

Mr Jason Arditi
Inquiry Manager
Committee on the Health Care Complaints Commission
Parliament of NSW
Macquarie Street
Sydney NSW 2000

Dear Mr Arditi,

Inquiry into health complaints handling in NSW - additional questions

Thank you for your letter of 21 January 2013 requesting a response to additional questions from the Committee. The Commissions responses are set out below:

1. *Would it be possible to make changes to the database to allow for an analysis of consumer satisfaction surveys comparing responses between metropolitan and regional areas?*

As at 1 July 2012, the Commission implemented changes to its customer satisfaction surveys that allow linking the surveys to the relevant case number through the use of a bar code that can be scanned when the survey results are entered into the database. This will allow analysing responses by a range of criteria.

The Commission has analysed the responses to its client satisfaction survey that were received between 1 July to 31 December 2012 from people who lodged a complaint.

Results – Assessment of complaints

In total, 1,844 surveys were sent to complainants in the six-month period and 198 responses received (response rate 10.7%)

Included in the following analysis are 145 survey responses where the Commission used the post code of the postal address of the complainant and clustered them into metropolitan and non-metropolitan groups. This classification reflects the grouping used by the “Australian Bureau of Statistics - Australian Statistical Geography Standard (ASGS)”.

The remaining 53 responses were not included in the analysis as they related to complainants who were living interstate, overseas or where the information was insufficient to establish their address, for example because only an email address was used.

Of the 145 included responses, 101 (69.7%) were from complainants in metropolitan areas and 44 (30.3%) from complainants from non-metropolitan areas.

71.8% of complainants from metropolitan areas were satisfied with their interaction with the Commission during the assessment of their complaint. In comparison, 69.7% of complainants from non-metropolitan areas were satisfied with their interaction with the Commission during the assessment of their complaint.

Results – Resolution of complaints

In the six-month period, 251 surveys were sent to complainants who were involved in a resolution or conciliation process.

In total, the Commission received 51 responses (response rate 20.3%): 22 from complainants in metropolitan areas and 19 from complainants in non-metropolitan areas. 10 responses were excluded for the same reasons as stated above.

85.7% of complainants from metropolitan areas were satisfied with their interaction with the Commission during the resolution process.

83.1% of complainants from non-metropolitan areas were satisfied with their interaction with the Commission during the resolution or conciliation process.

- 2. In addition to the website, what information does the Commission provide to other organisations which they can use to promote the Commission's work? How much work does the Commission do with other organisations to provide information on the work of the Commission?*

The Commission has two key brochures – “Concerned about your health care” and “Resolve concerns about your health care”. The Commission also has posters and developed a simplified fact sheet for complainants with an intellectual disability about how to make a complaint. In the 2011-12 year, the Commission distributed 61,209 posters, brochures and other information material to stakeholders across NSW, including public hospitals, community health centres, private hospitals, day surgeries and support services, such as Tresillian.

In 2011-12, in addition to 68 media releases about the decisions of disciplinary bodies following Commission prosecution, the Commission provided 21 articles and reports to health professional and health consumer bodies and media including five regular contributions to the general practice weekly magazine “Australian Doctor”.

Over the past 18 months, the Commission has been engaged in an extensive education program about the role of the Commission and how to handle complaints with relevant staff in Local Health Districts throughout NSW. In 2013, the Commission will be hosting an ongoing project of bi-monthly webinars for both complainant groups and staff in the health system.

The Commission also delivers presentations on the role of the Commission to both consumer and health provider groups and organisations. In the 2011-12 year, there were 66 such presentations including to the Little Bay College for Aboriginal Health workers; medical staff professional development programs; associations, such as the Audiological Society of NSW, the Brain Injury Association of NSW; as well as training provided to the Legal Aid Mental Health Advocacy Service.

In addition to providing information, the Commission consults with 17 consumer groups quarterly providing information about the Commission's work and initiatives and encouraging them to inform and educate their members and stakeholders.

The Commission is also part of several professional networks, including the health literacy network, the JOIN program of government agencies and has been part of the Good Service forum – a collaboration of complaint handling bodies.

The Commission is also engaged with universities and is involved in several research programs and has been invited contribute to academic publications that relate to the expertise and work of the Commission.

3. *When the Commission investigates a matter, what information is provided to the complainant throughout the process? Are complainants updated on the status of their complaint?*

As there has been some confusion between the various parts of the Commission's complaint handling processes, the response below will cover each area of the Commission's complaint handling:

Assessments

Complainants receive an acknowledgement of receipt of their complaint within five days. If the Commission requires further information, the assessment officer will contact the complainant to discuss their complaint with them. If assessment takes longer than 60 days, the complainant is advised in writing of the delay and the reasons.

Following assessment of the complaint, complainants are advised of the assessment decision within 14 days. The decision letter, depending on the outcome of the assessment decision will enclose a fact sheet explaining the relevant decision and what further action, if any, may be expected. Copies of those fact sheets are enclosed. Complainants are also advised of their statutory right to request a review of the assessment decision.

Resolutions

If a complaint is assessed for resolution, it will be transferred to the Manager of the Resolution Service and allocated to a Resolution Officer. The Resolution Officer will contact the complainant within 14 days to discuss the options for resolution.

As resolution processes can vary depending on their complexity and the capacity of the parties to engage, there are no set timeframes that can be provided to complainants in advance. Complainants have the contact details of the officer managing their case and resolution only proceeds if the complainant agrees to participate in the resolution process. Resolution Officers keep in regular contact with the complainant throughout the process.

Timeframes from the Commission's 2011-12 annual report show that 70% of resolution cases were completed within four months and 95% within nine months.

Investigations

The complexity of investigations also varies significantly and no set timeframes will apply to all cases. Each investigation has a plan that will set indicative timeframes relevant to the individual case.

Within 14 days, complainants are advised that the Investigations Division has received their complaint and the name and contact details of the officer who is handling their matter. Investigation Officers will contact the complainants to obtain relevant evidence and are also required to keep complainants regularly updated on the progress of their complaint, at least monthly.

At the conclusion of an investigation, complainants are provided with a detailed report on the outcome of the investigation, except where the outcome is to refer the matter to the Director of Proceedings to consider prosecution of an individual health service provider, in which case, a copy of the enclosed fact sheet is included. If the investigation concludes by referring the matter to a health professional Council, they will be provided with the same fact sheet as at the end of the assessment process.

On occasions, particularly where the outcome has been death or life changing injuries, the Director of Investigations with the Investigating Officer will brief the family in person and explain the investigation process. This is also the case when the family requests such a meeting.

Complainants are also advised of their right to request a review of the outcome of the investigation.

Prosecutions

If a complaint is referred to the Director of Proceedings at the end of an investigation, the complainant is given the name and contact details of the Director of Proceedings to make inquiries. If a determination has not been made within three months of the matter being referred, the complainant will be updated on at least a three-monthly basis.

Once a determination has been made to prosecute the matter, the Legal Officer who has been allocated the case will keep the complainant updated on the progress and complainants are invited to contact the Legal Officer at any time.

Thank you for the opportunity to respond to the Committee's further questions and please feel free to contact the Commission should anything further be required.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'K. Pehm', with a long horizontal flourish extending to the right.

Kieran Pehm
Commissioner

30 JAN 2013