The Health
Consumer
Advocacy
Alliance
Experts by Experience

Health Consumer Advocacy Alliance

Supplementary Submission C

13th February 2024

Supporting documents for HCAA Patient Safety Commissioner Petition

PATIENT VOICE AOTEAROA
HE REO TŪRORO O AOTEAROA

11 February 2025

Letter of Support for a Patient Safety Commissioner for Aotearoa New Zealand to the Health Select Committee.

Tena koutou katoa.

He mihi nui ki a koutou.

Patient Voice Aotearoa (PVA) supports the petition submitted by the Consumer Advocacy Alliance for a Patient Safety Commissioner for Aotearoa New Zealand. Currently there remain very few avenues for patients to pursue if they encounter harm in their interactions with the New Zealand Health System. PVA hears constantly from patients that the Health and Disability Commissioner (HDC) is too slow to hear cases, and many are of the belief that the HDC lacks the ability to implement changes that are required.

Currently New Zealand patients are encountering a health system that is causing considerable harm. Many of the complaints PVA hears of are not due to individual clinicians, but due to systemic failures. We strongly believe that the remit of a Patient Safety Commissioner needs to include the ability to investigate systemic failures for the system to improve and cause less harm to patients.

We also believe that a Patient Safety Commissioner needs to remain independent and be a Parliamentary officer. This would enable the Commissioner to be granted added powers required for such a role and would also be able to provide scrutiny of any government on behalf of the House of Representatives. Given part of the Commissioner's remit would be to investigate system failures in the New Zealand health system, locating the office within Parliament would provide an appropriate level of oversight of multiple issues that have long plagued New Zealand patients.

Nga mihi

Malcolm Mulholland

Chair of Patient Voice Aotearoa

Letter of support for the Health Consumer Advocacy Alliance proposal for a Patient Safety Commissioner.

February 13th 2025

Tēnē Koe

Ko Terry Taylor tōku ingoa. Nō Ōtepoti ahau. He Rangatira Kaiputaiao tōku tūnga mahi

Preamble

I am writing this letter of support for the Health Consumer Advocacy Alliance in their submission for an Independent Patient Safety Commissioner within the health and disability system. I unequivocally support this proposal both as a consumer and a Health Professional leader.

As a Registered Health Practitioner representing a profession that is currently grappling on a day to day basis with the 'do no harm' prophecy echoing in our ears while facing extraordinary system challenges, a significant advisory and oversight position like this would be extremely beneficial for patient's negotiating the wider health environment. A position with significant clout and influence would obviously have a clear educational and informative role to provide the communication pathway between patients and medical professionals and the structures we all operate within.

Some relevant points of support.

1. Patients can be caught between two worlds when dealing with the complexity of healthcare through no fault of themselves. Health Practitioners can speak what seems like a different language regards their diagnostics and care. One thing that patients have in built that Health Practitioners don't, is exactly how they feel and perceive their interactions and outcomes. In today's exceptionally busy health environment there can be limited time to fully appreciate what is really in front of us.

2. The current system of feedback and complaints is more often than not retrospective when the patient outcome has been shown to be not what it should and a Health Disability Commission investigation may (or not) identify an action, process or systemic failure in that care. There are several components that can assist in a patients journey but one aspect often forgotten is identifying risks and imbalances before they become problematic.

2.1. Ensuring patients have the right to make decisions about their own health and have the option to query and question without offence being taken.

2.2. Promoting patient equality across all aspects of the health experience without discrimination or bias.

2.3. Preserving human dignity at all levels of care.

2.4. Speaking with patients to safeguard the expectations of careparticularly where there is dispute or inconsistency between health practitioners providing the care and services.

2.5. Being aware that not all interactions patients have with the health system are directly facing a health professional. Examples include diagnostic analysis such as laboratory tests and digital scan assessments. It would always be an expectation that a patient has every right to question and query aspects of their care that is not directly patient facing.

3. Unfortunately, Health Practitioners in todays health environment are now often caught in between ethical dilemmas caused by factors outside of their control. Examples include significant workforce shortages which can be in the form of a veil of expertise or specialist cover to make informed and critical decisions.

Another factor that is becoming more prevalent are policies and directives from the management of organisations that the Health Practitioner knows full well will compromise their ability to offer the healthcare that they should be able to if they were not constrained.

4. Across NZ the incorporation of the NZ Health Charter (Te Mauri o Rongo) has been slow across the public Health NZ hospitals and virtually absent across health providers in the private sector. This document is built into the Pae Ora legislation and guides how all parties involved in health care should interact together and are embraced and protected in a common purpose. The NZ Health Charter is the foundation for how healthcare will be provided and is responsive to the needs of, and accessible to all people living in NZ. Clearly the Patient Safety Commissioner would consistently promote the foundations of this document are part of the advocacy and communication between patient's and

Health Practitioners.

5. In line with this the logging and national data collation of adverse interactions and errors within these environments for review is haphazard at best and nonexistent at worst depending on where and who the organisation involved is. Our patients deserve much better than this and it would an expectation that one of the roles of a Patient Safety Commissioner would be to ensure regional and national quality data collation to mitigate exactly what is in front of them. The adage we don't know what we know rings true in this space.

6. The expectation of having a Independent Patient Safety Commissioner with a direct pathway to Health NZ Te Whatu Ora, Manatū Hauora and Ministerial leadership would ensure quick and effective pathways for any significant interventions that need to happen. Currently there is no clear place for patientsto go to when faced with the daunting situation of a difficult health decision that may have significant wider implications. The end point of a poor care decision can unearth a preventative systemic failure underneath.

7. For Health Practitioners the HPCA Act is designed as a regulatory tool for ensuring individual Health Practitioners are ticking the box and regulated to 'not cause patient harm' but the reluctance for firm and consistent enforcement of organisations that deliberately compromise their workforces by minimising and direct silencing of people standing up for poor service, workforce deficiencies and questionable strategy is still far too prevalent across NZ.

8. A direct example of this within the profession I am involved with is sending diagnostic patient samples from one centre to another that may seem harmless until aspects such as specimen integrity, distance, transport method, and movement of a sample away from where it should be tested in a normal setting is minimised and hidden from a patient. How many patients know that although the

test they have had requested can be done at the nearest laboratory but is instead sent to another part of the country to fulfil a corporate contract. Any health practitioner dissenting views on these unethical activities are quickly shut down.

Concluding remarks

In conclusion I support the future appointment of a Patient Safety Commissioner on the grounds of this position having a significant role in being able to prevent the preventable. This is a missing link in our current patient advocacy pathway. The determination of where this position sits needs careful consideration but would most benefit from sitting within the Health Quality and Safety Commission (HQSC) with true independence from other health entities. The important factor is that needs to be ensured is the access and authority of the Patient Safety Commissioner to intervene in significant potential wider systemic failures having patient wellbeing implications with a direct line to the Director General of Health and the relevant Minister.

Ngā mihi nui nā Terry Taylor

He aha mea nui o 4ea o, he tangata, he tangata, he tangata.

'What is the most important thing in the world? It is people, it is people, it is people'

New Zealand Institute of Medical Laboratory Science (NZIMLS) Past President

"A scientist is not the one who gives the right answers but is the one who asks the right questions"

Biography

I am a specialist medical laboratory scientist with over 30 years frontline experience at the Dunedin hospital laboratory. My main area of technical expertise is haematological malignancy diagnostics and autoimmune immunology platforms. I have provided expert oversight for clinical flow cytometry in Dunedin since 1998 and have been through the full spectrum from single colour immunofluorescent to the multi-laser and fluorochrome flow cytometry with the high throughput software now in use. I work as an essential cog in the lymphoma and leukaemia diagnostic clinical teams in the Otago region and am recognised nationally and internationally as a clinical flow cytometry expert.

I have been involved with the NZIMLS Council since 2008 and was President from 2017 till 2023. I was invited by the Health Minister in 2018 to submit on behalf of the NZIMLS to the original Health and Disability System Review in Aotearoa NZ. I led the invited NZIMLS input through the Health Transition Unit at the Department of the Prime Minister and Cabinet and presented to the Pae Ora Select Committee as part of the legislative process. I continue to meet regularly with HNZ Te Whatu Ora leadership with regards Pathology service

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