



Annual Report 2021-2022

*Promoting rights and resolving concerns.
We are here to help.*



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Chairs Introduction

He Taonga rongonui te aroha ki te tangata

Goodwill towards others is a precious treasure

As I reflect on the year past, our Advocates and staff are truly our greatest asset. Within each of our communities there have been ongoing impacts of COVID, flu, health and disability sector pressures and yet we have continued to meet the needs of New Zealander's. Each day our Advocates come to work to make a difference, to empower people who are struggling with the issues and concerns as they try to navigate health and disability services. Our role is to ensure the health and disability consumer rights continue to remain at the forefront of the new health system.

As the whakatauki states about He Taonga rongonui te aroha ki te tangata – the goodwill towards others is a precious treasure. As a Board our first and foremost priority is to ensure our staff are well supported to be able to deliver highly effective advocacy services for every New Zealander within our the communities. We have Advocates in 23 locations across the motu from Kataia to Invercargill. We are proud of the measures Advocates have delivered including 19711 enquiries, 2922 complaints closed with 92% consumer satisfaction ratings. Our FaceBook page has reached 5000 followers and we continue to find innovative ways to tell people about our service.

We have continued to work closely with the Director of Advocacy and Health and Disability Commissioner (HDC) which include a secondment of our staff to share knowledge and support their increasing workload. We continue to grow our partnership with HDC to find new ways to support consumers with advocacy elevating the health and disability consumer rights.

We have a new Chief Executive who started in May and we are excited about the opportunities Lee Pownall will bring to the service. His passion for working in communities, building strong partnerships especially with mana whenua and vulnerable communities is a key focus for the service. To support our staff and strategic intentions of the service going forward the Board has invested in a new CRM system which will be implemented later this year. The system will be fundamental to understanding where there are gaps in our service delivery and the insights we will gain from this to try new ways of working and reaching people in need.

As the health and disability sector continues in its new journey, we will continue to support New Zealander's across the motu. To this, it is our Advocates who inspire us by their commitment to help people and find ways to continue to improve the service every day.

Sarah Hutchings – Chair

National Advocacy Trust



**Sarah
Hutchings**
Chair

Lee Pownall

Chief Executive, National Advocacy Trust

Kia ora,

I am proud to be the new Chief Executive of the National Advocacy Trust. Previously, I worked as Chief Executive Officer for Stroke Central New Zealand for 5 years. My career has always involved working in communities with youth, health and disability.

Originally from Oldham, Lancashire in England. I have lived and worked in the Wellington Region of New Zealand for over 10 years now. I have a passion for working with and helping people in communities and developing my staff and the organisation.

I am enjoying the challenge of developing the Nationwide Advocacy Service. There is a really strong management team, and the advocates are excellent. They are a really dedicated team and it's great to be involved in this work.

Advocacy is an important part of the Health & Disability system and is an essential service for many people dealing with issues they encounter within the health system. I believe that in collaboration with the Health & Disability Commission, we can play our part in developing the whole health system for all New Zealanders.

If you have any suggestions or ways you think we can improve then I'd be happy to hear from you.

Nga Mihi,

Lee Pownall

ce@nat.org.nz



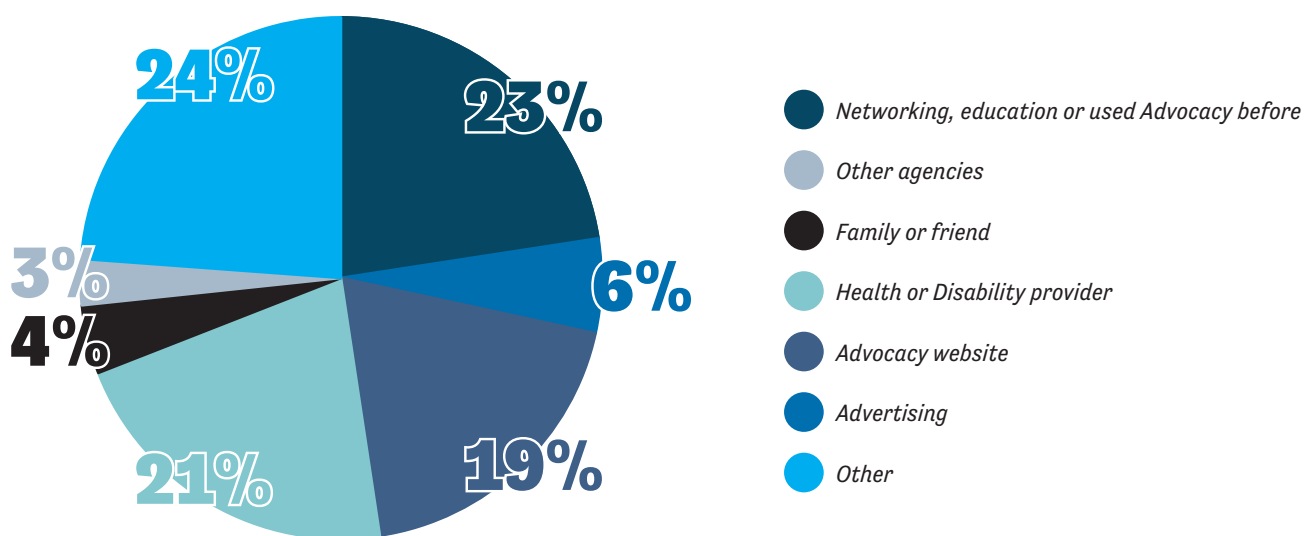
**Lee
Pownall**
Chief Executive

enquiries

*The combined number of NAT and HDC enquiries received by the Advocacy service between 01 July 2021 and 30 June 2022 was **19,711.***



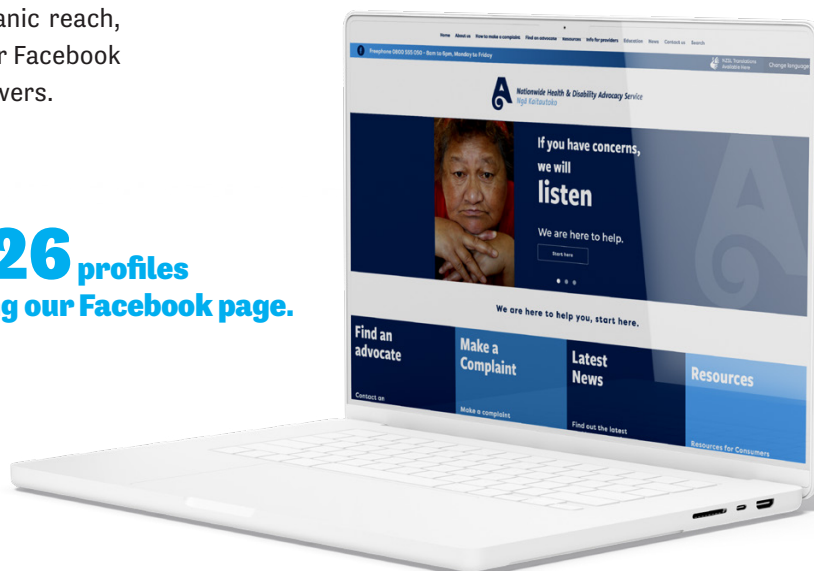
Enquiries - Referral Method 2021/22



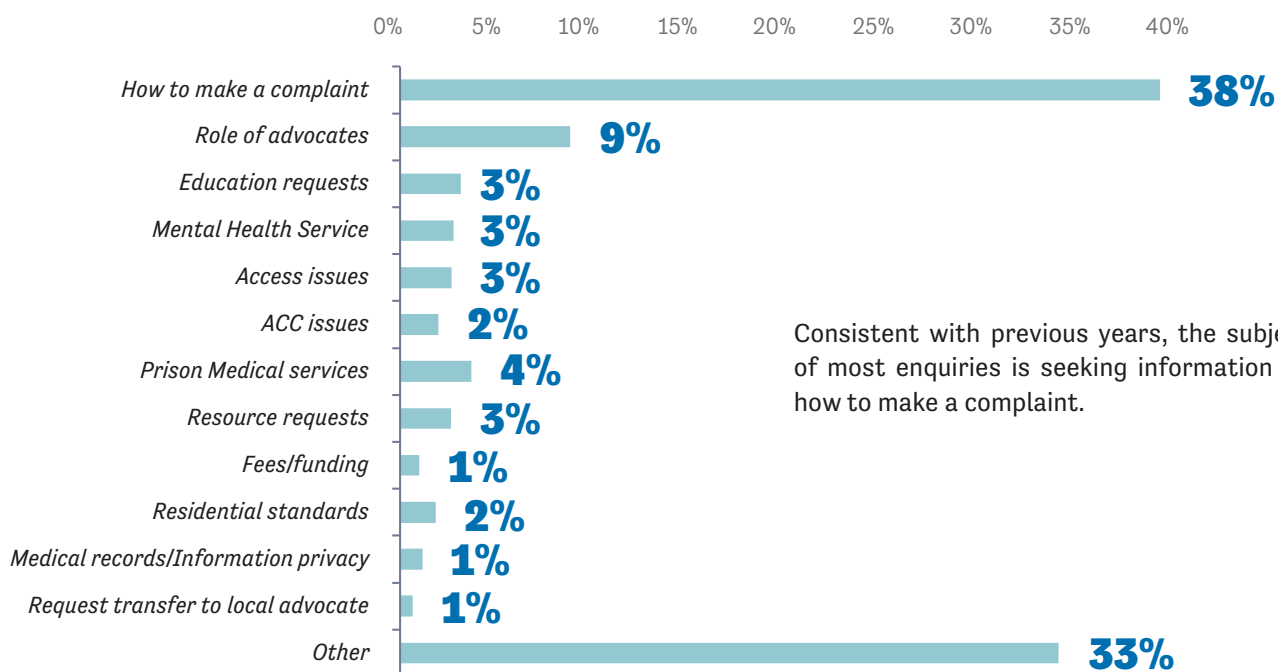
Complainants who identified a health or disability service provider as the referral source remained at a consistent level with the previous year, only dropping 1%. The number of referrals via the advocacy website increased by 3% from the year prior.

Website traffic dropped 13% as we had 37,348 visits down from 42,984 the previous year, and 28,136 unique visitors, down from 31,409 the previous year. Through Facebook advertising we **reached 344,280 profiles** through paid advertising and organic reach, of which 5,191 clicked through and visited our Facebook page which resulted in 2,484 increased followers.

At the close of the year ended 30 June 2022 we had 4,926 profiles following our Facebook page.



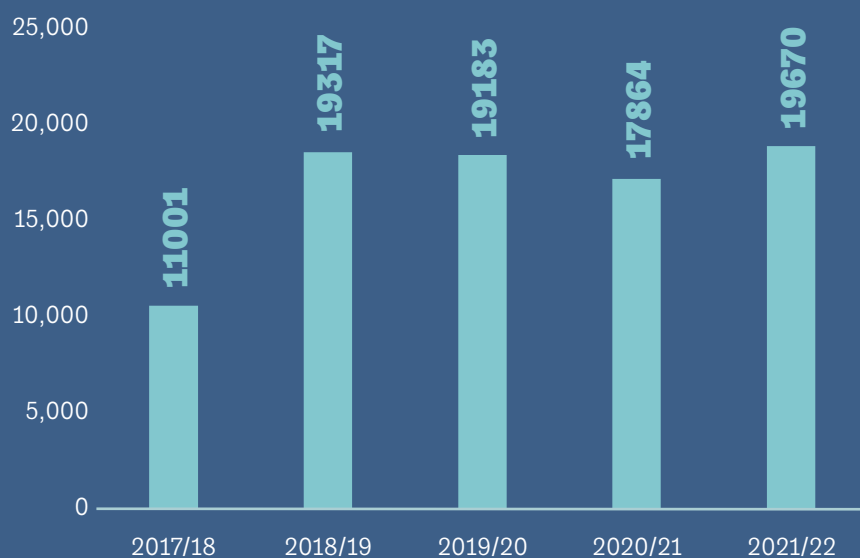
Subject of Enquiries 2021/22



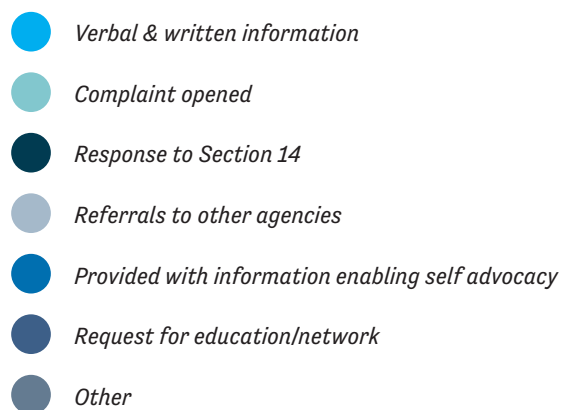
Consistent with previous years, the subject of most enquiries is seeking information on how to make a complaint.



Enquiries Closed by Year



Enquiries Outcome 2021/22



The number of complaints opened following an enquiry

increased by 3% when compared to the previous year.



0800 Call Centre Coordinator

Funnily enough, I am writing this article on my one-year anniversary as an 0800 team member of the Nationwide Health & Disability Advocacy Service! As an 0800 administrator and call-centre facilitator, my role can be layered. I process administrative duties including stationary & resource orders, but the bulk of the role resides in the calls from our consumers. Our focus is on confirming that our service is the right service for the caller, and if it is, I allocate the caller to a local Advocate to support them with their concerns. To do so, I gather relevant information like their name, location, and a bit about what has brought them to us. This helps prepare the Advocate for their role within Advocacy.

We receive diverse calls, as we service the whole of Aotearoa. Many callers are unaware of what we do and often we need to explain what is within our jurisdiction. We specifically assist with concerns regarding a Health or Disability Service, but what falls within this realm can be ambiguous for consumers. By listening attentively to a consumer's narrative, we often find that their concerns, for example with ACC (outside of jurisdiction), can be more complex and they also may have been let down by the health providers paid/appointed by ACC (within jurisdiction). When people call us, they have a story that is very real and important to them. Often the calls are heightened, with tears or exhaustion, swearing and aggression. These calls can be taxing, but personally

I find they can be rewarding. People call us because they feel an injustice has been done to them and they need help; sometimes help starts with a big 'vent' session, followed by relief that they are getting support.

I LOVE this job. It has a lot to do with the diversity of the people we are working with/for, no matter how brief the conversations. As someone who holds and Honours in Sociology and a graduate diploma in Psychology, this role really feeds into my sense of purpose and a need to participate in something that aims for a better society. We are making a difference here- whether you look at it from an individual consumer perspective or a cultural/societal measurement. We are empowering our Peoples to speak up against what they feel are injustices, shifting Power from the "expert professional"- to never be questioned or doubted- to the "everyday consumer". We are helping to lift important voices and narratives that may go unheard without our support. I think it's a huge responsibility to be the first person someone speaks to within Advocacy – and I think I can speak for everyone in the office when I say we are proud to carry this role.



Brit Taylor

complaints

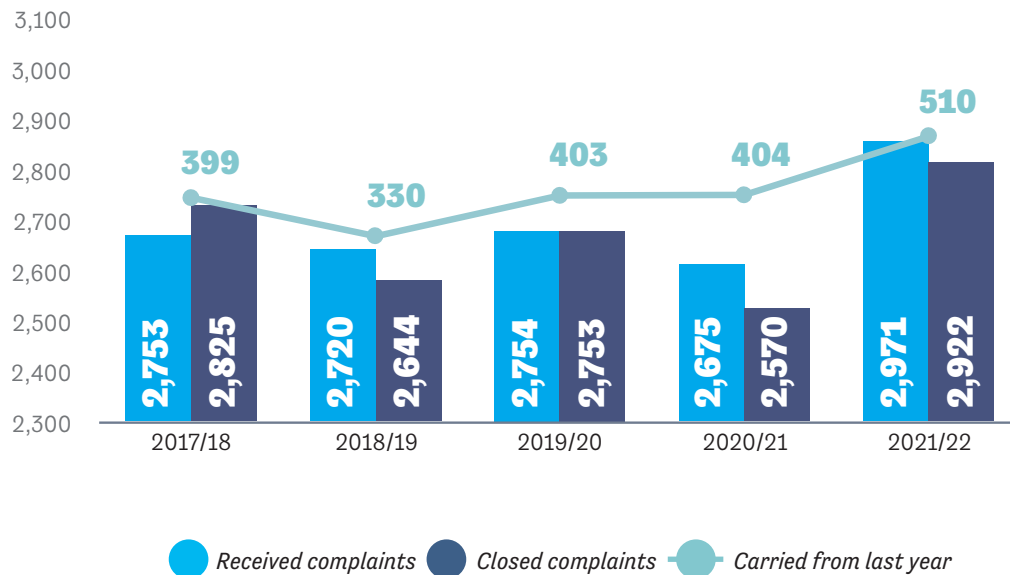
At year end, 30 June 2022,
advocates had worked on a total of

3,481
complaints

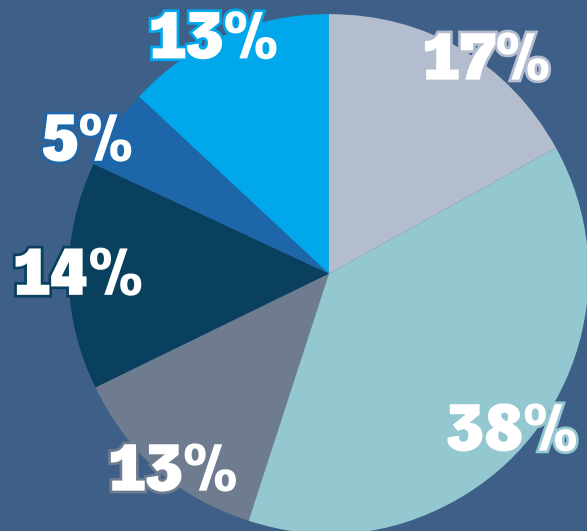
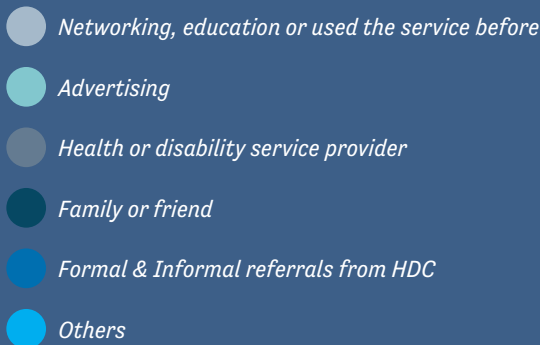
510 of those were carried forward
from the previous year and 2,971
were received between 01 July 2021
and 30 June 2022.



Complaints by Year



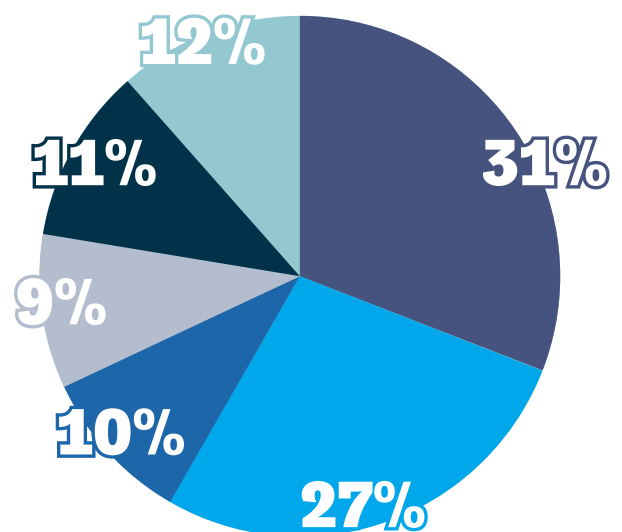
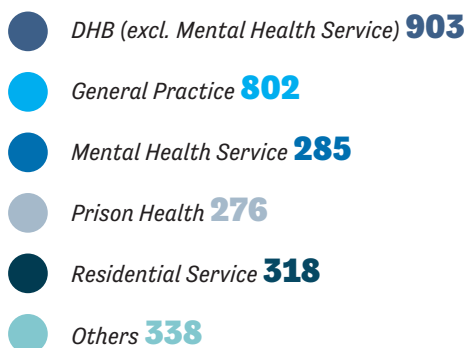
Referral Method Received 2021/22



Advertising continues to be the most common way people who open complaints are referred to our service.

This year **advertising** was up 5% from the year prior at **38%.**

Complaints Closed by Service Type 2021/22



This year the number of complaints from residential services nearly doubled at 11% (up from 6% the previous year), and the number of complaints about General Practice reached 27% which was a 10% increase. Complaints about 'other' services was half that than in the previous year at just 12%.

Advocacy Response to Consumers during Covid-19 Restrictions



Whilst COVID-19 restrictions were in place, the Advocacy Service was not always fully impacted by these. We continued receiving enquiries and complaints on a daily basis from vulnerable consumers who were reliant on the service to provide information, sometimes guidance and a listening ear.

The Advocacy Service has been flexible and responsive to the changing environment and while challenging, has endeavored to meet the needs that each Alert Level created for New Zealander's. With the assistance and support of management, advocates were able to look ahead with a view to ensure how we could continue serving people who needed our support in this changed and somewhat restricted environment. Advocates also communicated and escalated to management what they heard and observed and saw as major flags during this period. E.g. prison complaints, Home Care supports, GP procedures and protocols and Rest home protocols.

We introduced a rapid telephone response process, whereby we contacted Health Providers without opening a "formal" complaint; and almost immediately could see the benefit of this process. Following this new process allowed Providers to respond and attend to the vulnerable consumer in the community quickly (in most cases!). Hence, needs were attended to in a timely manner. We have continued this process and find it adds to our mahi in a very speedy and win way.

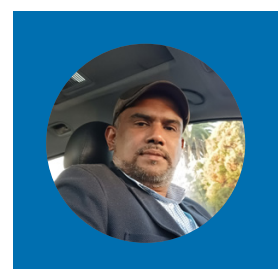
Advocates found themselves initiating behavioural change while handling Covid-19 complaints particularly

when consumers started to contact our service when the Government changed rules and settings. We provided a non-judgmental service and our communication respected consumers decision on Covid-19 vaccination whilst continuously explaining the evolving situation. Management provided regular updates and information from MOH and other providers re their stance and regulations which helped in providing accurate responses.

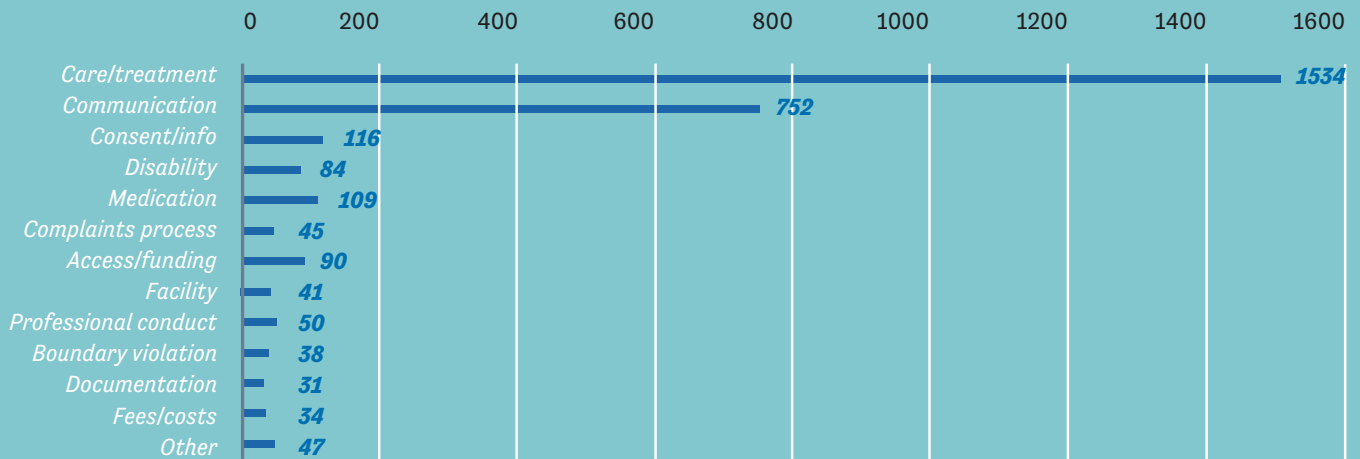
I personally would like to thank all my colleagues for their extraordinary efforts during the Covid-19 restriction period. Thank you for the manaakitanga shown by all, as we worked together during a difficult time, whilst looking after our own families and health needs.

Responding to consumers during the restriction period whilst at times challenging and difficult due to heightened consumers; made us all realise the Advocacy Service not only protects consumers' rights, but we are a service who connects New Zealander's to Health and Disability Providers and other relevant services. WE all stepped up!!

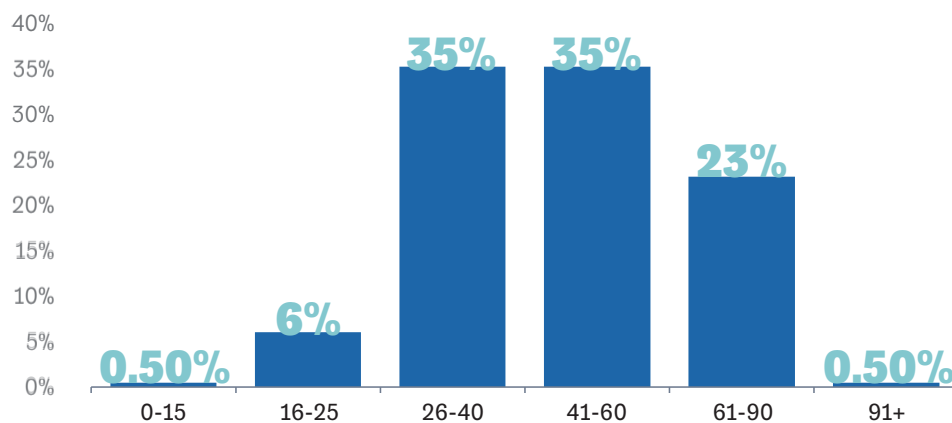
Pranesh Davendran



Complaints Received - Issues 2021/22



Complaints Received by Age Group 2021/22



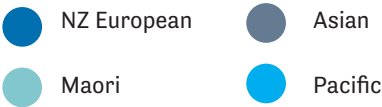
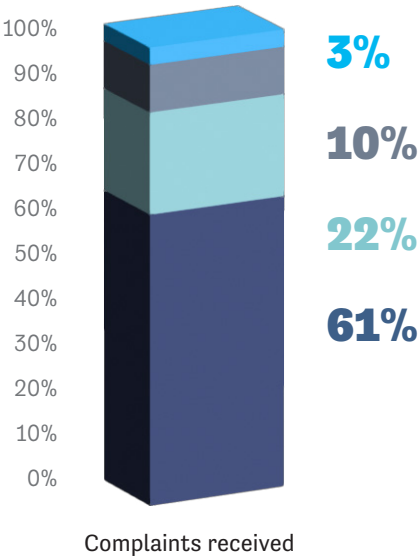
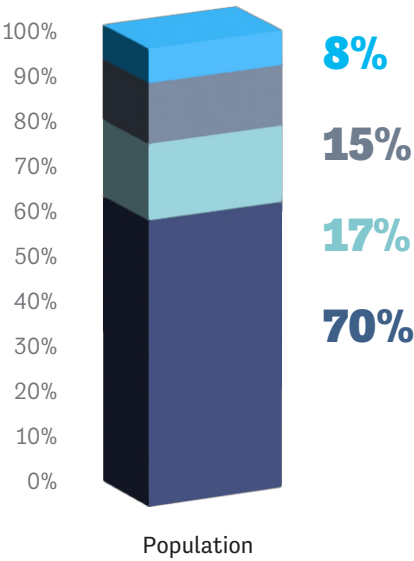
For the year ended 30 June 2022 when compared with the year prior, we saw the biggest change in the

26-40 age group
category with a **7% increase**
in complaints received.

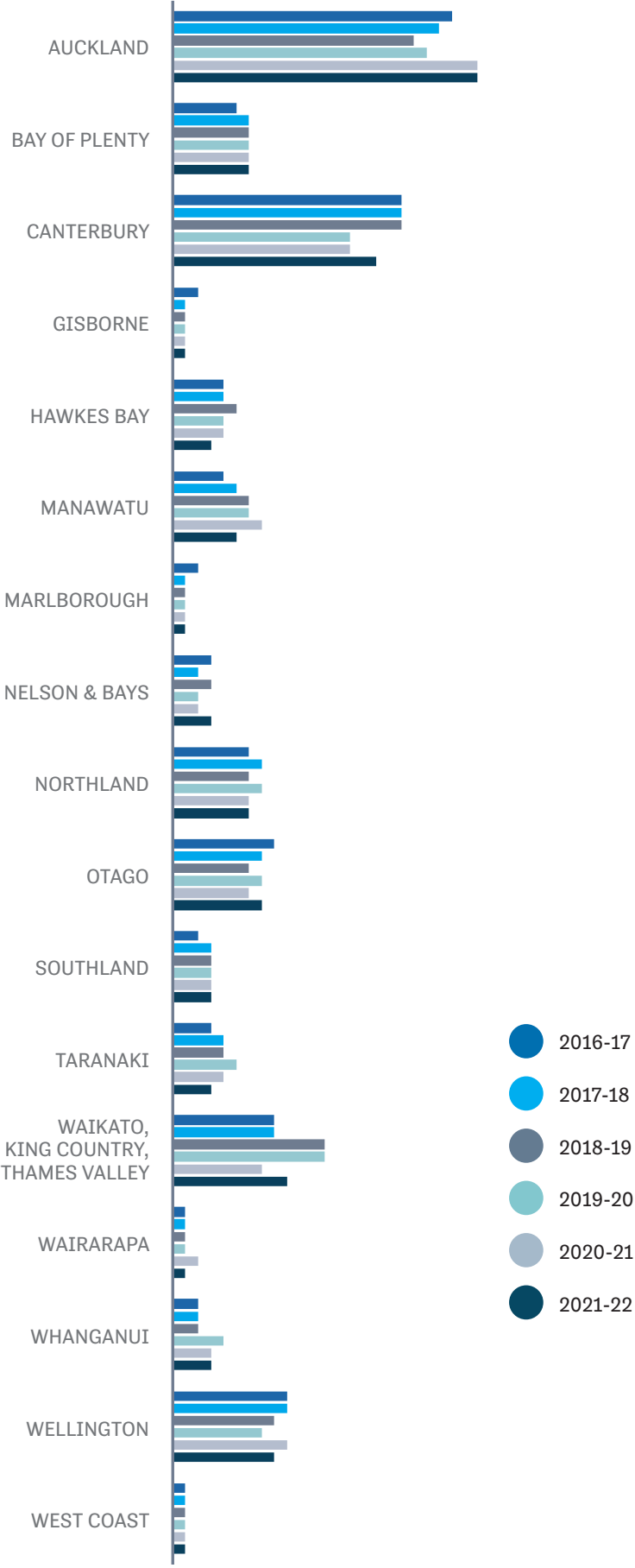
Complaints received for consumers in the **0-15** age bracket and the **61-90** age brackets **both decreased by 3%**. By and large these figures are fairly in-line with what we have seen in previous years.

Statistics NZ Ethnicity Data v Complaints Received

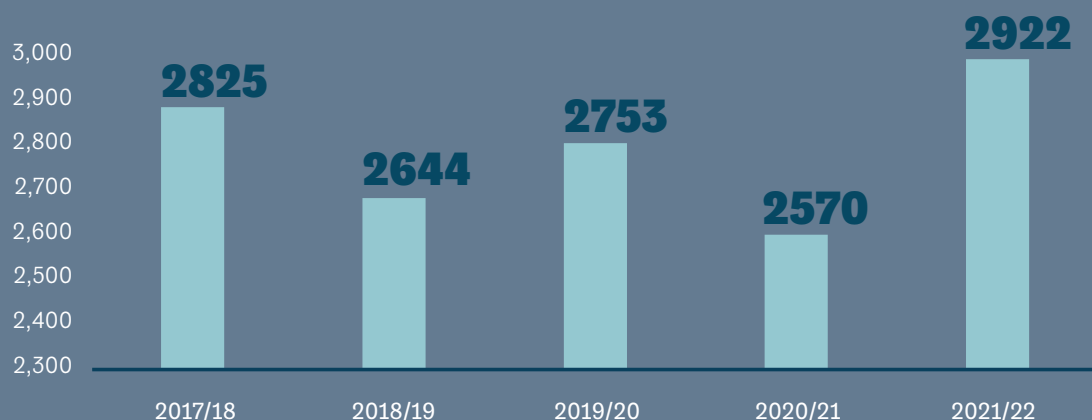
The graph above allows comparison of ethnicity data of complainants with recognised statistical information from Stats NZ.



Complaints Received
by Region



Complaints by Year Closed Complaints



A total of **2,922**
complaints

were closed during the year. The service continued to survey both complainants and providers upon closure of complaints each month. Complainants who responded to surveys indicating they were either **very satisfied** or **satisfied** with the complaint resolution process equated to **92%**, and providers who indicated they were either **very satisfied** or **satisfied** equaled **96%**.

Facilitating the speedy resolution of complaints while achieving good outcomes for complainants continues to be a focus for the service. 89% of complaints were closed within three months of being received, 99% in six months and 100% in twelve months. Eighty-three percent of the complaints closed were resolved, referred, or withdrawn.



Provider Improvements Resulting from Complaints

While resolution outcomes are often focused on what an individual states is important to assist them to move forward, many of the improvements made to services have a wider impact for service users.

Examples of changes where advocates supported complainants through the process to resolve their concerns:

- A national provider advised they would be changing their triage system for the first phone responders at the call centre
- As a result of a complaint to a Fertility Provider, they have reviewed their practice to include more options in their letters, have also provided a reassurance that results will be sent in a more timely manner, and that patients will be involved in all aspects of the decision making process for their treatments
- Following a complaint to a DHB in regard to a delay in receiving a correct diagnosis of breast cancer, consumer was advised that as a result of the complaint and a discussion with breast radiologists they have changed their practice in the Breast unit to 'having a lower threshold for considering an MRI in all patients who have nipple discharge, which is unilateral or persistent and spontaneous or localized to a single duct.' These patients will also be discussed in the breast multi-disciplinary meeting.
- A Provider acknowledged their processes are not working which created anxiety and distress for patients on Warfarin and their whanau. A new guideline was developed to address the problems that are occurring. The new guideline should prevent calls late at night about INR results.
- After a complaint process with the advocacy service, a Provider now has Manage My Health on-line patient portal and they are registering and educating consumers how to book appointments using the on-line portal.
- Another Provider has appointed a designated person and one email address for complaints to ensure complaints are not missed and implemented a process where it will be audited every three months.
- A DHB advised they will be consulting with the rainbow community with any changes regarding improving the care provided to gender diverse patients.

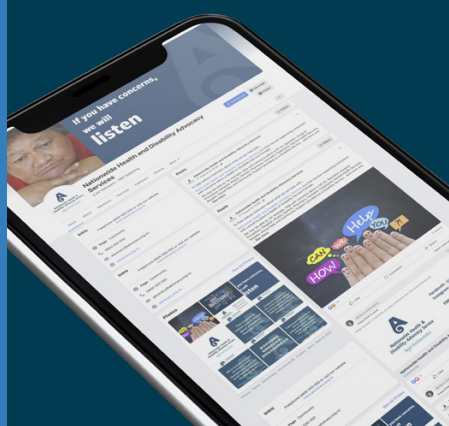
A consumer who made contact with our 0800 phone line provided the following feedback to the advocate she spoke with:

"I was highly impressed with the service provided and the reassurance that an advocate would be in contact in the next 1-2 days and/or I could re-contact the 0800 number. I was very happy to hear from you today and pleased to know that the Advocacy Service provides for a supportive team of people and follows through with a robust communication process."

Examples of Unsolicited and Survey Feedback from Consumers

The following feedback was left on our Facebook page:

"Thank you for your help. I finally got my surgery yesterday after waiting for a year. I got to know of you all and within a few days, you've sent a letter and within a few [months], I got scheduled for an [operation]. If not for your help, I might have had to wait longer."



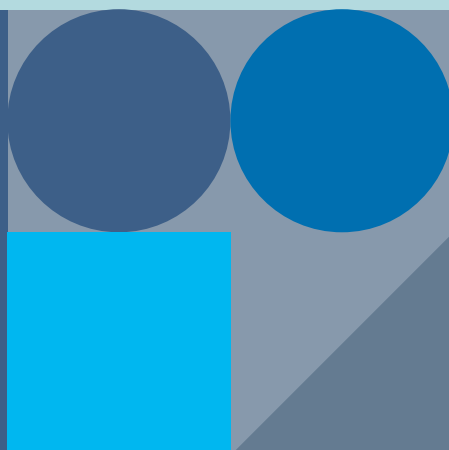
"I cannot thank you enough for your empathy, your continuous support and all of your time you have put towards myself and my complaint. You truly are a gem and have made such a difference in my recovery. The advocacy [service] is lucky to have you, and so are we as your clients. Keep doing what you do, the world needs more people like you! Thank you, thank you, thank you!"

"Thank you [advocate] for helping us and staying late on your last day for the year. We appreciate it. We'd just like to mention to you and your manager and peers how incredibly professional, empathetic and knowledgeable throughout our brief dealings you were. It's a very stressful environment when you have to complain about your GP, the person you really have to trust and rely on. You listened and retained the important facts and turned them into a very accurate report. Thanks again for taking the time to make a difference in our lives."

"Excellent in all areas. Very supportive. All follow up exceptional. Really felt she cared about me, my family, and my concerns/issues. Amazing lady and really appreciated all her help in such a stressful and upsetting situation."

"I know that this is the point, but I felt so reassured to have somebody speaking for me. My issue made me feel vulnerable. I was convinced I wouldn't be taken seriously, but having an advocate that followed the right process, while checking with me at each stage made me feel so much safer. I'm also sure I was taken more seriously because it wasn't just myself. Thank you so much."

"Advocate helped me so much. She listened and helped in the exact way I needed – an impartial reviewer of my correspondence to the doctor concerned and she gave me the information I needed to send it to the right place. I felt heard and encouraged and I really appreciated it."



"While [advocate] was very professional and was able to communicate her role and the relative laws to me in an easy to understand way, it was her constant empathy and diligence to understand my issue which set me at ease. I am more satisfied [with] the service provided and the outcome [is] that I feel able to go back to the service provider I had the issue with. I never thought that would be possible – [advocate] has been a delight to meet and has made such an important impact on my ability to access services and the support I need. Thank you."

The Code of Health and Disability Services Consumers' Rights

– “The Code of Rights/COR”

The COR has been a part of the New Zealand health and disability landscape for the past 26 years. It is a Regulation under the Health and Disability Commissioner Act 1994, and sets out the rights of people using health and disability services, and the obligations and duties of people providing those services. People providing health and disability services work in a range of occupations including doctors, nurses, dentists, psychiatrists, counselors, naturopaths, acupuncturists, and those working in prison health and residential care. Health and disability services which are not charged for are also covered, as are providers who are not registered.

The ten Rights set out in the COR describe the expected standard of care that anyone accessing health and disability services in New Zealand can expect. This includes being treated with respect, not feeling bullied, having your independence upheld, being communicated with effectively, understanding information provided, and being able to give informed consent to actions impacting our health or disability. Having support people accompany us and not having our information used for teaching and research purposes without our consent, are also included; as is the right to make a complaint should we feel any of the other rights have not been met.

People providing health and disability services are required to inform those using their services of the COR and enable them to exercise these rights. The COR clearly sets out the quality of care that is expected of health and disability sector providers and is a useful audit tool against which to measure performance. Te Tiriti O Waitangi principles of protection, participation and partnership align very well with the COR – we access services expecting our wellbeing to be protected, but we need to participate in our health and disability journeys and partner with those providing services, to achieve the best possible outcomes. The COR acts as a road map for how this can be achieved.

Gillian Adams

Advocate

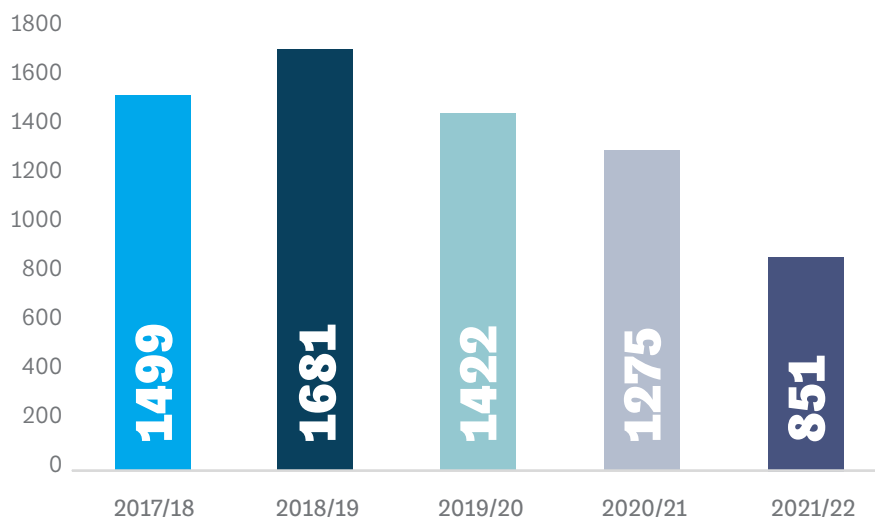
education

Education of consumers on their Rights and providers on their duties as set out in the Code of Health and Disability Services Consumers' Rights continues to be an important part of the work advocates do.

Delivering education also provides a healthy balance for advocates whose main workload is associated with supporting complainants to resolve concerns about the care or treatment they have or are receiving.

With the Auckland region in Alert level 3 Lock-down from mid-August 2021 to mid-December 2021 there has been less demand for Education this year. The Omicron outbreak caused a lot of organisations to be down in staff during quarters 3 and 4 and reduced demand for Education sessions. We observed this through cancellations or inability to book sessions in.

Education by Year



In the year ended 30 June 2022, 47% (398) of education delivered by advocates was for consumers and providers who have contact with Maori; Pacific peoples; refugee and migrant groups; disabled and Deaf communities; mental health and addictions services and support groups; disability and aged care residential facilities and day-based programmes; the elderly and their whanau and support, including home care services.

Of the 398, **31%** were delivered to groups associated with **older people**, followed by **24% for mental health groups** and **18% for consumers or caregivers** for those with disabling conditions.



Overall, 85% of the 398 sessions
delivered to priority groups were with
consumers or consumer focused groups.



Education sessions provided by advocates continue to be well attended and well received. Groups where there were five or more participants made up 78% of all education sessions delivered. We received a total of 1,761 returned surveys from providers or consumers who attended education sessions.

Of those 88% indicated they were either satisfied or very satisfied with the education provided by advocates, and 90% indicated they had increased knowledge of the advocacy service.

Examples of Survey Feedback Following Education Sessions.

Was a great session, learnt a lot in that time and have a better understanding of Advocacy Service.

Was a great session, learnt a lot in that time and have a better understanding of Advocacy Service.

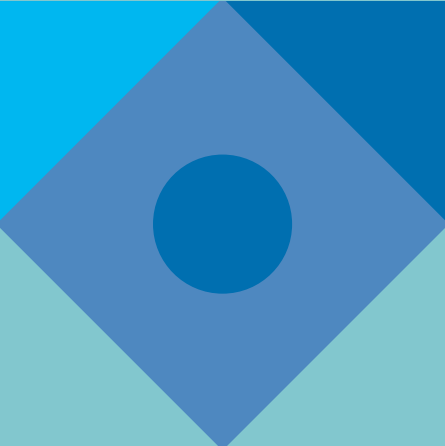
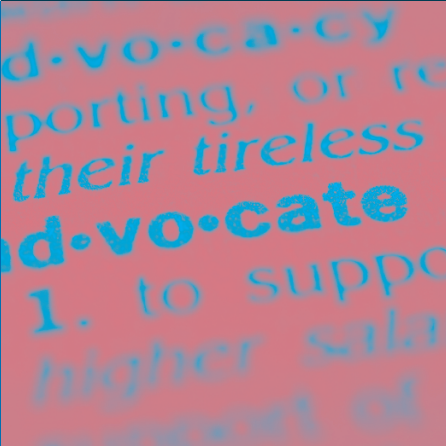
Very informative & timely as I was able to speak to her afterwards about a family member that needs this service

So pleased he came to my work place. As I have an issue and will be contacting [advocate] on Monday. Thank you

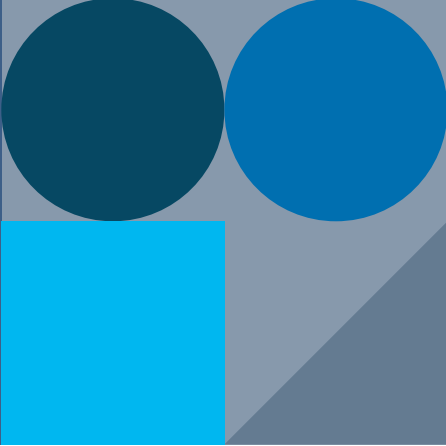
[Advocate] explained the health and disability rights in a clear and concise manner. Questions were answered in a kind way that was easy to understand

[Advocate] spoke incredibly well, related the examples to our patients and was very approachable

[Advocate] spoke clearly and presented well. He made sure everyone understood what he was talking about



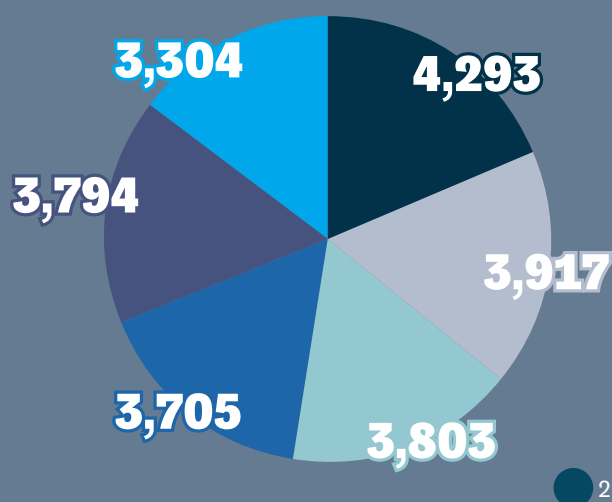
Our advocate was very good at connecting with her listeners. Very clear speaking, also refreshing to hear Te Reo being used. Advocate was so lovely, very cool to see someone so passionate about their job and position. Can't wait to see her Reo improvements in a years time.



[Advocate] was an incredible teacher who shared respect and understanding and was able to provide answers and further clarification! Well done! I feel very please to have been taught by her.

networking

Network Visits and Meeting by Year



Networking continues to be an important way for us to promote the advocacy service and code of rights. Networking will often lead into complaints and assist advocates to book future education sessions. Our focus is on priority groups, which include people with disabling conditions, including mental health and addiction, former refugees and migrants, Maori, Pasifika, older people, and Deaf received 40% of the 3,304 visits and meetings during the past year. At least Thirty-six percent (1181) of network meetings and visits were with consumer, consumer focused groups or members of the public.

The trust contracts an independent organisation to make a phone call to rest and residential homes that advocates visit. Through this conversation they seek anecdotal feedback on how the residents and staff found the visit, what they got out of it, and how they found the advocate related to the residents. Of the 3,304 networks carried out in the year, 951 (29%) were with people living in rest homes or residential homes.

Networking in the Community

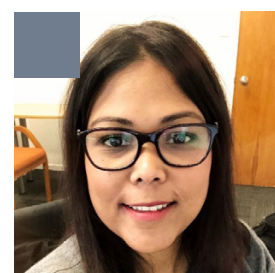
This last year has been a very challenging one with Covid-19 mandates and rising number of Covid cases in the community. Many communities were still feeling isolated and as one of the Advocates who looks after the West Coast area, I decided to rebuild and strengthen Advocacy's connection with two of the more isolated rural areas, Reefton and Westport. Reefton has an aging population and aged care services are being withdrawn, for example one provider closed with only two weeks' notice to the residents; and the medical practice had reduced the GP hours to three days a week. Westport at the time I visited had just come out of the floods and was a particularly isolated and vulnerable community.

I made frequent trips to both towns and to the main provider centers on the Coast. During the year I networked with local NGO's and the local council and arranged community forums, one in Westport and two in Reefton, to enable the community to learn about the Advocacy Services and the Code of Rights. These sessions were held in the evenings and I was lucky that other services were happy to provide free venues, free refreshments and even free advertising through the local paper and radio. Once I started talking about the Rights and our role, the community didn't hold back to express their concerns to me. In particular they talked about respect, standards and poor communication with health providers.

These sessions created a forum whereby people could voice their views and frustrations, and for me, an opportunity to understand the community and their health/disability struggles. This dovetailed with the networking I regularly do with the DHB and other providers in the larger Coast towns which enabled me to empower the communities by, not only sharing their experiences, but also by sharing my knowledge back to the communities. For example I was able to provide information on free transport to access health care in main centers or information about mental health services through the PACT group.

Back in the office, I receive calls from people in these communities, some of their concerns turn into individual complaints, for other consumers I have been able to signpost them to appropriate services. The response has been overwhelming and indicative of the importance of making meaningful connections with people and using the principles of empowerment to enable and strengthen. For me it also highlighted the importance of making connections with the larger provider and community stakeholders on the Coast, as the knowledge and relationships formed through that work has been an integral part of me being able to create meaningful and trusted relationships within the whole community.

Nish Mohun





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Freephone: 0800 555 050

Email: advocacy@advocacy.org.nz

