



Council of Social Service of New South Wales

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Professor Chris Baggoley
Chief Executive
Australian Commission on Safety and Quality in Health Care
mail@safetyandquality.gov.au

Re: National Patient Charter of Rights

Dear Prof. Baggoley,

Thankyou for providing NCOSS with the opportunity to provide feedback on the National Patient Charter of Rights.

NCOSS endorses the intent of the document, namely articulating the rights of patients receiving health care.

About NCOSS

The Council of Social Service of NSW (NCOSS) is an independent non-government organisation and is the peak body for the non-government human services sector in NSW. NCOSS works with its members on behalf of disadvantaged people and communities towards achieving social justice in New South Wales.

It was established in 1935 and is part of a national network of Councils of Social Service, which operate in each State and Territory and at Commonwealth level.

NCOSS membership is composed of community organisations and interested individuals. Affiliate members include local government councils, business organisations and Government agencies. Through current membership forums, NCOSS represents more than 7,000 community organisations and over 100,000 consumers and individuals.

Member organisations are diverse; including unfunded self-help groups, children's services, youth services emergency relief agencies, chronic illness and community care organisations, family support agencies, housing and homeless services, mental health, alcohol and other drug organisations, local indigenous community organisations, church groups, and a range of population-specific consumer advocacy agencies.

General Comments

NCOSS supports the development of the National Patient Charter of Rights as a broad-based document that sets out the rights of consumers and the community in the delivery of health services.

NCOSS believes that a National Patient Charter of Rights needs to be developed within a framework based on the following principles:

1. Health as a human right
2. The Social Determinants of Health
3. The need to strengthen the role of the community and consumers in the development and delivery of health services.

As such, NCOSS recommends some amendments to both the charter and the charter principles.

Comments on the National Patient Charter of Rights

Rights and Responsibilities

As a national patient charter of rights, NCOSS believes it is important that the charter focus on the rights of patients. More comprehensive outlines of rights and responsibilities are available in other charters developed for more specific purposes, for instance some state-based public hospital patient charters. Given that in some cases 'responsibilities' will vary both amongst States and Territories and between health service settings, NCOSS believes that these responsibilities are more appropriately communicated in their comprehensive form in these documents. As such, NCOSS does not believe it is necessary for the National Patient Charter of Rights to include a greater emphasis on patient responsibilities.

Language

It is important that the national charter use language that is simple and ensures clarity of meaning. It should also reflect and reinforce the concept that the expectations of the health system included in the charter are based on rights. NCOSS therefore recommends:

- The eight rights included in the charter all start with the statement "I have the right to", replacing the current "I am entitled to".
- The phrase 'competent care' is replaced by the term 'high quality' (point three). Competent care is not a term that is likely to have a common, consistent or straightforward meaning, either across consumers or between consumers and providers. The term 'high quality' is clearer and remains consistent with the principles of that point.
- The terms 'period of care' and 'care' may imply language specific to the delivery of health services through hospitals. Given the charter is intended to be applicable across a range of health care settings, wherever possible the term 'treatment' should be added in conjunction with care.
- Strengthening the language used throughout the eight 'rights' to better reflect the rights of consumers, carers and the community to be involved in decision making processes in the delivery of health services. In particular, amend the following:
 - Point 4: ...to clear *and timely* communication *in the most appropriate way*
 - Point 5:...to be *adequately* informed about services, treatment and care *options*.
 - Point 6: ...to be included *in all decisions made about treatment and care (where possible)*.
 - Point 8: ...my concerns addressed *in a timely and transparent manner*

Access

Equity is a fundamental issue in relation to access to health services. Whilst the charter principles make this clear, NCOSS does not believe that the charter itself reflects the right of all people to equitable access to health services. NCOSS recommends that point 1 is rewritten to include direct reference to the rights of all people to equitable access to health services. Including recommendations made above, this point would now read:

I have the right to equitable access of public health care.

The '*What this means*' section should similarly be amended to recognise that inequities in access to health care result from a broader range of factors than ability to pay (although cost remains an important factor). NCOSS recommends that this section is amended to:

Equitable access to public health services is based on clinical need, not the ability to pay, or the person's religion, culture, gender, location, language, disability or any other factor.

Recognising diversity within the charter

The preamble to the charter recognizes the social and cultural diversity of Australia's population and states the charter applies across this diversity. However, NCOSS believes that the charter itself, in recognition of the rights of people accessing health services, needs to more adequately reflect that diversity. Whilst this can and should be done through both the principles and each of the charter rights, NCOSS recommends that a ninth point is added to ensure this diversity is clearly reflected in the charter:

9. Culturally Appropriate: I have the right to receive care and treatment that is sensitive of and appropriate to my culture and beliefs.

Comments on the National Patient Charter Principles

As stated above, NCOSS recommends that the National Patient Charter of Rights is developed within a framework based on the following principles:

1. Health as a human right
2. The Social Determinants of Health
3. The need to strengthen the role of the community and consumers in the development and delivery of health services.

As such, NCOSS recommends that the following or similar text be added to the beginning of the National Patient Charter Principles:

The National Patient Charter of Rights is based on principles that recognise health as a human right, the social determinants of health, and the importance of strengthening the role of the community and consumers in the development and delivery of health services.

The World Health Organisation Constitution states that

“The enjoyment of the highest attainable standards of health is one of the fundamental rights of every human being without the distinction of race, religion, political belief, economic or social condition.” (WHO Constitution)

The National Patient Charter of Rights has been developed in accordance with this principle.

More specifically, the United Nations have explained that:

“The right to health can be understood as the right to an effective and integrated health system encompassing health care and the underlying determinants of health, which is responsive to national and local priorities, and accessible to all. Underpinned by the right to health, an effective health system is a core social institution, no less than a court system or a political system.” (UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of mental and physical health).

A social determinants of health approach recognises that the cultural, social and economic environment in which people live shapes their health, and that inequalities in these areas lead to inequalities in health. Recognising the social determinants of health as a principle of this charter builds on the recognition of health as a human right.

The charter is also based on the principle that the community generally and consumers of health services more specifically should be involved in all aspects of health care design, from individual to systemic levels. Consumer engagement is essential to the development and delivery of accessible, effective, appropriate and patient-centered health services that lead to positive health outcomes.

These principles form the foundation of the National Patient Charter of Rights.

NCOSS believes that the addition of this section supports and strengthens the charter.

In addition to these general principles, NCOSS recommends some amendments to the principles articulated for the charter items, in line with our recommendations on amendments to the charter itself.

Access

Access to health services is a fundamental issue for a charter of rights. NCOSS is concerned that the current charter principles do not provide adequate recognition of the fact that not all people have the same access to health services, or to the broad range of factors that create inequities in access to health care.

Inequitable access is the result of more than the ability to pay, and may be the consequence of location, culture, religion, refugee status, homelessness, language, disability, a lack of transport etc. These factors all need to be specifically acknowledged as impacting upon equity of access to health care.

Culturally Appropriate Services

In line with the recommendation above, NCOSS recommends an additional section, '9. Culturally Appropriate: receiving culturally appropriate services', should be added to the charter principles.

The principles for this section should be subject to further consultation with appropriate organisations representing Culturally and Linguistically Diverse communities and Aboriginal and Torres Strait Islander peoples.

Other amendments

NCOSS also recommends other amendments to the charter principles, including:

- Amend point 2, Respect to: ...personal characteristics such as age, *gender* and *sexuality*
- Add another point to 3, Safety: *care and treatment that is comprehensive*. This section should also become 'promoting safe and *high quality care*' as discussed above.
- Amend point 4, Communication: ...information in *language and format* that can be understood.
- Amend point 5, Information:...about discharge and continuing health care arrangements when in hospital *and in community settings, including in their homes (where available)*.


A separate point should also be added to the dot points listed: *A patient is entitled to information about maintaining their health, including health promotion and appropriate prevention information.*

- Add another point to 6, Participation: ...about consumer engagement processes upon request
- Amend point 7, Privacy: ...*A patient also has the right to request access to health information collected by the health services, in line with relevant Privacy legislation.*
- Amend point 8, Redress: ...dealt with properly, promptly *and transparently*.

Conclusion

NCOSS endorses the development of a National Patient Charter of Rights. We thank the Commission for the opportunity to comment on the draft charter. For further information, please contact Kristie Brown, NCOSS Senior Policy Officer, 02 9211 2599 ext 130 or Kristie@ncoss.org.au

Regards



Alison Peters
Director