PARLIAMENT OF NEW SOUTH WALES

COMMITTEE ON THE HEALTH CARE COMPLAINTS COMMISSION

REPORT 2/55 – AUGUST 2013

INQUIRY INTO HEALTH CARE COMPLAINTS AND COMPLAINT HANDLING IN NSW

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The motto of the coat of arms for the state of New South Wales is "Orta recens quam pura nites". It is written in Latin and means "newly risen, how brightly you shine".

Contents

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CONTACT DETAILS	Committee on the Health Care Complaints Commission Parliament House Macquarie Street SYDNEY NSW 2000
TELEPHONE	(02) 9230 2899
FACSIMILE	(02) 9230 3309
E-MAIL	chccc@parliament.nsw.gov.au
URL	http://www.parliament.nsw.gov.au/healthcarecomplaints

Terms of Reference

That, pursuant to the functions of the Joint Parliamentary Committee on the Health Care Complaints Commission under s 65(1)(b) and s 65(1)(d) of the *Health Care Complaints Act 1993* to report to both Houses of Parliament, with such comments as the Committee thinks fit, on any matter appertaining to the Commission or connected with the exercise of the Commission's functions to which, in the opinion of the Committee, the attention of Parliament should be directed, and to report on any change that the Committee considers desirable to the functions, structures and procedures of the Commission the Committee examine the operation of the *Health Care Complaints Act 1993*, with particular reference to:

a) A comparative analysis of complaints lodged with the Health Care Complaints Commission by regional and metropolitan consumers including the quantity and nature of complaints and consumer satisfaction; and

b) Consumer awareness and understanding of the complaint handling systems and processes available to them both within the hospital system and in relation to external systems.

Chair's Foreword

I am pleased to present the second report tabled in the 55th Parliament by the Joint Parliamentary Committee on the Health Care Complaints Commission. The Report presents recommendations that will facilitate comparative analysis of complaints lodged with the Commission by regional and metropolitan consumers as well as evaluate public awareness and satisfaction of complaint handling procedures within the public health system and through the Health Care Complaints Commission.

The often distressing experience connected with a hospital or doctor's visit can be compounded by a lack of satisfaction with the health service delivered. In such circumstances, health consumers – many of whom are amongst the most vulnerable in our community – may face additional hurdles should they wish to lodge a complaint about those services. There may be limited information about the complaint process available and once accessed the process can appear complex and cumbersome.

The Committee identified the many strengths of the current complaint handling systems available to health consumers and applauded the varied approaches implemented by the Commission. The Committee was also impressed by the unique practices in place in a number of Local Health Districts that sought to genuinely engage with consumers about their experience in the health care setting. Similarly, the Committee has made several recommendations to improve the complaint handling processes which address concerns identified by both health consumers and their advocates during visits and hearings.

The Committee has recommended that complaint handling procedures across Local Health Districts be standardised to assist in a comparative analysis of data across health districts. The Committee also concluded that more data needs to be amassed about consumer satisfaction of the complaints handling process complemented with information about community concerns. This could be achieved through periodic surveying of health consumers across Local Health Districts. Further, it would be beneficial to centrally aggregate data according to region to identify possible trends in the nature of complaints and the method in which they are lodged and handled and in particular identify disparities between regional and metropolitan areas.

The Committee also acknowledged that while much has been done to promote awareness of complaint handling avenues available to health consumers, more can be achieved. Through online activities, the provision of information both on admission and discharge to health facilities and the extension of outreach activities, both the Health Care Complaints Commission and Local Health Districts can maximise awareness of their complaint processes. The Committee also considered the benefits of establishing patient advocates to act on behalf of health consumers before the Commission and other complaint handling bodies.

Finally, the Committee concluded that significant gains would be realised by the Ministry of Health as well as health consumers if there was a language shift away from 'complaints' and towards 'feedback' and that this matter is worthy of further consideration and discussion.

I am pleased to present this Report and thank my fellow Committee Members and the Committee Secretariat for their contributions and assistance.

Leslie Williams MP
Chair

List of Findings and Recommendations

Chapter One – Introduction

Introduction

1.1 The Committee on the Health Care Complaints Commission (the Committee) is a current joint statutory Committee of the Parliament of New South Wales, first established on 13 May 1994, and re-established for the 55th Parliament on 22 June 2011. The Committee primarily oversights the operations of the Health Care Complaints Commission (the Commission), an independent statutory agency responsible for protecting the health and safety of the public by dealing with complaints about health service providers in NSW.

1.2 The terms of reference for the Committee are set out under Part 4 of the *Health Care Complaints Act 1993.* Specifically, section 65 of the Act detail the Committee's functions, which include:

> 'To monitor and review the exercise by the Commission of the Commission's functions under this or any other Act;
>
> To report to both Houses of Parliament, with such comments as it thinks fit, on any matter appertaining to the Commission or connected with the exercise of the Commission's functions to which, in the opinion of the Joint Committee, the attention of Parliament should be directed;
>
> To examine each annual and other report made by the Commission, and presented to Parliament, under this or any other Act and to report to both Houses of Parliament on any matter appearing in, or arising out of, any such report;
>
> To report to both Houses of Parliament any change that the Joint Committee considers desirable to the functions, structures and procedures of the Commission;
>
> To inquire into any question in connection with the Joint Committee's functions which is referred to it by both Houses of Parliament, and to report to both Houses on that question.'

1.3 As with equivalent Committees, the terms of the reference of the Committee enable it to examine, inquire into and report on matters related to the functions and operation of the Commission. These matters may be referred to the Committee by both Houses of Parliament, or may be self-referred.

1.4 The Committee adopted terms of reference for an inquiry into health care complaints and complaint handling in NSW on 10 November 2011. The terms of reference were as follows:

> That the Committee examine the operation of the *Health Care Complaints Act 1993* with particular reference to:

(a) a comparative analysis of complaints lodged with the Health Care Complaints Commission by regional and metropolitan consumers including the quantity and nature of complaints and consumer satisfaction; and

(b) consumer awareness and understanding of the complaint handling systems and processes available to them both within the hospital system and in relation to external systems.

1.5 This Inquiry was prompted by ongoing concerns about the possible lack of information available to health consumers about the complaints processes and services available to them in circumstances where there is a grievance, or in other circumstances where feedback to a health service provider is warranted. Particular concern was raised about the lack of information and outreach available to people in more disadvantaged circumstances, including people with disabilities, the elderly, Indigenous people, and people from culturally and linguistically diverse communities.

1.6 The Committee was also concerned about the broader public perception that individuals in regional and remote areas have not been granted sufficient access, nor receive equitable attention, for the handling of their health related complaints when compared with health consumers in metropolitan regions. For this reason, the Committee was keen to ascertain a comparative analysis of complaints received from both regional and metropolitan consumers.

Conduct of the Inquiry

1.7 The Committee made a public call for submissions in November 2011 by writing directly to key stakeholders, including Local Health Districts, health consumer organisations, key government departments and agencies, and other potentially interested parties. The Committee also advertised the Inquiry on the Parliament's website, and received some coverage in community publications.

1.8 In total, the Committee received 18 submissions from a broad range of sources. This included certain Local Health Districts, professional associations, consumer advocates and Government departments. A full list of submissions received can be found at Appendix One, and copies of the submissions are available on the Committee's webpage.

Visits of Inspection and Public Hearing

1.9 Given the Inquiry's emphasis on health complaint responses in regional and rural Australia, the Committee met with community advocates and representatives from the Local Heath Districts of three communities in mid-2012. This included visits of inspection to Wagga Wagga on 15 June 2012, Lismore on 3 July 2012, and Moree on 17 August 2012. This followed from the Committee's visit to the Sydney Local Health District in November 2011.

1.10 In each of the visits, the Committee met with representatives from the Local Health District for one half of the day, and a broad selection of community groups for a roundtable discussion for the second half of the day. The purpose of these visits was to examine and hear complaint handling experiences from a regional perspective first-hand.

1.11 The Committee then held a public hearing at Parliament House on Monday, 19 November 2011. The Committee received evidence from 10 witnesses representing eight organisations, each of which had previously made a submission to the Inquiry.

1.12 The public hearing gave the Committee an opportunity to further examine some of the issues raised in the submissions, as well as giving stakeholders a second opportunity to raise their concerns and identify appropriate responses where warranted.

1.13 A full list of witnesses who appeared before the Committee can be found at Appendix Two. Transcripts of the evidence provided are also available on the Committee's webpage.

Overview of the Report

1.14 This report has been organised into four chapters. Chapter Two gives an overview of complaint handling processes both within the Health Care Complaints Commission ('the Commission'), and an overview of the types of avenues available at the Local Health District level.

1.15 Chapter Three examines the nature of complaints received by the Commission from rural and regional areas, and discusses issues and concerns particular to non-metropolitan NSW.

1.16 Chapter Four examines the overall awareness of the Commission and other complaints processes available to consumers, and identifies some of the awareness concerns raised by stakeholders and complainants.

1.17 As appropriate, this report draws on the submissions and evidence received throughout the course of this Inquiry, including from both its visits of inspection to regional centres in NSW, and the Committee's formal hearing at Parliament House. Where relevant, recommendations for both the Commission and the Government are provided.

1.18 The Committee has also drawn on its experience hearing, informally, from consumer groups and representatives from the Local Health Districts during the Committee's visits of inspection, and refers to the firsthand experiences these groups provided to the Committee.

1.19 Through the submissions and evidence at the public hearing, and together with additional research from a wide variety of sources, the Committee has developed ten key recommendations. These recommendations provide for changes to improve the operation of the Commission with respect to issues raised through this Inquiry. The findings, meanwhile, represent the Committee's views about the successes and achievements of the Commission and reflect the Committee's views about certain issues in which a change is not warranted.

Chapter Two – Complaint Processes

Complaint Processes

2.1 Although there are many avenues in which a health consumer can take a concern or complaint that he or she might have about a health practitioner, this Inquiry has specifically focussed on the processes available through both the Health Care Complaints Commission ('the Commission'), the independent statutory agency responsible for health care oversight, and through the public hospital system and Local Health Districts.

The Health Care Complaints Commission

2.2 The Health Care Complaints Commission was established by the *Health Care Complaints Act 1993* ('the Act') as an independent statutory body to protect the health and safety of the public by dealing with complaints about health service providers in NSW.

2.3 The Commission was established in 1993 following the Slattery Royal Commission (1988–1990) that investigated patient deaths caused by barbiturate-induced comas followed by electroconvulsive therapy at the Chelmsford psychiatric hospital in Sydney in the 1960s and 1970s. One of the key recommendations of the Royal Commission was the establishment of an independent body to oversight the health care profession, and to investigate complaints of unsatisfactory professional conduct or professional misconduct.

2.4 The Commission is an independent body whose purpose is to receive and assess complaints related to health services and health service providers in NSW. The Commission is charged with responsibility to investigate complaints to determine suitability for prosecution and, where appropriate, prosecute those complaints. Lastly, the Commission is also required to resolve or oversee the resolution of all other complaints.[1]

2.5 The Commission can receive and assess complaints concerning registered health care practitioners such as doctors, nurses and dentists, as well as unregistered health practitioners, including naturopaths and other alternative health care providers. The Commission can also receive complaints more broadly about health care organisations, such as clinics and health care centres, both public and private.

2.6 The objects of the Commission are set out under section 3 of the Act, in which it provides that the protection of the health and safety of the public are of paramount consideration.[2]

2.7 The Commission falls under the responsibility of the Minister of Health, although there is broad statutory autonomy with respect to the critical functions of the

[1] http://www.hccc.nsw.gov.au/About-Us/About-the-Commission/default.aspx

[2] *Health Care Complaints Act 1993,* s3

Commission, namely the assessment and investigations of a complaint prosecution of disciplinary action against a person. [3]

Internal Complaint Handling Systems

2.8 Each of the State's public hospitals and Local Health Districts has a multifaceted complaint and feedback system in operation. NSW Health advised that:

> The framework for resolution of complaints or concerns about health care provided by the public health system is comprehensive with roles articulated for health services: Local Health Districts/Networks; the NSW Clinical Excellence Commission; the NSW Ministry of Health, NSW Health Professional Councils, and the NSW Health Care Complaints Commission.[4]

2.9 The emphasis and preference for the resolution of complaints is that they should be addressed at the point of care with the relevant clinician or health service provider. As further advised by NSW Health:

> This immediacy is preferred by consumers and is supported through NSW Health policies, including those dealing with requirements for open disclosure and apology following serious adverse events.[5]

2.10 Given this preference, every NSW hospital has a point of contact for the making of complaints. Each complaint that is made is to be logged onto the Incident Information Management System (IIMS), a comprehensive and systematic database launched in 2004 for the lodging of complaints, with periodic reviews to monitor complaints resolution, and ensure that systemic issues are being addressed and rectified.

2.11 The hospitals themselves are supported by Clinical Governance Units in each of the Local Health Districts. These units receive complaints from individuals who remain unsatisfied by the handling of their complaint within the hospital, or wish to make a complaint about a non-hospital based service with an Area Health Service.

2.12 The hospitals or Local Health Districts have general, but not typically uniform, complaints processes. NSW Health has established policies and guidelines that act as the framework for complaints processes within the public hospitals and at the Local Health District level.

2.13 This includes the *Complaint Management Policy Directive*, which 'mandates a standardised approach to ensure procedural fairness and the timely management of complaints'.[6] This directive establishes a pathway through which all complaints processes must pass, including how to appropriately acknowledge a complaint, liaise with complainant and practitioner, assess the particulars of a complaint, investigate a complaint, and adequately conciliate, resolve, or refer a matter for further inquiry.

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[3] NSW Legislation - http://www.legislation.nsw.gov.au/maintop/view/inforce/act+105+1993+cd+0+N

[4] NSW Health, Submission No 17, at p1

[5] NSW Health, Submission No 17, at p1

[6] NSW Health, Submission No 17, at p5, http://www0.health.nsw.gov.au/policies/pd/2006/pdf/PD2006_073.pdf, accessed May 2013.

2.14 The *Complaint Management Guidelines*, a second document drafted by NSW Health, has also been established to supplement the directive to ensure that 'identified risks from complaints are managed appropriately, and that effective action is taken to improve subsequent care for all patients.'[7]

2.15 The third principal document on complaints is *'Your Rights and Responsibilities*', an information booklet drafted by NSW Health, and designed to be made available in wards and reception areas in health facilities and on respective websites. This is the primary document that makes health consumers aware of the complaint processes available to them. As one of the key documents to make health consumers aware of their ability to lodge complaints, use of this document is discussed further in Chapter Four.

2.16 To gain firsthand knowledge of the complaints processes adopted in Local Health District, the Committee travelled to four communities (three regional and one metropolitan) and met with the Boards of the Local Health Districts to discuss complaint handling practices at the local level. In each visit, the Committee then toured the local hospital, including two base hospitals and one district hospital, to speak with frontline staff about some of the complaint and consumer issues they are presented with. Lastly, in each visit, the Committee met with various regional stakeholders from community health and advocacy groups to discuss their issues with the Local Health Districts and public hospitals.

2.17 Each visit proved a valuable experience in identifying each Local Health District's practice in handling complaints, understanding community sentiment away from the metropolitan area, and assessing the depth of concern about local health practices.

2.18 Despite strong similarities in how each Local Health District approached complaint management, as per NSW Health directives, the Districts were largely autonomous in their individual management of complaints.

COMMITTEE COMMENT

2.19 The Committee notes that the autonomy granted to the Local Health Districts means that there is a lack of consistency in the approach to handling complaints. The Committee is of the view that this is not the most desirable approach, and that it would be preferable there be relative standardisation of processes across the Districts. This could either be achieved through the development of a best practice model in one District, or by NSW Health, and for that model to be rolled out across the remaining Districts.

2.20 The Committee is mindful that each District may wish to retain particular policies or practices that are unique to the District, while also recognising that there should at least be a core standard devised to ensure a measure of consistency for the handling of complaints at a hospital and District level.

[7] NSW Health, Submission No 17, at p5, http://www0.health.nsw.gov.au/policies/gl/2006/pdf/GL2006_023.pdf, accessed May 2013.

RECOMMENDATION 1

That a best practice model for the handling of complaints be devised by the Ministry of Health for adoption by each of the Local Health Districts. Although the Committee recognises that particular policies could be retained that are unique to the needs of each District, a core standard should be devised to ensure a measure of consistency for the handling of complaints at a hospital and District level.

Local Health Districts and the Commission

2.21 Two common themes were identified by the Committee during each of the site visits with respect to Local Health District preferences for having complaints lodged with them, rather than through the Commission.

2.22 The first was the preference for local resolution. Local Health Districts each impressed on the Committee that local conciliation was crucial to ensuring a speedier resolution, and with more accurate and targeted outcomes.

2.23 The Local Health Districts broadly considered any complaint taken to the Commission would generally constitute an escalation of a complaint that could have been better handled more locally. Although the Commission retains the option of referring complaints back for local resolution, Local Health Districts advised when a formal complaint is lodged with the Commission, it triggers a process which the Local Health District is locked into, and results in less flexibility to resolve a complaint more expeditiously.

2.24 The preference for local resolution was supported by other Local Health Districts that the Committee did not visit during its inspections. In its submission to the Inquiry, the Western NSW Local Health District advised:

> Consumers are encouraged in the first instance to raise any concerns with the staff at the facility or community health. The [We Welcome your Feedback and Comments] Brochure also informs consumers about alternate avenues for raising their concerns should they be dissatisfied with the facility response to their concerns…
>
> Western NSW LHD considers every effort should be made to resolve consumers concerns at the local level. On occasions, when consumers' concerns are unable to be resolved locally, the LHD encourages the consumer to contact the HCCC. Historically, there has been a predisposition in Western NSW LHD to refer consumers to the HCCC in the first instance, this is no longer the case.[8]

2.25 This preference was similarly affirmed by the Australian Council of Healthcare Standards which advised the Committee that:

> While it is always desirable that complaints be resolved within the organisation concerned, consumers/patients should be made aware that other options for complaints management do exist; that they may lodge their complaints with the appropriate State/Territory body as they prefer; and that in the event that a complaint is not resolved by the organisations, or not resolved to the complainant's

[8] Western NSW Local Health District, Submission No 1, at p1

satisfaction, that they may still pursue the matter via those independent agencies, or via other agencies such as the ombudsman.[9]

2.26 This relates directly to the theme acknowledged by all the Local Health Districts, which is the importance of local or firsthand knowledge. The Local Health Districts identified that in many complaints, the familiarity of the complaint-handlers with the complainant, practitioner, or both enables more personal and specialised complaint management. This approach is contrasted with that required by the Commissioner, which may be considered more distant and formal and thus less likely to have personal touches.

[9] Australian Council on Healthcare Standards, Submission No 3 at p1

Chapter Three – Regional and Metropolitan Complaints

A Comparative Analysis of Regional and Metropolitan Complaints

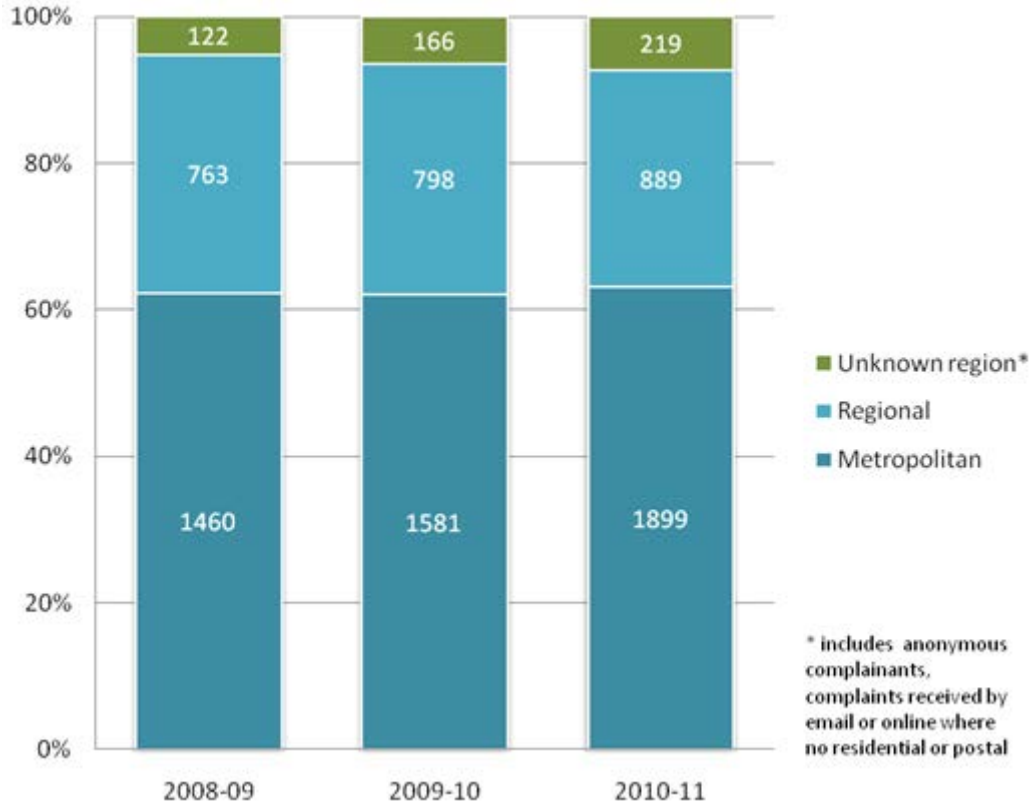
3.1 One of the two main focuses of this Inquiry is undertaking an analysis of complaints received by the Commission from regional and metropolitan health consumers, determining if there is any substantive variation, and, if so, the reasons for any such variation.

3.2 For the purposes of this Inquiry, 'metropolitan' broadly refers to the greater Sydney region, with all other areas of NSW being considered 'regional'. Although the Committee recognises that both 'metropolitan' and 'regional' are broad and diverse communities with often limited linkages, this Inquiry has employed these terms for ease of reference.

3.3 During the course of the Inquiry, the Commission provided the Committee with comparative data on the number of complaints received according to geographical categories, together with the nature of the complaints, the health professional identified as the subject of the complaint, and the type of facility the complaint concerned. Trend data over the past few years was also provided.

Quantum of Complaints

Chart 1 - Consumer complaints received by region



3.4 In 2011-12, there were 4,130 complaints lodged with the Commission, stable from the 4,104 complaints lodged in the previous year.

3.5 With respect to the overall quantum of complaints, in the three years between 2008 and 2011, 62.6 per cent of all complaints received by the Commission were from metropolitan consumers, with 31.0 per cent from regional consumers. The remainder were from unknown regions.[10]

3.6 This breakdown roughly correlates with overall population distribution between metropolitan and regional NSW. Given the roughly proportionate share of complaints by metropolitan health consumers when compared with their regional counterparts, the Committee has not identified any cause for concern with this data.

3.7 The absence of any variation, however, does not necessarily mean that there are no differences between metropolitan and regional health consumers concerning the health care received. It is possible that there is a greater cause for complaint in regional areas, but that complaints do not come to the attention of the Commission given the lack of knowledge about its existence among regional communities. This theme is further explored in Chapter Four. As such, it is arguable that a larger volume of potential complaints from regional health consumers is offset by a lack of knowledge about the Commissioner. However, in the absence of available evidence, the Committee cannot comment further on this issue.

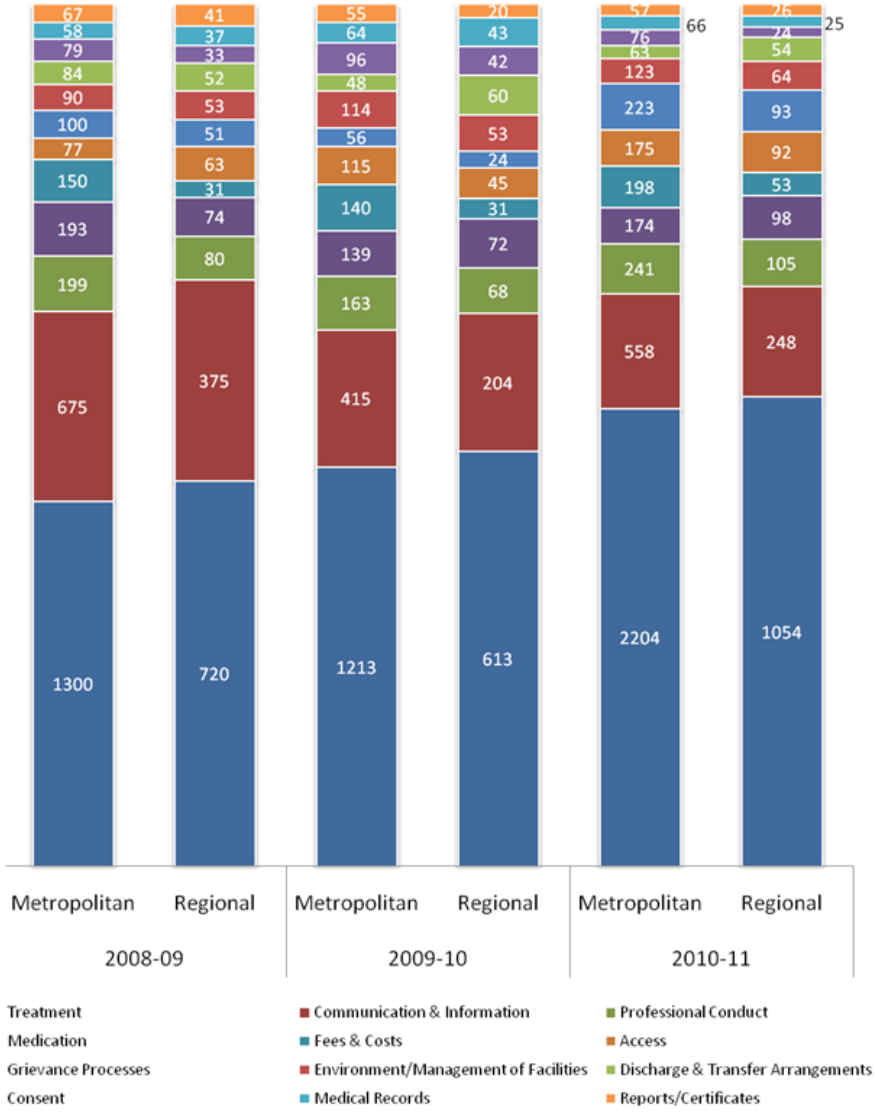
Complaints by Issue Type

3.8 With respect to the issues raised by complainants, the Commission provided some data according categorised by 12 discrete issues. These broad categories include:

- treatment;
- communication and information;
- professional conduct;
- medication;
- fees and costs;
- access;
- grievance processes;
- environment/management of facilities;
- discharge and transfer arrangements;
- consent;
- medical records; and
- reports and certificates.

[10] Health Care Complaints Commission, Submission No 6, at p3

Chart 2 - Consumer complaints received by issue type



3.9 When assessing the complaints through the prism of the issues raised, complaints about the general treatment of patients is, by far, the most frequently raised issue by all complainants, accounting for nearly half of all complaints received from 2008 to 2011. Treatment refers to incorrect or inadequate diagnoses or treatment, or unexpected treatment outcomes and complications.[11]

Complaints about communication and information practices, including complaints about the attitude or manner of the health service provider, account for approximately 17 per cent of all complaints. Each other category of complaint each constituted between 2 per cent and 6 per cent of all remaining complaints.[12]

3.10 From the graph, it is apparent that complaints concerning fees and costs have been raised more frequently by metropolitan consumers than regional consumers. This may reflect a greater concentration of private and non-

[11] Health Care Complaints Commission, *Annual Report 2011 – 12,* at p10

[12] Health Care Complaints Commission, *Annual Report 2011 – 12,* at p10

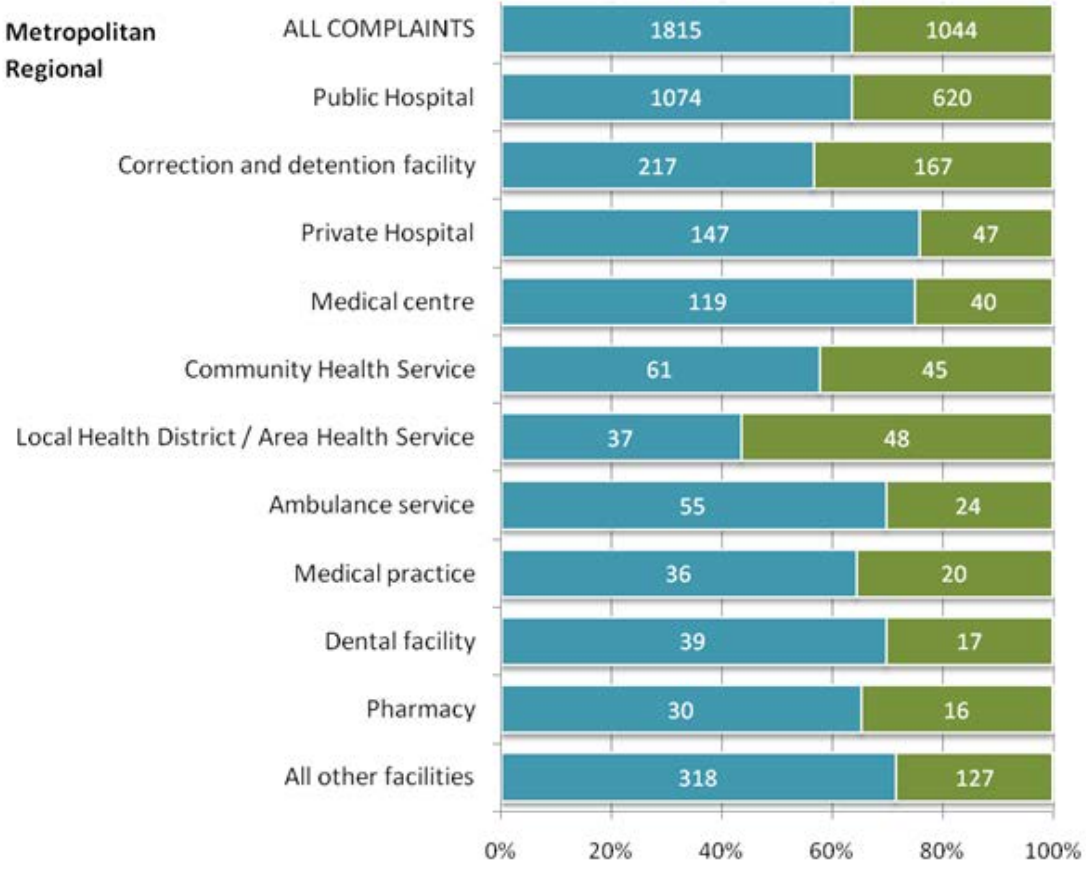
Medicare based services available in the metropolitan area, with costs likely to be considered more excessive.

3.11 Similarly, complaints about discharge and transfer arrangements were recorded in a proportionately higher number of complaints lodged by regional consumers. In some years, even the raw number of complaints between metropolitan and regional health consumers is roughly comparable, despite the disproportionate population spread.

3.12 Given the relatively low numbers of complaints about discharge and transfer arrangements, drawing conclusions about the reasons remains difficult. However, it is possible that the more limited networks and support staff available in regional areas is one of the reasons there is less support and care, and therefore discharge planning is made more difficult. This possibility was mentioned informally to the Committee during its regional visits of inspection.

Complaints by Facility Type

Chart 3 – Consumer complaints received by facility type



3.13 The Commission also provided data on complaints received according to various health organisations or facility types. This includes public and private hospitals, clinics and medical centres, as well as complaints about the Local Health District.

3.14 In its submission, the Commission provided data in which it identified that complaints about public hospitals received from regional and metropolitan

consumers was roughly in line with each group's share of the State population, and that there was no apparent variation.[13]

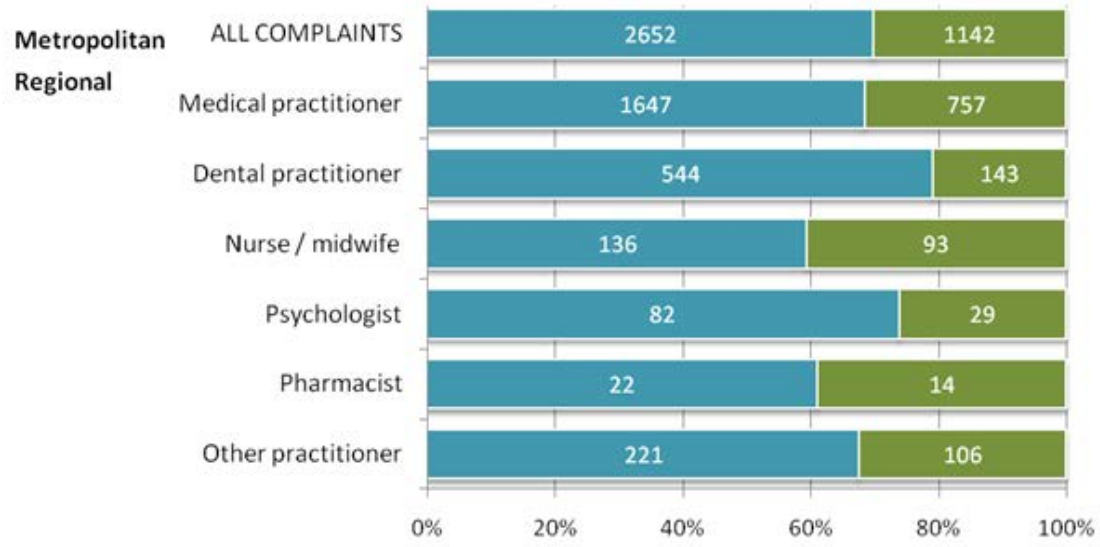
3.15 With respect to private hospitals and clinics, however, complaints by metropolitan consumers were proportionately above average and complaints by regional consumers proportionately below average.[14] Once again, this may reflect the greater concentration of private facilities in the metropolitan area.

3.16 By comparison, regional complainants appear to complain more about Local Health Districts or Area Health Services.[15] On this point, the Commissioner advises in his submission to the Inquiry that the greater propensity for regional consumers to complain about Local Health Districts:

> '… may reflect failures by local administrators to deal with complaints to the satisfaction of complainants.'[16]

Complaints by Practitioner Type

Chart 4 – Consumer complaints received by practitioner type



3.17 The fourth graph provided by the Commissioner detailed the type of health service practitioner identified in the complaint, for example, a medical practitioner, nurse, dentist, pharmacist or psychologist. The data shows a fairly even distribution of complaints lodged by metropolitan and regional health consumers against all types of health practitioners.

3.18 There is, however, a slightly greater proportion of complaints against dental practitioners lodged by metropolitan health consumers.[17] An obvious response to this may be the greater concentration of dental services in the metropolitan area, and greater ability to access these services by metropolitan consumers.

[13] Health Care Complaints Commission, Submission No 6, at p3
[14] Health Care Complaints Commission, Submission No 6, at p6
[15] Health Care Complaints Commission, Submission No 6, at p6
[16] Health Care Complaints Commission, Submission No 6, at p6
[17] Health Care Complaints Commission, Submiss

3.19 Inversely, there is a slightly greater proportion of complaints against nurses and midwives by regional health consumers. Again, this may reflect the greater emphasis on nursing and midwifery services in regional areas, rather than any systemic problem about those services.

3.20 The broad conclusion that can be drawn from these data sets is that, while some differences do exist, there is no statistically significant variation in the types of complaints lodged by regional health consumers when compared with their metropolitan counterparts. Where there are differences, they are generally quite minor, and there is limited available evidence to suggest the presence of a widespread and systemic issue.

3.21 Some organisations advised the Committee that differences do exist despite the absence of data. For example, the Australian Medical Association noted:

> We are aware (by way of experience rather than statistical information) of differences between the number and type of complaints received from patients in metropolitan areas compared to regional areas. We would surmise that analysis of data may reveal differences in the nature of complaints about inner city GPs and outer metropolitan/regional GPs, and that there may also be differences between complaints about 'corporate' general practices compared to smaller or solo practices.[18]

3.22 Given these subtle concerns, the public has a right to be informed about such discrepancies and any known reasons for their occurrence.

COMMITTEE COMMENT

3.23 On this, the Committee recommends that the Commissioner identify and report any apparent trend or disparity with respect to either the nature or quantity of complaints being lodged by regional health consumers when compared with their metropolitan counterparts.

3.24 This could include situations where complaints against a certain type of health practitioner are disproportionately higher in either regional or metropolitan communities, or complaints about an issue type, such as treatment or fees and costs, are disproportionately higher.

3.25 This information would give health policy makers an early alert as to any emerging, systemic problems about health service disparities between regional and metropolitan communities. In addition, this Committee would have an ongoing interest in any issue identified by the Commissioner.

RECOMMENDATION 2

That the Commissioner identify and report any apparent trend or disparity with respect to the nature or quantity of complaints lodged by regional health consumers when compared with metropolitan health consumers.

[18] Australian Medical Association, Submission No 11, p3

Regional Concerns

3.26 The Committee heard first hand during its visits of inspection that many regional health consumers are concerned about lodging a complaint with either the Commission, or through the hospital or Local Health District, because of a fear of retribution by the practitioner named in the complaint. While most were not concerned that there would be active retribution per se, many individuals were concerned that they would not receive the same standard of treatment on subsequent visits to the practitioner, or that the practitioner may be reluctant to treat the complainant in the future.

3.27 While this may not be a significant issue in the metropolitan area, where there is the greater ability to change health practitioners, this may be a bigger issue in regional communities. In very small and remote towns, where there is only one general practitioner, many individuals feel they have no option but to attend that one practitioner, even if there are concerns or complaints about that practitioner's service.

3.28 This concern, repeated across the regional centres the Committee visited, indicates that complaints lodged by regional consumers may have been inhibited by concerns unique to rural communities. The Committee recognises this concern, and notes the usefulness that this issue is further explored.

3.29 The Committee therefore recommends that the Commission, or NSW Health through the Bureau of Health Information, undertake a survey to gauge regional consumer approaches to complaints, including seeking responses on the possible inhibition of complaints due to fears of retribution by the practitioner named in the complaint, and lack of alternative health practitioners to consult.

RECOMMENDATION 3

That the Commission, or NSW Health through the Bureau of Health Information, undertake a survey to gauge regional consumer approaches to complaints, including seeking responses in regard to fears of retribution, and lack of alternative health practitioners, to determine whether complaints from regional health consumer have been inhibited by these concerns.

Satisfaction of the Health Care Complaints Commission – Consumers

3.30 Another facet of this Inquiry was to undertake a comparative analysis of consumer satisfaction with the Commissioner among health consumers in both regional and metropolitan regions. It is a key concern of health policy makers to ensure that regional consumers have equitable access to health services, and similarly receive equitable treatment in the management of their consumer complaints.

COMMITTEE COMMENT

3.31 When liaising with consumer groups about the Commission, there was no apparent sense that there was a particularly metropolitan bias in the way complaints are handled by the Commission. Although it was readily acknowledged that the Commission is based in Sydney, there was no apparent

grievance at the lack of an alternative location or decentralisation of the Commission's work.

3.32 The Commission advised the Committee that it provides surveys to both people who make a complaint and the health service providers named or otherwise affected by the complaint, following an initial assessment of the complaint, to gauge consumer satisfaction of the Commission's services. The Commissioner, in his recent Annual Report, advised that:

> These surveys are intended to assist the Commission to improve its assessment procedures and better meet client needs.[19]

3.33 Overall, in 2011-12, 11.7 per cent of people who made a complaint returned a consumer satisfaction survey, as did 12.4 per cent of health service providers. Of the complainants who returned a consumer satisfaction survey, only 47.2 per cent responded that they were satisfied. This represents a considerable decline satisfaction rates from previous years. For example, satisfaction rates were at 65.6 per cent in 2009-10. The Commissioner advised the Committee that the increased workload, triggered by an increase in complaints over the previous few years, has affected the way the Commission manages complaints, including a decrease in correspondence to complainants which has impacted overall communication traffic.[20]

3.34 By comparison, the satisfaction rate with the Commission amongst health care providers is presently 77.6 per cent, comparable to the rates of satisfaction recorded in previous years.[21]

3.35 With respect to the breakdown of consumer satisfaction along regional and metropolitan lines, the Commission advised that it was unable to provide the relevant data:

> The Commission maintains a separate database that records responses to its consumer satisfaction surveys. This database is not linked to the Commission's complaint database to ensure that any responses are anonymous.
>
> The Commission is therefore unable to provide an analysis of the consumer satisfaction of regional consumers compared to metropolitan consumers.[22]

3.36 As the key body that would request and retain data on consumer satisfaction with its own services, the Commission would be the most authoritative body to obtain such information. In the absence of this data, and given the limited information available elsewhere, it is difficult to compare consumer satisfaction rates between regional and metropolitan consumers.

3.37 There have been a couple of other attempts by stakeholder groups to gauge consumer satisfaction with the Commission. For example, the Country Women's Association of NSW sent out similar satisfaction surveys to members statewide,

[19] Health Care Complaints Commission, *Annual Report 2011-12,* November 2012 at p31
[20] Health Care Complaints Commission, *Annual Report 2011-12,* November 2012 at p28
[21] Health Care Complaints Commission, *Annual Report 2011-12,* November 2012 at p28
[22] Health Care Complaints Commission, Submission No 6*,* February 2012 at p7

to canvass members' reactions to the work of the Commission.[23] As with the survey work undertaken by the Commission, the survey results were not regionalised and this, together with general limitations of the Association's outreach, again makes comparisons difficult.

3.38 Most submissions chose not to comment on this term of reference, informing the Committee that the relative lack of available data and knowledge as the reason for not providing comment.[24]

3.39 On the available evidence, the Committee does not draw any inference, either adverse or favourable about the Commission's handling of complaints from regional communities when compared with those from metropolitan communities.

3.40 Without compelling evidence to suggest otherwise, the Committee is satisfied that there is equity of access, and overall fairness in the treatment of complaints lodged by regional and metropolitan health consumers.

3.41 However, given the broad public interest in comparing the access to health care services by regional and metropolitan consumers, it would be preferable that, in future, a breakdown between the rates of satisfaction of regional consumers and their metropolitan counterparts be provided.

3.42 The Committee appreciates that the Commissioner maintains a database that records responses to its consumer satisfaction surveys separate to its general complaint management database. As advised by the Commissioner:

> This database is not linked to the Commission's complaint database to ensure that any responses are anonymous.[25]

3.43 The Committee respects this clean division, and appreciates the importance of maintaining complainant trust, and respecting their privacy.

3.44 However, the Committee considers that a simple way around this issue is to provide an option on consumer satisfaction surveys that allows a consumer to mark his or her place of origin. The option could be limited to marking one of two discrete categories – 'regional' or 'metropolitan' – to ensure consumer privacy. The results from the survey could be included in either the annual report or quarterly report, or both.

RECOMMENDATION 4

That the Commissioner collect, retain and compile data on the origin of health consumers who lodge consumer satisfaction surveys, and publish the results either in the Annual Report or Quarterly Report, or both. To ensure the identity and privacy of a complainant is maintained, the Committee recommends that the data pertaining to the origin of health consumers who lodge a complaint be limited to discrete categories of 'regional' or 'metropolitan'.

[23] Country Women's Association, Submission No 2, February 2012 p2

[24] For example, Medical Council of NSW, Submission No 5, February 2012, at p1

[25] Health Care Complaints Commission, Submission No 6, February 2012 at p7

COMMITTEE COMMENT

3.45 During its visits of inspection, the Committee also heard from the family members of individuals whose experience with a health care professional tragically ended in fatal circumstances. Complaints about the health care professional responsible were lodged with the Commission for investigation. The Committee heard that despite the tragic nature of the complaint, there did not appear to be the required level of communication and engagement between the Commission and the family of the deceased. It appeared that correspondence defaulted to normal procedures afforded to 'ordinary' complaints, and that there had been significant delay in between each piece of correspondence.

3.46 The Committee is concerned that there did not appear to be any distinction between 'ordinary' complaints, and those of an extraordinary nature, such as where there has been a fatality. The Committee was concerned by the absence of any specific protocol to handle complaints made with respect to such extraordinary circumstances, especially given the sensitivities involved, and the urgency for a quick resolution given broader public health interests.

3.47 The Committee recommends that the Commissioner formulates a protocol to deal with complaints made as a result of extraordinary circumstances, that investigation of the complaint be expedited as a matter of priority, and that there be an increased engagement with the affected parties.

RECOMMENDATION 5

That the Commissioner formulates a protocol to deal with complaints made as a result of extraordinary circumstances, such as a fatality, that investigation of that complaint be expedited as a matter of priority, and that there be an increased engagement with the affected parties.

Satisfaction of the Health Care Complaints Commission – Local Health Districts

3.48 The Committee also turned its attention to gauging the satisfaction of the Local Health Districts with the Health Care Complaints Commission, in particular with respect to the training and outreach programs offered by the Commission.

3.49 The Commission offers targeted training programs and has commenced visits to individual Local Health Districts to 'both meet with senior executive staff and train complaint handling staff on responding to and resolving complaints'.[26]

3.50 The Committee notes the following from the Commission's most recent Annual Report:

> A particular focus of the Commission's outreach activities has been to strengthen working relationships with the Local Health Districts. In March 2012, over two hundred complaint-handling staff from Local Health Districts attended an information and training day. With the feedback from the day, the Commission developed a targeted half-day training program and has started to visit individual

[26] Health Care Complaints Commission, *Annual Report 2011 – 2012,* at p9

> Local Health Districts to both meet with senior executive staff and train complaint-handling staff on responding to and resolving complaints.[27]

3.51 The Committee heard during its visits of inspection that these programs were useful and informative, and there was general praise for the Commission's work. However, it was generally felt that the programs were too often based in Sydney, and that the cost and effort for staff in regional Local Health Districts was often not sufficient to justify attendance. The Committee also heard that the regional visits, while encouraged, were too infrequent to meet the actual requirements of the Local Health District, and that without subsequent training programs in the same Local Health District, it was difficult to gain maximum benefit from the training programs.

3.52 The Committee appreciates the efforts the Commission has made in providing training programs for regional Local Health Districts, and recognises the importance in training staff across the hospital system in complaint handling practices. The content and quality of the training is generally widely respected. However, the Committee has observed that the Local Health Districts consider the training to be disproportionately located in Sydney, and that the Commission has limited regional outreach. This appears to have affected the way in which regional Local Health Districts view the Commission's priorities.

3.53 On this issue, the Commission further advised the Committee:

> Between May and December 2012, the Commission visited all Local Health Districts … All visits included a meeting with a Senior Executive and complaints managers. In addition, most districts accepted the offer of a half day workshop for complaints-handling staff.
>
> Following the visits in February 2013, the Commission started a series of bi-monthly webinars for health workers, including staff of the Local Health Districts about topics including the role and function of the Commission, the management of incidents and prevention of complaints, mandatory reporting, communication issues and boundary issues.[28]

3.54 The Committee appreciates that finite resource allocations and budgetary restraints impact on the Commission's ability to conduct comprehensive training programs to all the Local Health Districts, especially those in regional areas, and the Committee recognises that the Commission has dedicated itself to regional outreach training services within its capacity. It is imperative that, given the metropolitan base of the Commission, and the sense of regional disparity that exists, that these outreach programs continue, as regional areas often require additional focus, especially with respect to health policy.

3.55 The Committee also recognises the series of webinars now offered by the Commission which may bridge the perceived distance and divide felt by regional Local Health Districts.

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[27] Health Care Complaints Commission, *Annual Report 2011 – 2012,* at p9

[28] Question on Notice Number 2, second inquiry

3.56 The Committee supports the Commission's visits and online training program, and recommends that it continues its outreach activities and employ strategies that bring regional Local Health Districts within the Committee's ambit.

RECOMMENDATION 6

That the Commission continue its training and outreach activities, and continue to undertake activities that bring Local Health Districts within the Commissioner's ambit.

Consumer Satisfaction of Internal Complaint Handling Systems – Statewide

3.57 The Committee considered the satisfaction rates with internal complaint handling systems. In particular, the complaint management systems of public hospitals, and of the Local Health Districts responsible for medical services in designated regions.

3.58 In its submission, the Ministry of Health advised of its efforts to gauge health consumer responses to health care statewide. In particular, over the past few years, over 200,000 people who use all NSW Health Services statewide were asked to complete a NSW Health Patient Survey coordinated through the Bureau of Health Information. On average, approximately 75,000 people had responded annually. As advised by NSW Health:

> The Survey collects information from patients, families and carers about their experiences across the State at the same time as providing information on how to provide comment on more serious concerns or complaints.[29]

3.59 The NSW Health Patient Survey was developed as a tool to understand patient and carer experience of health care services, and determine the success of improvements and reforms.

3.60 By surveying patients on a periodic basis, NSW Health advised that it is able to 'better understand patient views on the public health system and proactively use this information to reduce complaints or concerns'.[30]

3.61 Despite this, the Committee understands that no survey was conducted in 2012 and that the program is now being transitioned into a more periodic and targeted survey to be implemented shortly.[31] Despite the breadth of the survey, there was only one question asked about consumer awareness, specifically about the receipt of information regarding rights and responsibilities.[32] There were no questions concerning consumer satisfaction with respect to the management of complaints, the more pertinent question of interest to this Inquiry.

3.62 The Committee considers that more questions about consumer satisfaction with complaint management processes should be asked in future surveys. This would enable a more holistic understanding of the state of consumer satisfaction with

[29] NSW Health, Submission No 17, at p 3

[30] NSW Health, Submission No 17 at p4

[31] On advice received by the Bureau of Health Information, 13 May 2013

[32] NSW Health Patient Survey 2009 Statewide Report, at http://www0.health.nsw.gov.au/pubs/2009/pdf/patient_survey_2009.pdf, accessed May 2013

all aspects of patient - health service engagement. Given that the survey is presently being developed for future rollouts, now would be an opportune time to consider including questions about satisfaction with complaints management processes.

3.63 Further, the Committee believes that any data collected should be aggregated and published according to Local Health District to give the Committee, and the wider public, an insight into any regional discrepancies that may exist.

RECOMMENDATION 7

That, in its rollout of new surveys, the Bureau of Health Information collect data on consumer satisfaction with complaint management processes within the systems offered by NSW Health, and aggregate the data by Local Health District.

Consumer Satisfaction of Internal Complaint Handling Systems – Local Health Districts

3.64 To complement the statewide survey initiated by the Bureau of Health Information, a number of patient surveys have been undertaken by various Local Health Districts to gauge how consumers rate the districts on their own complaints handling processes.

3.65 For example, on its visit to the Northern NSW Local Health District, the Committee heard firsthand of that District's efforts, together with the Mid North Coast Local Health District, to undertake consumer surveys to determine satisfaction regarding the management of complaints within those Districts.

3.66 The survey questionnaire included questions with respect to consumer experience of the complaints process, timeliness of any resolution, the sufficiency of contact and communication with case officers, and overall awareness of the consumer's rights and responsibilities as a patient. The survey results generally showed a high level of satisfaction rate with the complaint handling processes within these Districts.[33]

3.67 Other Local Health Districts have also initiated similar systems to gauge the satisfaction rates with complaints management processes. For example, the Central Coast Local Health District recently developed an audit form to monitor consumer satisfaction with complaint handling in that District's remit.[34] Other Local Health Districts built in questions about satisfaction with complaint handling in feedback forms handed to patients upon discharge from a hospital or clinic.

3.68 The Committee recognises that there are a number of avenues available through which consumer responses to complaint handling satisfaction can be recorded, including both the overall statewide survey, and more localised surveys at the discretion of the Local Health Districts.

[33] NSW Health, Submission No 17 at p 4

[34] NSW Health, Submission No 17 at p 4

3.69 However, at present, the information available appears to be piecemeal. The statewide survey, while useful, was not conducted in 2012, and assuming the survey recommences in the near future, data trends will remain interrupted. Information gathered by the Local Health Districts is at the discretion of the District, with no compulsion for the surveys to be done or repeated in subsequent years. There is also no consistency in the questions asked across the Districts, and therefore there is a limited capacity to provide comparative information.

COMMITTEE COMMENT

3.70 For the Committee to gain a more holistic picture about the rates of satisfaction across NSW, but with the data localised as per each of the health districts, it would be preferable that each Local Health District conducted surveys along the lines of the surveys conducted in Northern NSW.

3.71 Further, to ensure that a proper comparison of the satisfaction rates across the Local Health Districts can be made, it would be preferable for surveys to include a list of standard questions. While Local Health Districts may wish to retain some questions that are specifically tailored to the needs of the communities in that District, and the particular services provided by that Local Health District, a list of uniform, core questions should at least be developed and distributed.

3.72 The Committee therefore recommends that the Bureau of Health Information, Ministry of Health, or other relevant body, develop a pro forma survey to distribute to the Local Health Districts that specifies questions about consumer satisfaction with complaint management processes.

3.73 The Committee further recommends that the results of all surveys be published and made widely available. The Committee considers this to be important to ensure that public and health policy makers are aware of any differences in the level with consumer satisfaction of complaint management processes across the State's Local Health Districts. Receipt of such information would provide a more comprehensive picture of the differences between regional and metropolitan practices.

RECOMMENDATION 8

That the Bureau of Health Information, Ministry of Health, or other relevant body, develop a pro forma survey for distribution to Local Health Districts that specifies questions with respect to the consumer satisfaction with complaint management processes. The Committee recommends that the results of these surveys be published and widely distributed.

Chapter Four – Consumer Awareness

Consumer Awareness of Complaints Systems

4.1 The second chief focus of this Inquiry was to determine the level of consumer awareness of the avenues available to them to make complaints. This refers to both the complaint processes available within the system (such as internal complaints with a hospital or at the Local Health District level), and complaints processes available externally though the Health Care Complaints Commission.

4.2 Assessing broad consumer awareness is difficult. It would be fair to suggest that individuals who have not had an adverse experience with a health practitioner would generally be unlikely to be aware of the Commission and its processes, and therefore not turn their minds to the existence of such options. By the same logic, individuals who have had an adverse experience with a health practitioner would be more likely to turn their minds to complaint options available to them, and thus be made aware of the Commission.

4.3 There are two firm indicators that can help determine whether consumer awareness of the Commission has increased in recent years: the number of complaints lodged with the Commission, and the number of enquiries received.

Complaints Lodged

4.4 The Commission advised that there has been a 'significant increase' in the number of complaints lodged in recent years, from 2,308 in 2006-07, to 3,600 in 2010-11.[35] Assuming that there has not been any significant deterioration in the overall provision of health care – and the Committee has not received any information that would suggest this has occurred – the upward trend in complaints received by the Commission indicates a wider awareness of the Commission's existence and functions.

4.5 Further, after breaking down these figures into complaints received from two categories, the first being consumers, and the second being complaints referred by other sources more likely to have already had an awareness of the Commission (such as professional councils, other health professionals, and government departments), the data shows that complaints received from consumers have increased as a proportion of all complaints received.

4.6 In 2006-07, consumers constituted approximately 65 per cent of all complaints lodged with the Commission, rising to 74 per cent in 2010-11.[36] Meanwhile, the raw number of complaints lodged by other sources has remained stable over the previous five years.

4.7 This data suggests that awareness of the Commission has plateaued amongst health care professionals, but continues to increase amongst health consumers where there is scope for improvement.

[35] Health Care Complaints Commission, Submission No 6, at p 8

[36] Health Care Complaints Commission, Submission No 6, at p 8

Enquiries and Website

4.8 Another way of determining consumer awareness is by assessing the number of enquiries made to the Commission, either through its inquiry line or by hits and visits to the Commission website.

4.9 On the first of these measures, the Commission has advised the Committee that the number of enquiries received by its inquiry line has increased over the past five years. In 2006-07 the Commission received 7,927 enquiries from the general public, increasing each year to 10,919 in 2010-11, representing an increase of 37.7 per cent over the five year period.[37] This represents a solid increase in the number of enquiries received, indicating an increase in consumer awareness of the Commission.

4.10 The second measure of consumer awareness is through contact via the Commission's website. This is probably the most common first point of contact for most consumers.

4.11 The Commission advised the Committee that a major outreach activity for the Commission in 2009-10 was the launching of a new website with an inbuilt ability to lodge complaints online. Enquiries to the Commission can also be made via the website. Following on from the website restructure, in the past few years, traffic on the website has risen significantly.

4.12 In 2007-08 approximately 280,000 unique hits were recorded, substantially increasing to nearly 5,100,000 in 2010-11. Similarly, whereas there were 40,440 unique visitors, increasing more than fourfold to over 180,000 in the next year.[38] The exceptional response rate to the Commission's website redesign appears to yield dividends with greater consumer awareness and access.

COMMITTEE COMMENT

4.13 On these issues, the Committee recognises the success of this particular outreach activity. The Committee also recognises the dual direct enquiry options made available by the Commission, through its Inquiry Line and website. The Committee appreciates that having developed and user-friendly access points for the public is crucial in increasing overall consumer awareness and maximising the information available to the public when contact is made.

4.14 Given the upward trend in consumer contact through the Inquiry Line and by traffic on the Commission's website, there is a strong indication that this trend will continue in future years, continuing to raise the Commission's profile in the public domain and therefore broadening its reach. The Committee commends such efforts and considers it imperative to ensuring a core function of the Commission – to educate the public of its services – is performed.

4.15 The Commission's effort to increase its profile has been recognised by consumer bodies. In particular, the Public Interest Advocacy Centre advised the Committee that in its view:

[37] Health Care Complaints Commission, Submission No 6, at p 9
[38] Health Care Complaints Commission, Submission No 6, at p 9

> The HCCC has greatly improved the quality and volume of information it provides about its role and complaints process in recent years.[39]

4.16 The Committee appreciates that with such efforts there is a concomitant increase in the number of complaints lodged, and an increase in workload of the Commission. Such a conundrum is faced by many independent statutory agencies with finite resources and budgetary constraints, and inevitably affects the capacities of other aspects of the Commission's functions. For example, the Committee earlier noted that satisfaction rates with the Commission have declined in recent years.

4.17 Given the success of the website, the Committee recommends that the Commission continues to focus on its improvement, with particular emphasis to ensure it remains current, user-friendly, and helpful.

RECOMMENDATION 9

That that the Commission continue to review and refine content on its website to ensure it remains current, user-friendly, and helpful.

Printed Material

4.18 Earlier, this Report identified the *Your Rights and Responsibilities* brochure as the primary document drafted by NSW Health that would enable health consumers to be aware of the complaint avenues available to them. The brochure is available in different languages, large print, Braille and audio/CD. Posters are displayed in visible areas with details on how concerns can be addressed and who to contact to raise concerns.

4.19 Contained within the brochure is information on complaints, which provides that:

> It is best to resolve complaints with your healthcare provider in the first instance. Try to remain calm and be as clear as possible about what happened and how you would like it resolved. It is a good idea to keep a note of the time and date of the discussion, what was discussed and what agreement might have been reached.
>
> Alternatively you can contact the health manager or patient support officer during business hours. Out of these hours you can contact the senior nurse on duty. These people will ensure your complaint is treated confidentially as well as: answer questions about services, politics and procedures; help you identify concerns; assist with any specific needs you have in hospital; keep you informed about the complaint process and outcome. If you are not satisfied with the outcome, you can contact your health service.[40]

4.20 The Committee is aware that there are systems in place to ensure the *Your Rights and Responsibilities* brochure is distributed to patients. For example, in one Local Health District, the Audit Admission and Discharge Assessment form requires acknowledgement that this information has been provided to the patient. The Committee notes the various strategies employed by the Local Health Districts, each with an emphasis on providing accessible information to patients in

[39] Public Interest Advocacy Centre, Submission No 14 at p 2

[40] NSW Health, *Your Healthcare: Rights and Responsibilities,* March 2011 at p 19

accessible locations, such as on noticeboards in hospital corridors, or on the tables in waiting rooms.

4.21 The Committee notes the strategy of one Local Health District to make inclusion of the *Your Rights and Responsibilities* brochure mandatory for the admission and discharge papers of each patient.[41] The Committee accepts this is as the most direct method to ensure patients in a hospital are aware, or at least have the information to make themselves aware, of the complaints processes available to them.

COMMITTEE COMMENT

4.22 The Committee recommends that the process of including this brochure together with admission and discharge papers be made mandatory for complaint processes across all Local Health Districts.

4.23 Further, the Committee recommends that a directive be issued that ensure clinical services offered by the State place copies of *Your Rights and Responsibilities* in easy and accessible places in waiting rooms and on noticeboards, for patients to make themselves aware of the complaint processes available to them.

4.24 Lastly, the Committee recommends that supplementary information be provided to ensure that the complaints contact of each Local Health District is made available to each patient, and not just a brief statement pertaining to the patient's right to lodge a complaint.

RECOMMENDATION 10

That the *Your Rights and Responsibilities* brochure be made mandatory for inclusion with the admission and discharge papers of each patient, that a directive be issued to ensure that it is placed in easy and accessible places within clinical services offered by Local Health Districts, and that further information pertaining to the complaints contact in each Local Health District be provided with the brochure.

Other Consumers

4.25 The Committee recognises that the Commission's website is by far the most effective way of maximising the distribution of information, making the Commission more widely accessible and available.

4.26 However, while commending the Commission's efforts through its online outreach and phone services, the Committee is mindful that significant sectors of the community would still be untouched by the Commission's current activities.

4.27 Although certainly the ease of access to information has helped heighten the Commission's profile, the Committee received evidence from numerous advocacy and support groups that stressed that a whole class of individuals may still be unaware of the Commission.

[41] NSW Health, Submission No 17 at p 4

4.28 From its visits of inspections, it was intimated to the Committee that those with perhaps the greatest need to lodge a complaint, or at least be aware of the functions and services of the Commission, are also often the same individuals who know the least about the complaints management process, especially if those individuals do not have access to the Internet.

4.29 Of particular concern were individuals from minority groups or otherwise at risk of isolation. This includes individuals from non-English speaking or migrant backgrounds, Indigenous backgrounds, the elderly, and individuals with a disability.

4.30 On this point, the Medical Services Committee submitted that:

> The anecdotal information that the Committee has received over the years is that particularly the socio-economically disadvantaged groups in the community and those with poor English language skills, both regional and metropolitan, have little understanding of when to lodge a complaint, the appropriate mechanisms to lodge a complaint and the complaints handling process.[42]

4.31 These sentiments were repeated through the Inquiry process, including on the various visits of inspection where the Committee met with consumer groups representing these special needs groups. Although there has been broad recognition that access to information has shifted predominantly online, there are still groups of people that, because of either age or other demographic factors, require more traditional methods of accessing information.

4.32 Given possible limitations in the proficiency of English or understanding of the complaints handling process, together with possible geographical remoteness, socio-economic disadvantage, or limited online access, the Committee turned its attention to these discrete community groups.

Culturally and Linguistically Diverse Communities

4.33 New South Wales has a vast ethnically diverse population, including one in three born overseas, and one in five speaking a language other than English at home. Engaging with individuals from a non-English speaking background can present added difficulties for service providers.

4.34 One of the major concerns of the Committee was that individuals from non-English speaking and migrant communities may not have the same access to critical information from the Commission, and that their complaints may not be addressed with the due weight otherwise afforded, or the complaint itself is not brought to the attention of the Commission in the first place.

4.35 The Committee turned its attention to the Commission's outreach toward culturally and linguistically diverse communities, and sought comment from various stakeholders.

4.36 For its part, the Multicultural Health Communication Service noted the Commission's efforts on such matters, advising the Committee that the Commission:

[42] Medical Services Committee, Submission No 16 at p 2

> … appears to have systems in place to promote access, e.g. resources translated in 20 languages and the Code of Conduct in 10 languages are available on the Commission's and the NSW Multicultural Health Communication Service's websites In addition, accredited interpreters are also available if required. Consumers can also submit a written complaint online in English or in another language.[43]

4.37 On examination at the Inquiry's hearing, the Director of the NSW Multicultural Health Communication Service further advised:

> … we feel that the Health Care Complaints Commission is somewhat responsive to cultural issues in comparison to a lot of other organisations we work with. One of the things that suggests that is they have a complaints process online that you can log on and lodge a submission in your own language. They then translate that and look at that complaint. We find that to be not new but it shows a degree of willingness to deal with those complaints on a real level.[44]

4.38 The Service did, however, recommend that the Commission should make available its privacy policy in a number of community languages.[45] This is particularly important given some added sensitivities in some migrant communities where there has been a history of torture and trauma, and where the need to maintain confidentiality of personal information is paramount.[46]

COMMITTEE COMMENT

The Committee recognises the sensitivity and reticence of some individuals from migrant communities may have in making a complaint and supports all efforts to encourage people to come forward, including translating the Commission's privacy policy in a number of community languages.

4.39 The Service also recommended that the Commission develop a communication plan to be targeted to all health facilities to ensure that the diverse language communities are aware of the services of the Commission.[47] This would entail a coordinated approach to be made through various community organisations and community language media. Although recognising the substantial efforts required, the Committee also supports further efforts within resource and budgetary capacities.

4.40 Lastly, the Committee noted that the ability to have information provided in, or make a complaint in, a community language is not prominently displayed on the Commission webpage, as it requires access through a drop-down column which is in English. The Committee recommends a slight change to allow for a more visual display of community language options, for example by using national flags on the Committee's main webpage to indicate community language options.

[43] NSW Health, Multicultural Communication Service, Submission No 8, at p2

[44] Mr Peter Todaro, *NSW Multicultural Health Communication Service,* Transcript of Evidence at p 53.

[45] NSW Health, Multicultural Communication Service, Submission No 8, at p2

[46] NSW Health, Multicultural Communication Service, Submission No 8, at p2

[47] NSW Health, Multicultural Communication Service, Submission No 8, at p2

RECOMMENDATION 11

That the Commission further its outreach to culturally and linguistically diverse communities. This includes translating its privacy policy in the most commonly used community languages, engaging with community organisations and community language media to promote its services, and more prominently displaying on its website options for information in a community language.

Aboriginal and Torres Strait Islander Communities

4.41 Aboriginal and Torres Strait Islander Communities are the second discrete category that the Committee turned to. As communities often with special needs requirements, and in remote locations, this is another community of need.

4.42 During its visits of inspection, the Committee spoke with Indigenous community groups about the issues particular and unique to Indigenous communities with respect to their awareness of complaint handling avenues available to them, and satisfaction with their engagement with these bodies. As with other groups, isolation and social disadvantage were prominent across the Indigenous community, and this appeared to affect their knowledge and awareness of the Commission.

4.43 More importantly, the Committee heard firsthand during its visit of inspections anecdotal evidence of some issues which give rise to a reticence by some in the Indigenous community to come forward with complaints. This includes a lack of trust between Indigenous communities and the mainstream health services, including fears of retribution for the making of complaints. It should be stressed that this appeared to be a particular concern with some of the local hospitals and Local Health Districts, and not with the Health Care Complaints Commission.

4.44 The Committee noted the following from the Commission:

> The Aboriginal Health and Medical Research Council is a member of the Commission's Consumer Consultative Committee. The Committee is an important forum that assists the Commission in better understanding health consumer's concerns. The Commission continues to collaborate with nine other complaint handling agencies as part of the Good Service forums in reaching Aboriginal communities and making them aware of what they can do if they have a concern or problem. The Commission also continued to contribute to the curriculum of the Aboriginal Health Workers College in Little Bay.[48]

COMMITTEE COMMENT

4.45 The Committee notes the Commission's engagement with Indigenous consumer and advocacy groups, and that it is those groups who would be better placed to advise the Commission of methods to expand the Commission's outreach and improve accessibility.

4.46 With respect to internal complaint management systems, the Committee is concerned about a lack of trust between certain Local Health District and public hospitals, and Indigenous communities. The Committee heard firsthand of the

[48] Health Care Complaints Commission, *Annual Report 2011 – 2012,* at p 9

preference of some Indigenous groups to attend Indigenous-specific medical services over the mainstream systems available. Although overcoming these issues goes beyond the scope of this Inquiry, the Committee is mindful that communication and outreach to Indigenous communities of the complaint handling services available by the both Commission, and within NSW Health, are complicated by additional factors.

The Elderly

4.47 Elderly patients' awareness of the Commission was also canvassed throughout the Inquiry, particularly in light of the fact that the elderly are disproportionately represented in hospital attendance rates and the need to access health care. Elderly citizens are also far less likely to have online access.

4.48 Given this, the Committee is aware that more traditional methods of information distribution, through written-based materials, still forms an important way of communication with elderly patients, and that there cannot be an overreliance on online information.

4.49 As advised by the Medical Council of NSW:

> I accept there are people who through age or demographics may not have as much access as many other people do. That is why I think it is important for hospitals, emergency departments etc to make people aware that there is this line that you can take towards the HCCC…
>
> … There are a number of outlets of government that should be able to provide appropriate direction and assistance if a patient does wish to make a complaint. It does not simply need to be all computer based. If you are not connected to the internet, you do have the option of the local library, the local Member of Parliament, and other avenues, even the hospital front desk which should be able to advise you on submitting a complaint and assist with doing so.[49]

4.50 The other methods include plain advertising posters on hospital noticeboards and in clinic waiting rooms, and brochures that form part of admission and discharge papers. The use of the 1800 complaints line was also important so elderly health consumers had a person to speak to and listen to their concerns.

4.51 The published material by both NSW Health, including *Your Healthcare: Rights and Responsibilities* and the Commission's fact sheets, appeared considered and useful to meet client needs.[50]

COMMITTEE COMMENT

4.52 The Committee considers it important that print-based distribution of information remain an important part of raising consumer awareness about complaint handling, both for internal complaint management systems, and for the Commission.

[49] Transcript of Evidence, Hearing 12 November 2012, at p25

[50] Medical Services Committee, Submission No 16, February 2012

People with a Disability

4.53 The Committee received submissions from Carers NSW, the Public Interest Advocacy Centre, and the NSW Consumer Advisory Group, all of whom addressed the issue of dealing with the complaints from individuals with a disability. The Committee also received a submission from The Hon. Andrew Constance, Minister for Ageing and Disability Services.

4.54 In his submission, the Minister summarised the key concerns from his Department's perspective. In particular, the Department's concern is that individuals with an intellectual disability are not aware of their rights, and unless supported to do so, may not pursue a complaint. Compounding the lack of awareness, there be a significant communication difficulties which can create barriers to accessing adequate or appropriate health care. The Minister advised:

> Intellectual disability often impacts significantly on an individual's expressive and receptive communication inabilities and can require special skills on the part of a communication partner. People with an intellectual disability often miss out on receiving adequate mental health treatment as mental illness is often minimised or attributed to the intellectual disability.[51]

4.55 The Minister continued:

> Many health care staff (and their carers) forget that a person with an intellectual disability has the same rights as the rest of the community to access and receive good health care.[52]

4.56 This view was supported by the NSW Consumer Advisory Group which informed the Committee:

> Consumers repeatedly and overwhelmingly told us that their complaints were discredited because of their mental illness. Consumers said that they are not treated as equals in the health care system…
>
> Consumers told us that they felt discouraged from making complaints because they are not treated as equals in their health care and that complaints are viewed as symptoms of mental illness.[53]

4.57 It should be noted that these comments were not directed specifically to complaints brought before the Commission, but instead were comments identifying systemic issues in the complaints process more broadly.

4.58 The Committee heard that people with an intellectual disability often feel the need to prove the substance of their complaint above and beyond what other health consumers may be required to provide.[54]

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[51] The Hon. Andrew Constance MP, *Minister for Ageing and Disability Services,* Submission No 12, February 2012, at p2

[52] The Hon. Andrew Constance MP, *Minister for Ageing and Disability Services,* Submission No 12, February 2012 at p2

[53] NSW Consumer Advisory Group – Mental Health Inc, Submission No 15, February 2012, at p7

[54] NSW Consumer Advisory Group – Mental Health Inc, Submission No 15, February 2012, at p7

4.59 Despite these obstacles, there are various approaches that can be employed to make the complaint process fairer for individuals with disabilities.

4.60 With respect to communication barriers, the Committee recommends a greater emphasis on plain English brochures. The NSW Consumer Advocacy Group suggested to the Committee that:

> We also recommend providing more information about people's rights in regards to making mental health care complaints and making sure that those materials are in plain English and in an easy to read format, which means that the design and layout makes it easy for people to read and understand the information.[55]

4.61 An example of an appropriate brochure published by the Commission, entitled *Not Happy With Doctor* was identified as an appropriate starting point.[56]

4.62 The Committee recognises that plain English brochures which outline the processes for making a complaint in a simple way are the best way to mitigate some of the communication barriers that may exist in communicating with people with disabilities.

4.63 While the Commission has the simple English document *Not Happy with Doctor*, the Committee recognises other complaint management systems within the hospitals or Local Health Districts may not have an equivalent information sheet in simple English.

4.64 The NSW Consumer Advisory Group further advised the Committee on suitable places to distribute information on complaints handling processes, including:

> The information should be distributed at all mental health services, as well as key agencies that work with mental health consumers. This should include all public and private specialist mental health services, community managed support services and other services, such as youth health centres, Aboriginal Medical Services, and migrant resources centres. Services should display the poster in areas that are highly visible to consumers.[57]

4.65 As with other communities of need, it is apparent that an emphasis on simple English brochures, use of printed material in its outreach, and targeted awareness through consumer and support groups, form the basis of maximising the outreach by both the Commission and complaints handling systems within NSW Health.

Patient Advocacy

4.66 One of the substantive suggestions made to the Commission was the development of a program of patient advocates. In its submission, the Public Interest Advocacy Centre (PIAC) advised that:

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[55] Transcript of Evidence, Hearing 12 November 2012, at p2

[56] http://www.hccc.nsw.gov.au/Information/Information-For-Health-Consumers/Simple-factsheet---Not-happy-with-your-doctor-

[57] NSW Consumer Advisory Group – Mental Health Inc, Supplementary Questions on Notice, February 2013, at p4

> ... there should be a well-funded and adequately resourced independent consumer advocacy services throughout NSW. PIAC recommends that these services be modelled on the New Zealand Health and Disability Advocacy Service.[58]

4.67 The basis for PIAC's suggestions was that consumers and health service providers are not on an equal footing in the resolution of complaints. In its submission, the PIAC advised the Committee that the knowledge disparity between health service providers and consumers is problematic. In particular, health service providers hold the health information on record of the patient, and have the knowledge and expertise to understand that information. [59]

4.68 The role of the patient advocate would be to act as an independent advocate for a patient with a complaint or issue. As the advocate may be in a stronger position to articulate the complainant's concern, and press their case, this may be a way to redress the perceived imbalance.

4.69 In particular, a patient advocate or some equivalent position could have a more independent and forceful role in advocating for a patient before the Commission or other complaint body, as well as informing the complainant of the complaint processes, as well as their rights and responsibilities. This is distinguished from the current resolution officers within the Commission who are required to have a more neutral, impartial role, and serve as conciliators rather than advocates.

COMMITTEE COMMENT

4.70 The Committee took particular interest in the idea of patient advocates as a way of broadening consumer awareness of complaint avenues available to them. This would be particularly useful for the communities of need identified in this Chapter. While not expressly endorsing the creation of these positions, either with the Commission or within the Department, the Committee considers this idea to be worth exploring further. As such, the Committee recommends that NSW Health consider reviewing the idea of creating various roles of patient advocates, to act on behalf of patients in complaints before the Commission and within internal complaint handling systems.

RECOMMENDATION 12

That NSW Health considers creating positions of patient advocates to act on behalf of patients in complaints before the Commission and within internal complaint handling systems.

Feedback v Complaints

4.71 The Committee heard repeatedly, though mostly informally during its visits of inspection, of a general reluctance to lodge a complaint as the word 'complaint' itself conjures up negative connotations. While many patients were keen to air their concerns and grievances, many of those patients were not interested to pursue the issue beyond raising it.

[58] Public Interest Advocacy Centre, Submission No 14, February 2013, at p14

[59] Public Interest Advocacy Centre, Submission No 14, February 2013, at p14

4.72 Many individuals also spoke of concern that lodging a complaint may have adverse consequences for the practitioner named in the complaint. As many patients were unwilling to take action that could result in someone facing a penalty, there was a further reluctance to lodge a complaint.

4.73 As advised by Health Consumers NSW:

> I know from my experience as far as nursing and the midwifery board is concerned, when we get complaints they are not regarded as being—let us say, we are not there in order to punish people. If they have done something wrong, I know the best way to deal with it is to find out what happened and do something to help people. If they have been at fault it could be from their own lack of knowledge and therefore assistance can be given to them. I think the health care complaints system works like that, not necessarily from the commission alone but by the organisations of professionals involved. So, people need to know that their complaints are not necessarily used as something to punish somebody.[60]

4.74 The Committee did not pursue this line of inquiry as it was outside of its terms of reference, but did note that it could be subject of future discussion. In particular, that the term 'complaints' could be rebadged as 'feedback' to encourage more health consumers to come forward with their concerns and issues.

4.75 As such, the Committee recommends that the Ministry of Health give consideration toward devising policies that encourages a language shift away from 'complaints' and towards 'feedback', and that it be reflected in the terminology used by agencies within the Ministry of Health.

RECOMMENDATION 13

That the Ministry of Health give consideration toward devising policies that encourages a language shift away from 'complaints' and towards 'feedback', and that it be reflected in the terminology used by agencies within the Ministry of Health.

[60] Health Consumers NSW, Submission No 9, at p1

Appendix One – List of Submissions

1	Western NSW Local Health District
2	Country Women's Association of NSW
3	The Australian Council on Healthcare Standards
4	Carers NSW
5	Medical Council of NSW
6	Health Care Complaints Commission
7	New South Wales Nurses' Association
8	South Eastern Sydney Local Health District
9	Health Consumers NSW
10	Dental Council of New South Wales
11	Australian Medical Association (NSW) Limited
12	Ageing and Disability Services
13	Mr Mark Loewenthal
14	Public Interest Advocacy Centre

15	NSW Consumer Advisory Group - Mental Health Inc.
16	Medical Services Committee
17	NSW Ministry of Health
18	Royal Australasian College Of Surgeons

Appendix Two – List of Witnesses

Monday 19 November 2012, Macquarie Room, Parliament House

Witness	Organisation
Ms Ka Ki Ng	Senior Policy Officer NSW Consumer Advisory Group – Mental Health
Mr Brett Holmes General Secretary	General Secretary
Ms Linda Alexander	Legal Officer NSW Nurses and Midwives Association
Mr Peter Dodd	Solicitor Public Interest Advocacy Centre
Associate Professor Peter Procopis	President
Mr Greg Kesby	Deputy President Medical Council of NSW
Ms Betty Johnson AO	Chair Health Consumers NSW
Mr Kieran Pehm	Commissioner Health Care Complaints Commission
Dr Gregory Stewart	Director Operations, Ambulatory and Primary Health Care
Mr Peter Todaro	Director, NSW Multicultural Health Communication Service South Eastern Sydney Local Health District

Appendix Three – Extracts from Minutes

MINUTES OF PROCEEDINGS OF THE COMMITTEE ON THE HEALTH CARE COMPLAINTS COMMISSION (NO. 5)

10.08 a.m., Thursday , 10 November 2011
Room 1136, Parliament House

Members Present

Mrs Williams, Mrs Sage, Mr Rohan, and Ms Westwood.

Apologies

Apologies were received from Ms Cusack, Mr Green and Mr Park.

4. Confirmation of Minutes

Resolved, on the motion of Ms Westwood, seconded Mrs Sage: That the Committee adopt the minutes of the meeting of 20 October 2011.

*****

3. Committee Inquiry Proposals – Draft Terms of Reference

The Chair referred to the draft terms of reference previously distributed by email proposing an inquiry into health care complaints and complaints handling in New South Wales.

Resolved, on the motion of Ms Westwood, seconded Mr Rohan:

That, pursuant to the functions of the Joint Parliamentary Committee on the Health Care Complaint Commission under s 65(1)(b) and s 65(1)(d) of the *Health Care Complaints Act 1993* to report to both Houses of Parliament, with such comments as the Committee thinks fit, on any matter appertaining to the Commission or connected with the exercise of the Commission's functions to which, in the opinion of the Committee, the attention of Parliament should be directed, and to report on any change that the Committee considers desirable to the functions, structures and procedures of the Commission the Committee examine the operation of the *Health Care Complaints Act 1993*, with particular reference to:

2. A comparative analysis of complaints lodged with the Health Care Complaints Commission by regional and metropolitan consumers including the quantity and nature of complaints and consumer satisfaction; and

3. Consumer awareness and understanding of the complaint handling systems and processes available to them both within the hospital system and in relation to external systems.

*****

4. General Business

The Chair advised that, with the agreement of the Minister's office, she had arranged for the Committee to visit Royal Prince Alfred Hospital on the proposed date of Monday 21 November at 2.00 p.m. She requested that the secretariat contact Members and ask them to confirm their availability as soon as possible.

*****

The Committee adjourned at 11.00 a.m. until Thursday 24 November at 10.00 a.m.

MINUTES OF PROCEEDINGS OF THE COMMITTEE ON THE HEALTH CARE COMPLAINTS COMMISSION (NO. 6)

10.13 a.m., Friday, 25 November 2011
Room 1153, Parliament House

Members Present

Mrs Williams, Mrs Sage, Mr Rohan, and Ms Westwood.

Apologies

Apologies were received from Ms Cusack, Mr Green and Mr Park.

Officers in Attendance: Vicki Buchbach, Kieran Lewis, Jacqueline Isles

1. Confirmation of Minutes

Resolved, on the motion of Mrs Sage, seconded Mr Rohan: That the Committee adopt the minutes of the meeting of 10 November 2011.

5. Visit to Royal Prince Alfred Hospital

Resolved, on the motion of Mrs Sage, seconded Mr Rohan: That the Committee write a letter of thanks to the organisers of the visit to Royal Prince Alfred Hospital which took place on Monday 22 November 2011.

Members agreed that the visit had been very useful. Discussion ensued.

*****

4. Inquiry Planning

1. Inquiry into Health Care Complaints and Complaints Handling in NSW
The Committee endorsed the inquiry plan and list of potential stakeholders already circulated by email. The Committee agreed to hold a meeting with stakeholders in Sydney on Monday 12 March 2012 following the closure of submissions on 3 February 2012. The Committee agreed to meet with regional stakeholders in Lismore, Moree and Cooma in or around June 2012 and to consider specific dates when it meets again early in 2012. The Committee agreed to issue a media release about the regional meetings.

*****

The Committee adjourned at 10.42 a.m. until Monday 20 February 2012 at 2.00 p.m.

MINUTES OF PROCEEDINGS OF THE COMMITTEE ON THE HEALTH CARE COMPLAINTS COMMISSION (NO. 7)

Monday 20 February 2012
2.10 pm, Waratah Room, Parliament House

Members Present

Mrs Williams (Chair), Mrs Sage (Deputy Chair), Ms Cusack, Mr Green, Mr Park, and Mr Rohan.

Officers in Attendance

Vicki Buchbach, Jason Arditi, Kieran Lewis and Jacqueline Isles.

Apologies

An apology was received from Ms Westwood.

1. Confirmation of Minutes

Resolved, on the motion of Ms Cusack, seconded by Mrs Sage: That the Minutes of the meeting of 25 November 2011 be adopted.

6. Inquiry into Health Care Complaints and Complaints Handling in NSW

i. *Submissions received*

The Chair referred Members to the table of submissions distributed with the meeting papers and noted that 13 submissions had been received to date.

Resolved, on the motion of Ms Cusack, seconded by Mrs Sage: That the Committee receives and authorises the publication of the submissions to this Inquiry, and orders that they be placed on the Parliament's website.

ii. *Proposed Hearings and Site Visits*

Members agreed to make final arrangements for the public hearing and visits of inspection at the next deliberative meeting.

*****

The Committee adjourned at 4.12 pm until a time and date to be determined.

MINUTES OF PROCEEDINGS OF THE COMMITTEE ON THE HEALTH CARE COMPLAINTS COMMISSION (NO. 8)

Thursday 15 March 2012
1:34 pm, Room 1043, Parliament House

Members Present

Mrs Williams (Chair), Mrs Sage (Deputy Chair), Ms Cusack and Mr Green.

Officers in Attendance

Vicki Buchbach, Jason Arditi, Kieran Lewis and Jacqueline Isles.

Apologies

Mr Park and Mr Rohan.

1. Confirmation of Minutes

Resolved, on the motion of Mrs Sage, seconded by Mr Green: That the Minutes of the meeting of 20 February 2012 be adopted.

*****

7. Inquiry into Health Care Complaints and Complaints Handling in NSW

i. *Submissions received*

The Chair referred Members to the table of submissions distributed with the meeting papers and noted that a total of 17 submissions had been received.

Resolved, on the motion of Ms Westwood, seconded by Mrs Sage: That the Committee receives and authorises the publication of the submissions to this Inquiry, and orders that they be placed on the Parliament's website.

ii. *Proposed Hearings and Site Visits*

The Chair proposed a plan for three separate site visits to Lismore, Moree and Cooma and submitted a list of suggested dates in either sitting and non-sitting periods for the consideration of Members. Ms Cusack suggested Moruya or Wagga as possible alternative south coast destinations. Members agreed that, in order to ensure their availability, the list of proposed sites and dates be circulated by email and that arrangements would be confirmed at the next meeting.

Resolved, on the motion of Mr Green, seconded by Mrs Sage: That the Committee goes on site visits related to the Inquiry into Health Care Complaints and Complaint Handling in NSW.

8. General Business

*****

iv. *Suggested Witness for the Inquiry into Complaints and Complaints Handling.*
The Chair advised that she had conferred with Dr John Wakefield of Queensland Health concerning complaints handling systems. She noted his constructive ideas and suggested a possible teleconference with him as part of the Inquiry. Members agreed that he should be invited to be a witness, whether by teleconference or travelling to a public hearing. The Chair undertook to circulate notes about him.

*****

The Committee adjourned at 2.06 pm at a time and date to be determined.

MINUTES OF PROCEEDINGS OF THE COMMITTEE ON THE HEALTH CARE COMPLAINTS COMMISSION (NO. 9)

Wednesday 9 May 2012
1:16 pm, Room 1043, Parliament House

Members Present

Mrs Williams (Chair), Mrs Sage (Deputy Chair), Ms Cusack, Mr Green, Mr Park, Mr Rohan and Ms Westwood (from 1:37 pm)

Officers in Attendance

Jason Arditi, Vicki Buchbach, Jacqueline Isles and Kieran Lewis.

1. Confirmation of Minutes

Resolved, on the motion of Mrs Sage, seconded by Mr Green: That the Minutes of the meeting held on 15 March 2012 be adopted.

*****

5. Inquiry into Health Care Complaints and Complaints Handling in NSW

i. *Proposed Hearings and Site Visits - Regional*
The Committee deliberated on the proposed list of proposed sites previously advised by email to Members. Members agreed that it was not necessary for all of them to attend each site and that attendance would be as follows, subject to the approval of the Speaker:

15 June (Wagga Wagga) – Ms Cusack, Mr Green, Mrs Westwood and Mrs Williams;

3 July (Lismore) – Ms Cusack, Mr Park, Mrs Sage, Ms Westwood, Mrs Williams;

17 August (Moree) – Mr Rohan, Mrs Sage, Ms Westwood and Mrs Williams.

ii. *Letter - Response to Questions After Hearing*

The Chair informed Members that a letter had been received from the Commission on 28 March 2012 providing information, as requested at the public hearing on 20 February, regarding the Commission's Information and training day for complaint-handling staff of Local Health Districts. She noted that the Commission had provided copies of the manual titled *Dealing with Complaints about Health Service Providers*, which had been provided to all participants at the training day held on Monday 5 March 2012. Copies of the manual were distributed to Members at the meeting.

On the suggestion of Ms Cusack, Members agreed that the manual was an excellent resource and further copies should be requested from the Commission to circulate to all MPs with the Committee's Newsletter.

iii. *Submissions to be published*

a. Royal Australasian College of Surgeons

Resolved, on the motion of Mr Park: That the Committee receives and authorises the publication of the submission of the Royal Australasian College of Surgeons, and orders that it be placed on the Parliament's website.

iv. *Witnesses for Public Hearings*

The Chair advised that Members would meet with local health networks, including representatives of the Local Health District, the Local Member and any other stakeholders selected on the basis of submissions.

The Chair noted the secretariat's suggestion that Members might wish to meet with Professor John Jenkins, School of Tourism & Hospitality Management, Southern Cross University, at Lismore, who had been commissioned on a research project funded by the Clinical Excellence Commission to improve service quality in hospital emergency departments. The Committee agreed to invite Professor Jenkins to participate in the Lismore information session.

The Chair advised that she had corresponded by email with Dr John Wakefield PSM, Executive Director, Patient Safety and Quality Improvement Service, Queensland Health and he was available to meet with the Committee during the Lismore site visit or in Sydney at a public hearing. Members agreed that it would be preferable to meet with him in Sydney when all Members could be present.

*****

The Committee adjourned at 1:56 pm.

MINUTES OF PROCEEDINGS OF THE COMMITTEE ON THE HEALTH CARE COMPLAINTS COMMISSION (NO. 10)

Wednesday 30 May 2012
1:10 p.m., Waratah Room, Parliament House

Members Present

Mrs Williams (Chair), Mrs Sage (Deputy Chair), Mr Green, Mr Park , Mr Rohan and Ms Westwood

Officers in Attendance

Vicki Buchbach, Jason Arditi, Kieran Lewis and Jacqueline Isles

Apologies

Ms Cusack

1. Confirmation of Minutes

Resolved, on the motion of Mr Ryan, seconded by Mrs Sage:

That the Minutes of the meeting held on 9 May 2012 be adopted.

At 1.15 p.m. the meeting adjourned and the following Members withdrew to attend a division in the House: Mrs Williams, Mrs Sage, Mr Park and Mr Rohan.

At 1.27 p.m. the meeting resumed.

*****

3. Inquiry into Health Care Complaints and Complaints Handling in NSW

i. *Update on Site Visits*

The Chair reported on the progress of arrangements for the site visits to Wagga Wagga (June 15), Lismore (July 3), and Moree (August 17). In relation to the Wagga Wagga site visit, she informed Members that she had contacted the Member for Wagga Wagga, Mr Daryl Maguire MP and noted Mr Maguire's apology that he would not be able to accompany the representatives of the Committee during the site visit.

In relation to stakeholders who might be invited to attend the site visits, the Chair advised that Mr Maguire's office had agreed to suggest stakeholders who may be willing to meet with the Committee in Wagga Wagga. She said that the Committee staff had also contacted the Health Care Complaints Commission and it was preparing a list of potential stakeholders for the Committee's consideration.

In relation to publicity for the Wagga Wagga site visit, she advised that a press release would be prepared by the secretariat and distributed to local media by Mr Maguire's office.

The Chair further reported that she had been in touch again with Dr John Wakefield PSM, Executive Director, Patient Safety and Quality Improvement Service, Queensland Health, and he had indicated that he would not be able to travel to a public hearing, but he would be available to participate in a videoconference on Wednesday 22 August at 1.00 p.m.

*****

The Committee adjourned at 1:41 p.m. until Wednesday 20 June at 9.15 a.m.

MINUTES OF PROCEEDINGS OF THE COMMITTEE ON THE HEALTH CARE COMPLAINTS COMMISSION (NO. 11)

Wednesday 20 June 2012
9.20 a.m., Room 1153, Parliament House

Members Present

Mrs Williams (Chair), Mrs Sage (Deputy Chair), Ms Cusack, Mr Park, Mr Rohan and Ms Westwood

Officers in Attendance

Vicki Buchbach, Jason Arditi, Kieran Lewis and Jacqueline Isles

Apologies

Mr Green

1. Confirmation of Minutes

Resolved, on the motion of Mrs Sage, seconded by Mr Rohan:

That the Minutes of the meeting held on 30 May 2012 be adopted.

*****

3. Inquiry into Health Care Complaints and Complaints Handling in NSW

i. *Update on Site Visits*

2. Wagga Wagga Site Visit – 15 June 2012

The Chair reported on the visit of the Committee to Wagga Wagga. Members agreed to the following actions:

- The Chair to provide from her notes a list of the systemic issues raised by stakeholders during the public consultation with local groups and to distribute these to Members for comment;
- Commissioner to be invited to meet with the Committee to discuss the agreed list of issues at a later date; and
- The Chair to issue a press release to local media in Wagga Wagga as a follow up to its visit.

*****

5. General Business

i. *Update on Site Visits*

Lismore Site Visit – 3 July 2012

Members discussed the Wagga site visit and agreed that the order of business be changed for the Lismore itinerary, with the consultation with local community stakeholders to be in the morning and the meeting with the Northern NSW Local Health District and other relevant authorities in the afternoon.

6. Next Meeting

Members agreed to meet again on Wednesday 22 August at 1.00 p.m. for a briefing via videoconference with Dr John Wakefield of Queensland Health.

The Committee adjourned at 10.10 a.m.

MINUTES OF PROCEEDINGS OF THE COMMITTEE ON THE HEALTH CARE COMPLAINTS COMMISSION (NO. 12)

Wednesday 22 August 2012
1.02 p.m. Waratah Room, Parliament House

Members Present

Mrs Williams (Chair), Ms Cusack, Mr Green , Mr Park and Mr Rohan.

Officers in Attendance

Carly Maxwell, Jason Arditi, Jenny Gallagher and Jacqueline Isles

Apologies

Mrs Sage and Ms Westwood

1. Confirmation of Minutes

Resolved, on the motion of Mr Park, seconded by Mr Rohan:

That the Minutes of the meeting held on 20 June 2012 be adopted.

*****

3. Inquiry into Health Care Complaints and Complaints Handling in NSW

(a) *Update on Site Visits*

The Chair invited Members to send Committee staff any notes on key systemic issues arising from the site visits to Wagga Wagga, Lismore and Moree. She undertook to compile a summary of the key issues identified by Members.

(b) *Public Hearing*

The Committee agreed to hold a public hearing in Sydney further to the one metropolitan and three regional site visits already undertaken. Members agreed that all those individuals and organisations which made submissions should be invited to give evidence. The Committee also agreed that the Commissioner be asked at the public hearing about the key systemic issues identified as a result of the site visits.

*****

5. General Business

The Chair noted that the video conference planned with Dr John Wakefield of Queensland Health had been postponed. Members agreed that this could be re-arranged for the next meeting in September. Ms Cusack referred to a consumer satisfaction survey conducted by the NSW Ministry of Health. The Chair undertook to conduct further research about this matter.

Ms Cusack and Mr Park commented on the need for an external review of the Health Care Complaints Commission's customer relations policy. Ms Cusack suggested that the Society of Consumer Affairs Professionals Australia (SOAP) might be an appropriate organisation to assist with such a review. The Chair undertook to further research this matter.

*****

5. Next Meeting

Members agreed to meet again on Wednesday 19 September at 1.00p.m for a briefing via videoconference with Dr John Wakefield of Queensland Health.

The Committee adjourned at 1.46 p.m.

MINUTES OF PROCEEDINGS OF THE COMMITTEE ON THE HEALTH CARE COMPLAINTS COMMISSION (NO. 13)

Wednesday 19 September 2012
1.05 p.m. Parkes Room, Parliament House

Members Present

Mrs Williams (Chair), Mr Park, Mr Rohan, Mrs Sage and Ms Westwood

Officers in Attendance

Rachel Simpson, Jason Arditi, Leon Last and Jacqueline Isles

Apologies

Mr Green and Ms Cusack

1. Confirmation of Minutes

Resolved, on the motion of Mr Park, seconded by Ms Westwood:

That the Minutes of the meeting held on 22 August 2012 be adopted.

*****

3. Inquiry into Health Care Complaints and Complaints Handling in NSW

3. Public Hearing, Sydney

The Committee agreed to hold a public hearing in Sydney on Monday 19 November, 2012. Members agreed that the hearing comprise a full-day program with stakeholder groups in the morning and representatives of the Ministry and the Health Care Complaints Commission in the afternoon. The Committee further requested that the staff prepare a list of stakeholders and a draft program for discussion at the next meeting.

9. General Business

Members noted that enquiries about the inquiry had been received from the NSW Nurses' Association and the Health Care Consumers' Association based in Canberra. Members agreed that stakeholders other than submitters could be included in the hearing program. The Chair advised that she would prepare a summary of issues raised in site visits for consideration at the next meeting.

*****

The Committee adjourned at 1.20 p.m.

MINUTES OF PROCEEDINGS OF THE COMMITTEE ON THE HEALTH CARE COMPLAINTS COMMISSION (NO. 14)

Wednesday 24 October 2012
1.10 p.m. Parkes Room, Parliament House

Members Present

Mrs Williams (Chair), Mrs Sage (Deputy Chair), Mr Green, Mr Park, Mr Rohan, and Ms Westwood (from 1.15 p.m.)

Officers in Attendance

Rachel Simpson, Jason Arditi, Leon Last and Jacqueline Isles

Apologies

Ms Cusack

4. Confirmation of Minutes

Resolved, on the motion of Mr Park, seconded by Mrs Sage:

That the Minutes of the meeting held on 19 September 2012 be adopted.

4. Inquiry into Health Care Complaints and Complaints Handling in NSW

i. Public Hearing – 19 November 2012.

The Committee noted the draft schedule previously circulated.

Resolved, on the motion of Mr Park, seconded by Mrs Sage:

That the Committee agrees to invite witnesses from the following organisations:

- Medical Council of NSW
- NSW Nurses' Association
- Public Interest Advisory Centre
- NSW Consumer Advisory Group – Mental Health
- Health Consumers NSW
- Health Care Complaints Commission
- NSW Health
- Any other stakeholder relevant to the Inquiry.

ii. Apology for the Public Hearing

Mrs Sage advised that she would not be available to attend the public hearing.

3. General Business

The Chair advised that a summary of site visits and draft questions for witnesses would be circulated to Members in advance of the public hearing. Mrs Sage thanked the Committee staff for organising the site visits.

*****

The Committee adjourned at 1.20 p.m.

MINUTES OF PROCEEDINGS OF THE COMMITTEE ON THE HEALTH CARE COMPLAINTS COMMISSION (NO. 15)

Monday 19 November 2012
8.57 a.m. Macquarie Room, Parliament House

Members Present

Mrs Williams (Chair), Mr Green, Mr Park, Mr Rohan, and Ms Westwood

Officers in Attendance

Rachel Simpson, Jason Arditi, Leon Last, Jacqueline Isles, Meike Bowyer.

Apologies

Ms Cusack, Mrs Sage

1. Confirmation of Minutes

Resolved, on the motion of Mr Green:

'That the Minutes of the meeting held on 24 October 2012 be adopted.'

2. Inquiry into Health Care Complaints and Complaints Handling in NSW

i. *Admission of media*

Resolved, on the motion of Ms Westwood:

'That the Committee authorise the audio-visual recording, photography, and broadcasting of the public hearing on 19 November 2012 in accordance with the guidelines for coverage of proceedings for parliamentary committees.'

ii. *Return date for answers to questions on notice*

Resolved, on the motion of Mr Green:

'That the Committee notes the return date for answers to questions on notice is to be 14 days from the date sent by the Committee secretariat.'

3. General Business

Members noted the suggested questions for witnesses.

4. Public Hearing - Inquiry into Health Care Complaints and Complaints Handling in NSW

At 9.05 the Chair declared the commencement of the public hearing and the witnesses and the public were admitted.

Ms Ka Ki Ng, Senior Policy Officer, NSW Consumer Advisory Group – Mental Health was affirmed and examined. Ms Ng agreed to take further questions on notice.

Evidence concluded, the witness withdrew.

Mr Brett Holmes, General Secretary, NSW Nurses and Midwives Association was affirmed and Ms Linda Alexander, Legal Officer, NSW Nurses and Midwives Association was sworn. Mr Holmes and Ms Alexander agreed to take further questions on notice.

Evidence concluded, the witnesses withdrew.

Mr Peter Dodd, Solicitor, Health Policy and Advocacy, Public Interest Advocacy Centre was affirmed. Mr Dodd agreed to take further questions on notice.

Evidence concluded, the witness withdrew.

Associate Professor Peter Procopis, President, and Dr Greg Kesby, Deputy President, Medical Council of NSW, were sworn and examined. Professor Procopis and Dr Kesby agreed to take further questions on notice.

Evidence concluded, the witnesses withdrew.

Ms Betty Johnson AO, Chair, Health Consumers NSW, was affirmed and examined. Ms Johnson advised that the Deputy Chair, Health Consumers NSW, Ms Allison Kokany was unable to appear as a witness, as had been arranged previously. Ms Johnson agreed to take further questions on notice.

Ms Johnson tendered the following document:
M Walton , J Smith-Merry, J Healy and F McDonald, 'Health complaint commissions in Australia: Time for a national approach to data collected', *Australian Review of Public Affairs*, volume 11, Number 1: November 2012, pp. 1-18.

Evidence concluded, the witnesses withdrew.

1.00 p.m. Lunch Adjournment

At 2.02 p.m. the public hearing resumed.

Mr Kieran Pehm, Commissioner, Health Care Complaints Commission was sworn and examined. . Mr Pehm agreed to take further questions on notice.

Evidence concluded, the witness withdrew.

Dr Gregory Joseph Stewart, Director Operations, Ambulatory and Primary Health Care South Eastern Sydney Local Health District and Mr Peter Todaro, Director, NSW Multicultural Health Communication Service South Eastern Sydney, Local Health District, NSW Health were sworn and examined. . Dr Stewart and Mr Todaro agreed to take further questions on notice.

Dr Stewart tendered the following documents:

NSW Health 2010*, Disability Action Plan 2009-2014*, NSW Department of Health, North Sydney.

NSW Health 2008, Policy Directive, *People with a Disability: Responding to Needs During Hospitalisation (revised Jan 08)*, NSW Department of Health, North Sydney.

NSW Government Health 2012, *Service Framework to Improve the Health Care of People with Intellectual Disability*, NSW Ministry of Health, North Sydney.

Evidence concluded, the witnesses withdrew.

Resolved on the motion of Ms Westwood:

'That the Committee publish the transcript of the witnesses' evidence on the Committee's website, after making corrections for recording inaccuracy, together with the answers to any questions taken on notice in the course of today's hearing.'

Resolved on the motion of Mr Rohan:

'That documents tendered during the public hearing be accepted for reference and research purposes.'

The Committee adjourned at 4.45 p.m.

MINUTES OF PROCEEDINGS OF THE COMMITTEE ON THE HEALTH CARE COMPLAINTS COMMISSION (NO. 16)

Wednesday 27 February 2013
1.07 p.m. Parkes Room, Parliament House

Members Present

Mrs Williams (Chair), Mrs Sage (Deputy Chair), Ms Cusack, Mr Park and Ms Westwood.

Officers in Attendance

Jason Arditi, Sarah-Anne Fong and Jacqueline Isles

Apologies

Mr Green and Mr Rohan

2. Confirmation of Minutes

Resolved, on the motion of Mr Park, seconded by Ms Westwood:

That the Minutes of the meeting held on 19 November 2012 be adopted.

3. Inquiry into Health Care Complaints and Complaints Handling in NSW

a) Inquiry Correspondence

The Committee noted that responses to questions taken on notice from the hearing, and supplementary questions sent following the hearing, had been received from:

- Ms Peri O'Shea, NSW Consumer Advisory Group – Mental Health Inc;
- Mr Ameer Tadros, Medical Council of NSW;
- Dr Mary Foley, NSW Health;
- Brett Holmes, NSW Nurses and Midwives Association;
- Mr Peter Dodd, Public Interest Advocacy Centre Ltd; and

- Kieran Pehm, Health Care Complaints Commission.

The Committee noted that the above items of correspondence would be published on the Committee's webpage further to its resolution at the conclusion of the public hearing on 19 November 2012.

b) Timeline for Inquiry Report.

The Committee noted that Committee staff would draft the report on the *Inquiry into Health Care Complaints and Complaints Handling in NSW* with a view to providing a draft for the Chair's consideration in April 2013.

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The Committee adjourned at 1.18 p.m. until Wednesday 13 March 2013.

MINUTES OF PROCEEDINGS OF THE COMMITTEE ON THE HEALTH CARE COMPLAINTS COMMISSION (NO. 19)

Wednesday 21 August 2013
1:05 p.m., Room 1043, Parliament House

Members Present

Mrs Williams,Chair; Mrs Sage, Deputy Chair; Mr Green; Mr McDonald, Mr Rohan; Ms Westwood

Staff Present:

Abigail Groves, Jason Arditi, Jacqueline Isles.

1. Apologies

Apologies were received from Ms Cusack.

2. Confirmation of Minutes

Resolved, on the motion of Mrs Sage:

'That the Minutes of meeting no 18 held on 29 April 2013 be adopted.'

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4. Inquiry into Health Care Complaints and Complaints Handling in NSW – Report Consideration

Resolved, on the motion of Mr Green:

'That the Committee consider the draft report *in globo*.'

Resolved, on the motion of Mrs Sage:

'That the draft report be the report of the Committee, signed by the Chair and presented to the House.

The Chair and secretariat be permitted to correct stylistic, typographical and grammatical errors.

Once tabled, the report be posted on the Committee's webpage.'

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The Committee adjourned at 1:42 p.m.