REGIONAL DISABILITY SUPPORT ADVISORY COMMITTEE (RDiSAC)
14 November 2019

Venue: Senior Citizens Room, Fickling Convention Centre, 546 Mount Albert Rd, Three Kings, Auckland
Time: 1.00pm

Committee Members	Executive Attendees
Colleen Brown – Committee Co-Chair (CMDHB) Jo Agnew – Committee Co-Chair (ADHB) Allison Roe – WDHB Board Member Catherine Abel-Pattinson – CMDHB Board Member Dianne Glenn – CMDHB Board Member Edward Benson-Cooper – WDHB Board Member Gwen Tepania-Palmer – ADHB Board Member Judy McGregor – WDHB Board Chair Katrina Bungard – CMDHB Board Member Michelle Atkinson – ADHB Board Member Robyn Northey – ADHB Board Member	Fepulea'i Margie Apa, CE, CM Health Amanda Bleckmann, Family & Community Support Team Manager, MOH Samantha Dalwood, Disability Advisor, WDHB Sanjoy Nand, Chief of Allied Health, Scientific & Technical Professions, CM Health Sue Waters, Chief Health Professions Officer, ADHB Tim Wood, Funding & Development Manager, Primary Care, WDHB Vicky Tafau – Secretariat, CM Health

AGENDA

			Page No.
1.00pm	**1.**	**WELCOME, AGENDA ORDER AND TIMING**	
	2.	**GOVERNANCE**	
1.05pm	2.1	Attendance & Apologies	**002**
	2.2	Disclosure of Interests: does any member have an interest they have not previously disclosed?	**003** **005**
	2.3	Disclosure of Specific Interests: does any member have an interest that may give rise to a conflict of interest with a matter on the agenda?	**006**
	2.4	Minutes of the Previous Meeting held on Thursday, 6 June 2019.	**011**
	2.5	Action Items Register	**013**
	2.6	RDiSAC Work Plan 2019/2020	
	3.	**STANDING ITEM**	
1.15pm	3.1	Metro Auckland DHBs Disability Strategy Implementation Plan 2016-2026 – Progress Report (Samantha Dalwood, Disability Advisor, WDHB)	**014**
	4.	**PRESENTATION**	
1.30pm	4.1	DHB Accessibility & Disability Update (Samantha Dalwood, Disability Advisor, WDHB)	**021**
	4.1.1	Accessibility & Disability ADHB Presentation (Adele Thomas, Organisational Development Practice Leader, ADHB)	**022**
	5.	**DISCUSSION**	
1.50pm	5.1	Committee Members to discuss the validity of Community Representation (one representative from each DHB)	
2.15pm	5.2	Complexity of Finding Data about Disabled People: There is a need for specific questions for Adri Isbister, DDG Disability, prior to her attendance.	
	5.2.1	Response Letter from Adri Isbister re Sharing of Data to the Co-Chairs of RDiSAC	**026**
	5.2.2	Memo Template for Data Sharing Request	**027**
		BREAK – 2.45PM TO 3.00PM	
	6.	**DISCUSSION**	
3.00pm	6.1	Taikura Trust and their role in the Disability Space (Sonia Hawea, CEO, Taikura Trust)	
	7.	**INFORMATION PAPERS (for information only)**	
	7.1	WDHB/ADHB Health Literacy Policy	**033**
		Next meeting: Thursday, 2 April 2019 **Venue: CM Health, Middlemore Hospital, Ko Awatea, Room 103**	

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BOARD MEMBER ATTENDANCE SCHEDULE 2018/2019 – RDiSAC

Name	28 Nov	4 April	6 June	5 Sept	14 Nov
Colleen Brown (co-Chair)	✓	✓	✓		✓
Jo Agnew (co-Chair)	✓	✓	✓		✓
Allison Roe	Apologies	Apologies	Apologies		
Catherine Abel-Pattinson	✓	✓	Apologies		
Dianne Glenn	✓	✓	✓		✓
Edward Benson-Cooper	✓	Apologies	✓		
Gwen Tepania-Palmer	✓	Apologies	✓		
Judy McGregor	Apologies	Apologies	Apologies		
Katrina Bungard	Apologies	✓	Apologies		
Michelle Atkinson	✓	✓	✓		✓
Robyn Northey	Apologies	✓	✓		

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REGIONAL DiSAC MEMBERS' DISCLOSURE OF INTERESTS 14 November 2018

Member	Disclosure of Interest
Colleen Brown (co-Chair)	• Chair, Disability Connect (Auckland Metropolitan Area) • Member, Advisory Committee for Disability Programme Manukau Institute of Technology • Member, NZ Down Syndrome Association • Husband, Determination Referee for Department of Building and Housing • Director, Charlie Starling Production Ltd • District Representative, Neighbourhood Support NZ Board • Chair, Rawiri Residents Association • Director and Shareholder, Travers Brown Trustee Limited
Jo Agnew (co-Chair)	• Professional Teaching Fellow – School of Nursing, Auckland University • Casual Staff Nurse – Auckland District Health Board • Director/Shareholder 99% of GJ Agnew & Assoc. LTD • Trustee - Agnew Family Trust • Shareholder – Karma Management NZ Ltd (non-Director, minority shareholder) • Member – New Zealand Nurses Organisation [NZNO] • Member – Tertiary Education Union [TEU]
Allison Rowe	• Chairperson - Matakana Coast Trail Trust • Member - Rodney Local Board, Auckland Council • Member - Wilson Home Committee of Management (past role)
Catherine Abel-Pattinson	• Board Member, Health Promotion Agency • National Party Policy Committee Northern Region • Member, NZNO • Member, Directors Institute • Husband (John Abel-Pattinson), Director, Blackstone Group Ltd • Husband, Director, Blackstone Partners Ltd • Husband, Director, Bspoke Ltd • Husband, Director, 540 Great South Ltd • Husband, Director, Barclay Suites • Husband, Director, various single purpose property owning companies • Co-Chair, National Party Health Policy Committee
Dianne Glenn	• Member, NZ Institute of Directors • Life Member, Business and Professional Women Franklin • Member, UN Women Aotearoa/NZ • President, Friends of Auckland Botanic Gardens and Chair of the Friends Trust • Life Member, Ambury Park Centre for Riding Therapy Inc. • Member, National Council of Women of New Zealand • Justice of the Peace • Member, Pacific Women's Watch (NZ)

	• Member, Auckland Disabled Women's Group • Life Member of Business and Professional Women NZ • Interviewer, The Donald Beasley Research Institute for the monitoring of the United Nations Convention on the Rights of Persons with Disabilities.
Edward Benson-Cooper	• Chiropractor - Milford, Auckland (with private practice commitments) • Edward has three (different) family members who hold the following positions: • Family member; FRANZCR. Specialist at Mercy Radiology. Chairman for Intra Limited. Director of Mercy Radiology Group. Director of Mercy Breast Clinic. • Family member; Radiology registrar in Auckland Radiology Regional Training Scheme. • Family member; FANZCA FCICM. Intensive Care specialist at the Department of Critical Care Medicine and Anaesthetist at Mercy Hospital.
Gwen Tepania-Palmer	• Board Member - Health Quality and Safety Commission • Committee Member - Lottery Northland Community Committee • Chair - Ngati Hine Health Trust • Life member – National Council of Maori Nurses • Alumnus – Massey University • Director – Hauora Whanui Limited Northland
Judy McGregor	• Associate Dean Post Graduate - Faculty of Culture and Society, AUT • Member - AUT's Academic board • New Zealand Law Foundation Fund Recipient • Consultant - Asia Pacific Forum of National Human Rights Institutions • Media Commentator - NZ Herald • Patron - Auckland Women's Centre • Life Member - Hauturu Little Barrier Island Supporters' Trust
Katrina Bungard	• Chairperson MECOSS – Manukau East Council of Social Services. • Deputy Chair Howick Local Board • Member of Amputee Society • Member of Parafed disability sports • Member of NZ National Party
Michelle Atkinson	• Director – Stripey Limited • Trustee - Starship Foundation • Contracting in the sector • Contracting role – Shea Pita and Associates
Robyn Northey	• Shareholder of Fisher & Paykel Healthcare • Shareholder of Oceania • Member – New Zealand Labour Party • Husband - member Waitemata Local Board • Husband – shareholder of Fisher & Paykel Healthcare • Husband – shareholder of Fletcher Building • Husband – Chair, Problem Gambling Foundation • Husband – Chair, Community Housing Foundation

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REGIONAL DISABILITY SUPPORT ADVISORY COMMITTEE MEMBERS' REGISTER OF DISCLOSURE OF SPECIFIC INTERESTS

Specific disclosures (to be regarded as having a specific interest in the following transactions) as at 6 June 2019

Director having interest	Interest in	Particulars of interest	Disclosure date	Board Action

Minutes of the
Regional Disability Support Advisory Committee

Held on Thursday, 6 June 2019 at 1.00am
Senior Citizens Room, Fickling Convention Centre, 546 Mount Albert Road, Three Kings, Auckland

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PART I – Items considered in Public Meeting

BOARD MEMBERS PRESENT

Colleen Brown (Committee Co-Chair)
Jo Agnew (Committee Co-Chair)
Dianne Glenn (CM Health Board Member)
Edward Benson-Cooper (WDHB Board Member)
Gwen Tepania Palmer (ADHB Board Member)
Michelle Atkinson (ADHB Board Member)
Robyn Northey (ADHB Board Member)

ALSO PRESENT

Margie Apa (Chief Executive, CM Health)
Debbie Holdsworth (Director Funding, WDHB & ADHB)
Samantha Dalwood (Disability Advisor, WDHB)
Sanjoy Nand (Chief of Allied Health, Scientific & Technical Professions, CM Health)
Sue Waters (Chief Health Professions Officer, ADHB)
Vicky Tafau (Secretariat)
(Staff members who attended for a particular item are named at the start of the minute for that item)

PUBLIC AND MEDIA REPRESENTATIVES PRESENT

There were no public or media representatives present.

WELCOME

The Chairs opened the meeting at 1.00pm and welcomed all those present.

1. AGENDA ORDER AND TIMING

Items were taken in the same order as listed on the agenda.

2. GOVERNANCE

2.1 Apologies

Apologies were received and accepted from Allison Roe, Catherine Abel-Pattinson, Judy McGregor, Katrina Bungard, Dana Ralph-Smith and Gwen Tepania-Palmer for lateness.

2.2 Disclosure of Interests

There were no disclosures of interests to note.

2.3 Disclosure of Specific Interests

There were no special disclosures in relation to today's agenda.

2.4 Minutes of the Previous Meeting

Confirmation of the Minutes of the Regional Disability Support Advisory Committee meeting held on 4 April 2019.

Resolution (Moved: Michelle Atkinson/Seconded: Dianne Glenn)

That the minutes of the Regional Disability Support Advisory Committee meeting held on 4 April 2019 be approved.

Carried

2.5 Action Items Register

Building & Services Audit – recommend to Boards that these should be undertaken on a regular basis (before the end of the next financial year) and all Metro AKL DHBs should be audited by the same people. The committee would like to see a common approach across DHBs.

2.6. Work Plan

Aligned with the Disability Strategy Implementation Plan. Mr Nand and Ms Dalwood liaise with Ms Tafau in regard to presenters and papers that will be on the agenda. Ms Tafau to provide the correct RDiSAC paper template, with guidelines, for invited attendees to complete.

In terms of the September agenda there will be an Autism presentation. Organisation to be discussed and decided on by Mr Nand and he and Ms Tafau will send an invite to the chosen organisation.

Action
Identifying and employing employees with disabilities – invite HR to attend and provide information around what the three DHBs are doing internally. Ask HR to comment on how we support disabled staff and staff with carer responsibility for disabled people.

Culture of the Organisation and how it supports Disability will be good to explore with the HR experts at the next meeting.

The RDiSAC Work Plan was approved by the committee.

Resolution (Moved: Colleen Brown/Seconded: Robyn Northey)

3. STANDING ITEM

3.1 Metro Auckland DHBs Disability Strategy Implementation Plan 2016-2026 – Progress Report (Samantha Dalwood, Disability Advisor, WDHB)

Disability Responsiveness - Mandatory training at CM Health, but not at ADHB/WDHB. ADHB/WDHB to keep reporting that the training is available and monitor the uptake. Mr Nand found the CMDHB training very useful and has been promoting the training to the Allied Health Staff at CM Health. The training is short, only takes about 20 minutes, however it highlights the need to not make assumptions about disabled people and to ask disabled people if they need support or help.

Ms Tepania-Palmer talked to the committee about the similar values of each DHB that align the direction that guides attitude and behaviour of those that provide care. Whaanau stories (lived experiences) as a way to start the RDiSAC committee meetings will help to shape the agenda and the discussions that come from that. This type of thing is currently being done at other meetings, including Board and has worked well. Whaanau/Patient experience stories can be found on the HQSC website.

Action
Ms Tafau to source the TeRina patient story link from the HSQC website and forward to committee members.

Outcome 3: Point 8 – Safeguarding Adults Coordinator. This is WDHBs response to Vulnerable Adults. There has been much consultation around what a Vulnerable Adult is.

The Regional Disability Advisory Committee:
Received this progress report.
Moved: Colleen Brown/**Seconded:** Robyn Northey

Carried

4. DISCUSSION

4.1 Complexity of Finding Data about Disabled People (Samantha Dalwood, Disability Advisor, WDHB)

Paper was provided as a starting point for a committee discussion.

The idea was raised about collecting disability information for each patient, in conjunction with the injury/illness that they are being admitted for. This data could be very useful, in particular for an aging population.

Given that the committee has a bit more insight now, where to now with the Data query? An amendment to the National Coding system in order to include the capturing of information from people that wish to identify as having a disability.

Amanda Bleckmann to provide Ms Tafau with a link to the Demographic Report on Clients Allocated the MOH Disability Support Services.

Organisations such as Complex Carers provided information for those disabled persons that have no voice.

Action
Ms Bleckmann can provide the necessary links to Ms Tafau for dissemination to the committee.

There is the over 65 funding (DHB) and the under 65 which is looked after by the MoH.
The identification of the disability from a coding perspective is the actual issue. NHI matching is where you get the consistent data that enables DHBs/Services to affect change for this with disabilities.

Identifying the most vulnerable and their whaanau is important.

Action
Useful for this committee to formulate the questions that need answers and then put them through the various forums that exist in the community as this needs to be a National approach.

Action
There is a need for specific questions for Adri Isbisther, DDG Disability, prior to her attendance. Committee come prepared to discuss at the September meeting.

In absence of a health needs analysis of disabled people, there is a need to understand experiences from particular groups (Maaori, Maaori and Disabled, Pacific).

Action
Invite Taikura Trust to present to this committee on U65 funding. Will be useful for this committee to gain a better understanding of their context and challenges that they may face. An information gathering exercise.

4.1.1 Letter to Adri Isbister re Sharing of Data

Ms Isbister is to attend the November meeting.

4.2 Community Representation Discussion

General consensus was that this would be helpful but need to determine who and why.
It was felt that three community representatives in total was reasonable. This would mean one representative from each DHB. Note: look to fill diversity gaps. Advertise in the papers and keep the Consumer Councils apprised.

Action
Half an hour of the next meeting is to be dedicated to determining how this should look and how the committee would go about recruiting. Follow due process and recommend to Boards that this is a consideration for the community representation (keeping in accordance with the TOR and Letter of Expectation for the Minister).

5. INFORMATION PAPERS

Ms Bleckmann is to send links to the ASD Guideline summary. It is the only guideline in the world that covers both children and adults.

Child Development Services funding has been approved. MOH has to report back to the minister on how this will impact the sector. MOH currently finalising Communications and then will look to start meeting with DHBs as early as next week. Every child development services will be required to have the full complement of Allied health staff.

Ms Bleckmann advised that there will be no cuts of funding in the disability sector.

6. GENERAL BUSINESS

The UNCRPD Optional Protocol means that if a disabled person has their rights breached under the Convention, they may be able to make a complaint to the United Nations Committee on the Rights of Persons with Disabilities. New Zealand acceded to the Optional Protocol to the Convention on 5 October 2016. It came into force on 4 November 2016.

Action
Ms Tafau to circulate the link to the United Nations guidelines.
https://www.odi.govt.nz/united-nations-convention-on-the-rights-of-persons-with-disabilities/

The meeting concluded at 3.10pm.

SIGNED AS A CORRECT RECORD OF THE AUCKLAND METROPOLITAN DISTRICT HEALTH BOARDS REGIONAL DISABILITY SUPPORT ADVISORY COMMITTEE MEETING OF 6 JUNE 2019.

Colleen Brown, Committee Co-Chair

Jo Agnew, Committee Co-Chair

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Items once ticked complete and included on the Register for the next meeting, can then be removed the following month.

Regional Disability Support Advisory Committee Meeting
Action Items Register – as at 6 June 2019

DATE	ITEM	ACTION	DUE DATE	RESPONSIBILITY	COMMENTS/UPDATES	COMPLETE ✓
28.11.2018	2.4	Ministry of Social Development (MSD) are to be invited to attend RDiSAC in 2019.	TBC	Co-Chairs		
28.11.2018	3.1	Understanding agencies: Invite Pamela Cohen, MOE to attend a meeting. MOH advised that they are happy to facilitate links to other agencies.	TBC	Amanda Bleckmann		
28.11.2018	4.2	Buildings & Services – Hospital Based – audits on hospital facilities for disabled people: Investigate the feasibility of a stocktake of all current contracts (funding over 65 and under 65). In the form of a MAP? Include ACC, NASC. Demonstrate complexity. Debbie Holdsworth to follow up with Mathew Parr. Do they have a MAP of those that currently provide services in the Disability Sector?	TBC	Colleen Brown	Audit was taken in 2011 by Auckland, Waitemata have been included in this from the time of their amalgamation. Determine if there has been a similar audit been undertaken by CM Health. Ms Brown to follow up with Margie Apa. *Update: Mr Nand undertook a stocktake of all CM Health Audits to date and the CM Health Board members of RDiSAC workshopped this when the 5.09.2019 RDiSAC meeting didn't go ahead.*	✓
28.11.2018	4.3	Equity based provision for Maaori & Pacific: A priority is equity based provision, for Maaori and Pacific in particular, along with our immigrant communities – how do we achieve this? A report from each area as to what they might be doing currently to achieve this would be helpful.	6 June	Colleen Brown	Debate was held around whether or not this action item should sit with the committee. WDHB/ADHB believes this should sit with MHAC. Ms Brown will check with the Chairman of the Board to determine his view.	✓
4.4.2019	4.2	Autism NZ: A presentation to RDiSAC is to be organised.	2 April 2020	Sanjoy Nand	Unavailable in November, scheduled for April 2020.	

DATE	ITEM	ACTION	DUE DATE	RESPONSIBILITY	COMMENTS/UPDATES	COMPLETE ✓
4.4.2019	5	Community Representation: on this Committee: to be an agenda. Consider the rationale for having community representative on the committee.	14 November	All		
6.6.2019	4.1	Complexity of Finding Date about Disabled People: There is a need for specific questions for Adri Isbisther, DDG Disability, prior to her attendance. Committee come prepared to discuss at the November meeting.	14 November	All	Adri Isbister has a hold in her calendar for the afternoon of 2 April 2020.	
6.6.2019		Identifying and employing employees with disabilities: invite HR to attend and provide information around what the three DHBs are doing internally. Ask HR to comment on how we support disabled staff and staff with carer responsibility for disabled people.	14 November	Samantha Dalwood	ADHB presenting to RDiSAC on 14.11.19. CM Health and WDHB will present during 2020.	
6.6.2019	5.2	Amanda Bleckmann to provide Ms Tafau with a link to the Demographic Report on Clients Allocated the MOH Disability Support Services.		Amanda Bleckmann		
6.6.2019		Taikura Trust: Invite Taikura Trust to present to this committee on U65 funding. Will be useful for this committee to gain a better understanding of their context and challenges that they may face. An information gathering exercise.	14 November	Vicky Tafau		

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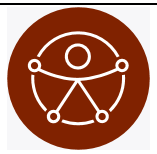
DRAFT RDiSAC Committee Work Plan 2019/2020: Ideas

	5 September 2019	14 November 2019	2 April 2020	4 June 2020	3 September 2020	12 November
Equity and Māori Health	Meeting Cancelled – no quorum	Māori living with disabilities Equity and disability	Māori living with disabilities Equity and disability	Māori living with disabilities Equity and disability	Māori living with disabilities Equity and disability	
						
Strategic Focus		**Outcome 2 Employment & Economic Security**	**Outcome 7 Choice & Control**	**Outcome 5 Accessibility**	**Outcome 6 Attitude**	
Operational		Identifying disabled staff Employing disabled staff Staff training	Engagement with communities/networks in disability sector Health Passport Next Year's Work Plan	Presentation / Update from DHB Facilities and Development Teams on work being done		
Deep Dives			Autism – presentation from external Autism NGO Child disability in a DHB context	Universal Design principles Designing for cognitive impairment	Older adults and disability Or Learning Disabilities High & Complex needs	
Risks/Issues		Discussion and follow up of progress	Discussion and follow up of progress	Discussion and follow up of progress		

- Use Metro-Auckland Disability Strategy Implementation Plan 2016-2026 as overarching framework for guiding the DiSAC Work Plan.
- Consider membership to include disabled people.

Metro-Auckland District Health Board's Implementation of the New Zealand Disability Strategy 2016-2026

Current Status at 24 October 2019

Please note: This document is updated for each DiSAC meeting to report updates or new work since the previous meeting.

Outcome 2: employment & economic security	**Outcome 3: health & wellbeing**	**Outcome 5: accessibility**	**Outcome 6: attitudes**	**Outcome 7: choice & control**
We have security in our economic situation and can achieve our potential	*We have the highest attainable standards of health and wellbeing.*	*We access all places, services and information with ease and dignity.*	*We are treated with dignity and respect.*	*We have choice and control over our lives.*

Outcome 2: Employment & Economic Security

We have security in our economic situation and can achieve our potential

Current Status at 24 October 2019

What we will do… actions	**Where** we are now…current status
1. Increase the number of disabled people into paid employment.	**October 2019** – Waitematā DHB have completed a "Harry Potter' Recruitment exercise with Accessibility Tick/Access Advisors to make improvements to the accessibility of the recruitment process. This is from advertisement of role through to the candidate's first day of work and ongoing employment. **October 2019** - Auckland DHB has amended HR Principles and Recruitment and Selection policies to include accessibility. External accessibility review of the careers page and online application process conducted and remediation priorities actioned. All job adverts have been templated to include the Accessibility Tick and an equity statement. Recruitment, selection and on boarding process currently being reviewed for accessibility. Barriers identified and supportive processes being developed. **October 2019** – CM Health currently work with WorkWise to enable patients with mental health conditions are able to gain opportunities for meaningful employment.
2. Increase the confidence of Hiring Managers to recruit disabled people.	**August 2019** - Auckland DHB Management Development Programme modules reviewed for accessibility speaks strongly to diversity and references disability. **October 2019** - The three DHBs are holding Disability Confidence workshops for managers as part of the 2019/20 Accessibility Tick work.
3. Record the number of staff with impairments working for the DHB.	**Ongoing**
4. Ensure DHB Diversity & Equality work includes disabled people.	**August 2019** - WDHB launched its Consumer Council. Kaeti Riggarlsford, who works for People First and is a wheelchair user, is a member and will bring a disability lens to the DHB's work.
5. Awarded the Accessibility Tick.	**October 2019 -** Waitematā DHB has been awarded the Accessibility Tick. It will be formally presented on 3 December, Internation Day of Persons with Disability. **August 2019** - Waitematā DHB and Counties Manukau Health have become members of the Accessibility Tick programme and will be awarded the tick later in the year. Auckland DHB is a foundation member of the Accessibility Tick.

Outcome 3: Health & Wellbeing

We have the highest attainable standards of health and wellbeing

Current Status at 24 October 2019

What we will do… actions	**Where** we are now…current status
5. Improve the health outcomes of disabled people.	May 2019 – In order to make measureable improvements, the DHBs need baseline data on disabled people as a starting point. The Co-Chairs have written to Adri Asbister, DDG-Disability requesting access to data on people accessing services through Taikura Trust (NASC).
6. Robust data and evidence to inform decision making.	**August 2019** – The Health Quality and Safety Commission (HQSC) has advised that, following feedback from the sector, they are planning to include a disability status measure in both the inpatient and primary care patient experience surveys from August 2019. The measure is based on the Washington Group Short Set of Disability Questions (WG-SS) and has been tested for use in New Zealand by Statistics New Zealand. HQSC has also included an additional question on whether people self-identify as having a disability. The additional question is - Do you think of yourself as disabled (or as having a disability?)
7. Barrier free and inclusive access to health services.	**August 2019** – Waitematā DHB held a Health Literacy Symposium last year. Due to great feedback, another Health Literacy Symposium will be held on 31 October 2019. Phil Turner from Access Advisors will be presenting on the Accessibility Tick Programme and ways to make information more inclusive and accessible to everyone.
8. Increased understanding of the support needs of people with learning disabilities.	**October 2019** - Waitematā DHB have information on working with people with learning disabilities on the staff intranet site. **August 2019** - The work plan for RDiSAC includes this work as part of a deep dive to be discussed at the June 2020 RDiSAC meeting.
9. Better understanding of the needs of Deaf people. This includes access to interpreters, information available in NZSL and knowledge of Deaf culture.	**August 2019** – Waitematā DHB are funding a patient story video about improving experiences for Deaf people. The Disability Advisor is working with some Deaf people to develop ideas for this video. **August 2019** – Auckland DHB Communications has begun making information available in NZSL, beginning with a NZSL video providing information on measles published in April by the Auckland Regional Public Health Service.
10. Better support for young people moving from child to adult health.	

Outcome 5: Accessibility

We access all places, services and information with ease and dignity

Current Status at 24 October 2019

What we will do… actions	**Where** we are now…current status
11. Barrier free and inclusive access to health services.	
12. The principles of universal design and the needs of disabled people are understood and taken into account.	**August 2019** – Element Two of the Accessibility Tick focusses on the physical environment. Understanding Universal Design and access for disabled people are a key part of the element. **August 2019** – CM Health has proposed that universal design and accessibility is included within its infrastructure and facilities business strategy. This would ensure all work takes into account the needs of the disabled people in any planning and design of facilities. Engagement with the design work for the specialist rehabilitation build was also carried out and feedback was provided that accessibility is included as a key concept.
13. Improve & increase accessible information across the DHB.	**October 2019** – Waitematā DHB held a Health Literacy Symposium last year. Due to great feedback, another Health Literacy Symposium will be held on 31 October 2019. Phil Turner from Access Advisors will be presenting on the Accessibility Tick Programme and ways to make information more inclusive and accessible to everyone. **October 2019** - Auckland DHB has scheduled a Creating Accessible Documents workshop for the HR Team before the end of 2019. **August 2019** - Hippo to be externally reviewed for accessibility. **August 2019** - The ADHB Communications Team is now following the New Zealand Government Web Accessibility Standards on social media. This is part of our ongoing work to improve accessibility and usability of our digital platforms. In December 2018, our primary website (www.adhb.health.nz) was upgraded and an independent accessibility review undertaken to ensure we meet the NZ Web accessibility standard 1.0. The website meets the NZ Web usability standard 1.2. Since December we have also upgraded www.seniorline.org.nz and https://nationalwomenshealth.adhb.govt.nz/ **August 2019** – CM Health is designing a welcome pack for inpatients. This will include a section on what services are available for disabled people to support their inpatient care.
14. Information available in different formats, eg.	**August 2019** - The Communications Team at ADHB is now following the New Zealand Government Web Accessibility Standards on social

Easy Read	media. This is part of our ongoing work to improve accessibility and usability of our digital platforms. In December 2018, our primary website (www.adhb.health.nz) was upgraded and an independent accessibility review undertaken to ensure we meet the NZ Web accessibility standard 1.0. The website meets the NZ Web usability standard 1.2. Since December they have also upgraded www.seniorline.org.nz and https://nationalwomenshealth.adhb.govt.nz/
15. Ensure physical access to DHB buildings and services, including signage and way finding.	**August 2019** – Element Two of the Accessibility Tick focusses on the physical environment. All DHBs will focus on access for disabled people. **August 2019** - At Auckland DHB it has been suggested that accessibility be added as an agenda item at directorate meetings. **August 2019** - An Audit was completed in May 2019 by the Mobility Research Centre for the main Auckland DHB Grafton Campus. In total 44 items were surveyed and recommendations for improved access put forward. As well as these recommendations that the DHB will incorporate, there have been other improvements with way finding by providing improved proximity to mobility car parks (Jan 2019), automatic opening doors (Feb 2019) in the basement car park ramped access in Greenlane and the upgraded lighting in the main public corridor at Greenlane to assist the visually impaired. 

Outcome 6: Attitudes

We are treated with dignity and respect.

Current Status at 24 October 2019

What we will do… actions	**Where** we are now…current status
16. All health and well-being professionals treat disabled people with dignity and respect.	**October 2019** - Waitematā DHB have launched a Disability & Accessibility page on the staff intranet site. This has lots of useful information and links to the e-Learning Disability Responsiveness training.
17. Disabled people and their families respected as the experts in themselves.	**August 2019** – CM Health uses information from feedback/complaints process as an opportunity to learn and design new ways of delivering care with feedback from patients and families.
18. Provide a range of disability responsiveness training.	**October 2019** - Auckland DHB delivered a Disability Confidence workshop 'An Employers Story' to HR in June. A Disability Confident Recruitment workshop is being held on 6 November and a Disability Confident Managers workshop later this year. Disability etiquette and other resources made available on Hippo. These workshops are part of the Accessibility Tick work and will be delivered at Waitematā DHB and Counties Manukau Health over the 2019/20 year as part of the Accessibility Tick work.
19. Promote the Disability Awareness e-Learning module to all staff across the DHBs.	**August 2019** – the e-Learning module is mandatory at Counties Manukau Health. The RDiSAC Committee are discussing if a recommendation should be made that this training is mandatory across the three Auckland DHBs.
20. Ensure disabled people are able to access supports that they need in hospital.	**August 2019** – CM Health is designing a welcome pack for inpatients which will include information on services for disabled people
21. Increase cultural awareness of disability.	

Outcome 7: Choice & Control

We have choice and control over our lives.

Current Status at 24 October 2019

What we will do… actions	**Where** we are now…current status
22. Engage regularly with the disability sector and community.	**August 2019** - WDHB launched its Consumer Council. Kaeti Riggarlsford who works for People First and is a wheelchair user is a member and will bring a disability lens to the DHB's work.
23. Ensure a diverse range of disabled people are identified as stake-holders.	
24. Ensure the voice of disabled people from the community is included.	**August 2019** – Waitematā DHB working on two new patient story videos – one with a Deaf patient and one with a person with Autism.
25. Enable supported decision making and informed consent.	**August 2019** – Auckland DHB Communications has begun making health information available in NZSL, beginning with a NZSL video providing information on measles published in April by the Auckland Regional Public Health Service. **August 2019** - A Program is currently being piloted in Counties for people with mental illness presenting to general practice, which uses the principles of shared decision making providing individuals the ability to be involved in making choices on interventions. The principle of shared decision making is also being planned to be adopted for Choosing Wisely initiatives at Counties.
26. Ensure services are responsive to disabled people and provide choice and flexibility.	
27. Improve access to screening services for disabled people.	
28. Continue the implementation of the Health Passport across both DHBs.	**October 2019** - Waitematā DHB Disability Advisor met the Capital & Coast DHB Disability Manager to discuss the review of the Health Passport and other work that is being done in Wellington (Capital & Coast, Wairarapa and Hutt Valley DHBs) and Auckland regions.

Metropolitan Auckland District Health Board's
Regional Disability Advisory Support Committee
HR Presentations – Accessibility and Inclusion Work

Recommendation

It is recommended that the Regional Disability Advisory Support Committee:

Receive the presentations

Prepared and submitted by: Samantha Dalwood, Disability Advisor, Waitematā DHB on behalf of Debbie Holdsworth, Director of Funding Auckland & Waitematā DHBs

Purpose

At the June 2019 RDiSAC meeting, the Committee requested that the three Metropolitan Auckland District Health Board Human Resources departments presented on the work that they are doing around accessibility and inclusion. This is to give the Committee an overview of what is currently being done.

Executive Summary

At the June 2019 RDiSAC meeting it was agreed that the next 'strategic focus' would be on Outcome Two: Employment & Economic Security. The Committee asked that each of the three Metro-Auckland DHB HR Departments presented the work that they are currently doing in this area.

This work may include recruitment and retention of disabled staff, training and development initiatives and other aspects of inclusion in Human Resources.

Background

Outcome Two of the New Zealand Disability Strategy 2016-2026 is Employment and Economic Security. The three Metro Auckland DHB's Strategy Implementation Plan have a focus on increasing the number of disabled people employed by the DHBs, increasing the confidence of Hiring Managers to recruit disabed people and ensuring that work with a focus on diversity and inclusion includes disabled people. The three DHBs have all signed up to the Accessibility Tick programme. The Accessibility Tick is a public recognition of an organisation's ongoing commitment to becoming accessible and inclusive of people with disabilities.

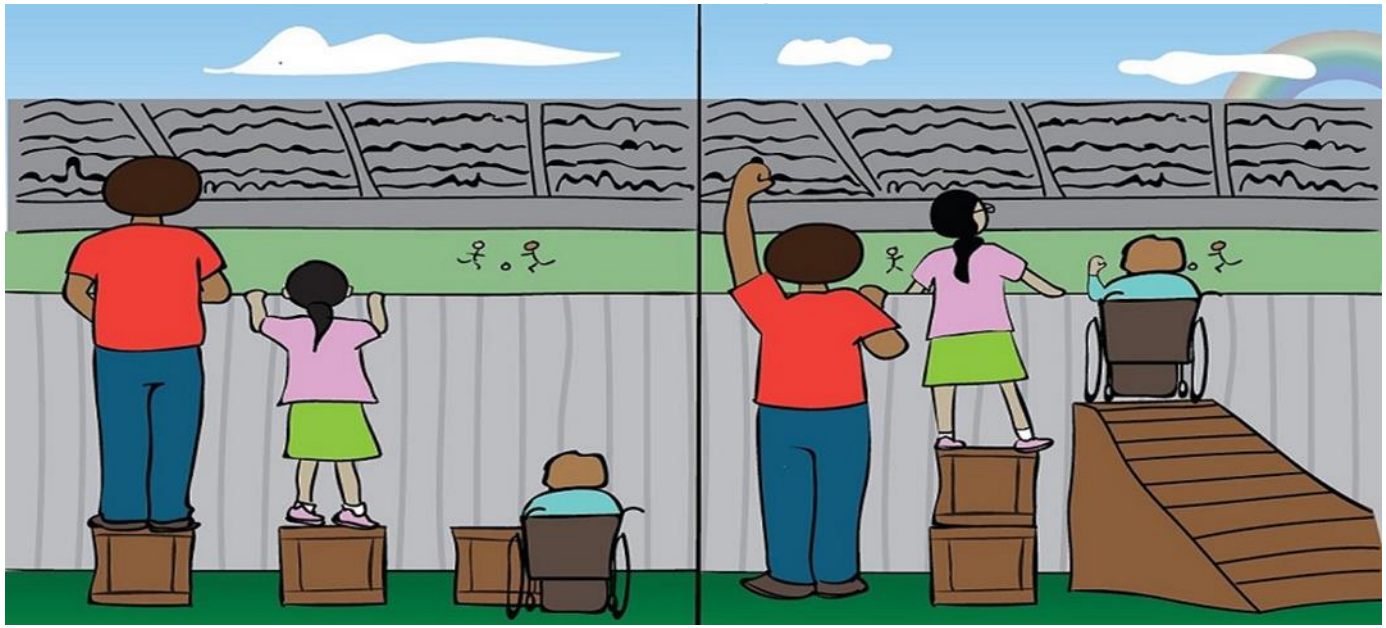
Appendices

Presentation from Auckland District Health Board

CM Health & Waitemata DHB are yet to present.

Accessibility & Disability Auckland DHB

Adele Thomas - OD Practice Leader - Supportive & Inclusive Employment



Auckland DHB is working to ensure that meeting the accessibility needs of our employees and our patients is how we do business. We know that for our patients, having a workforce that reflects the diversity of our community is a good thing.

We are also striving to provide an inclusive workforce where everyone is accepted for who they are and are supported to do their life's best work.

In August 2018, Auckland DHB became a foundation member and the first DHB in New Zealand to sign up to the Accessibility Tick Programme.

Current State (and what's been achieved)

Systems, Policy and Procedures

- New Zealand Disability Strategy Framework and Auckland Metro DHB Disability Strategy Implementation Plan.
- Auckland DHB HR Principles and Recruitment and Selection policies reviewed and amended to include accessibility.
- Procurement and Purchasing policy amendments to include accessibility as a consideration currently in process.
- Accessibility Action plan for 2019 developed in response to Accessibility Tick report recommendations.
- Accessibility commitment visible on ADHB premises and website.
- Increased resources on Hippo regarding disability

Leadership – Culture Shaping Actions - Role modelling, Rewards and Recognition and Learning

- Accessibility Tick awarded December 2018.
- CEO commitment to all areas of accessibility and inclusion communicated to the organisation via CEO blog, Hippo news, our news, external website, and the disability and accessibility page on Hippo.
- High visibility of CEO and Board Chair and Auckland DHB story in Accessibility Tick launch and initiatives.
- Accessibility Steering Committee formed and meet quarterly to ensure actions are being taken, as per our Accessibility Action Plan, in line with the NZ Disability strategy, to improve accessibility.
- Management Development Programme modules designed around our commitment to accessibility and inclusion.
- Disability Confidence workshop 'An Employers Story' delivered to HR.
- Disability Confidence workshops scheduled for recruitment team in October and to People Managers later this year.
- Creating Accessible Documents workshops scheduled commencing September.

Talent - Workforce

- Auckland DHB new careers website speaks strongly to diversity and references disability and our accessibility tick programme.
- All job adverts have been templated to include the Accessibility Tick and an equity statement.
- External accessibility review of the careers page and online application process conducted and remediation priorities actioned.
- Recruitment, selection and on boarding process currently being reviewed for accessibility. Barriers being identified and supportive processes being developed.
- We have partnered with Be.Accessible for internship placements and have successfully hosted an intern in the organizational development team. We also receive permanent placement applicants from them.
- Design of an accessibility survey to collect data and to help us understand barriers and challenges in order to develop more inclusive and accessible practices.

Future State (what we are working towards)

Policy and Procedures

- Accessibility is considered with any document, presentation, meeting, conference and advertisement to communicate with employees and patients.
- All documents can be provided in an accessible format as necessary, as per NZ Accessibility Standards
- New websites will be developed in compliance with the most current web content accessibility guidelines
- Legislative framework including the Human Rights Act 1993 and the New Zealand Public Health and Disability Act 2000.
- Auckland DHB policies, practices and communications reviewed, revisited and modified with consideration to accessibility.
- Engage web accessibility experts when a new website is being developed to ensure accessibility is built in up front to prevent the need for costly retrofitting.

Leadership – Culture Shaping Actions - Role modelling, Rewards and Recognition and Learning

- Auckland DHB demonstrates an active, consultative commitment to all areas of accessibility and inclusion
- Employees are aware of appropriate etiquette and communication when interacting with colleagues, job applicants, patients and visitors with accessibility needs.
- Disability confidence/unconscious bias training is made available to all employees.
- Auckland DHB's commitment to accessibility addressed in Kai Arahi (Navigate) and orientation of new employees.
- All employees know how to request and implement workplace adjustments
- The health and safety of people with accessibility needs is taken into consideration and is a standard agenda item at directorate meetings.

Community – People, patients, partners, whānau and suppliers

- Ensure Auckland DHB's obligations to accessibility practice are understood and encouraged by suppliers and partners to mirror our own commitment.
- Accessibility will be considered with any new builds, leases or other procurement decisions so that our services and buildings are accessible for everyone.

Talent - Workforce

- Achieve a more diverse workforce through developing a fully accessible recruitment process that reaches qualified applicants with access needs and reduces the likelihood of disability discrimination in hiring.
- Further driving inclusion by educating our people about accessibility
- Demonstrate a consultative commitment to all areas of accessibility and inclusion

MINISTRY OF HEALTH
MANATŪ HAUORA

133 Molesworth Street
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Wellington 6140
New Zealand
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13 September 2019

Colleen Brown and Jo Agnew
Co-Chairs
Auckland Metropolitan DHBs Regional Disability Support Advisory Committee
Email: Vicky.Tafau@cmdhb.org.nz

Dear Colleen and Jo,

Collecting data and information about disabled people accessing DHB services

Thank you for your letter of 15 April 2019 regarding access to restricted Ministry of Health information on disabled people within the Auckland region. My sincere apologies for the delay in getting back to you.

I am very interested in your proposal to complete a health needs assessment of our Disability Support Services (DSS) clients in the Auckland region. Better health data about some disabled people will collectively help us improve access to quality healthcare and the health outcomes.

You should be aware that all new, novel and complex requests for NHI-level data from the Ministry of Health require the approval of the Ministry's Data Governance Group. This is to ensure strict privacy safeguards are applied to the release of any personal health data. The Group will need to consider your request for the disability data/information. I have attached the template for new requests that we will work with you on completing.

Lauren Jones, Disability Policy Manager, will contact you later this month to set up a meeting with the Ministry's Data and Digital team to get the necessary approvals.

I appreciate your kind congratulations on my appointment and look forward to working with you on your health needs assessment work in the Auckland region.

Yours sincerely

Adri Isbister
Deputy Director-General
Disability

Memo Template for Data Sharing Request

Date:	
To:	Data Governance Working Group
From:	
Copy to:	
Subject:	

Origin of the request (who is requesting this data)

Details of data to be shared and with whom

Patient and System outcomes that will be achieved with the sharing of this data

Legal mechanism for sharing this data (including ethics and consent processes)

Risks of sharing this data

Impact of not sharing this data (can the outcomes be enabled with non-identifiable information?)

Process of sharing this data (how)

1. Recommendations

It is recommended that the Data and Information Working Group:

1	**Agree**	Yes/No
2	**Note**	Yes/No

Appendix 1 – consideration against the 12 HIPC Rules – to be completed by the requester in consultation with your organisation's Privacy Officer.

Appendix 2 – Guidelines for disclosure and use of NHI level health information – to be supplied and explained to data recipient organisations before data is shared.

MINISTRY OF HEALTH
MANATŪ HAUORA

Appendix One – Patient privacy considerations

HIPC (in a nutshell)		Privacy impact in relation to the release of unencrypted NHI Acute Hospital Bed Day and Ambulatory Sensitive Hospitalisation (ASH) data sets to DHBs and PHOs
Rule 1	**Purpose of collection of health information** - Only collect health information if you really need it	Rule 1 obliges health agencies to be clear about how and why they intend to use the information that they collect. *Comment:*
Rule 2	**Source of health information** - Get it straight from the people concerned	Rule 2 requires a health agency to collect health information directly from the individual concerned. It however provides an exception to this rule where it is not reasonably practical to do so. *Comment:*
Rule 3	**Collection of health information from individual** - Tell them what you're going to do with it	Rule 3 requires a health agency to tell those from which information is being collected what it is going to be used for and the intended recipients of that information. *Comment:*
Rule 4	**Manner of collection of health information** - Be considerate when you're getting it	Rule 4 addresses how information is collected. *Comment:*
Rule 5	**Storage and security of health information** - Take care of it once you've got it	Rule 5 requires health agencies to protect the information that they store appropriately. *Comment:*
Rule 6	**Access to personal health information** - People can see their health information if they want to	Rule 6 requires agencies that hold health information on an individual to disclose it to that individual at their request. *Comment:*
Rule 7	**Correction of health information** - They can correct it if it's wrong	Rule 7 requires agencies to allow individuals to request the correction of health information and to request that information be attached to indicate that it is wrong if a dispute is not resolved if the individual so wishes. *Comment:*
Rule 8	**Accuracy etc. of health information to be checked before use** - Make sure health information is correct before you use it	Rule 8 requires an agency to ensure that information is correct. *Comment:*
Rule 9	**Retention of health information** - Get rid of it when you're done with it	Rule 9 compels agencies to not hold information for longer than they need it. *Comment:*
Rule 10	**Limits on use of health information** - Use it for the purpose you got it	Rule 10 limits the way in which an agency can use information collected for one purpose for an alternative purpose. The important consideration in this rule is the original purpose for which information was collected. Acute Hospital Bed Day and ASH data is provided to the Ministry for service improvement, monitoring and payment purposes.

		If not covered by DHB/PHO privacy statements, it will be a related purpose for which information is collected. *Comment:*
Rule 11	**Limits on disclosure of health information** - Only disclose it if you have good reason	This rule limits how an agency can disclose information about an individual. *Comment:*
Rule 12	**Unique identifiers** - Only assign unique identifiers where permitted	Rule 12 limits the way in which an organisation can assign unique identifiers for use with other agencies. *Comment:*

Appendix Two – Guidelines for disclosure and use of NHI level health information

The purpose of this document is to provide guidance about the appropriate disclosure and use of unencrypted NHI level health information. This document should be read in conjunction with other guidance and obligations on health organisations including:

- HISO 10064:2017 Health Information Governance Guidelines (or updates)
- HISO 10029:2015 Health Information Security Framework (or updates)
- Government and Ministry of Health guidance on cloud computing and health information

After discussions with our Chief Legal Advisor, and Data and Information Governance Group, the Ministry has concluded that health providers (as defined by the Health Act 1956) are entitled to request unencrypted NHI level health information for the purposes of planning, monitoring and quality improvement of health services to enable successful implementation of the System Level Measures and improving health outcomes of their population. Specifically:

- PHOs are entitled to request health information on health consumers currently enrolled at that PHO.
- DHBs are entitled to request health information on health consumers domiciled within the DHB AND information on health consumers enrolled at PHOs they fund AND information on health consumers who do not live in the DHB district but to whom the DHB has provided health services.
- Other health providers are entitled to request information on health consumers they are providing or will provide service to in future.

Health provider access to this information is enabled under Section 22F of the Health Act 1956, if certain conditions are met.

For all requests, access will be for specific purposes approved on case-by-case basis. These guidelines do not guarantee access to data.

2. **Responsibilities**

The recipient organisation will ensure that:

a) Effective information governance arrangements are in place (refer to HISO 10064:2017 and HISO 10029:2015 for more details).
b) Information is only accessed where this is consistent with the purpose for which it was collected, a related purpose or where it is otherwise authorised to access under the Health Information Privacy Code or the Health Act 1956.
c) It will hold and use information in accordance with all legislative requirements, including those set out in the Health Information Privacy Code.
d) Recipient organisations must not use information in a way that identifies any individual publicly (i.e. information cannot be published in a form that could reasonably be expected to identify an individual).
e) The option of completing the work without identifiable information has been explored and the recipient organisation has agreed with the Ministry that the work cannot practically be done without identifiable information.
f) The minimum detail of identifiable health information required has been requested

3. **Health providers can only keep personal health information for as long as is necessary to carry out the purpose for which the agency got the information in the first place.Agreed purposes**

Any data accessed by recipient organisations is to be used to support planning, monitoring and quality improvement of health services for the population that the organisation is responsible for.

This includes:

- Improving the quality of care through clinical governance, benchmarking and feedback.
- Fostering collaborative care between secondary and primary providers, including initiatives to reduce unnecessary hospitalisations and increasing access to appropriate health services.

- Improving chronic disease management and developing preventative programmes.
- Developing new patient-centred models of care and evaluating them.
- Developing locality profiles, disease prevalence and treatment patterns, and service utilisation linkages to aid service planning and delivery.
- Implementation of the System Level Measures Framework.

4. **Rule 8: Accuracy etc of Health Information to be checked before Use**

(1) A health agency that holds health information must not use that information without taking such steps (if any) as are, in the circumstances, reasonable to ensure that, having regard to the purpose for which the information is proposed to be used, the information is accurate, up to date, complete, relevant, and not misleading.
(2) This rule applies to health information obtained before or after the commencement of this code. Note: An action is not in breach of this rule if it is authorised or required by or under law: Privacy Act 1993, section 7(4).

Commentary
Rule 8 aims to protect individuals by requiring agencies that hold health information to check its accuracy before using it. What is required in terms of checking will vary depending on matters like:

- the proposed use;
- the age of the information and the reliability of its source;
- the practicalities of verifying accuracy or currency; and
- the probability, severity and extent of potential harm for the individual should the information be inaccurate.

Purpose for which information to be used
The steps that it is reasonable to take to check information will vary depending upon the proposed use. If the information is to be aggregated for statistical purposes, few or no checks might be needed, particularly if the checking process would unnecessarily intrude on the individual's privacy. By contrast, rigorous checks will be appropriate if decisions on health care entitlements or treatment alternatives are to be based on that information.

Accuracy and completeness
The accuracy of health information is important for all purposes for which health information is used – care and treatment, administration, monitoring quality of care, training and education. Reasonable steps for ensuring accuracy might include:

- having individuals check the accuracy of the health information they supply at the time it is collected;
- informing individuals of their own responsibility to keep their name and address information up to date;
- where information is computerised, adopting a data outlier program to identify when data falls outside expected ranges and values; and
- training staff appropriately.

Accuracy and completeness where information not collected from individual
Health agencies may have greater problems taking steps to ensure accuracy and completeness where information is not collected directly from an individual but is provided by another health agency. If the information is going to be used, agencies dealing directly with the individual concerned should check the accuracy of the information with the individual at an early opportunity, if practicable. Consideration should be given to recording the source of the information on the file.

Up to date

In developing procedures to update health information, health agencies need to consider whether:

- the individual might be harmed by the information being out of date;
- treatment might be affected by the information being out of date; and
- a health agency to which the information might be disclosed might treat the individual differently if the information was updated.

Information that is likely to change, such as an address, should be checked – perhaps at each encounter with the individual.

AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

Waitemata District Health Board
Best Care for Everyone

Health Literacy processes at Auckland and Waitemata DHBs

Updated 12 April 2017

Planning, Funding & Outcomes

Contents

Executive summary and recommendations

In September 2016, the Auckland and Waitemata Health Literacy steering group agreed that a working group be established to consider the process of how patient documents and information are developed and to create a process that could incorporate a health literacy tick to show it has followed an approved quality control process.

It was found that for each DHB, there are some processes and guidance in place but no consistent paths for developing and communicating written information.

Summary of what is in place:

- Some co-design processes and support
- Corporate design guidelines and templates
- Some communications support
- Controlled documents process at both DHBs
- Established consumer review process at Waitemata DHB through Health Links
- Ability to manage some small patient information translations in-house

Gaps and issues

- Auckland DHB currently lack controlled documents process for managing patient information
- Inconsistencies in process for development of information and checks of whether consumers have been involved
- No dedicated funding for translations and no evident central point for translated materials for patients and health professionals
- No standard approach to make information available online and in widely accessible formats that could be used by people with some degree of visual impairment or who use screen readers
- Limited information available in accessible information such as NZ Sign Language or Easy-Read Many resources are not evaluated to aid future information development

During the working group's research, guidance was identified that has been provided by the NZ Ministry of Health which suggests the following steps in developing patient information. This would fill some of the existing gaps in the DHBs' processes and is consistent with the approach taken by some internal stakeholders as well as key partners such as Health Navigator.

Proposed actions that can be implemented as soon as practical

Introduce new checklists, update existing guides, templates and processes for consistency across the DHBs and to incorporate the good practice guidelines which have been developed by the Ministry of Health (the Rauemi Atawhai Guide).

Work with the Waitemata DHB controlled documents group to incorporate these checklists as part of the approval process to receive a 'tick of approval'.

Liaise with HealthPoint and Health Navigator to incorporate new 'tick of approval' process.

Work with the Health Links health literacy groups and consumer advisors to embed new checklists and processes.

Update guidance about communication processes, support and timelines to ensure that departments requesting support have realistic expectations but allowing a fast-tracked process in place for urgent communication requirements.

Develop guidance that outlines the information needs of the Auckland and Waitemata DHBs' populations in relation to preferred channels, accessibility and language.

Recommendations for longer-term health literacy improvements

1. Develop a knowledge management approach that would
    a. Ensure Auckland DHB has a controlled documents process in place to manage patient information
    b. Consider how best to manage patient information to identify what exists, avoid duplication, ensure it is kept up to date and shared as widely as possible (and specifically within the region) to reduce the need for duplication. This may be possible through the new regional Fuji Xerox contract who could act as a centralised hub for info but this may not work for materials that are not expected to be printed.
    c. Link with the Ministry of Health / Health Quality and Safety Commission to consider how to share patient information more widely across New Zealand to reduce duplication.
    d. Develop a bank of agreed graphics and icons (where appropriate)
2. Establish a central fund to support the provision of information in specific accessible formats (eg NZ Sign Language) and for the translation of key information where it is flagged as being of importance to specific communities by Disability, Asian, Pacific or Māori health teams.
3. Once immediate actions have been implemented, consider whether there is a need to employ additional staff or external organisations such as a copywriter, graphic designer or Health Navigator to support the development of patient information
4. Carry out a full or partial audit to identify what information is provided to patients across the hospitals eg by asking each ward to send through all of their patient material. Note this may require some funding.

Background

A Health Literacy paper was endorsed by the Auckland and Waitemata DHBs in 2015

In September 2016, the Auckland and Waitemata Health Literacy steering group agreed that a working group be established to consider the process of how patient documents and information are developed and to create a process that could incorporate a health literacy tick to show it has followed an approved quality control process.

People with low health literacy are more likely to have ongoing difficulties in making informed health decisions, but people with good health literacy skills can also find it difficult to understand health care information eg when a person is stressed or has just been diagnosed with an illness. It is therefore important to take a universal precautions approach to health literacy to ensure that clear information is provided to patients and their families to build understanding of how their body works, their health issues and associated treatment.

The working group involved the following representatives:

- Carol Hayward (Chair) – Community Engagement Manager, Waitemata DHB
- Leanne Kirton – Project manager, Auckland and Waitemata DHBs
- Ravina Patel – Associate Director Patient Experience, Waitemata DHB
- Melissa Norman – Controlled Documents Co-ordinator, Waitemata DHB
- Hilary Boyd – Project Manager Co-design, Auckland DHB
- Sarah Bakker / Maxine Stead – Communications, Auckland DHB
- Tanja Binzegger – Health Link North

Current position

The group started by looking at what processes, resources and tools were available at each DHB to support the development of patient friendly information. The group also looked at national and international good practice guidelines and talked with external providers of health information and with colleagues to help build a picture of what was in place and gaps.

It was found that for each DHB, there are some processes and guidance in place but no consistent paths for developing and communicating written information.

Risks

There is risk involved in maintaining the current status quo:

- patients tell us that a major cause of their anxiety and distress is not knowing what is happening and what to expect
- patients miss appointments because communications material are unclear to them
- patients don't follow instructions following discharge or a procedure because information is unclear to them
- we confuse patients by providing conflicting and duplicated materials
- we put patients at risk by providing outdated information
- time is wasted by our busy clinicians rewriting information that already exists or searching for information
- potential for unnecessary printing and designing what is essentially duplicate information.

Waitemata District Health Board

At Waitemata DHB there are approximately 1,000 published information sheets for patients and staff within the controlled documents intranet. Dates of publication range from 2006 to 2016 and from a cursory review, seem more up to date and comprehensive in areas such as Medicine & Health of Older People, Surgical & Ambulatory and Child, Women & Family. There appears to be less information about Mental Health and around cancer services.

Although some information about a service or clinic is generally available through the DHB website, most patient information sheets and packs are not. Some web pages relating to DHB clinics link through to HealthPoint for more detailed information which may also include information sheets. The services are asked to regularly review and update all published information. From a cursory review of HealthPoint, many information sheets had classification numbers which means that they have gone through our controlled documents process but there is currently no mechanism at HealthPoint to check this (see Appendix 4 for more information about the HealthPoint service).

A Waitemata DHB Style Guide is provided by the communications team to encourage the use of plain English. There are templates for information sheets provided by the Controlled Documents team for documents that are generally expected to be handed to a patient at a DHB consultation. However, it would be beneficial to have an online version of these documents to improve their accessibility. In addition, the communications department provide templates for other publications and have a graphic designer who can help design brochures or pamphlets which might be made more widely available through GPs, community centres and online. However, demand for using the graphic designer is high and additional resource might be helpful to help ensure that departments do not circumnavigate the agreed process. This will need to be reviewed once the new contracts with Fuji Xerox are in place to see if the workload is more manageable.

Controlled documents process

Staff members preparing patient information are encouraged to go through the Controlled documents process which has the following steps:

- Idea conception – complete Document Notification Form – if this is an update of existing material, the original information will be sent to the author, templates are available for new information
- Development – research, check links and references, discuss draft and distribute to consultation group
- Consultation – consultation group is determined by the author and the author is advised to include a consumer group
- Finalising draft document – taking into consideration feedback from consultation and consumer groups. Document goes through to authoriser who checks that consultation is acceptable
- Publication by controlled documents lead – arrangement of new classification number and management of auditing process

Many teams use the Health Links for consumer testing but there are alternatives to this which may be appropriate to get feedback from a specific demographic or service user, for example, the maternity team use their consumer advisors and follow more of a co-design process. The child health Patient Experience Coordinator is seen as the consumer voice to review patient information. It is important that whoever does provide a consumer review for patient information does has some experience of the service and reflects the demographics of the expected audience.

All information sheets are kept as reference by the Controlled Documents Co-ordinator. Older versions of documents are also kept in case there are complaints through the Health & Disability Commission that need checking. At present, the archive goes back to 2006.

There are no current requirements to pass on information sheets to be archived nationally.

Health Link process

During 2016, the Health Links received 133 requests for review and received positive feedback from teams who had requested help. This is funded through an ongoing contract between Waitemata DHB and the two health links which includes vouchers for community participants. Some requests went direct to the health links while others were referred through the Community Engagement Manager, Patient Experience team or Institute of Innovation and Improvement.

Material included patient letters, service information sheets, website information, text message content and a range of health information and flyers. The service was used by a wide range of teams and projects with a significant amount of requests for review coming from Planning and Funding, ARDS, Allied health, Nutrition and Dietetics. This seems to be consistent with the amount of up-to-date information available through controlled documents.

The Health Link health literacy groups tend to comprise 5-6 people per meeting with a mixture of demographics. Each health link runs 1-2 meetings per month. The profile of regular health literacy participants is:

	Health Link North	**Waitakere Health Link**
Under 25	0	0
25-50 yrs	2	5
50-65 yrs	3	2
over 65	3	4
Female/Male	8/0	10/1
European	5	6
Asian	3	1
Pacific	0	2
Maori	0	1

A dedicated Māori health literacy group in Helensville has been used to test some information but this has not yet been established as a regular group. A special interest group was also set up in West Auckland of young Pacific and Māori mums to review immunisation information as a one-off occasion.

Translations

Waitemata's demographic profile is 20% Asian and according to the Waitemata DHB interpreting services website, Mandarin, Korean and Cantonese account for 60% of their requests. The Asian, Pacific and Māori health teams are usually included on the consultation list for people preparing patient information and the teams are able to identify which information should ideally be translated. There is a policy for interpreting and translating at Waitemata DHB but translations are only provided in Chinese or Korean for short documents or when the team has spare capacity. Therefore translations generally require additional funding from the service preparing

information so it is rarely carried out. One person commented that she would like to translate more but the cost is very high now that translations are not done in-house.

It is unclear whether different demographic or cultural needs are being met with the existing patient information. The eCALD® website promotes translated information and useful websites hosting translated resources to health professionals/providers to source for their clients/patients or families from Asian, Middle Eastern and African backgrounds, but is not intended as a site for patients and their families to access information.

Accessible information

It is estimated that one in five people have a disability within the Auckland region. In general, there are higher rates of disability in older people due to disease, illness, accidents and the ageing process. Mobility, agility, hearing, sight and remembering are the most common disabilities in adults while learning, speaking and psychological/psychiatric disabilities are the most common in children. Multiple disabilities are common and over half of those with disabilities report more than one problem.

Providing information only through written handouts penalizes a number of people, particularly disabled people. Providing more information online (including forms that need to be completed by a service area) would help to improve access to information for everyone. Deaf or people with learning disabilities or psychological impairments may have poor literacy skills. Providing information in NZ sign language and/or Easy-Read documents would help people to understand and follow health information. This is currently not generally provided.

Summary at Waitemata DHB

What's in place:

- Significant range of patient information developed internally
- Corporate design guidelines, writing style guide and templates
- Controlled documents steering group chaired by Jos Peach (Director of Nursing and Midwifery), manual, templates and management of controlled documents through a dedicated staff member
- Health Link health literacy groups with diverse demographics and experience
- Consumer representatives and advisors in specific teams to provide consumer review of patient information
- Co-design support through Patient Experience, Institute of Innovation & Improvement and Community Engagement Manager
- Pacific, Asian and Maori health teams usually included in consultation processes for patient information development

Gaps and issues

- No process to check that the team has confirmed the need for a resource before development
- No process to check that the team has confirmed the audience needs and expectations in terms of how the material is presented and whether translations are required
- No process to consider the formats that the documents should be produced in. For example, Should a Sign Language version be made? Can this be read by a screen reader?

- No funding for translations and no evident central point for translated materials for patients and health professionals
- Some ability for teams to produce their own material and circumvent existing checks
- While the health links (and other consumer groups)review a lot of material, there are no checks that their comments have been taken into consideration before the information is approved
- No current process at HealthPoint to confirm if information sheets have gone through a quality control procedure
- The Health Link process is subjective and is based on participants experience and perceptions so views can differ significantly between groups. Demographics of people who participate in health literacy groups are not reflective of Waitemata's population. A more structured and more consistent approach is likely to be beneficial

Auckland DHB

While there are people who manage the policy and medical forms, there is currently no one person who manages patient information so there is no set process for the development of patient information. However, there are information officers in some teams, for example Women's Health and Child Health.

An Auckland DHB style guide is provided by the communications team to encourage the use of plain English – this is very similar to the Waitemata version. A range of templates is also provided online. Advice and support is available through the Communications team but not all teams seek help. In addition, there is an in-house graphic designer which comes with a small cost to the service. Patient information is generally printed through the print centre who highlight new documents to the communications team where possible.

There is a strong co-design or human-centred design emphasis within the DHB and some teams are supported by the Participation and Experience team or use the Design Lab to develop some key information or public focused material. However, this is likely to be as part of a larger improvement project rather than for day to day patient resources.

Some teams gain feedback on patient materials from patients on the wards which helps to ensure its relevance. Other materials are tested using the members of the Reo Ora Health Voice online community panel. Some have consumer and family liaison staff who are included as part of the process.

For HealthPoint, there is a new process to check service information through the communications team.

Translations and accessible information

Auckland has a similar Interpreting policy to the Waitemata one. There is no funding for translations but some requests can be managed through the service. Information in additional accessible formats is generally not provided.

Summary at Auckland DHB

What's in place:

- Co-design support through Design lab and Patient Experience and Participation team
- Corporate design guidelines and templates
- Communications support
- Controlled documents process for medical forms and policies but currently no consistent management of patient information

Gaps and issues

- No understanding of what currently exists and no easy way to find what does exist and no way of ensuring that information is regularly reviewed No process to check that the team has confirmed the need for a resource before development
- No process to check that the team has confirmed the audience needs and expectations in terms of how the material is presented and whether translations or additional accessible formats are required
- No overall management and control of patient information
- No process to check if the team has tested material with consumers

Developing recommendations on the preparation of patient-friendly information

Discussions took place with organisations such as Health Navigator and with people who regularly prepare patient information. The Rauemi Atawhai 2012 Guide to developing health education resources in New Zealand was then used to compare current processes with nationally recognised best practice.

Existing guidelines / established processes

Ruaemi Atawhai outline	**WDHB controlled docs**	**ADHB comms**
Need - Research the need for a resource, identify similar existing resource, define the audience		Before producing a leaflet, check that the information doesn't already exist elsewhere
Audience - Talk with the audience about what they need, like, want		
Health literacy - Identify the health literacy demands of the audience (and any potential language or cultural perspectives needed)		
Resource scope - Finalise the purpose, form and success factors of the resource to be developed	Idea conception (author): • Complete a Document Notification Form • Access templates on the Controlled documents webpage Registration (document quality assurance) • Check for document duplication	

	• Check DNF to make sure all relevant information is provided and correct	
Draft and test - Get experts and the audience involved in drafting and giving feedback on the resource until it's right	Development • Researches and develops draft document • Checks links and references to other WDHB documents • Discusses draft with service manager and confirms consultation group • Prepares the document for distribution to consultation group Consultation • Sends the draft to the agreed consultation group • Analyses feedback for inclusion / exclusions or for further discussion / consultation Finalising draft document • Collates feedback from the Consultation group • Amend draft document to reflect changes required • Discusses with service manager if required • Present finalised document for sign-off to authoriser Sign off by author, authoriser and document quality assurance	• When writing the content, keep it simple and only say what the patient needs to know. Please avoid jargon • Remember to follow the ADHB Style guide, on the intranet • Ensure your information is checked for clinical accuracy • Run the content by the communications team • Check the content with your intended audience (patients and their families). You can do this by asking some patients in your service • When you are sure the information is accurate and complete, you can either use the information sheet or leaflet templates or contact the Design team
Publish and distribute	Publication (document quality assurance)	• Please ensure you include a month and year of publication on your leaflet or information sheet so

	• Arranges classification number • Manages change control / archiving of previous documents • Places final document on the G&M network • Arranges publication on the website • Arranges scanning of sign-offs and filing for audit purposes • Notifies author of publication	people can easily see if it is the most up-to-date version • Email a final copy of your publication to the communications team • It is important that we regularly review our information, so make sure you make a note to review the document at least annually
Evaluate - Assess the resources effectiveness with the audience		
Learn What to do next time		

Appendix 1: Plain Language Checklist

Checklist for patient information reviews – extracted and adapted from the Rauemi Atawhai 2012 Guide to developing health education resources in New Zealand.

Vocabulary – does the information:	**Yes / No**
• Are simple, familiar words used that reflect the intended audience's common language (eg could it be understood by a 12 year old?)	
• Are simple, familiar words used to explain technical words or concepts?	
• Could images / symbols or diagrams explain information better than text	
• Are there examples or analogies for new or difficult concepts?	
• Are abbreviations or acronyms kept to a minimum but explained clearly at the point of use?	
• Are key terms used consistently?	
Sentences	
• Are sentences short (15–20 words)?	
• Is there only one point per sentence?	
• Is the active voice used (the subject is doing something, for example, 'See your doctor if you feel ill') rather than the passive voice (something is acting on the subject, for example, 'A doctor should be seen if a person is feeling ill')?	
Paragraphs	
• Is the main message stated in the first sentence?	
• Is there only one message per paragraph?	
• Are paragraphs short (3–4 sentences)?	
• Are bullets and simple tables used to set out key points and information?	
Organisation	
• Are the size font and typeface easily readable and the number of different fonts or typefaces kept to a minimum?	
• Does the text follow a clear, logical sequence?	
• Do subheadings follow a logical sequence, are they clear and concise, and allow the reader to scan the resource easily to find information?	
• Are key points emphasised or summarised where appropriate?	
• Is there sufficient white space between lines and around text blocks?	
• Are there easy to follow contact details and links for further information?	
Tone	
• Are positive statements and images used rather than negative suggestions? Are double negatives avoided (eg do not avoid exercising)?	
• Is inclusive language used ('we', 'you')?	
• Does it feel like the audience's values are respected?	
• Is the language used to engage the audience appropriate?	
• Do the resources reflect the cultural, ethnic and disability diversity of the expected audience?	
Colour and images	
• Are there only one or two colours used within the text?	

• Is there a strong contrast between text and any backgrounds?	
• Is text on a plain background rather than over a picture or pattern?	
• Are images and graphics realistic and relevant without being too clinical or patronising?	
• Are images sensitive and appropriate to the topic and the main audience?	
• Are charts, graphs and diagrams simple to understand and clearly labelled?	
• Are the following sensitivities avoided: o the sharing of food is special – do not show people sitting on tables or food mats, do not show people using both hands to put food in their mouths o body parts should be shown in the context of the whole body o the head is sacred and should not be cropped in photographs or overprinted.	

Comments from the reviewer:

Do you feel this information would benefit from a second review (ie are the changes you have suggested substantial)? – Yes / No

Response from the author:

Appendix 2: Guidance on translations

It is important for the author to provide context and background information to translators to ensure that translations are meaningful. Avoid literal translations. Ensure translators have access to the author to discuss and/or clarify any cultural context and frame of reference that are not well understood from the source document or any concepts/terminologies that may not have equivalent translations

Translations can be managed in-house at Auckland DHB and some support is available at Waitemata DHB for short documents when the team has some spare capacity.

External contacts for translations which are recommended for important patient information where this is unable to be managed in-house are:

NZTC International

Phone: (04) 801 4814

Email: sales@nztcinternational.com

Website: www.nztcinternational.com

Pacific International Translations Ltd

Phone: (09) 913 5290

Email: info@pactranz.com

Website: www.pactranz.com/nz

For less important documents and simple and straight forward brochures, it might be possible to use the in-house interpreting service or explore other alternatives such as university students eg: approaching the following students to assist with translation:

- Post-graduate students undertaking Auckland University Professional Studies
- Students undertaking AUT diploma course on liaison interpreting.

Recommended steps for translations:

1. The owner/author of the source document (brochure, information sheet, document) has produced the written information with consideration given to the health literacy requirements eg using simple or plain English
2. If there is a requirement for stakeholders' input before the source document is translated, a survey is sent to stakeholders to assess health literacy and priority language for translation
3. Agreeing the process such as:
    a. Checking the source document to ensure the words use are culturally appropriate
    b. Getting stakeholders' input via survey or focus group meetings prior to translation
    c. Agreeing the target translation language(s)

d. For quality control: finding a translation company that can agree to the following quality assurance translation process
    i. Native translation: a native speaker translators of the target language translating the source document
    ii. Provide the native speaker translators access to the author for checking context and background information of the source document so that the translations are meaningful and not literal.
    iii. Edit and Back translation: Editing the translations through back translation by the native speaker fluent in the source and target language and using cognitive back translation to ensure that the native speaker translators understood all the nuances of the source text and conveyed accurately in the translated texts. This approach to quality control is important to ensure the quality and accuracy of translations.
    iv. Final proofreading
    v. Allow time for the owner of the document to do external review (consumer focus group(s) if that is required)
e. Finalise the translation after the external review
    i. External review (involving consumer input) organising consumer group review
f. Purpose is to provide cultural lens and to ensure terminology used are understood.
g. Getting a quote from appropriate /recommended translators or translation companies
h. Agreeing process, quote and timeframe

Appendix 3: Guidance on accessible document formats

Deciding which accessible format to use

Is your communication or campaign specifically targeted at people with particular impairments or do you know there will be a high proportion of people with a particular impairment in your audience? Some formats suit one type of impairment more than another:

- visual impairments – audio, audio description, Braille, Moon, telephone
- learning disabilities and literacy difficulties – audio, audio description, easy read, easy access, subtitles
- hearing – NZ Sign Language, Makaton, subtitling, textphone, SMS
- co-ordination difficulties – large print, audio, audio description, telephone

You should also consider any preferences your target audience may have for receiving information, for example younger deaf people may respond better to an SMS message than sub-titled advert – researching your audience will help you best meet their needs

Reducing the need for accessible format versions

Keep it simple – if your initial document is designed using the following principles it will already be accessible to a greater number of people and may reduce demand for special accessible versions:

- write in plain language
- make it as concise as possible
- design it to be as legible as possible, for example using a minimum 14 point text size

This is a cost and time-efficient way of making your information instantly accessible to a larger number of your audience.

Making your original document more accessible will reduce the need for producing accessible formats. However, people with some types of visual impairments, learning disabilities, dexterity or literacy difficulties (such as dyslexia) are likely to have difficulty accessing information in written text – even in the largest font size. You therefore still need to consider accessible formats that meet their needs in addition to making your initial document more accessible.

Alternative channels

The different communication channels you choose can be just as important and effective as the accessible formats you provide or offer.

For example, you may have produced a print recruitment advert for teachers. Translating this into Braille is unlikely to be the best method of reaching all people with visual impairments. As an accessible alternative you could produce an audio advert for radio. You could also deliver your message by engaging with disability organisations directly.

Summary versions

It can be more time-consuming and tiring to absorb the same amount of information listening to an audiotape or CD, or watching sign language than scanning through a document by eye.

Consider providing a summary of important points in accessible formats. The most important thing is that the information or messages are received.

For example, a long medical brochure could be summarised before being put into easy read format or onto audiotape. Give the key points and a contact telephone number for further information.

https://www.gov.uk/government/publications/inclusive-communication/accessible-communication-formats

Appendix 4: HealthPoint and Health Navigator arrangements

HealthPoint

HealthPoint are contracted by the DHBs to provide "systems, processes and a platform which publishes content rich information about health providers alongside tools to improve systems and communication within the health system". This is aimed at both members of the public and health providers and consists of "medical and health information for consumers that is easily accessible, relevant, comprehensive and in a form that helps the consumer make informed choices."

The contract specifies that the systems will ensure that information is easy to read, relevant and appropriate for the general public and culturally relevant for the diverse ethnicities within the DHB population. HealthPoint has direct links to and from websites including the three DHB websites, ProCare, ACC, MoH, and Health Navigator. Accountability and ownership lies with people who are authorised by their organisation e.g. Waitemata DHB, to add information on behalf of their specific service. There are mechanisms in place to ensure that information is regularly updated.

Health Navigator

Health Navigator is contracted to develop and manage a website and newsletter providing health information, tools and resources for use by the public to support them to manage their health and any long-term health conditions more effectively in partnership with healthcare providers. The focus is on assisting the delivery of the NZ Health Strategy 2000 with population health issues relating to smoking, obesity, nutrition, physical activity, cancer, cardiovascular disease and diabetes. The website has a video library with over 500 videos covering everything from acne to health professional continuing education topics and a health application library with over 40 apps that have been independently reviewed and scored for relevance in NZ by local experts. The website is integrated with HealthPoint to provide comprehensive health services information by location and speciality.

Health Navigator also has a process to develop content which is in line with the Ruaemi Atawhai guide and a list of organisations they are happy to link to (eg Heart Foundation, Asthma NZ). In general, they provide a summary of information on the Health Navigator website as well as links to trusted publications which they have found works best. They have a team of writers who develop a first draft which is clinically checked, and then the editor does final rigorous check. Writers come from a range of backgrounds including some GPs. They use plain language standards, and are trying to use more videos.

Appendix 5 - Case studies

Ruaemi Atawhai outline	WDHB maternity team	Quality use of medicines team	Advanced care planning
Need - Research the need for a resource, identify similar existing resource, define the audience		Steering group determines what information is needed – includes representatives from primary and secondary care, a consumer rep and HQ&SC Research what might be needed and check demographics of the audience Will check what information is available and look internationally – mostly look at Australia and UK eg Patient.co.uk. However, local people tend to want a local version – content as well as contact details	Demand from consultant for Asian ACP pamphlets Consultation by project manager with Asian health
Audience - Talk with the audience about what they need, like, want		Will check with services to see what their needs are Consumer perspective is really useful to test ideas and receive feedback	Stakeholder survey to determine which languages to translate into
Health literacy - Identify the health literacy demands of the audience		Cost of translations is very high so this is causing an issue – not doing as much now	

Resource scope - Finalise the purpose, form and success factors of the resource to be developed	Collaborative process from the start Have a outline structure to their documents and aim to keep it concise and simple	Will come up with a proposed set of patient information and make it available online. Most resources are also available as hard copy and are distributed on request. Develop resources regionally but they are freely available online so they are also accessed by other centres and other countries.	
Draft and test - Get experts and the audience involved in drafting and giving feedback on the resource until it's right	Once the team has developed a good draft, it will go to their consumer representatives who will check with the groups they come from Check with the Healthy Babies, Healthy Futures contacts as well which provides Maori, Pacific and Asian perspectives. They check with some of their patients. Usually give them a month for review Take all of the feedback and discuss back in the collaborative group If it's complex, might send it out for a second review Then goes to designer and there may be more changes once the design is in place	One person responsible for writing the initial content. This is reviewed by the appropriate service (e.g. cardiology resources reviewed by cardiologists, specialist nurses and pharmacists). Then goes through to the health literacy group for review and they are provided with an explanation when changes aren't incorporated	Draft translation into Korean Peer reviewed by bilingual clinicians Second translation Call for co-design group participants at community meeting Co-design groups Developed the Korean concept of ACP and tailored the content of the Korean translated resources Designed by Medical Photography ADHB
Publish and distribute	Goes through to Controlled docs Published and circulated through their networks	Have expiry dates on everything so know when to review them	Resources printed distributed and placed on ACP website

		Look for opportunities to promote leaflets – eg events, conferences Promote through primary care news, plunket, TANI, Greencross, Universities, PHOs. All info is available on www.saferx.co.nz health navigator, health pathways, med tech, The New Zealand formulary, pharmacy software, my practice, mims.	
Evaluate - Assess the resources effectiveness with the audience	Evaluation not currently carried out	ProCare Patient Services coordinator has offered to work with us to evaluate diabetes leaflets. Can get google analytics from some websites –eg Safe RX Actively ask services to provide feedback on the usefulness of the resources. Ask services to send us any feedback from patients.	
Learn What to do next time		Any feedback received from specific resources is collated and incorporated in the next review.	

Note: a blank box does not denote that this step of the process was not followed at all, more that this was not specified during discussions.