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133 OHO (133 646)

3 July 2020

Mr Aaron Harper MP
Chair
Health, Communities, Disability
Services and Domestic and Family
Violence Prevention Committee
Parliament House
George Street
BRISBANE QLD 4000

Via email to: health@parliament.qld.gov.au

Dear Mr Harper

Inquiry into the Queensland Government's health response to COVID-19

I refer to your letter received 18 May 2020 inviting submissions addressing aspects of the abovementioned inquiry.

The Office of the Health Ombudsman (OHO) has been responsive to risks to the public arising from the pandemic, by providing information to people who contact the OHO and taking any necessary relevant action in response to complaints.

The following information is not provided as a criticism of the handling of the unprecedented and challenging situation that the Government, and more specifically Queensland Health, faced in responding to the COVID-19 pandemic. It is information that may be useful in honing the response and for future planning. The OHO acknowledges the success of the public health response in Queensland thus far and the tremendous work that has been undertaken by hospital and health services, health practitioners and public health officials.

In total, in the period between 1 March 2020 and 30 June 2020, the OHO received approximately 525 complaints and enquiries that related to COVID-19. This was a significant proportion of the 4,312 complaints and enquiries received by the OHO during that period.

The OHO has not made any formal findings in relation to any of the COVID-19 related complaints that have been received and, to date, none have required an investigation by the OHO. However, some have been referred to Apha or other agencies to manage. Examples of such matters include:

- health service providers continuing to provide restricted health services during the pandemic
- providers failing to isolate where required to do so
- where registered or unregistered health service providers were alleged to be making concerning remarks on social media about COVID-19.

Due to the short time period since the emergence of the pandemic in Queensland, and the broad variety of complaints/enquiries received that related to COVID-19, it would not be meaningful to provide exact data on numbers or proportions of complaints/enquiries on particular issues. For example, some issues raised in complaints/enquiries were of greater concern to the OHO but these were often not the most common issues raised.

However, the following issues emerged from an examination of these complaints/enquiries that may be of interest to the Committee during the Inquiry:

1. As a public avenue to complain about health services in Queensland, the OHO received a significant proportion of enquiries from people confused about where to source information on COVID-19 from. There appeared to be confusion regarding which level of government or which Queensland government agency was responsible for determining restrictions, enforcing these restrictions, and providing exemptions for restrictions put in place, as well as queries about the exact nature and extent of the current restrictions and what that meant for members of the public.

Despite the creation of a National Coronavirus Helpline and the existence of the Queensland Health enquiries line (13 HEALTH), there were multiple potential sources of information and this appeared to cause confusion to members of the public (as well as challenges for the OHO to correctly redirect callers to the appropriate information source). Further, there was some indication of confusion at the agency level, with callers reporting referral between multiple agencies. There appeared to be no clear, single point of contact for all enquiries that could provide all relevant information. Wait times for 13 HEALTH were also reputed to be significant during the height of the initial pandemic response period.

2. There was also some confusion evident among health service providers as to what the current restrictions or guidelines were. This resulted in a significant proportion of the complaints made to the OHO being about how health services were provided during the pandemic. Common themes included:
 - refusals to provide health services to people
 - a lack of precautions or unnecessary precautions being taken in providing treatment
 - unnecessary or unsuccessful referrals for testing or failures to refer for testing.
3. The restrictions on surgery and public health consultations also resulted in a significant proportion of complaints to the OHO being from members of the public with ongoing health conditions for which treatment or scheduled surgery had been delayed. The OHO was not able to take any action in relation to these complaints beyond recommending communication with treating practitioners or the relevant Hospital and Health Service, even where the consumer was experiencing significant pain or discomfort.
4. The management of COVID-19 in hospitals, aged care facilities and correctional centres, along with the adequacy of precautions taken and the restrictions on visits, was also a common theme of complaints/enquiries to the OHO. The OHO received specific complaints about public health facilities not allowing partners or support people to attend significant medical appointments, including child births. This issue appeared to cause substantial distress for consumers, as did the reduction in visiting hours or visiting restrictions in health and aged care facilities that applied to patients/residents with significant physical or mental health issues or substantial support needs.

5. A much smaller proportion of complaints/enquiries to the OHO related to a lack of availability of masks and other protective equipment, both in public and private health facilities, and of protective equipment not being used or not being used correctly.
6. A further small number of complaints were received from people who were in enforced quarantine in hotels upon return from overseas. Some of these complaints raised issues that could be considered significant. Due to the limits of the OHO's jurisdiction, these concerns were referred to the Office of the Chief Health Officer, and then to the Queensland Ombudsman, as they did not involve a health service.
7. Finally, the rise of billing and care issues associated with the introduction of telehealth consultations, while only a small proportion of complaints/enquiries to the OHO, has been a noticeable theme and this pattern has continued even as the pandemic has abated.

I trust this information is of assistance to the Committee. Should further information be required I will be pleased to assist.

Yours sincerely

A handwritten signature in blue ink, appearing to be 'AB', with a long horizontal stroke extending to the right.

Andrew Brown
Health Ombudsman

