2018	2017
Note	\$	\$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Receipts from customers	2,106,934	1,455,718
Payments to suppliers and employees	(1,679,635)	(1,274,469)
Interest received	13,032	13,998
Net cash provided by/(used in) operating activities	14(b) <u>440,331</u>	<u>195,247</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Purchase of property, plant and equipment	<u>(56,109)</u>	(2,855)
Net cash provided by/(used in) investing activities	<u>(56,109)</u>	<u>(2,855)</u>
Net increase/(decrease) in cash held	384,222	192,392
Cash and cash equivalents at beginning of financial year	<u>829,310</u>	636,918
Cash and cash equivalents at end of financial year	14(a) <u><u>1,213,532</u></u>	<u><u>829,310</u></u>

## Consumers Health Forum of Australia Ltd

ABN 82 146 988 927

### Directors' Declaration

The directors of the company declare that, in the directors' opinion:

1. The financial statements and notes, as set out on pages 10 to 33, are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* and:
  - (a) comply with Australian Accounting Standards and the *Australian Charities and Not-for-profits Commission Regulation 2013*; and
  - (b) give a true and fair view of the financial position of the company as at 30 June 2018 and of its performance for the year ended on that date.
2. There are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with subs 60.15(2) of the *Australian Charities and Not-for-profits Commission Regulation 2013*.



Director: .....  
Tony Lawson



Director: .....  
Jan Donovan

Dated: 29 October 2018



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## Independent Auditor's Report

### To the members of Consumers Health Forum of Australia Ltd

#### Report on the Audit of the Financial Report

##### Opinion

We have audited the financial report of Consumers Health Forum of Australia Ltd (the company), which comprises the statement of financial position as at 30 June 2018, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and other explanatory information, and the directors' declaration.

In our opinion, the accompanying financial report of Consumers Health Forum of Australia Ltd is in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (i) giving a true and fair view of the company's financial position as at 30 June 2018 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards and the *Australian Charities and Not-for-profits Commission Regulation 2013*.

##### Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the company in accordance with 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 our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

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

The directors are responsible for the other information. The other information comprises the information included in the company's annual report for the year ended 30 June 2018, but does not include the financial report and our auditor's report thereon. Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon. In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.





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## Independent Auditor's Report

### To the members of Consumers Health Forum of Australia Ltd

#### Responsibilities of Directors for the Financial Report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the company'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 directors either intend to liquidate the company or to cease operations, or have no realistic alternative but to do so.

#### Auditor's Responsibilities for the Audit of the Financial Report

Our 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 our 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, we exercise professional judgement and maintain professional scepticism throughout the audit. We 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 our 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 company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.





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## Independent Auditor's Report

### To the members of Consumers Health Forum of Australia Ltd

- Conclude on the appropriateness of the directors' 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 company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the company 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.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Hardwickes  
Chartered Accountants

Robert Johnson FCA  
Partner

Canberra

Dated: 29 October 2018



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