



Consumers
Health Forum
of Australia

Annual Report 2007–2008

Consumers Health Forum of Australia (CHF)

The Consumers Health Forum of Australia Inc (CHF) is the national voice for health consumers. As an independent non-government organisation, CHF helps shape Australia's health system by representing and involving consumers in health policy and program development.

Health consumers have a unique and important perspective on health as the users and beneficiaries of health care and, ultimately, those who pay for it. CHF takes consumers' views to government and policy makers, providing an important balance to the views of health care professionals, service providers and industry to achieve a health system that reflects the needs of all stakeholders.

CHF member organisations reach millions of Australian health consumers across a wide range of health interests and health system experiences. Health policy is developed through wide consultation with members, ensuring a broad, representative, health consumer perspective.

Current priorities include safety and quality in health care, safe and appropriate use of medicines and health care for people with chronic conditions. CHF also facilitates the appointment of consumer representatives on about 200 national health-related committees.

CHF believes all consumers should receive affordable, safe, good quality health care at the time they need it. The best outcomes are achieved when consumers are involved in decisions about and management of their own health care. Consumers should receive health care information when they need it in a form they can understand.

Established in 1987, CHF seeks external funding for priority projects and receives funding from membership fees and the Australian Government Department of Health and Ageing.

With its ability to access a variety of health consumer networks and extensive knowledge of consumer issues, CHF is a respected and influential contributor to the Australian health debate.

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Consumers Health Forum of Australia Strategic Plan 2005–09

Vision

Consumers shaping health in Australia

Mission

To provide a respected and informed consumer voice on national health issues

We value

- A broad and encompassing view of health
- Diversity in people, cultures and contributions
- A fair and responsive health system which minimises inequalities
- Self-determination for health consumers
- Working in collaboration with health providers
- Safe, good quality health care
- Being a representative, responsive and accountable consumer organisation

Goals

1. Strengthen the recognition of CHF as a national leader for health consumers
2. Improve CHF's profile and communications with key stakeholders
3. Strengthen CHF's governance and management

Chairperson's Report

Over the past year the Consumers Health Forum of Australia (CHF) has taken advantage of many opportunities to make a difference in health care.

Politically, the 2007 federal election allowed CHF to put health consumers' demands to the electorate and on the party tables. The new government is consulting consumers as part of its health reform agenda. CHF has continued to build on its strengths and respect to remain the national voice for health consumers and to represent consumers on national health issues, especially with the current health reform agenda.

At the Australia 2020 Summit, the key 2020 ambition of 'health care to be centred on the consumer' was recommended by CHF representatives. CHF is being consulted by the National Health and Hospitals Reform Commission and is influencing the primary health care reforms through its membership of the National Primary Health Care Partnership.

We are in an excellent position to contribute to the health debate because we identified three CHF priority areas three years ago that are now proving to be today's national issues of concern: safety and quality in health care; health care for people with chronic conditions; and quality use of medicines.

CHF continued to make substantial gains for consumers in its on-going project work. Highlights will be outlined later in this Annual Report, but I particularly want to mention CHF work with the Australian Commission on Safety and Quality in Health Care and in e-health. As a result of our consultations, the Australian Charter on Healthcare Rights is a meaningful document for consumers as well as other stakeholders. The move to national accreditation and open disclosure reflect our perspectives and the announcement of the development of a National E-health Strategy was a fitting finale for our e-health project.

Two projects, e-health and private health reforms, were completed or in the final stages at the end of 2007–08. The work has been invaluable, influencing government and stakeholders and raising awareness about important consumer issues. The findings from these projects will carry on through our ongoing and new projects; e-health underpins many aspects of health care, particularly in safety and quality, and issues raised around the private health reforms will be particularly relevant to our new chronic conditions self management project.

This project will also pick up previous work to put consumers at the centre of decisions about their own health care and support them to manage their conditions to get the best outcomes. Consumer organisations have an important role in supporting self management. An integral part of the project will be advocating for team-based care so health professionals work together to support the consumer. Teams may include health consumer groups or community groups as necessary.

CHF has had a focus on quality use of medicines (QUM) for a number of years. We were instrumental in helping the National Prescribing Service (NPS) obtain and then retain funding for Community QUM. To this end CHF has negotiated a new community quality use of medicines project with the NPS. It will empower organisations and improve community networks to raise awareness in the community about QUM. It is important to note that one of the strengths of the Community QUM program of the NPS was the majority of consumer members in its governance to improve access to medicines information for health consumers. I believe that it is critical that we work to ensure the continuation of this inbuilt strength of the NPS program.

It is only through the strong commitment of our members and consumer representatives and their informed contributions to the health care debate and our projects that we are able to be so successful.

To continue to strengthen the recognition of CHF as the national leader for health consumers, we worked hard to build our membership base and this saw 6 new voting members, 11 organisational members and 21 individual members in 2007–08. Five organisational members have chosen to become voting members, strengthening our organisation and extending our networks.

We believe in keeping in touch with members and further developed our publications during the year. *The Australian Health Consumer* was replaced by *Health Voices*, which articulates and advocates for CHF positions as well as offering others the opportunity to speak about health issues. *Consumers Shaping Health*, launched last year, has been well-received by members and stakeholders. With two editions every month, our electronic newsletter *HealthUpdate* continues to be a valuable resource that allows our membership, consumer representatives and others to be kept up to date.

Unfortunately, while we had many successes in 2007–08, we were also saddened by loss of two executive members of the Governing Committee. Susan Mitchell and Christopher Newell were Committee stalwarts. Both were strong and forthright consumer representatives who brought different perspectives, shaped by their own experiences, skills and networks to the Committee. It has been a difficult period for CHF having to deal with the loss of these two key members of the organisation, but we have pressed on knowing that they would not have wished us to slow our work when we have achieved so much in recent times. These achievements were in no small way due to their support, knowledge and tenacity. I wish to acknowledge their work and pass on our thoughts and best wishes to their loved ones, families, friends and colleagues.

We also miss the presence of Jan Donovan who resigned to move overseas. Jan had only been on the Committee for a little over a year; however, she has been a strong consumer representative for many years and was the first consumer class director of the NPS.

Early in 2008 we welcomed interim members Christine Walker (Chronic Illness Alliance) and Amy Zelmer (Health Consumers of Rural and Remote Australia) to the GC.

During the past year the Committee refocused its strategic approach. It acted to separate governance matters and organisational policies from operational issues and procedures. This was done to enable a clearer view of responsibility and oversight within the organisation.

Given its significant growth in recent years, CHF commissioned an external review of financial management to recommend strategies to keep pace with growth and monitor performance. We have taken up the consultant's recommendations. For example, CHF will invest more in staff to ensure their experience and our consumer knowledge base continues to develop and contribute to our continued growth and work in the future.

We have invested in consolidating the substantial growth over the last five years and this year we had a small deficit. However, CHF continues to be in a strong position, as shown in the Financial Report.

I am sure the new Committee will take this work forward and build on the success of our 2005–09 Strategic Plan.

After six years as CHF Chairperson I have decided to step down and not seek re-election to the Committee, which means that this is my last report. As such I would like to take a little space to reflect and thank those I have worked with while

Chairperson and as a member of the Committee. I have had the privilege to work with and meet many wonderful people. It would be wrong to try and name them all.

I would, however, like to pay special tribute to Helen Hopkins, who has been the Executive Director during my term as Chairperson. Helen has an incredible capacity for keeping a guiding hand on the operations of the organisation while also keeping an eye on the strategic road ahead. She has had to deal with many issues during my time, including helping to keep us afloat in the early days to managing the demands of substantial growth. She offers the Committee wise advice without fear or favour as her role demands and has maintained and grown relationships with many stakeholders that have helped us develop to where we are today.

Helen has led an amazing team of dedicated staff and volunteers and I am proud to have worked with each and every one of them.

The consumer representatives have been unstinting in talking to their networks and taking their findings to their 200-odd committees, ensuring that decisions about health policy and programs reflect broad consumer perspectives. I thank them all for their valuable contributions to CHF projects, information papers and consultations.

I must also thank the various members of the Governing Committee I have worked with in my time at CHF. Over the years we have made many decisions and enjoyed taking CHF to a new level of professionalism in the interests of health consumers.

As I said earlier, 2007–08 was a successful but challenging year for CHF and I have received a great deal of support from my colleagues. In particular, I would like to thank Sally Crossing for first stepping into the position of Deputy Chairperson and for acting as Chairperson while I was on leave. She has been a tower of strength.

Thank you to all of our CHF members for making it possible for CHF to represent health consumers. Our strong member base means we reach out to millions of health consumers and draw on their experiences. These experiences are the essence of our work and help us shape health care in Australia.

Finally I must also thank my family and partner Rachel who have supported me during my time as Chair. They have had to put up with my constant travel and demands on my time.

I wish CHF well and look forward to watching a new chapter in the development of CHF as it enters its next 21 years.

*CHF Chairperson
Mitch Messer*

CHF Highlights 2007–08

The 2005–09 Strategic Plan of the Consumers Health Forum of Australia (CHF) sets its goals and objectives within the overall vision of ‘Consumers shaping health in Australia’. We work towards our vision by representing consumers on national health issues.

This respected and informed voice, which is informed through our successful consultation model, reflects the diversity of views of our broad membership. We also liaise with our consumer representatives, who are informed by their extensive health networks and their positions on 200 national health-related committees.

Three years ago, the CHF Governing Committee identified three consumer priorities—safety and quality in health care, health care for people with chronic conditions, and safe and appropriate use of medicines. These were reaffirmed this year. Their direct relevance to the new health reform agenda means CHF is well across the issues and has advocacy positions ready to take to the reform table.

Much was achieved in 2007–08. These highlights relate to the Strategic Plan: to strengthen the recognition of CHF as a national leader for health consumers; to improve the CHF profile and communications with key stakeholders; and to strengthen CHF governance and management. For more detail on activities as they relate to the performance measures set in the Strategic Plan, see Appendix 1.

Goal 1—Policy and advocacy: Strengthen the recognition of CHF as a national leader for health consumers

This goal includes working with members in each priority area to determine consumer needs and advocate for them with stakeholders and government. CHF secured special project funding to support the work and meet objectives 1.1–1.4 in the Strategic Plan 2005–09.

1.1 Engage in health care reform to optimise consumer outcomes

CHF engaged with the **National Health and Hospitals Reform Commission (NHHRC)** to ensure that consumer perspectives are included in their reforms. We believe consumers must be included at all levels of policy and program development and implementation if we are to have practical solutions in the health care system. Other positions centred



Participants at a workshop on accreditation as part of the Safety and Quality Project

on ensuring that the health system is people-centred, optimising health outcomes for consumers, equal access to health care, safety and quality, optimal conditions for self-management and support for people with chronic conditions, and e-health.

The NHHRC asked CHF to help promote its public consultation process. We ensured health consumer networks heard about the nationwide consultations and encouraged them to attend.

Through its membership of the **National Primary Health Care Partnership** CHF advocated for the recently announced Australian Government National Primary Health Care Strategy, which will reform the primary health sector. CHF is seeking a strategy that delivers co-ordinated and people-centred primary care, including team-based care. The Minister for Health and Ageing appointed Chairperson Mitch Messer to the External Reference Group that advises the Strategy.

The CHF **Safety and Quality Project 2007–08: It’s all about communication** made substantial contributions to reforms being developed by the Australian Commission on Safety and Quality in Health Care. In particular, funding from the Commission allowed CHF to:

- give consumer input to the Australian Charter of Healthcare Rights, which sets the framework for health care providers to offer high quality care and for consumers to actively seek the best care. CHF advocacy led to the right of ‘access to health care’ being included in the charter. CHF was also instrumental in bringing all stakeholders to the consultation table, which encouraged ownership of the charter.
- contribute to the national accreditation framework, which will provide a nationally agreed

level of health standards. CHF seeks standards that are directly linked to quality improvement, for which health services can be held accountable, and which encourage continuous quality improvement. Accreditation status of health services must be publicly available.

- include consumer perspectives about the open disclosure process. When treatment goes wrong, the people affected want open communication from health professionals and to be kept informed and involved in processes to investigate what went wrong and implement strategies to prevent it happening again.

1.2 Engage with health service providers to optimise consumer outcomes

The CHF Private Health Reforms: Consumers have a say 2007–08 project, under the priority area of health care for people with chronic conditions and funded by the Department of Health and Ageing, gave CHF opportunities to advise health service providers, health insurers and government about consumer perspectives. Private health must be considered within broader health funding arrangements in relation to their impact on consumers and the wider health system.

A highlight of the project was working with the Private Health Insurance Ombudsman to optimise consumer input to www.privatehealth.gov.au to make it consumer-friendly.

CHF had direct input to the Prostheses Review. It later held a New Health Technologies and Medical Devices Workshop where consumers and stakeholders discussed the approval, funding and monitoring process and consumer choice, access and consent. Stakeholders heard how consumers want greater transparency and accountability at all stages of approval, and improved monitoring activities and mechanisms, such as registers similar to that of the National Joint Replacement Registry, that provide evidence of efficacy and allow comparisons to be made between items. Consumers also want access to



Participants at the CHF forum on private health reforms and the broader health system.

information and support services that can assist them make informed decisions about new technologies, procedures and devices.

CHF will maintain an active involvement in any future review of health technology assessment to ensure that consumer issues are adequately considered.

The National Consumer and Stakeholder Forum in May was attended by 20 consumers and 19 stakeholders. It allowed consumers to raise many issues that will optimise consumer outcomes; for example:

- Informed consent, including informed financial consent, is a cornerstone of consumer choice. CHF continues to recommend to the Australian Department of Health and Ageing and Australian Medical Association how informed consent must be offered as a matter of course, particularly where out-of-pocket costs are involved. Health professionals and consumers need to be encouraged to overcome their reticence in discussing payment for health services. Information about proposed treatment and the consent process must be in plain language and readily accessible.
- Broader health cover offers great potential, particularly for out-of-hospital options and management of chronic conditions. However, consumers expect these initiatives to be developed and implemented more quickly and to include adequate consumer consultation and evaluation.
- Under the current funding system, government-subsidised health care options are often the only options available to consumers in practice, although options that are not subsidised may result in better health outcomes; for example, allied health services. Consumers find it difficult to navigate the system with its mix of public and private funding arrangements; with service provision through Australian, state, territory and local government and private funding; and with out-of-pocket payments often involved.

1.3 Advocate for consumers to optimise their personal health outcomes

The CHF E-health for Consumers Project 2006–08 concluded at the end of the financial year. Funded by the Department of Health and Ageing, it came under the priority area of safety and quality in health care.

The project involved and encouraged consumers to create a demand for e-health initiatives that assist them to become active partners in their own health and optimise their personal health outcomes. The project reinforced that consumers value e-health for improved access to their own health information, to

clinical knowledge resources and individual tools to optimise their personal health outcomes.

Guided by the consumer voice, CHF contributed to the advocacy that led to the announcement of a National E-health Strategy to provide a road map for national e-health development and implementation to streamline the delivery of health care and improve safety and quality. The strategy needs to support delivery of a continuum of care across different health sectors and across the nation.

Other achievements:

- CHF published a brochure and two fact sheets that inform consumers about using the internet to seek quality health information, use diagnosis and self-help websites and assess other e-health initiatives such as electronic health records, care plans and messaging systems. They were developed with significant consumer input.
- CHF contributed to the development of individual electronic health records that meet consumer needs. CHF worked with the National E-Health Transition Authority (NEHTA) to embed consumer requirements, particularly around access and privacy. Given the long lead time for national electronic health records, consumers want to make a start, with the priorities being electronic medicines lists, electronic hospital discharge records and an electronic equivalent of a medi-alert bracelet to make 'save my life' information available to emergency health professionals.
- CHF worked to develop partnerships with stakeholders so they adopt e-health initiatives that meet consumer needs; for example, with NEHTA, the Australian General Practice Network, Health Informatics Society of Australia and Australian and state health departments. CHF wrote several submissions and participated in stakeholder workshops; for example, the unique healthcare identifier, draft operating standards and technical design for Australian Clinical Registries, and the NEHTA review.

The new **Community Quality Use of Medicines Project 2008–09**, funded by the National Prescribing Service (NPS), focuses on supporting the role of consumer organisations and their networks in QUM.

The project has introduced a new level of consultation and networking for CHF that has the potential to spread the QUM message more widely than previous projects, where CHF worked directly with community groups. The first workshop, in June in Rockhampton, brought together state-based organisations that work with people with chronic conditions. It introduced them to quality use of medicines and tools to promote safe and effective use of medicines. It offered strategies to improve



Participants at a Quality Use of Medicines workshop for state-based organisations in Rockhampton.

the quality use of medicines in their communities, solve medicine-related problems and share information. The workshop highlighted the importance of building partnerships and encouraging stakeholders to build on their consumer and community networks and engage with consumers.

As part of the NPS national campaigns *Get to know your medicines* and *Generic medicines are an equal choice*, CHF co-branded a series of seven fact sheets about medicines and provided input to the television commercials. The campaigns won an international 2008 Gold Quill Award for Excellence in Communication Management—Multi-Audience.

1.4 Develop a proactive capacity to identify and respond to emerging issues

The Governing Committee has a standing agenda item to discuss emerging issues and is also advised by the Secretariat of issues arising from consultations and liaison with stakeholders. One of the more significant emerging issues for consumers in 2007–08 was the national registration and accreditation of health professionals. CHF provided input to stakeholders during debate on this issue and was in an excellent position to contribute when invited to join the Professions Reference Group on national registration and accreditation.

With the emerging focus on chronic conditions in the reform process, CHF has been able to respond with its position on **team-based care and chronic conditions self management**. It negotiated funding from the Australian Government Department of Health and Ageing for a Chronic Conditions Self Management Project.

Consumers believe the consumer—and their family and carers—must be at the centre of the team, which may also include a general practitioner, allied health professionals, pharmacist and relevant support group. Each team's members must be willing to share the consumer's care management plan, adding value as necessary and sharing their thoughts with the other team members. The consumer must maintain control of his or her own management; however, when that is not possible, others who know

and understand them and their condition can step in and make sure best quality care is maintained.

In the ideal team-based situation, other problems that have been increasingly highlighted by consumers should be eased, particularly around **navigation of the health system**. Navigation will be easier if a person in every practice is designated as responsible for care coordination. They can help improve linkages and coordination of care between hospitals, primary health care and other public and private health and community services as well as consumer and community groups, including local illness-based support groups and organisations offering care and other assistance.

The current health reforms, with their focus on primary health care and introduction of national registration of health professionals, make it imperative to advocate for team-based care and better navigation now.

CHF also responded to the Government's proposal for **GP Super Clinics**, recognising their potential to assist health consumers in navigating the health system more effectively and with greater empowerment and choice; to improve the coordination, quality and cost-effectiveness of their health care; and ultimately to improve health outcomes for consumers in both prevention and treatment of illness (particularly chronic conditions). CHF recommended consumer knowledge and perspectives be included at all stages of development and implementation of the GP Super Clinics.

Goal 2—Communications and membership: Improve the CHF profile and communications with key stakeholders

This goal covers communications, membership and the consumer representatives program. The work supports goal 1 by promoting CHF positions to members and stakeholders, increasing the membership base and supporting consumer representatives on national committees.

Achievements under this goal are part of the 2007–09 Promotional Plan,

2.1 Promote CHF as a national leader for health consumers

CHF promotes itself, its key messages and its activities through the speakers' program, media and spokespeople. The 2007 federal election was an opportunity for CHF to promote consumer perspectives through the media. CHF used its monthly Patient Perspective column in *The Weekend Australian* and media releases as part of its strategy to inform the public, candidates, political parties and the media of its positions. The new CHF publication, *Consumers Shaping Health*, was also instrumental in reaching stakeholders and politicians.

As the health reforms have unfolded following the election, CHF has targeted its media releases to support various initiatives; for example, health service accreditation, national registration of health professionals and health rights. CHF issued media releases locally when it hosted consultations in regional areas to raise awareness in the local community about CHF and the health consumer concerns around the consultation, such as e-health and safety and quality.

The strength of CHF as a national leader for health consumers is recognised by the number of invitations to attend and speak at consultations and conferences. While it is impossible to attend all, CHF chooses the more strategic events that are related to its priorities; for example, it was the consumer organisation that joined a roundtable with nurses and midwives with the Minister for Health and Ageing to discuss workforce issues. It also participated in conferences about the Home Medicine Review, prostheses listing arrangements and proposed review, NEHTA Review, access card discussions and initial GP Super Clinic discussions. The Chairperson, Executive Director and other nominated advocates attend on behalf of CHF and report back to the Secretariat. Staff members also attend many events as part of their duties. The Secretariat provided logistical, communications and other support to the spokespeople.

2.2 Improve CHF communications

Following the 2006 recommendations of a communications consultant, CHF implemented a new communications strategy. The new CHF corporate branding was launched at the 2007 Annual General Meeting and the makeover of CHF publications was consolidated over the year, with a positive response from members and stakeholders.

Consumers Shaping Health is a four-page advocacy newsletter that is published every two months for members, stakeholders, politicians and the media. The front page always highlights a political or reform issue, while the other pages report CHF activities that reinforce our project objectives and key messages.



Participants discuss e-health at a workshop in Perth with the Health Consumers' Council of Western Australia.

Health Voices replaced *The Australian Health Consumer*. While retaining the format of a journal that allows CHF members, friends and stakeholders to contribute articles on a particular theme, *Health Voices* includes more CHF position statements to assist with advocacy and has a more informal magazine style to attract readers. It is expected to be more interactive with readers than its predecessor. The position statements have also been published separately for use at CHF events and meetings with stakeholders.

2.3 Strengthen and optimise relationships with members

The Marketing (Membership) Plan 2007–08 provided an opportunity for CHF to attract more members by promoting the organisation and building on relationships already developed with stakeholders through current or prior work. The campaign also encouraged eligible organisational members to become voting members, with the increased benefits of voting membership to them and CHF.

The value that organisations put on CHF and its goals was shown by the success of the campaign, which attracted six new voting members and eleven new organisational members. Over the year, 21 people joined as individual members. The increased revenue from membership will enable CHF to provide more member services, such as an improved website.

The new database allows CHF to keep comprehensive records of all communication with current and potential members. This will be used to strengthen and optimise relationships with members, including involving them in consultations and keeping them informed with CHF publications.

2.4 Promote the inclusion of a consumer perspective in relevant areas

CHF nominated consumer representatives have an active role in shaping health in Australia. This strengthening and broadening of the consumer voice has been documented and affirmed in the reports sent by consumer representatives during 2007–08.

Through the Consumer Representatives Program, which nominates consumer representatives to sit on nearly 200 national health-related committees, health consumers had direct input into the development of major health procedures, products, policies and programs. The diverse range of issues in which consumer representatives are involved include: medicines and device assessment and regulation; safety and quality; medical education and training; workforce development; standards and accreditation; health funding and research; consumer and community engagement in health programs.

Consumer representatives are passionate and effective advocates for consumer interests who actively network among CHF membership before

taking consumer views to committee meetings. Many are experienced users of the health system. They provide an imperative link between government, industry, researchers and consumers.

Many consumer representatives built strong relationships, worked cooperatively and gained the respect of their government, industry and academic committee colleagues. This led to leadership roles for consumer representatives and recognition by stakeholders of the value of consumer engagement. Some consumer representatives used their role to encourage best practice in consumer participation and broader involvement of consumers in decision making. This included successful advocacy for consumer representation on flow-on committees and referrals for consumer consultations, representatives and speaker opportunities for CHF.

Consumer representatives place people at the centre of health care. They ensure quality of life and social impacts are part of funding considerations for new technology and procedures and have advocated for development of evidence bases and reporting frameworks to support this. Consumer representatives encourage health professionals to embrace a holistic approach to care and to recognise the value of involving consumers in decisions that affect them. Consumer representatives bring an outcomes-focused perspective that cuts across the silos of the health system and the professions.

2.5 Strengthen and improve consumer representation and participation

Throughout the year CHF continued to support effective consumer representation by providing consumer representatives with networking opportunities, access to policy resources, a newsletter detailing CHF work and consumer representative reports and secretariat support.

CHF project work funded by the Private Health Insurance Branch and E-health Branch of the Department of Health and Ageing, the Australian Commission on Safety and Quality in Health Care, and the National Prescribing Service benefited from, and supported, consumer representative work. CHF worked with other stakeholders to deliver targeted consumer representative support. A partnership approach and stakeholder resourcing resulted in specific training opportunities for consumer representatives working on Australian Medical Council committees and Department of Health and Ageing Quality Use of Pathology committees.

Consumer representatives have contributed to tangible improvements to Australia's health care by helping committee members see the consumer perspective. Committees have incorporated consumer needs into programs, steered policy to be more consumer-friendly, identified potential problems with policy and procedures before they are implemented, advised on safety issues, ensured certain medicines

and procedures are made widely available and requested public information be written in plain English.

CHF consumer representatives provide high quality input which results in better outcomes for health consumers and added value to health policy and programs.

Goal 3—Governance and management:

Strengthen CHF governance and management

Goal 3 provides the framework for continuing improvement to governance, financial and administrative functions. This framework supports the organisation to achieve goals 1 and 2.

3.1 Strengthen the governance program

The Australian Institute of Company Directors conducted professional development for the Governing Committee on governance and directorship. Participants analysed the role of the Committee and its accountabilities. Following the training, the Committee requested the Executive Director to develop recommendations to separate organisational policies from operational procedures to reflect the different responsibilities of the Committee and management.

Several policies were revised or implemented during the year. The code of conduct and privacy policy were revised to reflect best practice, a policy on harassment-free work environments was implemented, and an updated procedure for resolving complaints was developed.

3.2 Strengthen the Secretariat's capability and capacity

The Secretariat continued to strengthen during the year as it built on the restructuring of 2006–07 and conducted the review of financial management (see 3.4 below). CHF has invested in human resources to retain and nurture the experience and consumer knowledge base of staff to ensure they continue to develop and contribute to sustained growth and increasing credibility. Team work assisted to build the capacity of individual staff members to work across all policy areas and share experiences.

This strategy will also ensure CHF remains competitive with the market and public sector in terms of employment.

3.3 Develop and share the consumer knowledge base

A significant investment was made in the new CHF database, which will appreciably improve how CHF communicates with its members, consumer representatives, stakeholders and media. The database allows CHF to track and target contacts and relationships more comprehensively and should lead

to more efficient distribution of information, such as information papers, newsletters and media releases.

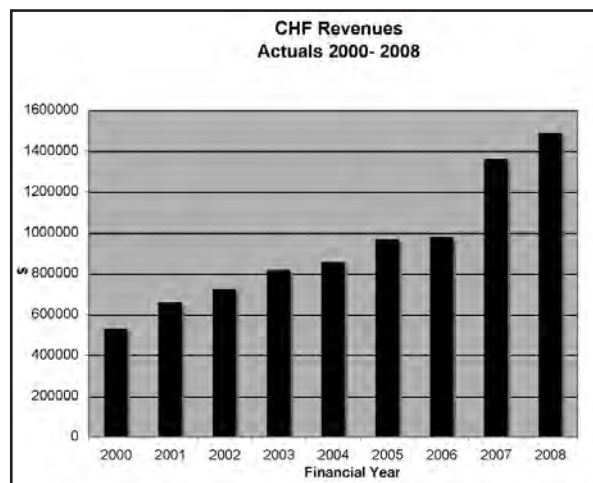
The CHF website continued as a major part of the CHF knowledge base of consumer work. Through the e-health project, a consultant analysed the site to recommend improvements for compliance with *HealthInsite*.

3.4 Maintain and improve a sustainable financial base

The Governing Committee adopted recommendations from a Business Review of Financial Management by ClearCorp accounting consultants. The review looked at financial and reporting processes to assess how CHF could move forward on a sound financial base. It recommended a new level of financial management strategies to keep pace with the organisation's significant growth in recent years in terms of capacity and performance, and to assist CHF make strategic financial decisions.

This advice will enable CHF to improve: staffing; budgeting; contract pricing, cost recovery and project management; and monitoring and reporting of financial performance. Investment in staff and financial processes and reinvestment in projects such as membership, databases and the website are an important part of CHF as it grows and must be carefully planned and resourced. The secretariat will implement these recommendations over the next six months.

The following table shows how CHF increased its revenue to \$1.37 million in 2006–07, an increase of 40% over 2005–06. This substantial increase in revenue followed 5 years of annual growth averaging 8%. The revenue for 2007–08 was \$1.49 million, a further annual increase of 8%.



CHF Staff

The Executive Director, Helen Hopkins, is the senior employee of CHF and has responsibility for the CHF Secretariat, day-to-day finance and administration and other delegations and powers given by the Governing Committee.

The Secretariat team made a strong contribution to the work of CHF in 2007–08:

Staff

Emma Awizen, Member Services Manager

Carolyn Brody, Policy Development Officer

Janet Cameron, Office Manager

Sue Claydon, Administrative Support

Claudia Cresswell, Community Development Officer
(to October 2007)

Rachele Dews, Project Officer (to October 2007)

Catherine Ellis, Policy Advisor

Jan Finley, Director of Operations

Penny Gibson, Communications Advisor

Craig Hooper, Senior Policy Advisor (to February
2008)

Sarah Jones, Policy Advisor (to May 2008)

Karolina Russell, Policy Officer

Joy Russo, Senior Policy Advisor
(Strategic Business Development)

Tamara Shanley, Policy Advisor

Debbie Smith, Committee Services Manager

Alexandra Storm, Community Development Manager

Temporary staff

Marie Baker, Senior Policy Advisor

Helen Briggs, Policy Officer

CHF Governance

The Consumers Health Forum of Australia Incorporated (CHF) is incorporated under the Associations Incorporation Act 1991 (ACT).

Governing Committee

The Governing Committee usually meets face-to-face three times a year. Voting members of CHF elect a Governing Committee every two years at an Annual General Meeting, with the current Committee elected on 26 October 2006. The *Constitution* provides for a twelve-member Committee comprising five members nominated by organisations that are constituted on a national basis, and seven members nominated by organisations that are not constituted on a national basis.

Members of the Governing Committee

Mitch Messer, Chairperson—Health Consumers' Council of WA

Sally Crossing AM, Vice Chairperson from February 2008—Cancer Voices NSW

Antonio Russo, Treasurer from February 2008—Health Rights and Community Action

Frank Fisher—Health Issues Centre

Joan Hughes—Carers Australia

Gregor Macfie—Australian Council of Social Services

Sheila Rimmer AM—Council on the Ageing (COTA SA)

Alexandra Rivers—Mental Illness Fellowship of Australia

Diane Walsh—Consumer Reference Group, Top End Division of General Practice

From February 2008

Christine Walker—Chronic Health Alliance (Vic)

Amy Zelmer—Health Consumers of Rural and Remote Australia

To January 2008

Susan Mitchell OAM, Treasurer—Health Consumers of Rural and Remote Australia

To February 2008

Jan Donovan, Vice Chairperson—Chronic Illness Alliance

To June 2008

Christopher Newell AM—Tasmanians with Disabilities

The Governing Committee was deeply saddened by the deaths of Susan Mitchell and Christopher Newell during the year. These longstanding members of the Committee brought their diverse experiences and views to enrich the committee's debate. Their vibrant, yet different, personalities will be sadly missed.

Amy Zelmer, nominated by the Health Consumers of Rural and Remote Australia, joined the Committee to fill the vacancy left by Susan, with Antonio Russo becoming Treasurer. Christine Walker of the Chronic Health Alliance (Vic) joined after Vice-Chairperson Jan Donovan moved overseas. Sally Crossing took on the position of Vice-Chairperson on Jan's departure, and acted as Chairperson while Mitch Messer was on leave.

The Governing Committee is accountable for all CHF organisational matters. Members of the Governing Committee act in the best interest of CHF, not for personal interest or in the nominating member's interest. Since 2006, voting members have taken a new approach to governance by actively seeking a Governing Committee with a mix of modern management skills and experience to ensure a well-rounded team.

The elected committee undertook professional development on the role of governing bodies, which led to a clear delineation of responsibilities between the Committee and the Secretariat. The committee also agreed to the updating of financial management procedures to be in line with current best-practice for similar sized organisations.

Governing Committee members make important contributions to CHF in many different ways, representing CHF at stakeholder functions and workshops or in consumer representative positions that are strategic for CHF. For example, Chairperson Mitch Messer is the consumer representative on the Pharmaceutical Benefits Advisory Committee, Diane Walsh is on the Australian Medical Council and Sheila Rimmer is on the Medical Services Advisory Committee. Until her resignation, Jan Donovan was on the Medicare Australia Stakeholder Consultative Group and, until his death, Christopher Newell was on the National Health and Medical Research Council and was the Consumer Commissioner on the Australian Commission for Safety and Quality in Health Care.

Attendance at meetings by current Governing Committee

The Governing Committee is scheduled to meet face-to-face three times a year, with the Executive Committee meeting most months between Governing Committee meetings. The Executive Committee comprises office bearers and two nominated representatives of the Governing Committee.

In 2007–08, a fourth face-to-face meeting was held following a strategic decision to bring the July 2008 meeting forward to May 2008.

	Governing Committee	Executive Committee
Mitch Messer	4/4	3/3
Sally Crossing	4/4	
Antonio Russo	3/4	
Frank Fisher	4/4	
Joan Hughes	4/4	
Gregor Macfie	3/4	
Sheila Rimmer	2/4	
Alexandra Rivers	4/4	
Diane Walsh	4/4	2/3
From February 2008		
Christine Walker	2/2	
Amy Zelmer	2/2	
To January 2008		
Susan Mitchell	1/2	3/3
To February 2008		
Jan Donovan	2/2	3/3
To June 2008		
Christopher Newell	4/4	1/3



Susan Mitchell OAM

Consumer advocate Susan Mitchell had a long association with consumer representation at state and national level, and was passionate about rural and remote health issues.

Susan was an active member of the Health Consumers of Rural and Remote Australia, who nominated her to the CHF Governing Committee, where she was Treasurer for six years. She had also been a member of the Rural Women's Network, occupying the position of co-chair with the NSW Director of Agriculture, and a member of the Executive Council of the NSW Farmers Association for eight years. Through CHF, Susan had been on 15 committees, many dealing with education of health professionals.

Susan was posthumously awarded the Medal of the Order of Australia for her service to the community in June 2008.

Tributes to Susan included the following:

'... a warm, generous person, who was highly thought of by those who worked with her. I valued her straight forward approach to issues; she always let you know where she was coming from with no beating about the bush! Her ability to negotiate difficult issues and to represent CHF at short notice will also be sadly missed ...'

'... a warm and kind person with a mischievous twinkle in her smile and eyes ...'

'... I very much enjoyed her iconoclastic approach to the work of the GC and greatly admired her honesty ...'

'... We are enriched for having known her and worked with her, and been blessed with her wisdom and insights and love for life ...'



Christopher Newell AM

Christopher was an experienced consumer representative for CHF and other organisations. As well as being on the CHF Governing Committee from the early 1990s, he was a member of the National Health and Medical Research Council, Consumer Commissioner on the Australian Commission for Safety and Quality in Health Care, chair of the Cancer Australia National Consumer Advisory Group, Australian Telecommunications Industry Ombudsman Council and past member of the Australian Medical Council.

As a CHF consumer representative, he influenced health policy and programs to include consumer perspectives, advocating strongly for a health system that valued and supported consumer experience.

Christopher was a bioethicist, Anglican priest, Associate Professor of Medical Ethics, adjunct Lecturer in Theological Ethics, author, advocate for people with disabilities and for better health care and, above all, a humanist. In 2001 he was appointed as a Member of the Order of Australia for services to people with disabilities.

Tributes to Christopher included:

'... a privilege to have known and worked with him. I always knew that no matter what was happening, I could count on his advice and humour ...'

'... Christopher gave from his heart and touched the lives of many ...'

'...he planted some small flames of inspiration that the health system can meet the needs of consumers that will continue to burn for a very long time in many hearts around Australia ...'

'...a champion for the rights of consumers across the health system and worked determinedly over a very long period of time and against a background of personal challenges, to improve the system so that the patient was always at its centre ...'

'...without him, CHF would not have shaped up in the same way, now being a well-respected consumer voice and demonstrating clear evidence of its impact ...'

Consumers Health Forum of Australia
ABN 59 369 286 137

Financial Report
For the year ended 30 June 2008

CONSUMERS HEALTH FORUM OF AUSTRALIA INCORPORATED

ABN 59 369 286 137

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CONSUMERS HEALTH FORUM OF AUSTRALIA INCORPORATED
ABN 59 369 286 137

COMMITTEE MEMBERS' REPORT

Your committee members present their report on the association for the financial year ended 30 June 2008.

Committee Members

The names of the committee members in office at any time during or since the end of the financial year are:

Mitchell Messer – Chairperson
Jan Donovan – Vice Chairperson to February 2008
Sally Crossing – Vice Chairperson from February 2008
Susan Mitchell – Treasurer to January 2008
Antonio Russo – Treasurer from February 2008
Christopher Newell to June 2008
Sheila Rimmer
Diane Walsh
Frank Fisher
Alexandra Rivers
Joan Hughes
Gregor Macfie
Christine Walker from February 2008
Amy Zelmer from February 2008

Operating Results

The deficit of the association for the financial year was \$48,084 (2007: profit \$99,157).

Significant Changes in State of Affairs

No significant changes in the state of affairs occurred during the financial year.

Principal Activity

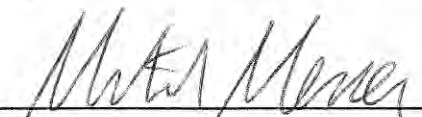
The principal activity of the association during the financial year was to provide information, representation and advocacy on national health issues for its membership of health consumer organisations.

No significant change in the nature of these activities occurred during the year.

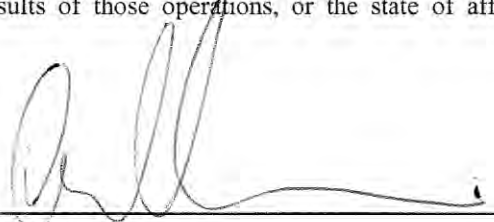
After Balance Date Events

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.

Signed in accordance with a resolution of the committee:



Mitchell Messer – Chairperson



Antonio Russo – Treasurer

Dated: 18 September 2008

CONSUMERS HEALTH FORUM OF AUSTRALIA INCORPORATED
ABN 59 369 286 137

INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2008

	Notes	2008 \$	2007 \$
Revenue from all activities	3	1,486,796	1,371,270
Expenditure			
Administration		(386,550)	(291,145)
Program costs		(1,148,330)	(980,968)
Net surplus/(deficit) from all activities		(48,084)	99,157

The accompanying notes form part of these financial statements.

CONSUMERS HEALTH FORUM OF AUSTRALIA INCORPORATED

ABN 59 369 286 137

BALANCE SHEET
AS AT 30 JUNE 2008

	Notes	2008 \$	2007 \$
CURRENT ASSETS			
Cash and cash equivalents	6	448,614	289,035
Trade and other receivables	7	172,357	515,864
Other current assets	9	2,542	1,897
TOTAL CURRENT ASSETS		623,513	806,796
NON CURRENT ASSETS			
Financial assets	8	19,790	16,145
Property, plant and equipment	10	73,205	74,508
TOTAL NON CURRENT ASSETS		92,995	90,653
TOTAL ASSETS		716,508	897,449
CURRENT LIABILITIES			
Trade and other payables	11	154,059	138,221
Financial liabilities	12	-	1,121
Provisions	13	61,156	51,671
Other	14	348,911	506,317
TOTAL CURRENT LIABILITIES		564,126	697,330
NON CURRENT LIABILITIES			
Provisions	13	2,910	2,563
Other	14	-	-
TOTAL NON CURRENT LIABILITIES		2,910	2,563
TOTAL LIABILITIES		567,036	699,893
NET ASSETS		149,472	197,556
EQUITY			
Retained surplus		149,472	197,556
TOTAL EQUITY		149,472	197,556

The accompanying notes form part of these financial statements.

CONSUMERS HEALTH FORUM OF AUSTRALIA INCORPORATED
ABN 59 369 286 137

STATEMENT OF RECOGNISED INCOME & EXPENDITURE
FOR THE YEAR ENDED 30 JUNE 2008

	Retained Earnings \$	Total Equity \$
Balance at 1 July 2006	98,399	98,399
Net Surplus/(Loss) for the year	99,157	99,157
Balance at 30 June 2007	197,556	197,556
Balance at 1 July 2007	197,556	197,556
Net Surplus/(Loss) for the year	(48,084)	(48,084)
Balance at 30 June 2008	149,472	149,472

The accompanying notes form part of these financial statements.

CONSUMERS HEALTH FORUM OF AUSTRALIA INCORPORATED
ABN 59 369 286 137

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2008

	Notes	2008 \$	2007 \$
CASH FLOW FROM OPERATING ACTIVITIES			
Receipts government, members and other parties	3	1,805,638	1,489,784
Interest received		31,408	12,934
Payments to suppliers and employees		(1,660,817)	(1,321,868)
Borrowing costs		-	(619)
Net cash provided by/(used in) operating activities	18	176,229	180,231
CASH FLOW FROM INVESTING ACTIVITIES			
Payments for property, plant and equipment		(15,529)	(21,383)
Proceeds from sale of property, plant and equipment		-	-
Net cash provided by/(used) investing activities		(15,529)	(21,383)
CASH FLOW FROM FINANCING ACTIVITIES			
Repayment of finance lease principal		(1,121)	(8,744)
Net cash provided by/(used in) financing activities		(1,121)	(8,744)
Net increase/(decrease) in cash held		159,579	150,104
Cash at beginning of financial year		289,035	138,931
Cash at end of financial year	6	448,614	289,035

The accompanying notes form part of these financial statements.

CONSUMERS HEALTH FORUM OF AUSTRALIA INCORPORATED

ABN 59 369 286 137

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2008

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The financial report is a general purpose financial report that has been prepared in accordance with Accounting Standards, Urgent Issues Group Consensus Views and other authoritative pronouncements of the Australian Accounting Standards Board and the requirements of the Associations Incorporations Act 1991 of the Australian Capital Territory.

The financial report covers the Consumers Health Forum of Australia Incorporated as an individual entity. The Consumers Health Forum of Australia Incorporated is an Association established under the Associations Incorporations Act 1991 of the Australian Capital Territory.

Australian Accounting Standards include Australian equivalents to International Financial Reporting Standards (IFRS). Compliance with the Australian equivalents to IFRS (AIFRS) ensures that the financial report, comprising the financial statements and notes complies with IFRS.

The financial report has been prepared on an accruals basis and is based on historical costs. It does not take into account changing money values or, except where stated, current valuations of non current assets. Cost is based on the fair values of the consideration given in exchange for assets.

The following is a summary of significant accounting policies adopted by the Association in the preparation of the financial report. The accounting policies have been consistently applied, unless otherwise stated.

(a) Income Tax

The Association is exempt from income tax under Subdivision 50-B of the Income Tax Assessment Act 1997.

(b) Property, Plant and Equipment

Plant and equipment

Plant and equipment is valued at cost or fair value less, where applicable, any accumulated depreciation. The carrying amount of plant and equipment is reviewed annually by management to ensure it is not in excess of the recoverable amount from these assets.

Depreciation

Plant and equipment is measured on the cost basis.

The depreciable amount of all fixed assets is depreciated over their useful lives to the Association commencing from the time the asset is held ready for use.

The depreciation rates for each category of property, plant and equipment are:

Class of asset	Depreciation rates	Depreciation basis
Equipment	10%–33.34%	Straight Line
	10%–33.34%	Diminishing Value
Leasehold improvements	10%	Diminishing Value
Lease assets	20%–33.34%	Straight Line

(c) Leasehold assets

Finance leases

Leases of fixed assets where substantially all the risks and benefits incidental to the ownership of the asset, but not the legal ownership, are transferred to the Association are classified as finance leases. Finance lease are capitalized, recording a liability equal to the present value of the minimum lease payments, including any guaranteed residual values. Finance lease assets are depreciated on a straight-line basis over the estimated useful life of the asset. Finance lease payments are allocated between interest expense and reduction of lease liability over the term of the lease. The interest rate is determined by applying the interest rate implicit in the lease to the outstanding lease liability at the beginning of each lease payment period.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2008

(c) Leasehold assets (Continued)

Operating Leases

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are recognized as an expense in the period in which they are incurred.

Lease incentives

Lease incentives under operating leases are recognised as a lease incentive liability (other current liabilities) when provided. Lease payments made over the remainder of the lease term reduce the liability to the extent that they are in excess of the average monthly rentals.

(d) Employee benefits

Provision is made for the Association's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits expected to be settled within one year together with entitlements arising from salaries and annual leave that will be settled after one year, have been measured at their nominal amount at the remuneration rates expected to apply at the time of settlement. Other employee benefits payable later than one year have been measured using a shorthand method that reliably estimates the present value of the estimated future cash flows to be made for those benefits. Contributions made to employee superannuation funds by the Association are charged as expenses when incurred.

(e) Cash

For the purposes of the Statement of Cash Flows, cash includes cash on hand and in banks, in deposits at call and investments in money market instruments convertible to cash, net of outstanding bank overdrafts.

(f) Revenue

Grants

Grants are recognised as revenue to the extent that the monies have been applied in accordance with that conditions of the grant. Grant funds received prior to year-end but unexpended as at that date are recognised as unexpended grants (other current liabilities).

Membership fees and journal subscriptions

Revenue from membership fees and journal subscriptions are recognised progressively over the period to which the membership or subscription relates. Both membership fees and journal subscriptions are levied on a financial year basis. The portion of membership fees and journal subscriptions received that relates to the following financial year is brought to account at balance date as revenue received in advance (other current liability).

Other revenue

All other revenue is recognised upon the delivery of the goods or services to the customer.

(g) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST is not recoverable from the Australian Taxation Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of expense. Receivables and payables in the Statement of Financial Position are shown inclusive of GST.

CONSUMERS HEALTH FORUM OF AUSTRALIA INCORPORATED

ABN 59 369 286 137

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2008

	2008 \$	2007 \$
Note 3: Revenue		
Operating activities:		
- Grant revenue	1,386,341	1,314,254
- Membership fees	51,032	30,091
- Publications and journal subscriptions	3,516	7,057
- Other	14,499	6,934
	1,455,388	1,358,336
Non-operating activities		
- Interest	31,408	12,934
	1,486,796	1,371,270
Note 4: Surplus/(Deficit) From Ordinary Activities		
Net surplus/(deficit) from ordinary activities has been determined after:		
(a) Expenses:		
Depreciation of non-current assets		
- Plant and equipment	3,656	5,128
- Leasehold improvements	3,720	4,074
- Leasehold assets	5,216	6,167
	12,592	15,369
Borrowing costs		
- Lease finance charges	-	619
Rental expense on operating leases:		
- Premises	74,238	73,046
- Plant and equipment	12,892	12,414
Total	86,079	86,079
Note 5: Auditors' Remuneration		
Remuneration received by the auditor during the financial year for:		
- Auditing or reviewing the financial report	8,300	7,000
- Other services	-	-
	8,300	7,000

CONSUMERS HEALTH FORUM OF AUSTRALIA INCORPORATED

ABN 59 369 286 137

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2008

	2008 \$	2007 \$
Note 6: Cash and Cash Equivalents		
Cash on hand	150	100
Cash at bank	448,464	288,935
	448,614	289,035
Note 7: Trade Debtors and Other Receivables		
CURRENT		
Debtors	172,357	515,864
Note 8: Financial Assets		
NON CURRENT		
Bond on leased office premises	19,790	16,145
 (i) Relates to a bank guarantee held with the St George Bank Limited, in favour of Magpie Investment Group Pty Ltd, the lessor of Unit 10, Level 2, Engineering House, 11 National Circuit Barton ACT. The amount represents three months rent, and is refundable to the Association on expiration of the current lease, subject to satisfactory vacation of the leased premises.		
Note 9: Other Assets		
CURRENT		
Prepayments	2,542	1,897
	2,542	1,897
Note 10: Property, plant and equipment		
Work in Progress (Software)—at cost	31,190	15,661
Office equipment—at cost	26,606	42,273
Accumulated depreciation	(19,115)	(29,767)
	7,491	12,506
Leasehold improvements—at cost	54,594	54,594
Accumulated depreciation	(21,329)	(17,609)
	33,265	36,985
Office furniture and equipment—at cost	36,030	52,375
Accumulated depreciation	(34,771)	(43,019)
	1,259	9,356
Total property, plant and equipment	73,205	74,508

CONSUMERS HEALTH FORUM OF AUSTRALIA INCORPORATED

ABN 59 369 286 137

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2008

	2008	2007
	\$	\$
Note 10: Property, plant and equipment (continued)		
(a) Movements in Carrying Amounts		
movement in the carrying amounts of each class of property, plant and equipment between the beginning and the end of the current financial year.		
2008	Work in Progress	Plant & equipment
	Leasehold improvements	Office furniture and equipment
	Total	
	\$	\$
Opening balance	15,661	12,506
Additions/(Disposals)	15,529	(1,359)
Depreciation expense	-	(3,656)
Carrying amount at end of year	31,190	7,491
	36,985	9,356
	(2,881)	11,289
	(5,216)	(12,592)
	33,265	1,259
	73,205	
Note 11: Trade and Other Payables		
CURRENT		
<i>Unsecured liabilities</i>		
Creditors and accrued expenses	154,059	138,221
Note 12: Financial liabilities		
CURRENT		
Lease liability	-	1,121
Note 13: Provisions		
CURRENT		
Annual Leave	42,033	34,352
Long service leave	19,123	17,319
	61,156	51,671
NON CURRENT		
Long service leave	2,910	2,563
Total provisions	64,066	54,234
Note 14: Other liabilities		
CURRENT		
Unexpended grants	346,416	503,960
Revenue received in advance	2,495	1,932
Lease incentive	-	425
Total other liabilities	348,911	506,317

CONSUMERS HEALTH FORUM OF AUSTRALIA INCORPORATED

ABN 59 369 286 137

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2008

	2008 \$	2007 \$
Note 15: Leasing Commitments		
(a) Finance leases		
Finance leases commitments payable:		
- not later than 1 year	-	425
- later than 1 year, but not later than 5 years	-	-
Minimum lease payments	-	425
Less future finance charges	-	-
Total lease liability	-	425
(b) Operating leases		
Operating leases commitments payable:		
- not later than 1 year	102,382	70,541
- later than 1 year, not greater than 5 years	182,876	149,659
Minimum lease payments	285,258	220,200

General description of leasing arrangements

Operating leases relate to rental in respect of the office premises lease at Unit 10, Level 2, Engineering House, 11 National Circuit Barton ACT and rental of photocopier, telephone and computer equipment.

Note 16: Related Parties

The names of the committee members who have held office during the financial year are:

Mitchell Messer	Christopher Newell
Susan Mitchell	Alexandra Rivers
Sheila Rimmer	Jan Donovan
Diane Walsh	Joan Hughes
Sally Crossing	Gregor Macfie
Frank Fisher	Antonio Russo
Amy Zelmer	Christine Walker

At the direction of the Chair, the Chairman's honorarium for the financial year has been remitted to his employer as recompense for time taken off in fulfilling his role as Chair of the Association. In addition, four Committee Members received sitting fees for their work on Reference Groups during the year.

CONSUMERS HEALTH FORUM OF AUSTRALIA INCORPORATED

ABN 59 369 286 137

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2008

	2008 \$	2007 \$
Note 17: Association Details		
(a) Association details		
The association is incorporated under the Associations Incorporation Act 1991 of the Australian Capital Territory.		
(b) Locations		
The registered office and principal place of business of the Association is: Unit 10, Level 2, Engineering House, 11 National Circuit, Barton ACT		
(c) Activities		
The Association provides information, representation and advocacy on national health issues for its membership of health consumer organisations.		
Note 18: Cash Flow Information		
(a) Reconciliation of net cash flows from operating activities to net surplus/(deficit)		
Net surplus/(deficit) from ordinary activities	(48,084)	99,157
Non-cash flows in surplus/(deficit) from ordinary activities		
- Depreciation	12,592	15,369
- Gain/Loss on write-off of plant and equipment	2,881	-
Changes in assets and liabilities		
- Receivables	343,507	(165,592)
- Other financial assets	(3,645)	-
- Other assets	(645)	1,398
- Payables	15,838	55,670
- Provisions	9,832	13,049
- Other liabilities (including lease incentives)	(156,047)	161,180
Net cash relating to operating activities	176,229	180,231

CONSUMERS HEALTH FORUM OF AUSTRALIA INCORPORATED

ABN 59 369 286 137

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2008

Note 19: Financial Instruments

Exposures to interest rate risk on financial assets and liabilities

2008	Fixed Interest Maturing						Total
	Non Interest Bearing	1 Year or Less	1 to 2 Years	2 to 5 Years	More than 5 years	Floating Interest	
	\$	\$	\$	\$	\$	\$	\$
(i) Financial Assets							
Cash and Cash Equivalents	150	—	—	—	—	448,464	448,614
Financial Assets (Rental Bond)	—	19,790	—	—	—	—	19,790
Trade & Other Receivables	172,357	—	—	—	—	—	172,357
Total Financial Assets	172,507	19,790	—	—	—	448,464	640,761
<i>Range of Effective Interest Rates</i>	—	6.80%	—	—	—	4.5%	
(ii) Financial Liabilities							
Trade & Other Payables	154,059	—	—	—	—	—	154,059
Financial Liabilities	—	—	—	—	—	—	—
Other Liabilities	348,911	—	—	—	—	—	348,911
Total Financial Liabilities	427,263	—	—	—	—	—	502,970
<i>Range of Effective Interest Rates</i>	—	—	—	—	—	—	

2007	Fixed Interest Maturing						Total
	Non Interest Bearing	1 Year or Less	1 to 2 Years	2 to 5 Years	More than 5 years	Floating Interest	
	\$	\$	\$	\$	\$	\$	\$
(i) Financial Assets							
	515,964	16,145	—	—	—	288,935	821,044
<i>Range of Effective Interest Rates</i>	—	6.25%	—	—	—	4.5%	
(ii) Financial Liabilities							
	644,538	1,121	—	—	—	—	645,659
<i>Range of Effective Interest Rates</i>	—	11.5%	—	—	—	—	

Credit Risk Exposure

The maximum exposure to credit risk at balance date to recognised financial assets is the carrying amount as disclosed in the statement of financial position and notes to the financial statements.

With the exception of cash deposits with St George Bank and grants receivable from the Commonwealth Department of Health and Ageing the Association does not have any material credit risk exposure to any single debtor or group of debtors.

CONSUMERS HEALTH FORUM OF AUSTRALIA INCORPORATED

STATEMENT BY COMMITTEE MEMBERS FOR THE YEAR ENDED 30 JUNE 2008

In the opinion of the Committee:

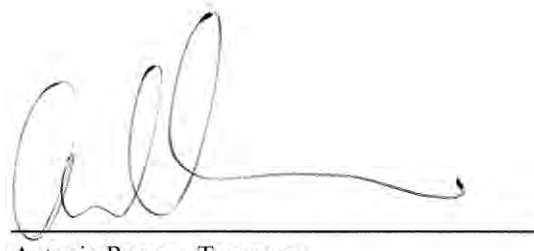
- (i) the accompanying Statement of Financial Performance is drawn up so as to give a true and fair view of the results of the Association for the year ended 30 June 2008.
- (ii) the accompanying Statement of Financial Position is drawn up so as to give a true and fair view of the state of affairs of the Association as at 30 June 2008.
- (iii) at the date of this statement there are reasonable grounds to believe that the Association will be able to pay its debts as and when they fall due.

The financial statements have been made out in accordance with the Australian Accounting Standards and other mandatory professional reporting requirements. The financial statements were prepared based on the accounts and records as maintained and kept at the office of the Consumers Health Forum of Australia Incorporated.

This statement is made and signed at Canberra in accordance with a resolution of the Committee.



Mitchell Messer – Chairperson



Antonio Russo – Treasurer

Dated: 18 September 2008

INDEPENDENT AUDIT REPORT

TO THE MEMBERS OF CONSUMERS HEALTH FORUM OF AUSTRALIA INCORPORATED

Report on the Financial Report

We have audited the accompanying financial report of Consumers Health Forum of Australia Incorporated (the association), which comprises the balance sheet as at 30 June 2008 and the income statement, statement of recognised income and expenditure and cash flow statement for the year ended on that date, a summary of significant accounting policies and other explanatory notes and the Statement of Committee Members.

Directors' Responsibility for the Financial Report

The Committee of the association are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the *Incorporations Association (ACT) Act 1991*. This responsibility includes establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal controls relevant to the entity's preparation and fair presentation of the financial report 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 entity's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

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Level 7, 28 University Ave | Canberra City | ACT 2601
GPO Box 588 | Canberra City | ACT 2601

PARTNERS:
Ross Di Bartolo B.A (Accounting). FCA
George Diamond B.Ec. FCA
John Mihailaros B.Comm (Accounting). CA

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INDEPENDENT AUDIT REPORT

TO THE MEMBERS OF CONSUMERS HEALTH FORUM OF AUSTRALIA INCORPORATED

Auditor's Opinion

In our opinion, the financial report of Consumers Health Forum of Australia Incorporated is in accordance with the *Incorporations Association (ACT) Act 1991*, including:

- i. giving a true and fair view of the association's financial position as at 30 June 2008 and of the performance for the year ended on that date; and
- ii. complying with Australian Accounting Standards (including the Australian Accounting Interpretations) and the *Incorporations Association (ACT) Act 1991*.

PKF Di Bartolo Diamond & Mihailaros



Ross Di Bartolo
Partner

Canberra

Dated: 23 September 2008

**DISCLAIMER OF ADDITIONAL INFORMATION
CONSUMERS HEALTH FORUM OF AUSTRALIA INCORPORATED**

The additional financial data presented is in accordance with the books and records of the association, which have been subjected to the auditing procedures applied in our statutory audit of the association for the financial year ended 30 June 2008. It will be appreciated that our audit did not cover all details of the additional financial data. Accordingly, we do not express an opinion on such financial data and we give no warranty of accuracy or reliability in respect of the data provided. Neither the firm nor any member or employee of the firm undertakes responsibility in any way whatsoever to any person (other than Consumers Health Forum of Australia Incorporated) in respect of such data, including any errors of omissions therein however caused.

PKF Di Bartolo Diamond & Mihailaros
GPO Box 588
CANBERRA ACT 2601



Ross Di Bartolo
Partner

Canberra

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CONSUMERS HEALTH FORUM OF AUSTRALIA INCORPORATED

ABN 59 369 286 137

DETAILED PROFIT AND LOSS
FOR THE YEAR ENDED 30 JUNE 2008

	2008 \$	2007 \$
INCOME		
Grants	1,386,341	1,314,254
Publications and journal subscriptions	3,516	7,057
Membership fees	51,032	30,091
Interest	31,408	12,934
Other	14,499	6,934
TOTAL INCOME	1,486,796	1,371,270
LESS EXPENSES		
Annual report	5,295	3,205
Audit fees	11,300	14,000
Bookkeeping fees	13,146	13,636
Bad Debts Written Off	-	387
Bank charges	1,607	1,624
Computer expenses	309	909
Consultants	104,600	49,971
Contract staff	2,731	20,855
Equipment operating lease costs	12,892	12,414
Depreciation	12,592	15,369
Finance lease charges	-	619
Governance expenses	89,520	72,892
Information Technology upgrades	3,718	4,921
Insurance	18,232	18,635
Publication expenses	29,143	20,109
Legal costs	38,370	1,576
Loss of disposal of non-current assets	5,937	-
Minor equipment purchases	2,436	2,312
Office Services	9,613	-
Postage and couriers	6,277	7,172
Printing and stationery	14,418	11,886
Rent and on costs	74,238	73,046
Repairs and maintenance	5,725	2,866
Salaries and on costs	894,196	732,660
Subscriptions	249	500
Telephone	8,810	7,794
Training expenses	5,953	2,216
Travel	12,854	15,828
Workshop expenses	150,719	164,711
TOTAL EXPENSES	1,531,999	1,272,113
NET OPERATING SURPLUS/(DEFICIT)	(48,084)	99,157

These financial statements should be read in conjunction with the attached Disclaimer.

Appendices

Appendix 1

CHF Performance Against the Strategic Plan 2005–07

<p>Goal 1— Policy and advocacy Strengthen the recognition of CHF as a national leader for health consumers</p>	
<p>1.1 Engage in health care reform to optimise consumer outcomes</p>	
<p>Number of submissions to government, other stakeholders and meetings with officials/politicians.</p> <p>Number of stakeholders involved in CHF-led debates on health consumer issues.</p> <p>Number of election and program implementation milestones targeted.</p> <p>Outcomes from engagement with political leaders.</p>	<ul style="list-style-type: none"> • <i>22 submissions were made to government and other stakeholders on matters of core interest to CHF, including privacy, e-health, health insurance, prostheses, accreditation, consumer representatives, ethics and codes of conduct etc. This does not include normal project reporting to stakeholders who provide funding for CHF projects.</i> • <i>Senior staff and the Chairperson met with the Minister and Parliamentary Secretary for Health and Ageing post election. The Executive Director has ongoing liaison with their advisors.</i> • <i>CHF involves stakeholders in its consultations wherever appropriate. In 2007–08, some of these included the Australian Department of Health and Ageing, Private Health Insurance Ombudsman’s Office, Therapeutic Goods Administration, Medicines Australia, Australian Commission for Safety and Quality in Health Care, health professional and allied health professional associations, hospital service providers and other health providers.</i> • <i>During the election campaign, CHF advocacy messages included:</i> <ul style="list-style-type: none"> - <i>listen to and involve consumers</i> - <i>ensure the health system is people-centred</i> - <i>end the blame game about responsibility for health care</i> - <i>make it easier to navigate the health system</i> - <i>introduce e-health initiatives that improve health care</i> - <i>introduce better monitoring for safety and quality</i> - <i>introduce a national register for health professionals</i> - <i>assist allied health professionals take a larger role in health care</i> • <i>Outcomes from engagement with political leaders included: recognition of consumers as stakeholders in health and that the health system should be people-centred; an invitation to apply to attend the 2020 Summit; a referral to the National Health and Hospitals Reform Commission; an invitation from the Minister for Health and Ageing to engage with the leaders on issues of importance to CHF.</i>

1.2 Engage with health service providers to optimise consumer outcomes	
<p>Number and appropriateness of committees requesting consumer representation.</p> <p>Number and appropriateness of forums facilitated or attended</p>	<ul style="list-style-type: none"> • CHF nominated 70 consumer representatives to national health committees on request from those committees or Ministerial requests. • CHF received requests to publicise the government's GP Super Clinic consultations and facilitate attendance at the National Health and Hospitals Reform Commission consultations. • CHF conducted 17 forums as part of its project work. This included workshops at national, state and community levels and forums for consumer representatives, member organisations and/or stakeholders. • Staff, Governing Committee members and senior representatives attended 67 meetings and workshops with stakeholders. By priority area, these included: <i>Safety and quality: 19</i> <i>Quality Use of Medicines: 18</i> <i>Chronic conditions: 30</i> • See also 2.1
1.3 Advocate for consumers to optimise their personal health outcomes	
<p>Collaborative activities with health organisations.</p> <p>Mechanisms for communicating consumer experiences.</p> <p>Activities undertaken to influence the balance of resources on health promotion and health care</p>	<ul style="list-style-type: none"> • Some examples of collaborative activities included the continuing partnership with the National Prescribing Service with the Get To Know Your Medicines and Generic Medicines campaigns and; working with the Australian Commission on Safety and Quality in Health Care in preparation for the annual national forum on safety and quality in health care. CHF also collaborated with the Commission to issue media releases to support the national accreditation framework for health care professionals and Australian Charter of Healthcare Rights. • Some of the mechanisms used to communicate consumer experiences included: meetings with politicians and stakeholders, both privately and publicly in workshops organised by CHF and stakeholders; submissions to stakeholders by request and unsolicited; CHF publications, articles in stakeholder publications and media comment; the Consumer Representatives Program. • The need to balance resources on health promotion with health care was embedded in CHF consultations, such as the Private Health Insurance Project National Consumer and Stakeholder Forum. It was also stated in the submission to the National Health and Hospitals Reform Commission.

1.4 Develop a proactive capacity to identify and respond to emerging issues	
Demonstrated awareness of and involvement in topical issues	<ul style="list-style-type: none"> • <i>Helen Hopkins and Christopher Newell AM, attended the Health stream of the Australia 2020 Summit. Diane Walsh attended the Future Directions for Rural Industries and Communities stream. They advocated for a people-centred health system as one of the top five priorities for Health in 2020.</i> • <i>CHF met with and contributed to the National Health and Hospitals Reform Commission.</i> • <i>CHF was a founding member of the National Primary Health Care Partnership to influence primary health reform.</i>

Goal 2—Communications and membership: Improve the CHF profile and communications with key stakeholders	
2.1 Promote CHF as a national leader for health consumers	
Increased activity in key areas of the promotional plan (ie increase consumer focus, awareness and engagement for key stakeholder groups and increase media exposure)	<ul style="list-style-type: none"> • <i>Under the Promotional Plan, CHF staff, Governing Committee members, senior advocates and senior representatives attended 95 events. They:</i> <ul style="list-style-type: none"> - <i>attended 19 conferences and workshops</i> - <i>gave 16 presentations</i> - <i>attended 48 meetings organised by members and stakeholders</i> - <i>attended 13 meetings about consumer participation.</i>
2.2 Improve CHF communications	
Member satisfaction with communication material and activities. Level of interaction on the website increases annually	<ul style="list-style-type: none"> • <i>The introduction of Consumers Shaping Health, a bi-monthly, advocacy newsletter has been received well by members and stakeholders.</i> • <i>Changing HealthUpdate to a twice-monthly publication has been welcomed by members as they receive more timely information about CHF activities and consumer representative vacancies, giving them more opportunity to participate.</i> • <i>Health Voices has been welcomed as a more contemporary, informal publication. Readers appreciate the inclusion of CHF position statements in the journal.</i> • <i>There has been a steady increase in website activity overall. Improved site monitoring to analyse activity has been recommended by the consultant advising on the website redevelopment.</i> • <i>The consultation page of the website was used to publicise and gain feedback on project information papers</i>

2.3 Strengthen and optimise relationships with members	
<p>Maintain membership base.</p> <p>Increase level of member engagement</p>	<ul style="list-style-type: none"> • <i>Membership base has increased, with 6 new voting members, 11 new organisational members and 21 individual members. Further membership applications were received for the 2008–09 financial year.</i> • <i>New members and increased fees for organisations with higher incomes increased CHF income from membership and publications by 47% (\$17,400), enabling reinvestment in member services.</i> • <i>Membership for 2007–08 was 230, comprising 82 Voting Members, 66 Organisational Members, 3 Honorary Life Members, 7 Corporate Members and 72 Individual Members.</i> • <i>Increased levels of membership engagement are evident in the oversubscription to CHF consultations and the positive response to information papers.</i> • <i>The e-list method of communication with members has been revitalised, with policy officers actively seeking e-list participants' opinions. Debate is increasingly robust.</i> • <i>Improvements to CHF publications has also increased member engagement, with more letters to the editor and requests to reprint articles in member newsletters.</i> • <i>The new CHF database will facilitate easier communication with members</i>
2.4 Promote the inclusion of a consumer perspective in relevant areas	
<p>Number of consumer representatives on relevant committees.</p> <p>Submissions and presentations on relevant issues.</p>	<ul style="list-style-type: none"> • <i>70 consumer representatives were nominated to national health-related committees in 2007–08.</i> • <i>211 CHF-nominated consumer representatives participated in 164 committees in 2007–08.</i> • <i>See 1.2 and 2.1 above for details on the submissions and presentations made that include the consumer perspective</i>

2.5 Strengthen and improve consumer representation and participation	
<p>Peer review process.</p> <p>Annual evaluation of the effectiveness of the Consumer Representatives Program.</p> <p>Number of requests and appointments of consumer representatives.</p> <p>Funding for Consumer Representatives Program sustained</p>	<ul style="list-style-type: none"> • CHF consumer representatives are required to report regularly, providing an avenue for support. They are also encouraged to use the Consumer Representative Self Assessment tool. • CHF requires all consumer representatives to provide feedback on their consumer experiences on committees. These are analysed annually and continue to show that consumer representatives make a valuable contribution to their committees; for example, ensuring consumers have a say in program and policy development that affects them, improving consumer engagement at all levels of decision making, advocating for and actively contributing to a shift to a people centred health system. • During 2007–08 CHF nominated and supported 70 consumer representatives on Government, industry and research committees; in addition, CHF provided interim and proxy consumer representation as required. • Funding for the consumer representatives program is now included in project activities, allowing CHF to target consumer representation to its priority areas and facilitating engagement of the representatives in project activities. A consumer representative workshop is included in each project’s annual plan, which encourages representatives to network and share ideas and informs the project. • Stakeholders were encouraged to work with CHF to support effective consumer representation; for example, the Australian Medical Council worked with CHF to deliver a writing workshop for consumer representatives; and the Department of Health and Ageing worked with CHF to resource a consumer representative workshop session for consumer representatives working on quality use of pathology committees

Goal 3—Governance and management	
Strengthen CHF governance and management	
3.1 Strengthen the governance program	
<p>Demonstrated continuous improvement in governance program.</p> <p>Constitution reviewed, revised and current (by 2005).</p> <p>Key governance communications with members.</p>	<ul style="list-style-type: none"> • Professional development identified roles and responsibilities of the Governing Committee and its members, leading to a clear delineation between governance matters (Governing Committee) and operational matters (Secretariat). • Recommendations for constitutional change have been developed for the incoming Governing Committee to encourage best practice in governance. • Governance improvements are communicated to members through HealthUpdate and letters

3.2 Strengthen the Secretariat's capability and capacity	
<p>Secretariat effectively supports CHF requirements.</p> <p>Key non-project funded staff retained.</p> <p>Staff satisfaction with human resource strategies, processes and new initiatives.</p> <p>Demonstrated continuous improvement in the development of organisational policies, office structures and systems.</p> <p>Legal compliance.</p>	<ul style="list-style-type: none"> • <i>Two new policy staff were employed to fulfil project requirements. Temporary senior advisors assisted until a full-time senior policy advisor joined the staff in May following the resignation of Craig Hooper in February.</i> • <i>CHF maintained core functions of communications and stakeholder liaison with dedicated positions.</i> • <i>An improved orientation program was implemented to welcome and inform new staff. Staff were kept advised of human resource strategies, processes and new initiatives. A positive work-life balance was encouraged.</i> • <i>Office procedures and processes were reviewed and updated where necessary; for example, the privacy policy was updated and a harassment-free work environment policy implemented.</i> • <i>CHF continued to comply with all legal requirements.</i>
3.3 Develop and share consumer knowledge base	
<p>Number of active participants using the consumer knowledge base.</p> <p>Demonstrated use of the consumer knowledge base.</p> <p>Participant satisfaction with the consumer knowledge base</p>	<ul style="list-style-type: none"> • <i>All staff used the website and the database on a regular basis to inform their own work. They added to the knowledge base as required; for example, new project information, members and contacts.</i> • <i>The launch of the new database enabled more diverse uses that add value to membership and projects; for example, CHF can better target contacts and document relationships with them.</i> • <i>Consultant reports on the website highlighted the value of the information on the website to consumers and other stakeholders, while identifying some navigation difficulties</i>
3.4 Maintain and improve a sustainable financial base	
<p>Demonstrated long term planning towards a sustainable financial base.</p>	<ul style="list-style-type: none"> • <i>CHF continued to receive core funding from the Community Sector Support Scheme and dedicated project funding from the Australian Government Department of Health and Ageing, National Prescribing Service and Australian Commission for Safety and Quality in Health Care.</i> • <i>CHF actively sought funding for new projects, including projects on chronic conditions self management and health workforce.</i> • <i>Recommendations from the Review of Business Processes by an external consultant were accepted. An accountant has been contracted to implement the recommendations</i>

Appendix 2

CHF Members

CHF is made up of a wide variety of consumer organisations with an interest in health, including illness groups, disability groups and specific population groups such as youth, older people and women.

There are five categories of members, including voting members, organisational members, honorary life members, corporate members and individual members.

Voting

A

ACCESS Australia's National Infertility Network Ltd
AIDS Council of NSW
Arthritis Australia
Arthritis Western Australia
Arthritis New South Wales
Arthritis Victoria
Association for the Wellbeing of Children in Healthcare (AWCH)
Asthma Foundations of Australia
Australian Council of Social Service (ACOSS)
Australian Crohns & Colitis Association
Australian Federation of AIDS Organisations
Australian Mental Health Consumer Network
Australian Pensioners and Superannuants Federation Inc
Australian Primary Care Community Partnership Incorporated

B

Breast Cancer Action Group (NSW)
Breast Cancer Action Group Inc
Breast Cancer Network Australia

C

Cancer Voices Australia
Cancer Voices NSW
Cancer Voices Queensland
Cancer Voices South Australia
Carers Australia
Child Health Association Inc
Chronic Illness Alliance Inc
CJD Support Group Network Pty Ltd
Cochrane Consumer Network (CCNet)
Coeliac Society of NSW Inc
Consumer Reference Group of General Practice

Network NT

Continece Foundation of Australia Ltd
COTA Over 50s Ltd
Council of Social Service of New South Wales (NCOSS)
Council on the Ageing (COTA) (SA)
Country Awareness Network (Victoria) Inc
Cystic Fibrosis Australia Inc
Cystic Fibrosis WA

D

DES Action Australia—NSW
Diabetes South Australia
Diabetes Australia—NSW
Diabetes Australia National

F

Federation of Ethnic Communities Council of Australia

G

Genetic Support Council of WA (Inc)

H

Haemophilia Foundation Australia
Health Care Consumers' Association of the ACT
Health Consumers Alliance of South Australia Inc
Health Consumers' Council (WA) Inc
Health Consumers of Rural and Remote Australia Inc
Health Consumers Voice NT
Health Issues Centre Inc
Health Rights & Community Action
Heart Support—Australia Ltd
Hepatitis Australia
Hepatitis C Council of South Australia Inc

I

Illawarra Stroke Unit Project

L

Lymphoedema Support Group of New South Wales

M

Maternity Coalition Inc
ME/CFS Society (SA) Inc
ME/CFS/FM Support Association Qld Inc
ME/Chronic Fatigue Syndrome Association of Australia Ltd
Mental Health Co-ordinating Council
Mental Illness Fellowship of Australia IncN

National Association of People Living with HIV/AIDS
National Seniors

O

Obsessive Compulsive Disorders Support Service
Older Women's Network (Australia)

P

Palliative Care Australia
Positive Life NSW
Post-Polio Network (NSW) Inc
Public Interest Advocacy Centre

S

SHOUT (Self Help Organisations United Together)
Sleep Apnoea Association (ACT) Inc
Stillbirth and Neo-natal Death Support (Qld) Inc
Stroke Association of ACT
Support and Advocacy Committee of Prostate Cancer
Foundation of Australia

T

Tasmanian Council of Social Service
Tasmanians with Disabilities Inc
The Link Youth Health Service
The Queensland Alliance of Mental Illness and
Psychiatric Disability Groups Inc

W

Western Australian Association for Mental Health
Wollongong Health Consumers
Women Incest Survivors Network Inc
Women's Centre for Health Matters Inc
Women's Health Victoria Inc
Honorary Life Members
Honorary Life Membership is awarded to sustained
and significant contribution to CHF
Hilda Bastian
Janne Graham AM
Christopher Newell AM

Organisational

A

ASERNIP-S, Royal Australasian College of Surgeons
Association of Professional Engineers Scientists &
Managers, Aust
Asthma Foundation of Victoria
Australasian Lymphology Association
Australian Association of Social Workers
Australian Crohns & Colitis Association (Qld) Inc
Australian General Practice Accreditation Ltd
(AGPAL)
Australian General Practice Network (AGPN)

Australian Healthcare and Hospitals Association
Australian Nursing and Midwifery Council Inc
Australian Nursing Federation (Vic Branch)
Australian Physiotherapy Association
Australian Pituitary Foundation
Australian Self-Medication Industry Inc (ASMI)

B

Bundaberg Consumer Advisory Group Inc

C

Canberra and Queanbeyan Attention Deficit Disorder
Support Group Inc
Cancer Council Australia
Cancer Council New South Wales
Cancer Council South Australia
Cancer Council Queensland
Cancer Council Western Australia
Central Sydney Division of General Practice

D

DepressioNet

E

Epilepsy Association of SA & NT Inc
Epilepsy Australia

G

General Practice South, Tasmania
Government Relations and Planning, ACT Health
Greater Bunbury Division of General Practice
Greater Metropolitan Clinical Taskforce (GMCT)
Consumer Forum

H

Health Consumers Network, Queensland
Health Promotion Service, New South Wales
Heart Foundation
Hornsby Ku-ring-gai Ryde Division of General
Practice

I

Ipswich & West Moreton Division of General Practice

K

Kidney Health Australia

L

Liverpool Women's Health Centre
Lymphoedema Support Group SA Inc

M

Mallee Division of General Practice
Medicines Australia
Mental Health Community Coalition ACT

N

National Asthma Council Australia
National Breast and Ovarian Cancer Centre
National SIDS Council of Australia
National Stroke Foundation
North Shoalhaven Health Consumer Action Group
North West Melbourne Division of General Practice
Northern Illawarra Health Watch
NSW Nurses' Association
NSW Therapeutic Advisory Group Inc

P

Pharmaceutical Society of Australia
Pharmacy Guild of Australia (National Secretariat)
Pomona and District Community House Inc
Primary Health Care Directorate

R

Redcliffe Bribie Caboolture Division of General Practice
Royal Australian College of General Practitioners (RACGP)
Royal College of Nursing Australia

S

School of Population Health M431
Skin and Cancer Foundation
Society of Hospital Pharmacists of Australia
South Eastern Sydney and Illawarra Area Health Service
St Vincent's Hospital
Sunshine Coast Division of General Practice
Sydney South West Area Health Service

T

Telephone Information Support and Counselling Association

W

West Victorian Division of General Practice
Women with Disabilities Australia

Corporate

General Practice NSW Ltd
GlaxoSmithKline
Janssen-Cilag/Johnson & Johnson
Little Company of Mary Health Care Ltd
Merck Sharp & Dohme (Australia) Pty Limited
National Prescribing Service (NPS)
Pfizer Australia

Individual

There are 72 Individual Members

Appendix 3

Consumer Representatives

CHF nominated consumer representatives held 211 positions on national health committees during 2007–08. This dedicated and passionate group contributed to better decision making and helped ensure consumers play an integral role in shaping better health outcomes for the Australian community. Their presence has been sought and valued on committees of the Australian Government Department of Health and Ageing, industry, professional bodies and research projects.

Effective consumer representation is both essential and challenging to achieve. To provide committees with a trusted consumer voice, CHF uses best practice in appointing, training and supporting consumer representatives. Consumer representatives must have the confidence of consumers and consumer organisations and be able to articulate consumer concerns within a broader range of views.

CHF canvasses committee vacancies through its networks. Applicants must be able to understand and represent the consumer experience and demonstrate links with appropriate consumer networks. During 2007–08 CHF advocated for fair remuneration for consumer representatives and provided support, resources and networking opportunities. Consumer representative training and development opportunities were delivered through project activities and partnerships with stakeholders.

Consumer representatives report achievements across a range of issues. With the health arena dominated by specialist experts, specialist fields and complex technology and terminology, consumer representatives bring an imperative whole-of-person, clinical outcome perspective. Consumer representatives remind and advocate for a holistic approach to health delivery that helps deliver safe, good quality health care when and where it is needed.

Australian Commission on Safety and Quality in Healthcare

Australian Clinical Quality Registries

Coral Rizzalli

Consumer Engagement Strategy Advisory Group

Joy Russo

National Clinical Handover Initiative

Amy Zelmer

National Medication Scoping Study Steering Committee

Patricia Warn

National Patient Charter Reference Group

Janette Donovan (to January 2008)

Antonio Russo (from January 2008)

Kathy Kendell

Anna Saminsky

Janet Meagher AM

Patient Identification Expert Working Group

Heather Watson

Primary Care Committee

Christine Walker

Australian Council on Healthcare Standards (ACHS)

Australian Council on Healthcare Standards (ACHS)

Russell McGowan

ACHS Standards Committee

Michael Burge

Australian General Practice Accreditation Ltd (AGPAL)

AGPAL Board

Christopher Newell AM

AGPAL Quality Carnivale Vision Committee 2008

Diane Walsh

Australian General Practice Network (AGPN)

AGPN Board of Directors

Russell McGowan

National Reference Group for the Development and Delivery of an e-learning package

Noel Muller

Australian General Practice Training

General Practice Education and Training Consultative Group

Diane Walsh

Australian Government Department of Health and Ageing

Adverse Medicines Events Line Evaluation Steering Committee

Patricia Warn

Australian Health Information Council (AHIC)

Helen Hopkins (to May 2008)

Australian Population Health Development Principal Committee (Expert Advisory Subcommittee)

Russell McGowan

Sheila Rimmer AM

Australian Technical Advisory Group on Immunisation (ATAGI)

Jenni Howlett (to September 2007)

Stephanie Newell (from June 2008)

BreastScreen Australia Evaluation Advisory Committee

Valerie Lang AM

Digital Mammography Accreditation Standards Working Group

Margaret Tassell

Enhanced Medical Education Advisory Committee

Janette Donovan (to January 2008)

Patricia Warn (from April 2008)

Generic Medicines Public Awareness Campaign Reference Group

Helen Hopkins

HealthInsite Editorial Board

Sue Healy (to October 2007)

Betty Johnson (to October 2007)

National Bowel Cancer Screening Program Advisory Group

Russell McGowan

Marj Preston

National Immunisation Committee
Judith Skinner (to March 2008)
Debra Petrys (from April 2008)

National Pathology Accreditation Advisory Council
Janet Wale

Paediatric Medicines Advisory Group
Karen Cashion

Pharmaceutical Benefits Advisory Committee
Mitch Messer

Pharmaceutical Benefits Pricing Authority
Jo Watson

Pharmaceutical Benefits Scheme (PBS) Reforms Stakeholders Reference Group
Helen Hopkins

Professional Programs and Services Advisory Committee Research and Development Steering Committee
Amy Zelmer

Prostheses and Devices Ministerial Advisory Committee
Karen Carey

Prostheses Policy Advisory Group
Karen Carey

Prostheses Clinical Advisory Group—Cardiac
Jill Forck

Prostheses Clinical Advisory Group—Cardio Thoracic
Niall Gossland

Prostheses Clinical Advisory Group—Lens
Karen Carey

Prostheses Clinical Advisory Group—Orthopaedic (Hips)
Rebecca Coghlan

Prostheses Clinical Advisory Group—Orthopaedic (Knees)
Janet Wale

Prostheses Clinical Advisory Group—Spinal
Rebecca Coghlan

Prostheses Clinical Advisory Group—Urogenital
Dennis Roy

Prostheses Clinical Advisory Group—Vascular Stents and Grafts
Jill Forck

Quality Use of Pathology Committee (QUPC)
Janet Wale

Quality Use of Pathology—Point of Care Testing (PoCT) Steering Group
Roger Killeen

Quality Use of Pathology Committee—Quality Consumer Services
Janet Wale

Quality Use of Pathology—Quality Consumer Services Technical Reference Group
Tim Benson

Quality Use of Pathology—Quality Pathology Practice Technical Reference Group
Roger Killeen

Quality Use of Pathology—Quality Referrals (Requests/Ordering) Technical Reference Group
Keith Williams

Radiation Oncology Reform Implementation Committee (RORIC)
Sally Hodgkinson

Safety Monitoring Committee
Kathleen McLure

Australian GP Statistics and Classification Centre

BEACH Advisory Board
Suzanne Solvyns

Australian Health Ministers Advisory Council (AHMAC)

AHMAC National Oral Health Plan Monitoring Group
Margaret Brown

Australian Institute of Health and Welfare (AIHW)

Health Data Standards Committee
Heather Grain

National Indicators Advisory Group
Catherine Ellis

Australian Institute of Health Policy Studies

Australian Institute of Health Policy Studies Board
Mitch Messer

Australian Medical Council (AMC)

Australian Medical Council
Diane Walsh

AMC Education Accreditation (Specialist)
Isabelita McRae
Sheila Rimmer AM

AMC Medical School Accreditation Committee
Susan Mitchell (to December 2007)
Barbara Daniels

AMC Recognition of Medical Specialities Advisory Committee
Rebecca Coghlan (to November 2007)
Janne Graham AM (from December 2007)
Tricia Greenway (from December 2007)

AMC Accreditation Team—Australasian College of Dermatologists
Russell McGowan (to November 2007)

AMC Accreditation Team—Royal Australasian College of Physicians
Darlene Cox

AMC Accreditation Team—Royal Australasian College of Medical Administrators
Frank Fisher

AMC Sport and Exercise Medicine Recognition Review Group
Tricia Greenway

AMC Working Group—National Code of Professional Conduct for Registered Medical Practitioners
Russell McGowan

AMC Working Party to Review the AMC Standards of Accreditation of Specialist Medical Training Programs
Antonio Russo (to April 2008)

Australian National University

Community Liaison Committee
Susan Mitchell (to December 2007)

Rural Clinical School Community Advisory Board
Susan Mitchell (to December 2007)

Australian Nurse Practitioner Study

Australian Nurse Practitioner Study—Project Advisory Panel
Bruce Campbell

Australian Patient Safety Foundation

Australian Patient Safety Foundation Inc Council
Margaret Charlton

beyondblue

Perinatal Mental Health Reference Group
Karen Cashion

Continnence Foundation of Australia Ltd

Consumer Advisory Committee
Frank Ritchie
Shirley Shaw

Department of Health SA

*Australian Commission on Safety and Quality in Health Care
—National Forum for Safety and Quality 2008—Program
Committee*
Sarah Jones (to April 2008)
Joy Russo (from June 2008)

Dietitians Association of Australia

Council of Dietetic Standards Recognition
Sheila Rimmer AM

Flinders University South Australia

Knowledge Network Management Group
Robin Toohey AM

*Knowledge Network Project (Palliative Care)—National
Advisory Group (Caresearch Website)*
Julie Marker

*National Reference Group for Chronic Conditions Self
Management Curricula*
Russell McGowan (to August 2007)
Susan Mitchell (to August 2007)

Primary Health Care Workforce National Reference Group
Russell McGowan

Health Informatics Society of Australia

*Health Informatics Society of Australia (HISA) Conference
Organising Committee—HIC 08*
Catherine Ellis

Medical Services Advisory Committee (MSAC)

Medical Services Advisory Committee
Sheila Rimmer AM

*MSAC Review of Application 1115—Sacral Nerve Stimulation
(SNS) for the Treatment of Refractory Urge Incontinence*
Barry Cahill

*MSAC Measurement of B-type Natriuretic Peptide (BNOP)
(Application 1087)*
Paula Calcino

*MSAC Review of Application 1118—Vagus Nerve Stimulation
(VNS) Therapy*
Margaret Charlton

*MSAC Application 1116—Macular Optical Coherence
Tomography*
Barbara Daniels

*MSAC Review of Application 1106 Endoscopic Argon Plasma
Coagulation*
Judi Fisher

*MSAC 1113—Endo Venous Laser Treatment for Varicose
Veins*
Jill Forck

MSAC Application 1117—Cardiac Ultrasound without Imaging
Jill Forck

MSAC Application 1111—MIT Data Analysis
Niall Gosland

*MSAC Review of Application 1123—Computer Assisted Total
Knee Replacement*
Ben Horgan

*MSAC 1109—Deep Brain Stimulation for Essential Tremor
and Dystonia*
Cheryl Koenig

*MSAC Review of Application 1105—Computed Tomography
Coronary Angiogram*
Richard McCluskey

*MSAC—MSAC Review of Application Molecular Testing for the
Diagnosis of Myeloproliferative Disorders*
Russell McGowan

*MSAC 1124—Cryotherapy for Renal and Recurrent
Prostate Cancer*
Alan Moran

MSAC Application 1107—Acticon Artificial Bowel Sphincter
Sheila Rimmer AM

*MSAC Reference 35—PET for Melanoma, Ovarian and
Colorectal Cancer*
Brian Stafford

*MSAC Medical Services Advisory Committee—Application
1114—Urinary Metabolic Profile*
Brian Stafford

MSAC 1110—Staging of Rectal Carcinoma by MRI
Brian Stafford

MSAC Reference 37—Digital Mammography
Margaret Tassell

MSAC 1112—Bioenterics Gastric Balloon
Catherine Thompson

*MSAC Application 1104—Endoscopic Ultrasound and Fine
Needle Aspiration for Lung Cancer*
Robin Toohey AM

MSAC Application 1108—Endoscopic Bronchial Ultrasound
Robin Toohey AM

*MSAC Review of Application 1033—Autologous
Condroyte Implantation*
Janet Wale

*MSAC 39—Human Papilloma Virus (HPV) and MSAC 1122—
Automated Liquid Based Cytology*
Diane Walsh

*MSAC Reference 38—In Situ Hybridisation for Her-2
in Breast Cancer*
Pamela Williams

Medical Technology Association of Australia

Code of Practice Committee
Ben Horgan

Code of Practice Complaints Committee
Ivan Kayne

Code of Practice Monitoring Committee
John Chu

Medicare Australia

Medicare Australia Stakeholder Consultative Group
Janette Donovan (to January 2008)
Tamara Shanley (from February 2008)

Medicare Australia Consumer Consultative Group
Diane Walsh

Medicines Australia

Quality Assurance Reference Group (QARG) (Consumer Medicines Information)
Diana Aspinall

Medicines Australia Code of Conduct Committee
Sharon Caris
Anne McKenzie (from April 2008)

Medicines Australia—Code of Conduct Appeals Committee
Anne McKenzie (to April 2008)
Judith Maher (from April 2008)
Patricia Warn

Medicines Australia—Code of Conduct Monitoring Committee
Susan Mitchell (to January 2008)
Sheila Rimmer AM (from April 2008)
Henry Ko (from April 2008)
Helen Briggs (April 2008)

Medicines Australia—Clinical Trials Informed Consent Steering Group
Anne McKenzie

Mental Health Council of Australia

National Consumer and Carer Forum
Janet Meagher AM

National Health and Medical Research Council (NHMRC)

National Health and Medical Research Council
Christopher Newell AM

NHMRC Expert Advisory Group on Antimicrobial Resistance
Mitch Messer

NHMRC National Human Genetics Information Site
Sharon van der Laan

NHMRC Licensing Committee for Use of Excess ART Embryos
Christopher Newell AM
Julia Nicholls

NHMRC Special Expert Committee on Transmissible Spongiform Encephalopathies (SECTSE)
Sharon Caris

NHMRC Advisory Committee on Consumer and Community Engagement (ACCCE)
Mitch Messer
Helen Hopkins

National Health Performance Committee

National Health Performance Committee
Shirley Shaw

National Musculoskeletal Core Competency Initiative

National Musculoskeletal Core Competency Initiative—National Steering Committee
Ben Horgan

National Prescribing Service (NPS)

National Prescribing Service (NPS) Board Director
Kate Moore

National Prescribing Service (NPS) Board Alternate Director
Diane Walsh

NPS Community Quality Use of Medicines Working Group
Diane Walsh
Christine Walker

Diana Aspinall
Alison Marcus
Sharon Ride
Coral Rizzalli

NPS Pharmaceutical Decision Support Working Group
Anne McKenzie
John Chu

NPS Research and Development Working Party
Hadas Haileselassie

National Prescribing Service (NPS) - Adverse Medicine Events Line Governance Committee
Alison Marcus

NPS Australian Prescriber Editorial Advisory Panel
Christopher Newell AM

NPS Pharmacy Program Prescribing Interventions & Feedback
Nancy Pierce

NPS Curriculum and Training Working Group
Antonio Russo

NPS National Medicines Symposium 2008 Scientific Program Committee
Janet Wale

NPS Medicines Line Management Committee
Diane Walsh

NSW Therapeutic Advisory Group

Performance Indicator and Medication Safety Project (PIMS) Steering Committee
Noelene Burt (to September 2007)

Therapeutic Goods Administration (TGA)

Best Labelling Practice Working Party
Diane Walsh

Pharmacy Guild of Australia

Collect & Analyse Data Relevant to the Scheduling of Pharmacy and Pharmacy-only Medicines Project
Diana Aspinall

Documenting Clinical Intervention in Community Pharmacy Advisory Panel
Alison Marcus

Increasing Community Pharmacy Involvement in the Prevention of Cardiovascular Disease
Kathleen McLure

Medication Compliance Advisory Panel
John Chu

Royal Australasian College of Physicians (RACP)

RACP Australasian Rehabilitation Outcomes Centre Scientific and Clinic Outcomes Committee
Shirley Shaw

RACP Overseas Trained Physicians/Paediatricians Assessment Panel
Antonio Russo

Royal Australian College of General Practitioners (RACGP)

RACGP National Expert Committee—Standards for General Practices
Robin Toohey AM

RACGP Vocational Training Standards Reference Group
Amy Zelmer

Royal Australasian College of Surgeons

*Australian Safety and Efficacy Register of New
Interventional Procedures—Surgical (ASERNIP-S) - Key
Stakeholder Group for 'Maximising health outcomes from
Government investment in surgical interventions'*
Janette Donovan (to January 2008)
Janet Wale (from January 2008)

**Royal Australian and New Zealand College of
Radiologists (RANZCR)**

RANZCR Curriculum Advisory Committee
Pam Bell
RANZCR Standards Liaison Panel
Roslyn Lawson
RANZCR Radiology Research Committee
Jude Maslin
*RANZCR Quality Use of Diagnostic Imaging (QUDI) Program
Advisory Group*
Ann Revell

Speech Pathology Australia

Speech Pathology Association of Australia Ethics Board
Peter Dhu
Cheryl Koenig
Noel Muller

Standards Australia

Standards Australia IT/14 Health Informatics Committee
Heather Grain

Therapeutic Goods Administration (TGA)

Child-Resistant Packaging Subcommittee
Alison Marcus
Complementary Medicines Evaluation Committee (CMEC)
Heather Yeatman
*Complementary Medicines Implementation Reference Group
(CMIRG)*
Geraldine Robertson
Drug Safety Evaluation Branch Transparency Working Group
Janne Graham AM (to May 2008)
Medical Devices Evaluation Committee
Frank Fisher
Medicines Evaluation Committee
Janette Donovan (to January 2008)
*Steering Group to implement the new trans-Tasman
Regulatory Model for Advertising of Therapeutic Goods*
Janne Graham AM (to July 2007)
Judith Maher (to July 2007)
TGA Industry Consultative Committee
Helen Hopkins
Therapeutic Goods Committee (TGC)
John Stubbs

Therapeutic Goods Advertising Code Council (TGACC)

Therapeutic Goods Advertising Code Council
Alan Barclay
Amy Zelmer
*Therapeutic Goods Advertising Code Council (TGACC)
Complaints Resolution Panel*
Judith Maher
Geraldine Robertson
Judith Skinner

Transplantation Society of Australia & New Zealand

TSANZ Cardiothoracic Standing Committee
Richard McCluskey
TSANZ Liver Transplant Standing Committee
Daniel Gallant

National Joint Replacement Registry

Janet Wale

University of Melbourne—Centre of Rheumatic Diseases

*Arthritis Awareness Workplace Self-Management
Education Project*
Ben Horgan

University of New South Wales

*National Health Accreditation Study Consumer Advisory
Panel*
Betty Johnson (to November 2007)
Anne Johnson (to November 2007)
Kathy Kendell (to November 2007)
Kathleen McLure (to November 2007)
Keith Williams (to November 2007)

University of South Australia

*Quality Use of Medicines and Pharmacy Research Centre
Advisory Committee*
Diana Aspinall
*Quality Use of Medicines in Osteoporosis Osteoarthritis
& Rheumatoid Arthritis Project (QUM OPORA)
Steering Committee*
Diana Aspinall
*Quality Use of Medicines in Osteoporosis Osteoarthritis and
Rheumatoid Arthritis Project (QUM OPORA) Workshops*
Margaret Hatton (November 2007)
Ben Horgan

University of Sydney

*An interactive decision aid for prioritising health check
activities—Project Reference Group*
Bernard Kealey
Investigating CMI's Project Advisory Team
Sheila Rimmer AM

