

Submission

No 12

**INQUIRY INTO HEALTH CARE COMPLAINTS AND COMPLAINTS
HANDLING IN NSW**

Organisation: Ageing and Disability Services

Name: Hon Andrew Constance MP

Date Received: 8/02/2012



The Hon. Andrew Constance MP
Minister for Ageing
Minister for Disability Services

Ref No. AHI11/3869
MO11/1488

Ms Leslie Williams MP
Chair
Parliamentary Committee on the Health Care Complaints Commission
Parliament of NSW
Macquarie Street
SYDNEY NSW 2000

Dear Ms Williams

Thank you for your correspondence inviting submissions on the Joint Parliamentary Committee Inquiry into Health Care Complaints and Complaints Handling in NSW.

Ageing, Disability and Home Care has prepared the following information for the Committee which addresses the specific Terms of Reference.

Ageing, Disability and Home Care (ADHC) Response

- 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.*

Any analysis of complaints made by a person with an intellectual disability or their family/carers needs to consider the points made below, particularly when considering the quantity of complaints.

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

Issues that impact on a person with an intellectual disability in relation to addressing issues with health care:

- Many people with an intellectual disability are not aware of their rights and unless supported to do so, may not pursue a complaints process.
- There may be significant communication difficulties which can create barriers to accessing adequate or appropriate health care. Communication barriers may also impact on the delivery of health care, unless staff have some training in communication techniques and approaches to working with people with an intellectual disability.
- Intellectual disability often impacts significantly on an individual's expressive and receptive communication abilities 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. This combined with difficulties with communication can result in the person not receiving treatment, not receiving treatment at the right time or being misdiagnosed or over medicated.
- Information relevant to the assessment of a person with an intellectual disability's mental health is often provided by carers based on their own observation and interpretation of external behaviours, which will vary in its usefulness depending on a range of factors. This translation process may often be replaced by direct engagement and communication with the individual concerned.
- The presence of co-morbidities, such as epilepsy, physical illness, the effects of medication, autism, chronic pain, sensory and other deficits, further complicates the process of receiving effective diagnosis and health care delivery.
- 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.

There are various techniques and approaches that can be used to deliver effective support for people with an intellectual disability and their families, and to enhance the quality of communication. This goes beyond the use of plain English versions of guidelines and the use of international symbols. Targeted training for all levels of health care staff will help people with an intellectual disability access appropriate health services and improve the delivery of quality health care to this group. More thorough training would also increase awareness and improve the chances that a person with an intellectual disability will be able to receive the information and support required to pursue a complaint when necessary.

Guidance on developing effective communication strategies for people with an intellectual disability can be obtained from ADHC and peak advocacy services such as the NSW Council for Intellectual Disability.

The National Disability Strategy endorsed by the Council of Australian Governments in February 2011 includes Policy Outcome Area 2: rights protection, justice and legislation with the intended outcome that people with disability have their rights promoted, upheld and protected.

Policy Outcome Area 2 contains future action 2.6 that identifies the need to '*Improve the reach and effectiveness of all complaint mechanisms*'.

Complaints could be used as an evidence base to contribute to future disability action planning in NSW.

Thank you for the opportunity to provide input into the Committee's Inquiry. I trust this information will be of assistance.



Andrew Constance

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