

Northern Sydney Central Coast Area Health Service

1. What role, if any, did the North Sydney Central Coast Area Health Service had in the development of the national scheme? What is your view of the effectiveness of the consultation process and the proposed model?
2. What do you consider to be the key elements of the scheme in terms of its impact on the operation of the North Sydney Central Coast Area Health Service, and its interaction with HCCC?
3. A number of Area Health Services raised the issue of notification being given by the Commission to an AHS, leading the Committee to note in its Discussion Paper the possibility that the Health Care Complaints Act be amended to provide that where a person is named as an individual respondent to a complaint, and that person is employed by, or contracted to work for, an Area Health Service, that Area Health Service be notified by the Commission that the complaint has been made.

In response, the HCCC has noted that it is bound by the Act to only notify individual respondents, and not their employers, unless and until the complaint is made the subject of an investigation; but that it has no objection to notifying the employers of individual respondents of all complaints.

Do you have any views on this response, and to what extent - if at all - has it been an issue for your Area Health Service?

4. In response to the submission from Hunter New England Area Health Service, the Committee's Discussion Paper raised the possibility that, on requesting a response from an Area Health Service to an individual complaint against a practitioner employed by, or contracted to work for, that Area Health Service, the Health Care Complaints Commission specifically request from the Area Health Service information on any other complaints or practice-based concerns in respect of that practitioner.

What is your opinion on this proposal? Has uncertainty as to what information is appropriate to provide to the Commission been an issue for NSCCAHS?

5. I note also that the Commission is of the view that, as the *Health Records and Information Privacy Act 2002* ("HRIPA") applies to organisations that are health service providers – and therefore to Area Health Services - the health privacy principles set out in Schedule 1 of HRIPA apply so that an Area Health Service can disclose confidential health information to the Commission if they believe that the disclosure is reasonably necessary for the Commission to discharge its functions. Has this been the practice at NSCCAHS?
6. Are there any other comments that you would like to make with respect to the Inquiry's Terms of Reference, especially with respect to the lines of communication between the HCCC and your Area Health Service?
7. Is there anything you would like to suggest which would assist the Committee in the exercise of its oversight role?

Mel Keenan
The Committee Manager
Committee on the Health Care Complaints Commission
Parliament House
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SYDNEY NSW 2000

Dear Ms Keenan

Inquiry into the Operation of the Health Care Complaints Act 1993

I am writing in response to your letter dated 17 March 2010 in relation to the Inquiry into the Operation of the Health Care Complaints Act 1993.

In relation to the specific questions raised, I can advise:

1. As I am relatively new to Northern Sydney Central Coast Area Health Services (NSCCAHS), I am unable to comment on whether NSCCAHS had a role in the development of the National Scheme.
2. From my understanding the National Registration Scheme will provide for a national complaints process with the exception of NSW, where the Health Care Complaints Commission (HCCC) will continue to administer the complaints handling process. I also understand that the terms and definitions of the National Scheme will generally correspond with those of the NSW HCCC. With this in mind I do not believe that there will be significant impact on the current interaction between Northern Sydney Central Coast Health Services and the HCCC.
3. As I discussed in my testimony, there is currently no stratification of complaints by the HCCC. With this in mind I do think it entirely appropriate that the employing Area Health Services be notified of a complaint about an individual employee, or contracted employee, by the HCCC. If there was stratification, for example a Severity Assessment Code (SAC) utilised for all incidents in NSW Health Services then it would be appropriate that at the very least the most severe complaints be reported to the Area Health Services (AHS).

There is a concern that a significant or serious complaint is made to the HCCC about an AHS employee or contractor, who also works at a private facility and the AHS, is completely unaware of the complaint. This situation could pose a significant patient safety risk

4. I understand how a situation may arise in which there is uncertainty about what information can, and should be, released to the HCCC in response to a request for information about an individual clinical. Concerns about justice, privacy and procedural fairness may motivate this conflict. I am not aware that this has been an issue at NSCCAHS. However, I will note that when a request is received from the Ombudsman, in particular about issues pertaining to the welfare of the minors, the Ombudsman provides in their covering letter advice about the information that should be released. The letter highlights the relevant legislation which provides for the release of information, including information in reportable incident briefs and root cause analysis.

In order to alleviate uncertainty, which may arise, a similar covering letter from the HCCC might serve to dissuade any concerns and ensure the timely release of appropriate information.

5. I understand that NSCCAHS has not had issues with the release of information under HRIPA to the Commission if we believe that the disclosure is reasonably necessary for the Commission to discharge its functions.
6. I have no further comment on the Terms of Reference.
7. I have no additional suggestions in order to assist the Committee.

Thank you for allowing me the opportunity to provide this additional information. I hope that it addresses the additional questions the Committee has raised.

If you have any further questions, please do not hesitate to contact me on telephone: 02 9926 8991.

Yours sincerely



Berni Eather
Director Clinical Governance

Date: 13/04/10

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