



ANNUAL REPORT

2024

2,455

COMPLAINTS
RECEIVED

2,402

COMPLAINTS
CLOSED

20,518

ENQUIRIES
CLOSED

Chair's foreword

We are grateful for the health and disability services' consumers from whom we received 2,455 complaints of which we closed 2,402 in 2023/24. We closed 20,518 enquiries from consumers in the past year. These consumers play a vital role in helping healthcare and disability support providers and policymakers identify areas for improvement in service delivery, resource allocation, and the overall responsiveness of the system to the needs of consumers. By seeking help to advocate for their rights it can help to address any issues of inequality, discrimination, or unfair treatment that a person may face as a health and disability services consumer. This promotes the principles of equity and inclusion within the healthcare and disability support systems.

When consumers voice their concerns, experiences, and feedback, it can increase the accountability of healthcare providers and policymakers, as well as promote transparency in the decision-making processes that affect the health and disability sector. It isn't always easy to speak up and with the help of the National Advocacy Service Advocates the task is much less daunting.





A consumer's willingness to speak up can also empower them to take an active role in managing their own health and well-being. It can also strengthen the collective voice of the health and disability community, amplifying their concerns and driving positive change. Consumers can play a crucial role in shaping the healthcare and disability support systems, ensuring that they are responsive to need, and ultimately improving the overall quality of life for individuals and communities within the health and disability sector in New Zealand.

The Code of Health and Disability Services Consumers' Rights, outlines the rights and responsibilities of both consumers and providers. Advocates provided 1,151 education sessions and 3,075 networking opportunities in the past year. This work by the advocates helps consumers to understand and assert their rights and helps to ensure that services providers understand the legal and ethical obligations that need to be met.

The work of advocacy is important and despite limited funding we continue to achieve consumer satisfaction ratings of 83%. My thanks go to our committed and highly skilled advocates, the advocacy leadership team under the innovative and pragmatic guidance of our Acting Chief Executive, and a Board that has provided insightful, transparent and inclusive governance. We had a change in Chair, Sarah Hutchings, whose leadership enabled a place to share views and the confidence to get on with what needed to be done.

We welcomed a new Director of Advocacy. We have appreciated her willingness to consider new ways of doing things, especially in an environment where there continues to be significant funding constraints and an increase in demand for services and the need for more equitable resource allocation.

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Introduction

This past year we have continued to consolidate the service improvements that support new ways of working with consumers and have improved efficiencies in how we deliver services.

Our priority continues to be improving our reach into those communities where we know consumers are more dependent on the health or disability services they receive, are less likely to raise concerns when things don't feel right and where the potential for systemic matters to be raised exists. This requires Advocates to be agile in their work and apply a holistic and tailored model of advocacy. To successfully achieve this, we must continue to educate and support those consumers who can, about the many advantages of self-advocacy, enabling them to resolve their concerns directly with their health & disability provider. This approach frequently provides a better outcome for the consumer and provider.



Over this past year we have seen the publication of several critical reports highlighting the vulnerability and considerations for consumers who are reliant on the quality and integrity of health and/or disability services. Our experience similarly reflects the importance of service providers integrating a person centred approach in the design and delivery of all health and disability services, recognising that no two people are the same. This includes adapting support plans and service delivery to suit individual preferences and circumstances.

Feedback we receive continues to reinforce the high standard of service that all the advocacy team provides. This year we introduced telephone satisfaction surveys to improve our participation rate, in the past we had emailed surveys to consumers, but found that the response rate was no longer at a level that made the results meaningful. Telephone survey provides richer feedback and has allowed us to understand not only what we did well, but where we could do better.

There is always room for improvement, and we are committed to consistently delivering our best. Throughout our service, we offer regular in-house training and actively seek external facilitation to enhance our knowledge and practice, ensuring continuous growth and development.



We know that meeting *kanohi ki te kanohi* (face to face), provides the opportunity for real understanding between all parties to develop, enabling change that is more likely to sustain over time. We want to support all consumers in being confident when having those discussions. We will be launching over this coming year new tools and resources to support all consumers develop the knowledge, and the capability to manage concerns or complaints directly with the service provider.

We are very fortunate to have a dedicated team who are committed to achieving our vision of a health and disability system that lives by the Code of Consumer rights.

Enquiries

The total number of enquiries received by the National Advocacy Service between 1 July 2023 and 30 June 2024:

20,518

Referral Method

36%

VIA A HEALTH OR DISABILITY SERVICE PROVIDER.

30%

FOLLOWING A NETWORKING OR EDUCATION SESSION, OR CONSUMER HAS USED ADVOCACY PREVIOUSLY.

20%

INCLUDES CONSUMERS WHO HAVE USED HDC PREVIOUSLY, CAB AND OTHER INFORMATION SERVICES, AND OTHER CHANNELS.

9%

VIA ADVOCACY OR HDC WEBSITE.

6%

OTHER AGENCIES/ADVERTISING/ FAMILY OR FRIEND.

Advocacy profile

NORLEIN SINGH



I hail from the beautiful Islands of Fiji. Having moved here 20+ years ago with my family for a better lifestyle, I now call New Zealand my home. Growing up, exploring the opportunities that arises, gave me a wider range of knowledge, experiences, customer interaction skills. I've worked in a variety of roles including as a Debt Collection Officer, and a Case Manager to a Health Co-Ordinator. Working within the health sector has always given me a sense of satisfaction when I know I have helped someone or tried to make a difference. When the role as an 0800 advocate became available, I did not need to think twice before applying for the role.

As an 0800 Advocate, I'm part of a small team that answers all incoming Advocacy calls. As an 0800 advocate my day can be varied and I have had to develop a broad range of knowledge to support consumers. Customer service is my top priority, keeping records of interactions, ensuring consumer's are satisfied with the information we provide, and we also assist providers and consumer groups with ordering resources through our website. Once a consumer is on the line, I'm responsible with providing

them with relevant information about the role of advocacy, support that is available, other relevant services that may assist, and general information. I get to engage with the full range of callers, who can be happy with the support that they received to consumers who have been frustrated and really don't know what to do next. It's very rewarding to constantly be learning and shifting as each call comes through. You learn to be resilient but at the same time providing the best service we can to all consumers.

I have enjoyed each day. The support from team members, leaders and the wider organisation has been amazing. Being provided ongoing training to continuously improve my own knowledge and performance has given me the confidence that I need to perform 100% in this role. This role is not always serious, we do have fun as well!

I am excited and looking forward to seeing myself grow in this role and to be part of advocacy for as long as I can.

case study

1

Mr A had multiple health concerns and maintained ongoing contact with the advocacy service over a 12-month period regarding his treatment concerns. As he was under the custodial care of the Department of Corrections, communicating with prisoners to address their concerns requires careful planning and coordination between the various parties. Follow-up communications often extended over long period. During the complaint process, Mr A was transferred to a different correctional facility.

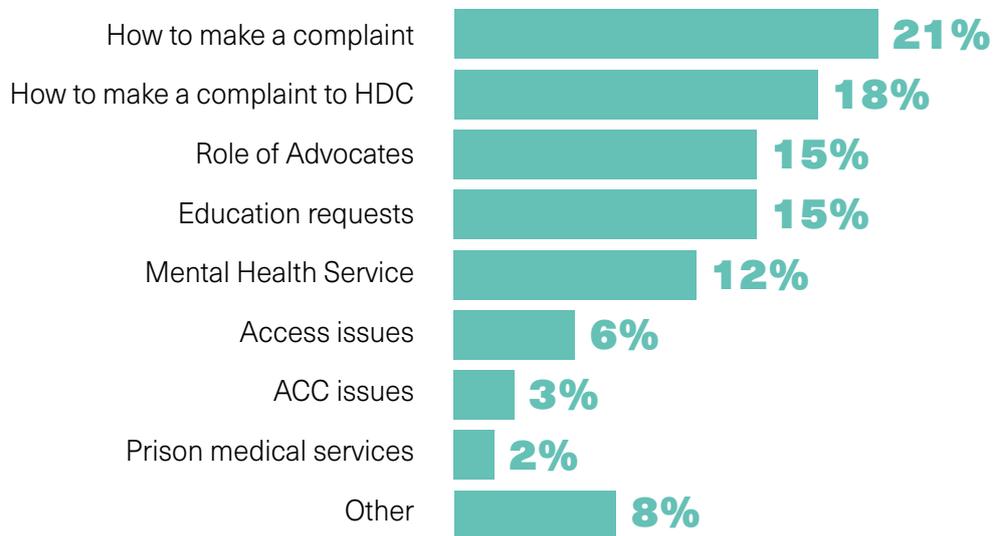
Mr A had an x-ray and scan completed on both his knee and hip in October 2023, he contacted Advocacy when he had not received any follow up, neither had he received the results of the scans. He had requested to see a doctor on three occasions; however, he received no appointment and had not been informed of the wait time to any follow up. Mr A's knee continued to deteriorate making movement painful and removing his ability to exercise due to the pain.

When Mr A contacted the advocacy services, his advocate emailed the Corrections facility, provided the consumers unique identifier and confirming their availability for the next five working days, and asked if the facility could facilitate a phone call between Mr A and the advocate. The response from the corrections facility was received the same day and following some organising, a phone call was arranged.

Mr A explained his concerns, and the advocate discussed with our direct response process, whereby the advocate is empowered by the consumer to contact a provider on their behalf and facilitate resolution of a complaint. Mr A authorised for this to occur, the advocate then contacted the Health Centre Manager and requested that they communicate with Mr A directly to resolve his ongoing concerns.

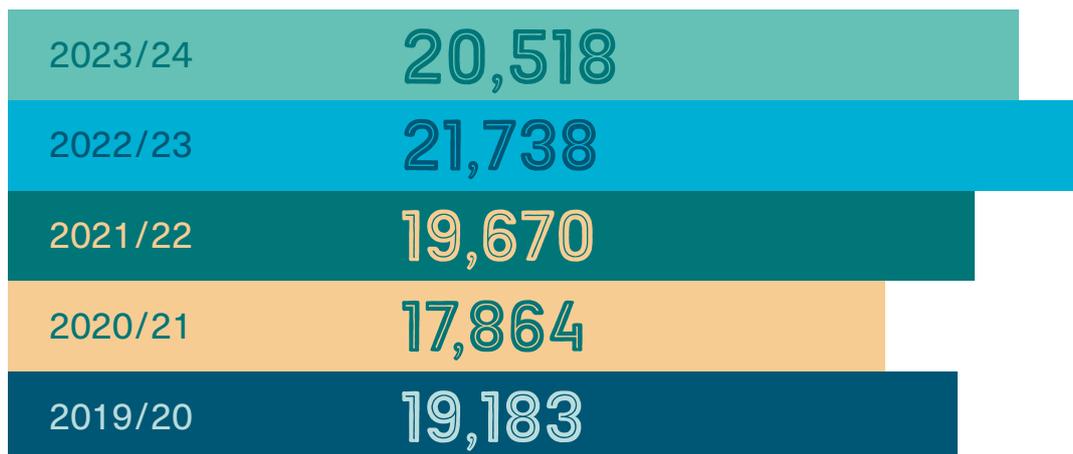
With the support of the Health Centre Manager, Mr A was seen shortly following contact, in person to discuss his concerns. The next day the advocate received an email from the provider confirming the visit had been completed. The provider had been able to share the scan results with Mr A and he was informed when he would see the Doctor to discuss his health concerns, and they could also discuss provision of treatment.

Subject of enquiries 2023/24



Enquiries outcome 2023/24

Enquiries closed



Complaints received

Issues - Care/Treatment - breakdown 2023/24



Complaints

At year end, 30 June 2024 the complaints advocates had worked on totals were

2,455
RECEIVED

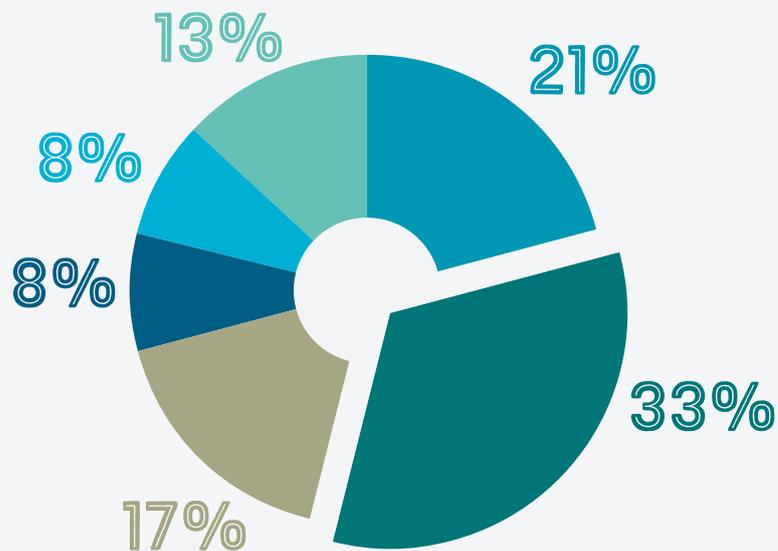
2,402
CLOSED

- Of the 2,455 complaints received in 2023/24, the largest number of complaints were about the quality of care and treatment received, as well as inappropriate or insufficient communication with the consumer.
- 1,344 complaints concerned the quality of care and treatment received
- 512 complaints related to inappropriate communication by the treatment or service provider

Complaints by year

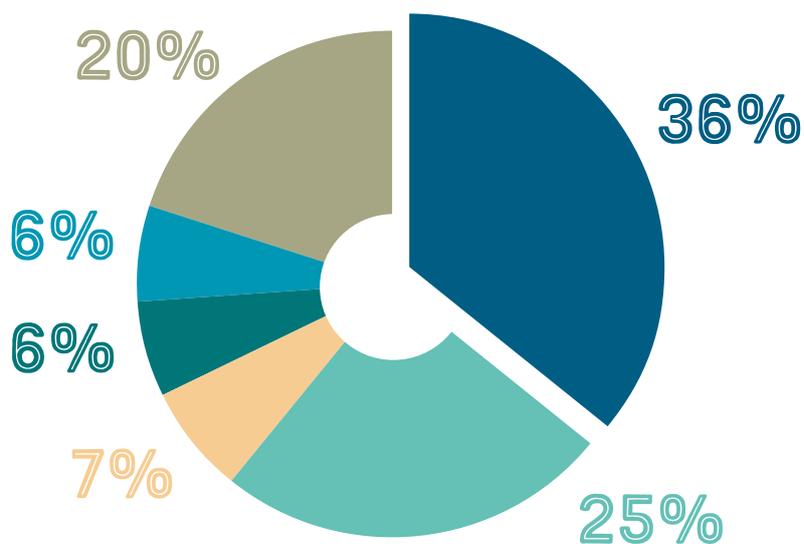


Complaint referral source 2023/24



- Networking, education or used the service before
- Family or friend
- Advertising
- Formal and informal referrals from HDC
- Health or disability service provider
- Others

Complaints by service type 2023/24



- DHB (excl. Mental Health Service)
- Mental Health Service
- Residential Services
- General Practice
- Prison Health
- Other

Care/Treatments complaints received 2023/24

2.5%  Inadequate/inappropriate monitoring

3%  Inadequate/inappropriate care (non-clinical)

3.5%  Inadequate/inappropriate follow-up

4%  Missed/incorrect/delayed diagnosis

5%  Delayed/inadequate/inappropriate referral

8%  Other care/treatment issue

10%  Delay in treatment

10.5%  Inadequate/inappropriate examination/assessment

11%  Other

12.5%  Inadequate/inappropriate treatment/procedure (clinical)

30%  Inadequate coordination of care or treatment

case study

2

Mr X contacted the advocacy service, following the sudden death of his wife while she was being treated in an Emergency Department/Intensive Care Unit. After some discussion with an advocate, Mr X requested that a letter was sent to the health provider. In his letter, Mr X expressed concerns about the lack of communication from the Emergency Department/Intensive Care Unit staff, he requested an explanation of the circumstances surrounding his wife's sudden death, including the treatment that she had been receiving, and concerns that he had over the cultural safety of his wife's care. Mr X sought a face-to-face meeting supported and facilitated by advocacy.

In response to the advocacy letter to the Provider, a resolution meeting was coordinated by the Operations Manager of the Emergency Department/Intensive Care Unit and the medical clinicians who had provided the care for Mr X's wife.

One of the outcomes following of Mr X's complaint, was the Provider acknowledging that a failure had occurred within their expected standard of care and the hospital values had not been practiced.

In addition to improving and reiterating their commitment to improved quality care and outcomes for Māori, the provider sought permission from the complainant to use his experience to support ongoing staff training and orientation. Through this, advocacy networked with the hospital's cultural services team enabling improved cultural competency and the integration of restorative justice applying correct tikanga for consumers and their whānau.

Advocacy profile

GABRIELLE BUCHANAN

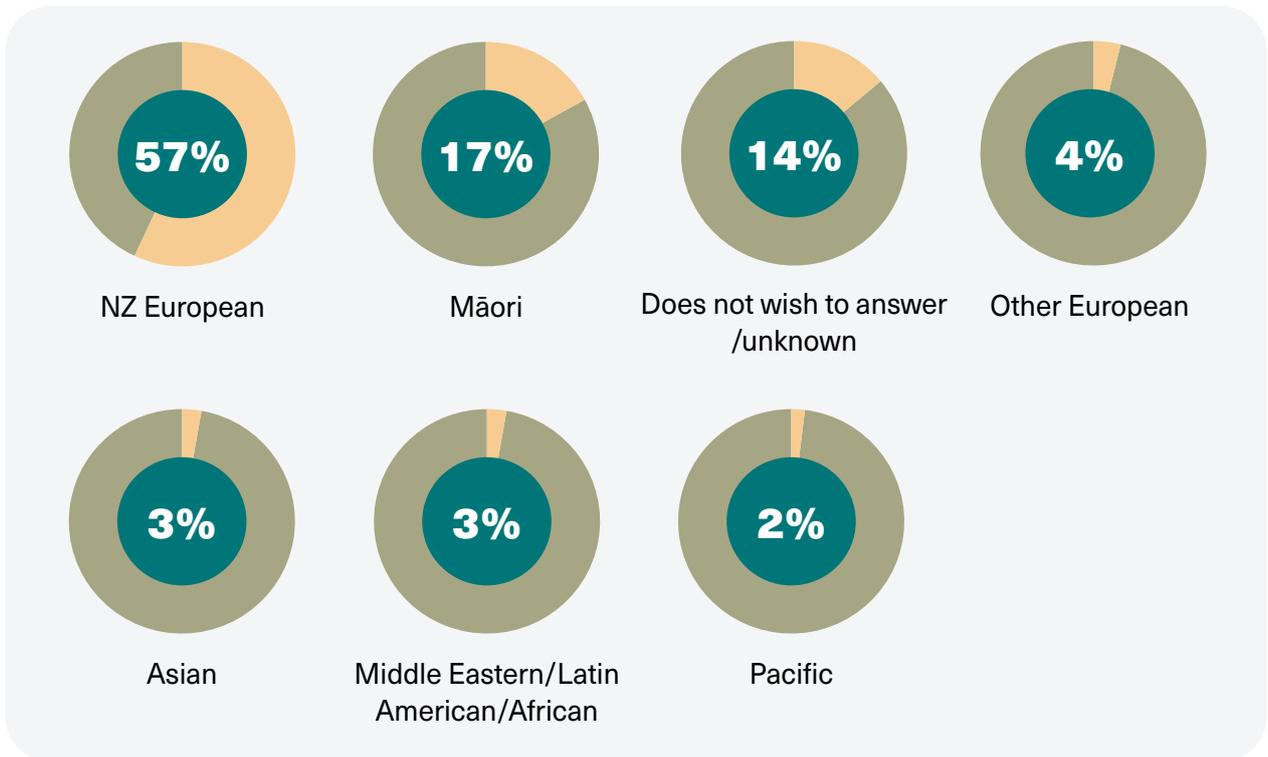
I joined the Nationwide Health & Disability Advocacy Service in 2022, having had experience in other Advocacy roles and because I have a passion for advocacy in general. I have been an employment Advocate and a Lay Advocate for the Ministry of Justice Youth Court for the Waitematā area, supporting Māori youth offenders and their whānau through the court process. I have advocated for students and whānau as a Trustee of two schools and been a Trustee for my hapū as well as having roles on various committees.

The Advocate role is very rewarding and is varied, providing me with opportunities to support consumers with complaints as well as getting out into the community networking and giving free education presentations to Health & Disability providers and the community on the Code of Consumer's Health & Disability Rights.

I have found that the Advocacy Service has an important role in supporting tāngata whaikaha and their whānau who have concerns about the Health or Disability service they have received, many who report they have found raising complaints directly with providers difficult to navigate. Some feel unheard, some perceive resistance. They have appreciated the support we provide in writing letters and managing the complaint process. Those who feel confident to raise a complaint themselves also appreciate the support we provide to empower them to raise their own complaints.

I have really enjoyed meeting tāngata whaikaha and their whānau and care support workers in their residential homes and at various day programmes they attend. It has given me an opportunity to hear about their lives, struggles, and their interests. I think this gives us, as advocates, a better perspective of their concerns and needs when we assist them to have a voice in the complaint process.

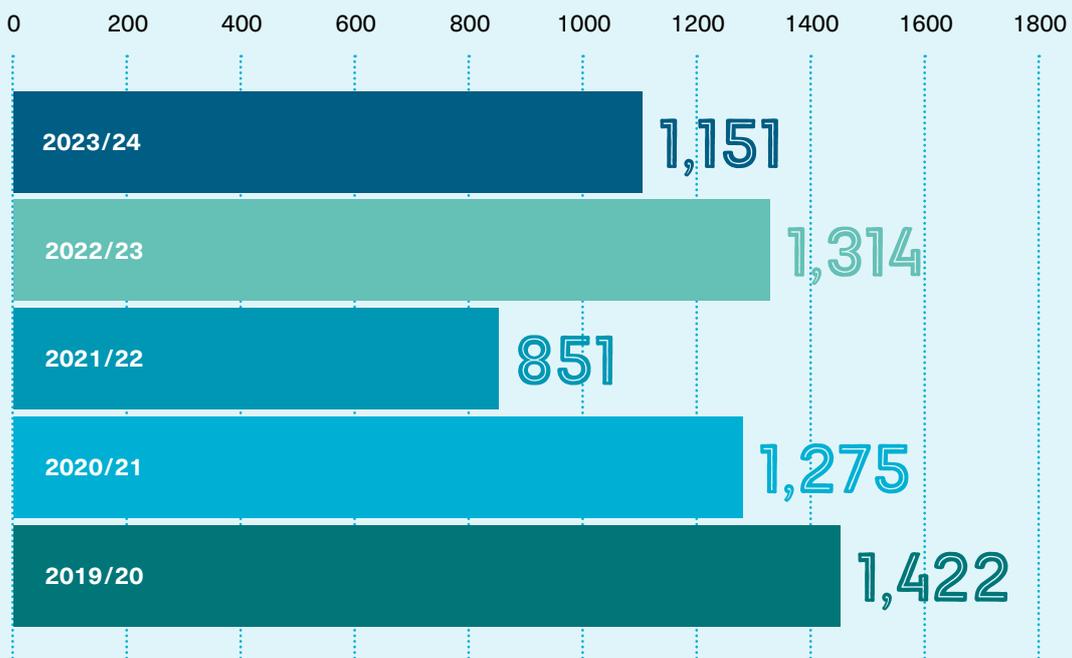
Ethnicity by complaints received 2023/24



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.

Education by year



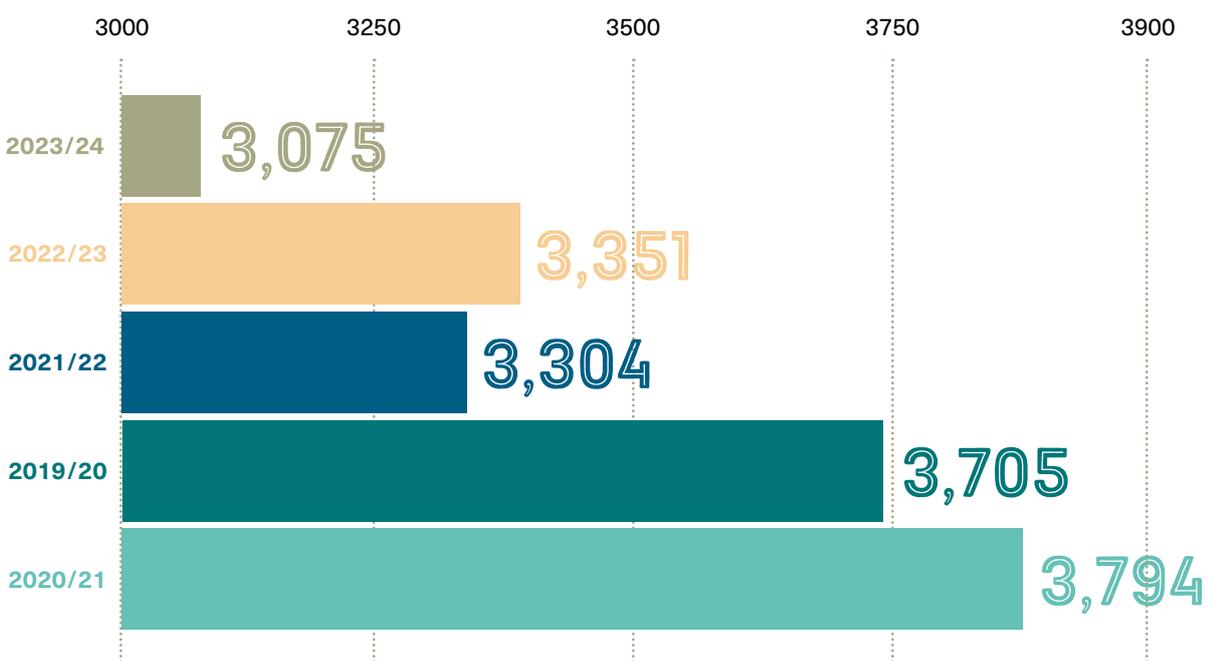
Networking



The Advocacy Service attends over 3,000 networking activities annually, taking time to intentionally build and maintain relationships with individuals, organisations and peak bodies across the Health and Disability sectors. These interactions are intentionally used to raise the profile of The Code, consumer rights under The Code, the role of the Advocacy Service and, through these

connections empowering people to have the skills and confidence to actively advocate for themselves when they believe their rights have not been recognised. Our small team of Advocates are constantly in communities working across the motu to maintain and enhance the relationships that, as a service, we have established over many years.

Network visits and meeting by year





www.advocacy.org.nz

Freephone: 0800 555 050

Email: advocacy@advocacy.org.nz