

ATTACHMENT 1: RESPONSE TO QUESTIONS ON NOTICE FROM THE JPC HEARING HELD ON 20 MAY 2022

Question: *Are you able to outline in any more detail the sorts of complaints that you have referred or the volume of the complaints that have been referred to those bodies since that new power came in, in October 2020? ... Could you provide us with a little more detail about the actual volume, the numbers referred and the individual agencies that were referred to?*

Answer:

In 2020-21 the outcome of referral to another body was the outcome for 335 complaints assessed. The table below is the total number of referrals (using either the new or pre-existing referral power) by individual agency.

[Please note that the data fields and extraction do not differentiate whether the referral was under the pre-existing referral powers (to investigative bodies) or the new referral powers (for purposes other than investigation).]

TABLE 1 - REFERRALS TO ANOTHER BODY – 2020-21

Agency	Number of referrals
Australian Health Practitioner Regulation Agency (Ahpra)	133
NSW Ombudsman	55
NSW Information and Privacy Commission	34
Department of Fair Trading	26
Aged Care Quality & Safety Commission	18
NSW Ministry of Health	12
NSW Police	12
Other state and/or territory health care complaints organisations	11
Pharmaceutical Regulatory Unit of NSW Health	6
Department of Family and Community Services/Department of Communities and Justice	5
Medicare	4
Public Health Units of Local Health Districts	3
Therapeutic Goods Administration	3
NDIS Quality and Safeguards Commission	2
Chief Executives of Local Health Districts	2
Queensland Police	1
Commonwealth Ombudsman	1
NSW Environmental Protection Agency	1
Local Council	1
iCare	1
Queensland Information Commissioner	1
Commonwealth Department of Health	1
State Insurance Regulatory Authority	1
NSW Industrial Relations Commission	1

Question: *Advise on how the work you are doing [on First Nations Engagement] links to your Reconciliation Action Plan.*

Answer:

The Commission has developed a First Nations Engagement and Connection Strategy, which sits within our Customer Engagement Framework. This Strategy ensures that we meet the expectations and goals of the Reconciliation Action Plan framework and is aligned with our overall corporate strategy and priorities.

The Strategy has been developed and is being implemented with the guidance of our First Nations Engagement Advisor. The Advisor has confirmed that the Strategy appropriately reflects the core RAP pillars of relationships, respect, and opportunities, on which specific reconciliation actions and initiatives are built.

Our first step in progressing the strategy has been to embed processes and tools for educating all Commission staff and to identify adjustments to internal processes that will improve cultural safety, consistent with the framework of commencing with a Reflect RAP level of maturity. Under the guidance of the First Nations Engagement Advisor the actions planned within the Strategy for 2022-23 are progressing to an Innovate level of maturity.

Question: *With regard to factors driving the increase in complaints: perhaps you could go back and have a look at that for us and provide us with some additional data.*

Answer:

The Commission has seen a trend of a cumulative 112% growth in complaints received over the last decade. In 2020-21, the increase from the previous year was 10.8%.

This order of increase is consistent with national and international trends and is heavily driven by population growth and ageing, new and emerging health concerns (COVID being an example), and the expansion of types of health services and alternative therapies.

Wider social trends are also a significant factor. Research into these wider trends by Plymouth University in its 2014 study "*Understanding the Rise in Fitness to Practice Complaints from Members of the Public*" identified a number of interrelated factors:

- Patients are taking greater ownership of their health, better informed, developing higher expectations, and treating doctors with less deference than in the past.
 - Increased usage of social media and other internet platforms has allowed information to be more easily accessed and exchanged.
 - Where a health consumer has a negative experience, there is understandable distress and grief and often a loss of confidence and trust. Those experiencing this may prefer a recognised independent body to handle their complaint.
 - The reputation of the medical profession, though positive overall, may have been undermined in public consciousness by negative press coverage and media portrayals may exert an influence on complaint-making behaviour.
 - The efforts of complaints organisations to be more accessible and visible.
 - Although clinical care remains the largest allegation category, complaints about doctor-patient communication are significant.
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The increased volume of health services will also always be a factor driving complaints growth. For instance, in NSW in 2020-21 there were:

- 3.07 million emergency department attendances (compared to 2.92 m in 2019-20)
- 1.90 million discharges from hospital (compared to 1.83 m in 2019-20)
- 18.13 million outpatient services provided (compared to 14.73 m in 2019-20)
- 33.7 million attendances to GPs.

In terms of the profile of the growth, in 2020-21, the growth in complaints was across all types of health care service providers - registered practitioners, unregistered practitioners and health organisations.

- The rate of growth for registered practitioners was 9.1% which is lower growth rate than for all complaints.
- The overall percentage growth in complaints for 2021 was driven by the rise in the volume of complaints about health organisations (which was 12.7% compared to the overall 10.8% growth rate).
- The number of complaints about unregistered practitioners increased significantly (by 36%) and contributed to the higher overall growth rate in 2020-21.

In Q1-Q3 2021-22, the growth rate continues and was a 22.3% increase compared to the same period in 2020-21. The most significant driver of the recent growth has been COVID-19 complaints. In 2020-21, 7.8% of all complaints received related to COVID-19. In Q1-Q3 2021-22, COVID-19 related complaints made up 24.3% of complaints.

Question: *Complaints and issues around virtual care: I would appreciate if there was any more information that you wish to share.*

Answer:

Digital health is an umbrella term that refers to a range of technologies that can be used to treat patients and collect and share a person's health information. Examples include virtual health consultations and telemedicine, electronic records, electronic prescriptions, wearable devices, mobile health applications and digital health platforms.

There are many benefits to digital health including increased access to practitioners and expertise, diagnostic accuracy and increased productivity and efficiency in treating patients.

However, if digital health services and models operate outside of the usual health governance and standards frameworks they can pose risks. The HCCC has started to receive complaints regarding virtual health platforms that solely utilise telephone or text-based consultations and which seem to have a primarily commercial focus, with limited or no integration onto a standards-based, patient-centered clinical care structure or model.

The types of issues and risks that are arising with some online services of this kind are the absence of clinical governance, online prescribing medication without appropriate patient assessments, inadequate or non-existent patient consultations, failure to keep appropriate patient records, failure to disclose closed loop commercial arrangements with pharmacies, and poor or non-existent co-ordination with treating practitioners.