



Health and Disability Commissioner
Te Toihau Hauora, Hauātanga

Act and Code Review consultation questions | Ngā pātai matapakinga

This document contains all the questions we are asking as part of the Act and Code Review consultation. Aside from the required questions, you can answer as many or as few as you'd like. When completed, please either email it to review@hdc.org.nz or post it to us at PO Box 1791, Auckland, 1140.

Please visit <https://review.hdc.org.nz> to answer these questions online.

Your details (required)

It's important for us to know a bit about you so that we understand whose views are being represented in submissions. It helps us to make sure that any changes we recommend will work well for everyone and have an equitable impact.

1. What is your name? Roger Loveless

2. What is your email address? [REDACTED]

3. Are you submitting as an individual, or on behalf of an organisation or group?

- I am submitting as an individual
 I am submitting on behalf of an organisation or group

4. How did you hear about this consultation? (please select)

- HDC website News media Social media Internet
 Through my job Word of mouth Other (please specify below)



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Please answer the following questions **if you are submitting as an individual**. If you are submitting on behalf of an organisation or group, please go to page 3.

Which of these services do you engage with the most? (Please select all that apply)

- [redacted] [redacted] [redacted]
- [redacted] [redacted] [redacted]
- [redacted]

What is your gender?

- [redacted] [redacted]
- [redacted]
- [redacted]

How old are you?

- [redacted] [redacted] [redacted] [redacted] [redacted]
- [redacted] [redacted] [redacted]

What is your ethnicity? (Please choose all that apply)

- [redacted] [redacted] [redacted] [redacted]
- [redacted] [redacted] [redacted] [redacted]
- [redacted] [redacted]
- [redacted]



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[Redacted]

[Redacted] [Redacted] [Redacted] [Redacted]

If you are submitting on behalf of an organisation or group:

What is the name of your organisation or group?

What type of organisation/group is it?

- Consumer organisation/group (please specify below)
- Iwi/ Māori organisation/group (please specify below)
- Health and/or disability services provider (please specify below)
- Central Government
- Local Government
- University/Academic
- Other (please specify below)

Please feel free to provide any further detail: _____



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Share 'one big thing'

This survey contains structured questions that ask for your feedback on each chapter in our consultation document. If you would prefer to give us your feedback as a whole, by telling us 'one big thing' – you can do so below.

If this is all you want to provide by way of your submission, that's fine by us. We will consider all the submissions we receive.

What is your 'one big thing'?

In addition to the comments that follow, I would suggest it is appropriate for the HDC to consider encouraging healthcare providers to adopt the internationally recognised Healthcare Quality Management standard ISO7101

Key Benefits of ISO 7101 can be instrumental for organisations wishing to

- Boost Reputation by fostering trust and credibility with patients and healthcare stakeholders through a commitment to quality in healthcare.
- Mitigate healthcare risks by implementing stringent practices, reducing the likelihood of errors, and associated costs.
- Unlock opportunities for business growth by qualifying for contracts with healthcare organizations that prioritize stringent quality standards, including government agencies and those with elevated compliance requirements.

Although there may not be evidence to back up these claims, using a structured system has the potential to substantially reduce the risk of complaint, but furthermore it encourages the adoption of systems that lead to continuous system improvement.

Although I am not familiar with this particular quality management standard, I have been involved in the successful adoption of the ISO9001 quality management standard in another industry.



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Topic 1: Supporting better and equitable complaint resolution

1.1: Did we cover the main issues about **supporting better and equitable complaints resolution**?

Yes. However it would be appropriate for organisations to adopt procedures requiring better communication with users, perhaps in accordance with ISO7101, to reduce the number of complaints being escalated for resolution under HDC.

1.2: What do you think of our suggestions for **supporting better and equitable complaints resolution**, and what impacts could they have?

I support the Disabled Persons Assembly submission.

The main issue should be ensuring those less articulate than others or their advocates take up the opportunity to complain when appropriate and not to “suffer in silence.”

Contracting out resolution services is not good for analysing trends and whether resolutions are appropriate. Very often complaints are resolved sub-optimally by the complainant. I resolved a complaint by switching service provider, but the provider did not change its systems for the benefit of their other clients. I felt they were glad to get me off their books!

1.3: What other changes, both legislative and non-legislative, should we consider for **supporting better and equitable complaints resolution**?



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I support the Disabled Persons Assembly submission.

The DPA submission appears to largely consider very serious complaints in which a high level of tolerance has been exceeded. Resolution of complaints should be recognised as a means of improving systems and methods of operation and ideally not be quasi legal in approach. Good communication between provider and client is essential, especially with regards to procedures with risk. Treatment injuries and fatalities do occur, despite the best efforts of surgeons and other medical professionals. Investigations should not become avenues for unwarranted criticism. Again consider encouraging adoption of ISO 7101 by providers.

Topic 2: Making the Act and Code more effective for, and responsive to, the needs of Māori

2.1: Did we cover the main issues about making the Act and the Code more effective for, and responsive to, the needs of, Māori?

I support the Disabled Persons Assembly submission.

Trust in the systems and professional staff involved by people from all ethnic backgrounds is extremely important. For those less articulate than others, actively encouraging people with concerns to make them known in a culturally acceptable way is something the professionals should aspire to. Although probably straying beyond the brief of this review, good communication and trust are key to ensuring issues are not escalated into a more formal complaints process.

2.2: What do you think about our suggestions for making the Act and the Code more effective for, and responsive to, the needs of Maori and what impacts could they have?

I support the Disabled Persons Assembly submission.

If implemented, DPA recommendations would improve relationships between Māori and health professionals.



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Topic 3: Making the Act and the Code work better for tāngata whaikaha | disabled people

3.1: Did we cover the main issues about making the Act and the Code work better for tāngata whaikaha | disabled people?

I support the Disabled Persons Assembly submission.

I strongly agree that good supported decision making must be encouraged, as this will reduce concerns being escalated to formal complaints.

3.2: What do you think of our suggestions for making the Act and the Code work better for tāngata whaikaha | disabled people, and what impacts could they have?

I support the Disabled Persons Assembly submission.

3.3: What other changes should we consider (legislative and non-legislative) for making the Act and the Code work better for tāngata whaikaha | disabled people?

I support the Disabled Persons Assembly submission.

Whilst written material accessible to various ethnic groups is good, the value of people from within these groups as intermediaries in getting better key life style choices adopted needs to be much more widely adopted. The approaches need to be pro-active.



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Topic 4: Considering options for a right of appeal of HDC decisions

4.1: Did we cover the main issues about **considering options for a right of appeal of HDC decisions**?

I support the Disabled Persons Assembly submission.

However, with better trust and communication much earlier in peoples journey's with the health system, resorting to a complaint and then appealing decisions should be an avenue of last resort.

4.2: What do you think about our suggestions for **considering options for a right of appeal of HDC decisions**, and what impacts could they have?

I support the Disabled Persons Assembly submission.

4.3: What other **options for a right of appeal of HDC decisions**, both legislative and non-legislative, should we consider?

I support the Disabled Persons Assembly submission.

Topic 5: Minor and technical improvements



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5.1: What do you think about the issues and suggestions for **minor and technical improvements**, and what impacts could they have?

I support the Disabled Persons Assembly submission.

5.2: What other **minor and technical improvements**, both legislative and non-legislative, should we consider?

I support the Disabled Persons Assembly submission.

5.3: What are your main concerns about **advancing technology** in relation to the rights of people accessing health and disability services?

With a health sector under pressure, the increased use of advanced technology may take away the “human” touch which is important for the mental wellbeing of person with disability. Whilst professionals providing services may have access to a persons medical history, it is all too easy to align decisions for those with rare conditions with others presenting with the same symptoms. Decisions to accept long term residential care are much more critical to many disabled persons as they are likely to be in such care far longer than other people reaching the end of their natural lives.

When using data systems that allow instant recall of past information / decisions, the extent of that information may mean that the service provider overlooks important information when making further decisions. It can be tempting for short cuts, particularly with pwd who have long term, slow onset chronic conditions.



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5.4: What changes, both legislative and non-legislative, should we consider to respond to **advancing technology**?

In the non legislative area I would support DPA's comments on training which needs to extend around the whole area of effective consultation.

Many organisations now seek user consent with a simple tick box, but this does not give any feedback on whether the user has any understanding of what they have agreed to, relying on the organisation to do what they consider appropriate. Health procedure communications regarding risk of treatment injury need to be considered as a special case, with much better feedback from users that they understand those risks.

Publishing and data protection

This section provides important information about the release of your information. **Please read it carefully.**

You can find more information in the Privacy Policy at hdc.org.nz.

Being open about our evidence and insights is important to us. This means there are several ways that we may share the responses we receive through this consultation. These may include:

- **Publishing all, part or a summary of a response** (including the names of respondents and their organisations)
- Releasing information **when we are required to do so by law** (including under the Official Information Act 1982)

Publishing permission

May we publish your submission? (Required)

- Yes, you may publish any part of my submission
- Yes, but please remove my name/my organisation/group's name
- No, you may not release my submission, unless required to do by law



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Please note any parts of your submission you do not want published:

Reasons to withhold parts of your submission

HDC is subject to the Official Information Act 1982 (The OIA). This means that when responding to a request made under the OIA, we may be required to disclose information you have provided to us in this consultation.

Please let us know if you think there are any reasons we should not release information you have provided, including personal health information, and in particular:

- which part(s) you think should be withheld, and
- the reason(s) why you think it should be withheld.

We will use this information when preparing our responses to requests for copies of and information on responses to this document under the OIA.

Please note: When preparing OIA responses, we will consider any reasons you have provided here. However, **this does not guarantee that your submission will be withheld.** Valid reasons for withholding official information are specified in the Official Information Act.



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Yes, I would like HDC to consider withholding parts of my submission from responses to OIA requests.

I think these parts of my submission should be withheld, for these reasons:

Follow up contact

If needed, can we contact you to follow up for more detail on your submission? (required)

Yes, you can contact me

No, do not contact me

Further updates

Would you like to receive updates about the review?

I'd like to receive updates about the review

I'd like to receive updates from HDC about this and other mahi

Thank you

We really appreciate you taking the time to share your thoughts with us. If you have provided your details, we'll keep you updated on progress. If not, feel free to check our consultation website <https://review.hdc.org.nz> for updates or to contact us if you have any questions. We can be reached at review@hdc.org.nz.