



**Submission into the Health Ombudsman  
Bill 2013**

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## **Introduction to Queensland Aged and Disability Advocacy Inc. (QADA)**

QADA is jointly funded by the Queensland and Australian Governments to offer free, confidential and client directed advocacy support to recipients of aged and community care services, and carers of recipients of these services.

QADA also provides professional advice, support and representation by Guardianship Advocates to assist adults whose decision making capacity is being questioned, with guardianship and administration matters.

QADA is an independent advocacy service that operates throughout Queensland with a head office in Brisbane and regional offices in Cairns, Townsville, Rockhampton, Mackay, Wide Bay, Toowoomba and the Gold Coast.

QADA's mission is to provide information and support to our clients enabling them to exercise their rights and their responsibilities through informed decision-making. QADA assists vulnerable people and communities, wherever they are throughout Queensland to resolve issues that affect their lives through the provision of high quality advocacy support and representation.

QADA actively participates in consumer engagement activities and along with Carers Queensland and Council on the Ageing Queensland (COTAQ) conducts consumer consultations, focus groups and draws out emerging client issues both positive and negative throughout the state. This is an opportunity to identify local issues affecting individuals and communities, to gather information to influence service planning, and to suggest recommendations to make changes at a systemic level for service providers and government.

## **Executive Summary**

As an experienced individual advocacy service in operation now for over 20 years, QADA recognises the need for consumers to be involved in all aspects of their aged, disability and health care services, including their involvement in any complaints resolution process.

QADA's clientele consists of some of the most vulnerable client groups within our community. These consumers are often facing physical and emotional disabilities, mental illness and social isolation creating barriers for them in accessing services and complaints mechanisms. Our experience clearly shows that this client group is often reluctant to complain with many of these consumers fearing retribution.

QADA recognises and supports the role of an independent statutory position in managing complaints that require a higher level of resolution or when immediate action powers are required. QADA also considers that there is a role for an independent service to offer education, information and support for health consumers seeking an early resolution process to resolving their concerns. This would also empower those when and if they need to go through the complaints resolution process. QADA also believes that the complaints process needs to be recognised and linked to quality improvement in healthcare at the systemic level, including active participation from consumers and their representatives to achieve quality service outcomes.

QADA has a proven record in demonstrating the valuable role of independent advocacy support for people within the community and aged care sectors in providing early resolution of issues and promoting an environment of continuous quality improvement to improve outcomes for consumers.

QADA values this opportunity to provide feedback on the Health Ombudsman Bill 2013, and to share information and recommendations gained through its advocacy services representing a consumer perspective.

## **Health Ombudsman Bill 2013**

The Bill currently includes a number of components for successful resolution of complaints, however QADA believes that there is still further requirements needed to achieve a successful complaints resolution system. QADA would like to offer the following observations in these areas.

### **Part 4 Division 3 Clause 38**

Whilst this section includes a range of resolution methods predominantly at the higher level of complaints management through investigation, conciliation and inquiry, including the ability to take immediate action when required; it is considered that there is value in providing early intervention resolution options for complaints through internal complaints mechanisms, education and information, advocacy and mediation. QADA's experience is that consumers often find they do not get the resolution of their issues from the investigation process and would much rather achieve a resolution through a collaborative early intervention approach, particularly where they will continue to receive the health service and regular communication will continue after the complaint is resolved.

### **Part 3 Division 2 Clause 33**

QADA agrees with the Bill's range of mechanisms in providing consumers access to the complaints system through both verbal and written mechanisms. QADA believes that face to face assistance should be provided when required to assist the complainant in making their complaint.

### **Part 3 Division 2 Clause 35, Part 5 Clause 47- 49, Part 6 Clause 53-56**

As specified in these sections the Bill does implement timeframes to ensure complaints are followed up, managed and resolved which is essential to successful resolution of complaints. However, timeframes should be manageable and realistic to provide time for consultation and thorough understanding of the issues and circumstances involved so that the resolution process is achievable.

In addition, QADA would recommend that a number of methods for keeping clients informed and consulted throughout each stage of the complaints resolution process is essential in maximising participation, communication and

ultimately successful resolution of complaints. This should include face to face meetings where other means of communication are inappropriate.

### **Part 6 Clause 52**

This section discusses the resolution of complaints through facilitating meetings and other communications between the complainant and health service provider. QADA would support this as a first step to resolving complaints and the need for meetings to be face to face. It is suggest that consumers have access to independent advocacy or alternative support options to assist them with this process to ensure successful resolution at this level.

### **Part 2 Clause 25**

This section specifies the role the Health Ombudsman would have in identifying and reporting on systemic issues. However, the Bill appears to be limited to only identifying systemic issues through its individual complaints mechanisms and does not allow for further consumer engagement or processes to provide healthcare improvement at a broader systemic level. In addition, there is no clear outline of how quality care will be monitored, improved and maintained within the health system. It is suggested that a link between the Ombudsman and Medicare locals in reporting and actioning systemic issues to achieve both consumer and broader clinical issues could be one way of achieving this and ensuring consumer and clinical input.

### **In Summary**

QADA suggests consideration be given to the following to enhance the proposed Health Ombudsman's Bill 2013:

- Additional early intervention mechanisms for resolving complaints, including access to advocacy services an support mechanisms;
- Consultation and involvement of a consumer throughout the complaints process, including face to face communication when required;
- Inclusion of a more readily identifiable healthcare system improvement focus, with active consumer engagement and methods for improving the health system at a broader systemic level; including the monitoring of quality care outcomes and systems.