

NATIONAL.HEALTH.CALL.CENTRE.NETWORK



**Submission**  
**Draft National Patient Charter of Rights**  
**for**  
**National Health Call Centre Network Ltd**  
MARCH 7, 2008

Prepared by  
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for  
Australian Commission on Safety and Quality in Healthcare

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## 1. Introduction

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This submission has been prepared by the National Health Call Centre Network Limited (NHCCN Ltd) in response to the Australian Commission on Safety and quality in Healthcare Draft National Patient Charter of Rights Consultation Paper.

The NHCCN Ltd has been established as a company jointly owned by the Commonwealth and the States and Territories as part of the national health reform package "Better health for all Australians". Contracts for call centre services operated by the state and territory governments of the ACT, NSW, NT, SA and WA were novated to the NHCCN Ltd from 31 July 2007. A service was also established in South Australia which began operations on 9 July 2007. These contracts will run until at least July 2008, after which a national service contract should be in place.

Once fully established the NHCCN will enable anyone, anywhere in Australia, to ring for advice on health matters 24 hours a day, seven days a week. Qualified nurses, supported by a single national set of electronic decision support software and algorithms, will provide safe and effective health triage, information and advice to callers. The Network will also have the capacity to assist in health threats and emergency situations and will provide opportunities for forewarning and handling of health emergencies.

In the longer term it is anticipated that the Network will have the capability to support add-on telephony health services (such as chronic disease management), allowing it to meet additional jurisdiction-specific requirements or introduce agreed national programs and services. The Network will also develop a website designed for customers to access health and health service information. The site will serve customers who need general information without having to talk to a nurse in the call centre. Initial development of the website is planned for 2008/09.

## 2. National Patient Charter of Rights and National Patient Charter Principles

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### 2.a) Is the existence of both the Charter and Principles useful?

NHCCN Ltd supports a Charter of rights and Principles for consumers and providers of the health system. A national Charter and Principles would provide a standard for what to expect in all health services for both groups.

NHCCN Ltd fully support extending the coverage of the Charter to all designated health services and encompassing services outside the traditional hospital sector. The application of the Charter need not be limited to hospital services and "patient" populations but to all health services. Those who use non-acute services may not relate to the term "patient". The use of the term "patient" is outdated and needs to be replaced if the Charter of Rights is to have relevance outside the hospital system.

### 2. b) Is the Charter and Principles suitable for use by patients and providers

The NHCCN Ltd recommends two separate documents: a charter written in the first person for those using health services (consumers/carers) and a separate document written from the health provider perspective outlining their responsibilities to ensuring individual health rights.



## 2. c) Is the language used appropriate?

NHCCN Ltd recommends a move away from provider focused language to first person consumer focused language that is simple and direct. Some thought needs to be given to language that is user friendly and that people can connect and relate to.

Replacing the word "patient" with a word/s that encompasses the many different ways that individuals relate to the health system is essential. (Consumer/carer, user, client ?)

## 2. d) What are your preferred options (including structure, style and presentation) for articulating patient rights and entitlements for patients and providers?

As above. Separate documents that reflect Charters and principles for provider responsibilities and individual rights in simple straight forward language.

## 3. Rights included in the Charter Based on eight key rights: Access, respect, safety, communication, information, participation, privacy redress

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### 3.a) Are the rights included sufficient to cover the range of patient and human rights?

Overall the eight rights in the Charter adequately cover the different aspects of the right to healthcare. NHCCN Ltd however has concerns about the principles underpinning the right to access as expressed in the document. Equity of access to public health care as outlined in the Principles has a focus on the ability to pay, public and private services and to those already in the hospital system.

Consideration needs to be given to how to broaden access to include equity other than what is currently in the document. Health services are accessed through multiple channels. This includes physically based services and services that use technologies which provide treatment and health care advice such as the call-centre environment.

The right to access needs to include the many and varied ways that healthcare is provided not just the hospital setting.

### 3.b) Do the rights represent patient concerns when receiving health care

E-health environments may request health information be held for up to 25 years. Information given by the patient to the health call provider over the phone is kept as the health record. The right to privacy principle does not include the e-health context.

## 4. Points included in the Principles

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### 4. a) Do the explanations included in the Principles assist in understanding the rights and responsibilities of patients and providers.

Given that many consumers receive care from a number of providers within the health system a principle that recognises the importance of care-coordination would be a valuable addition. An expectation that care-co-ordination is integral to how the health system operates is reasonable and valid to include within a rights framework with the Australian healthcare context.



**4. b) Are there additional points that should be included in the Principles to adequately explain the meaning and application of rights?**

Suggestions for additions and changes to the Principles are outlined below:

**ACCESS a patient is entitled to:**

**COMMUNICATION a patient is entitled to:**

- Open and appropriate communication throughout the period of care particularly when plans change or if something goes wrong **to read**  
Open and *honest* communication throughout the period of care **at all times**
- Access to a qualified health interpreter **and translator** ( If given written information about treatment and care it is the responsibility of the provider to provide information in different languages)
- It is important to know what constitutes a **qualified** health interpreter so perhaps a note that explains what it means in this context would be helpful to readers
- Suggest a principle that includes the role of advocates e.g. a person of their choosing to be present to ensure clear communication. Advocates also have a role in REDRESS

**INFORMATION a patient is entitled to:**

- Consistent advice and evidence based treatment

**REDRESS a patient is entitled to:**

- The right to an advocate to assist with addressing a concern or complaint

## 5. Rights and Responsibilities

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**5.a) Is the balance between the roles, rights and responsibilities of patients and providers appropriate to the Principles**

They are both important and need to be balanced within separate but complimentary documents: one that articulates what consumers can expect from the system the other what the system has a responsibility to provide.

**5.b) Does it need more emphasis on patient responsibilities as well as rights?**

The key purpose of the Charter of Rights is to articulate what people can expect of the health system. It is not a document that aims to put the responsibility onto the users of the system.

**5.c) Are there other rights, roles and responsibilities that impact on patient and providers that should be included in either the Charter or Principles?**

The Charter needs to include the right to have a carer and advocate.

The document for consumers would need to indicate the relevant state-based advocacy organisations in the information pack.

Consider using the words when "things go wrong" in the Charter.



## 6. Existing Charters

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### 6.a) What is the relationship between existing charters and the new Charter and Principles?

The new Charter and Principles simplifies rights into one national statement. The Charter will assist with the minimum requirements for Charters and any directions about Charters given through the Australian Health Care Agreements.

### 6.b) Are there likely to be gaps created or overlaps?

There is no need for specific statements of rights for each locality as they are an expression of fundamental rights that apply across the population and not a reflection of locality.

### 6.c) What is the potential value added by having a National Charter

If there is a national statement of rights expressed in the Charter there will not be a need for specific hospital charters.

### 6.d) How could a National Charter be used to support existing charters

It will support existing charters by providing consistent content to aid in revision/updating and provides a checklist to inform local implementation.

