Speech By

Aaron Harper

MEMBER FOR THURINGOWA

Record of Proceedings, 2 March 2017

HEALTH, COMMUNITIES, DISABILITY SERVICES AND DOMESTIC AND FAMILY VIOLENCE PREVENTION COMMITTEE: REPORT, MOTION TO TAKE NOTE

Mr HARPER (Thuringowa—ALP) (12.28 pm): As a member of the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee, we resolved to undertake an inquiry to broaden its understanding of the health complaints system in Queensland including the respective roles of the Office of the Health Ombudsman, AHPRA and the national boards and to inform its ongoing monitoring role.

Section 179 of the Health Ombudsman Act 2013 provides that the committee has functions in relation to the Queensland health service complaints management system. Some of those functions are: to monitor and review the operation of the health complaints system and to identify and report on particular ways in which the health complaints management system might be improved.

The committee has used the information and evidence that it gathered during the inquiry, including the views expressed by stakeholders, to make a number of initial recommendations to the Queensland government, the Health Ombudsman, AHPRA and the national boards aimed simply at improving the performance of the Queensland health complaints system. The committee noted there were numerous reviews and inquiries concerning the regulation of health practitioners in Queensland over the last decade.

Prior to 1 July 2014, health service complaints in Queensland were divided between AHPRA and the national boards which were responsible for all complaints about the conduct, health and performance of registered health practitioners. The HQCC was responsible for the management of complaints about health service organisations and complaints about individual health service providers. In response to the issues about regulation of medical practitioners in Queensland raised in the Chesterman, Hunter and Forrester reports, the former health minister introduced the Health Ombudsman Bill and the OHO subsequently came into effect in March 2014. The main objectives of the Health Ombudsman Act are to: protect the health and safety of the public, promote professional safe practice and maintain public confidence in the management of complaints.

We know that each new entity has teething problems. What our committee observed was ongoing problems with communication between AHPRA and the Office of the Health Ombudsman and ongoing lengthy delays—over two years—due largely to the communication issues identified between these two bodies in relation to co-regulation which occurs in other jurisdictions. During the committee's inquiry, stakeholders raised concerns about the OHO's noncompliance with statutory time frames—in particular, the 30-day time frame for assessment of complaints. Stakeholders highlighted the significant adverse effects that the failure to deal with the complaints in a timely manner have on patients, their families and health practitioners who are the subject of complaints. The Health Ombudsman has attributed delays to high numbers and the complexities of matters and delays in receiving information or in sourcing the necessary independent clinical advice required to appropriately assess matters.

The Health Ombudsman acknowledged there had been challenges in establishing the Office of the Health Ombudsman. He explained that on starting they had taken on almost 300 existing matters from AHPRA and the HQCC. He advised that within the first six months of operation the OHO also managed 3,700 contacts, made 1,750 complaints decisions, undertook 1,200 assessments and made 319 local resolutions, and undertook 202 investigations. That being said, the overwhelming and recurrent message we received during the inquiry was communication with other bodies like AHPRA and concerns over duplication of investigations.

In relation to joint consideration of complaints between the OHO, AHPRA and national boards, they suggested introducing a joint consideration process between them at the earliest stage of consideration of a complaint. Stakeholders considered such a process with appropriate clinical input would reduce duplication and delays and contribute to more consistent decisions about complaints.

At the end of the inquiry, the committee has made initial recommendations about the ongoing monitoring of the system. The committee noted AHPRA's and some stakeholders' calls for fundamental changes to the Health Ombudsman Act to reduce role confusion, duplication of work and delays in resolution of complaints. We noted, however, that whilst asking for the changes to the health complaints system, it was not suggested that we return to the HQCC model. The committee considers it would be premature to fundamentally change the health complaints system in Queensland. We do, however, have significant concerns about the OHO's performance against its statutory time frames in relation to the handling of complaints.

The committee acknowledges the hard work undertaken by the Health Ombudsman and his staff in establishing the new complaints body. The committee recommends that the Queensland government investigates the merits of amending the Health Ombudsman Act 2013 to introduce a joint consideration process for health service complaints between OHO, AHPRA and the national boards.