



Bulletin from the
Health and Disability Commissioner
and Advocacy Services

HDC Pānui

No 1, September 2004



Introduction

E ngā mata-ā-waka o te motu, tēnā
koutou katoa.

All people and groups throughout the
land, greetings to you all.

Welcome to *HDC Pānui*, a new initiative from the Office of the Health and Disability Commissioner. This first bulletin is intended simply as an introduction to HDC and our work. The purpose of this electronic bulletin is to provide a regular update from our office to individuals, organisations and professional bodies with an interest in our work. Please assist dissemination of this newsletter by forwarding through your networks to any interested people and groups, or advising us of additions to our distribution list. We welcome feedback about the bulletin, and about related and relevant health and disability issues.

Mission and purpose

The Office of the Health and Disability Commissioner was set up in 1994 pursuant to the Health and Disability Commissioner Act for the purpose of promoting and protecting the rights of consumers of health and disability services as set out in the Code of Health and Disability Services Consumers' Rights, and to protect these rights by facilitating the fair, simple, speedy, and efficient resolution of complaints. Education is a key area for HDC, as in many ways the education role is even more important than the complaints resolution function. Our emphasis is on targeted educational initiatives that improve knowledge and understanding of the rights of consumers and responsibilities of providers amongst key groups. We seek to use learning from the resolution of complaints to make a positive difference to the quality of health care and disability services in New Zealand.

Education for providers

HDC draws on lessons from complaints about providers as an education resource for the different provider groups. We use case studies relevant to the target audiences (such as GPs or various specialist groups) to describe episodes of care consumers have

"Education is a key area for HDC"

complained about, and the facts and circumstances considered in deciding whether there has been a breach of the Code. The Commissioner writes regular articles for medical publications discussing current issues of concern. Two recent contributions have focused on the responsibility of doctors to follow up referrals to specialists and the need for clear arrangements with patients about communication of laboratory test results to their patients.

Working with Māori

HDC staff work with Māori via our enquiries and complaints processes, and through presentations and educational interactions. In all these situations it is important for staff to feel comfortable and able to offer services that support Māori, such as ensuring Māori know that support people are welcome and that speaking Māori is supported. HDC continues to develop tools and knowledge to enable staff to work more appropriately with Māori, for example, offering the opportunity for karakia. A competency training plan for working with Māori has been developed for all HDC staff, and is about to be implemented. This work continues to be supported by HDC's kaumātua, Te Ao Pehi Kara, and a range of Māori advisors and trainers.

New legislation provides increased opportunity for low-level complaints resolution

The Health Practitioners Competence Assurance Act 2004 will improve the processes for complaints against health practitioners by allowing the Commissioner more flexibility in facilitating resolution. As well as having the option of referring the matter to an advocate for low-level resolution, there will be a new option of referring the matter to a provider for resolution, or calling a mediation conference, without the need for formal investigation. Investigation will be reserved for the most serious matters.

The option to refer a complaint back to a provider for resolution may be made only if the complaint does not raise public safety questions. In cases where the provider is well motivated to resolve a complaint directly with the consumer, and successful resolution is achieved, it will be unnecessary for the Commissioner to take any further action. Sometimes District Health Boards may have conducted an internal or sentinel event investigation into the matter the complaint relates to, and are willing to disclose the report to the patient/family and HDC. If so, there may be nothing to be gained from commencing an investigation, and the Commissioner may refer the complaint back to the provider for resolution with complainants, or call a mediation conference to resolve any outstanding issues for the complainants.

Under these changes, providers have enhanced opportunities for pre-empting HDC investigations by conducting their own inquiries and implementing appropriate remedial action to improve service quality. Consumers' interests remain protected because the onus is on providers to show that when complaints are referred back to them, they can achieve satisfactory resolution. This is safeguarded in the Act by the reporting requirements back to the Commissioner following all referrals to a provider for resolution.

Consumer Advisory Group

The role of HDC's Consumer Advisory Group is to provide timely advice and feedback to the Commissioner on strategic issues, such as handling of consumer complaints about health and disability services, how to improve the quality of health and disability services, public interest issues where HDC can take a lead, policy issues raised by the Commissioner, and promotion and education. For more on the Consumer Advisory Group, please see our website, www.hdc.org.nz.

Nationwide Advocacy Service

Advocates take the side of the consumer and operate independently of providers, HDC and other agencies such as the Ministry of Health. Advocates provide information to consumers about their rights, and the options available if they wish to complain. They have particular expertise in supporting consumers to achieve low-level resolution. This can be achieved more quickly than an investigation and is more likely to achieve an outcome consumers are satisfied with. A face-to-face meeting, for example, can provide an opportunity for the consumer to tell the provider why they are upset about what happened, and what their concerns are. Most consumers want acknowledgement of what happened to them, an explanation and apology where this is indicated, and to hear what steps will be taken to prevent what happened to them happening to someone else. The provider is often able to address these matters at the meeting, which helps with resolution for the consumer and provides important feedback for the provider to improve the quality of their service.

Advocates also undertake education sessions for consumers and providers in both the disability and health sectors. Specialised 'train the trainer' sessions are provided for those interested in taking on a more proactive role in the promotion of consumers' rights.

All advocacy services are free. To contact an advocate, or organise an education or training session, phone:
Upper North Island: 0800 555 050
Mid and lower North Island: 0800 423 638
South Island: 0800 377 766



Back from left: Tony Daly (Manager, Advocacy Services South Island Trust); Maria Marama (Manager, Upper North Island); Stacy Wilson (Manager, Advocacy Network Services Trust); seated from left: Judi Strid (Director of Advocacy); Diana Yukich (Assistant to the Director of Advocacy)

We welcome feedback on *HDC Pānui*. Please send any comments about information you would find useful to Elizabeth Finn, Education Manager, at panui@hdc.org.nz. *HDC Pānui* is also available on www.hdc.org.nz.