

SUBMISSION TO WORKSAFE NEW ZEALAND ON REVIEW OF NOTIFIABLE OCCUPATIONAL DISEASE SYSTEM (“NODS”)

17 June 2016

Thank you for the opportunity to comment on WorkSafe New Zealand’s review of the Notifiable Occupational Disease System (“NODS”); the Health and Safety Association of New Zealand (“HASANZ”) is pleased to present this submission on the discussion document.

HASANZ is the umbrella organisation for workplace health and safety professions in New Zealand. It is an incorporated society that was launched on 10 September 2014. HASANZ represents ten diverse organisations with a shared purpose – to raise professional standards to provide healthier and safer workplaces for New Zealanders. We promote excellence in workplace health and safety practice.

Our founding member organisations include:

- Australian/New Zealand Society of Occupational Medicine (ANZSOM)
- Human Factors and Ergonomics Society of New Zealand (HFESNZ)
- Maintenance Engineers Society of New Zealand (MESNZ)
- NZ Institute of Hazardous Substances Management (NZIHSM)
- New Zealand Institute of Safety Management (NZISM)
- NZ Occupational Health Nurses Association (NZOHNA)
- NZ Occupational Hygiene Society (NZOHS)
- New Zealand Safety Council (NZSC)
- Physiotherapy New Zealand (Occupational Health Group) (NZSP)
- Occupational Therapy New Zealand (OTNZ).

This letter begins with some high-level comments and then moves on to provide answers to the specific questions in the discussion document.

High-level comments

HASANZ welcomes the review of the NODS because we agree that the system is clearly not working at the moment.

However, we note that the objectives of the review¹ seem to be focussed only on achieving WorkSafe’s statutory functions. The information gathered through NODS (or any replacement system) has value to the whole sector, not just to WorkSafe. WorkSafe is clearly a key influencer in the health and safety system, but it is not the only one; it cannot change occupational health outcomes by itself. Professionals working in the health and safety sector are also likely to be able to benefit from data collected on occupational health issues and it would also have value for larger PCBUs in both the private and public sectors.

We are also concerned that this discussion document does not cover the many issues relating to privacy and patient confidentiality. In collecting occupational health information, we would expect WorkSafe to adhere to the Health Information Privacy Code in the same way that the Accident Compensation Corporation, District Health Boards and the Ministry of Health do – <https://www.privacy.org.nz/the-privacy-act-and-codes/codes-of-practice/health-information-privacy-code/>

¹ Referred to paragraph 13 of the discussion document.

Answers to specific questions

1) Do you have a preferred alternative name for the current voluntary notification system or its replacement?

Yes. We agree that there is confusion with statutory notification requirements (to medical officers of health) under section 74 of the Health Act 1956 and to WorkSafe New Zealand under the Health and Safety at Work Act 2015. We suggest something simple like the “national occupational health reporting system” (NOHRS).

Some of our members believe that there may be merit in removing the ‘voluntary’ descriptor when referring to the occupational health information system. This may encourage some parties to provide notifications who may not otherwise have done so if the system were expressly promoted as a voluntary system – the implication from a voluntary system being that people don’t need to bother if they don’t wish to do so.

2) Is the methodology for assessing value appropriate?

We have no specific comments on the methodology other than to refer to our comments above that the information gathered through NODS (or any replacement system) has value to the whole sector, not just to WorkSafe.

3) What do you think the objectives for a voluntary notification system should be?

The objectives listed in paragraph 41 are still relevant today.

As the proposed system would be voluntary, there is a risk that false negatives and false positives can be created, skewing the relevance of the information to wider industry. This could also create problems by misdirecting limited resources (from both Worksafe and workplace health and safety professionals) to areas that are targeted by specific interest groups when other less well reported areas could actually be of higher concern for the health of working New Zealanders.

Therefore, any system that replaces the current NODS should be independent and anonymised from the information sources. This could then allow the reporting to show the potential impacts per percentage of the workforce exposed to that risk, rather than be influenced by any specific short-term focus.

4) Are the criteria appropriate for assessing the characteristics of an ideal work-related health surveillance system?

The criteria listed are appropriate, but a criterion relating to privacy needs to be added. Some of the issues with the current NODS relate to concerns about breaching the Health Information Privacy Code².

We suggest an additional criterion along the lines of ‘Secure – able to ensure legislative requirements for privacy are met, that data is anonymised as far as possible and that individual data is only seen by those that need to know it’.

The system also needs to integrate well with other established datasets, so it needs to capture overlapping information e.g. NHI number; and it needs to be cognisant that a proportion of New Zealand’s workforce has spent time overseas so not all diseases may have been caused by exposures in New Zealand.

5) Are there other information/data sources, not identified, that could contribute to WorkSafe’s work-related health surveillance system?

WorkSafe outlines information that is gathered largely as a result of legislative imperative. However, there may well be other data being captured by PCBUs, or research being conducted by academic institutions, that could be voluntarily shared if the right forum were available.

² See <https://www.privacy.org.nz/the-privacy-act-and-codes/codes-of-practice/health-information-privacy-code/>

- In terms of academic research, Dr Dave McLean and Professor Tim Bentley at Massey University, Dr David McBride at Otago, and Associate Professor Felicity Lamm at AUT are all leaders in the field of occupational health research in New Zealand. It may be that WorkSafe can facilitate a co-ordination point or a regular information-sharing exercise about such research to enable its transmission to a wider audience.
- Similarly, there other pieces of research taking place that are commissioned by PCBUs – again, WorkSafe may be able to convince such parties to share the results of their research, if there were the right forum to do so. Since WorkSafe will not be aware of which PCBUs are doing what research, it would first have to put in place the relevant forum, then let PCBUs know it was available should they wish to use it. It may be that other stakeholder groups, such as the Business Leaders' Health and Safety Forum may be able to assist with this concept.
- Finally, in addition to the health monitoring information that is required to be provided under the General Risk and Workplace Management Regulations 2016, PCBUs may be able to be convinced to supply anonymised data from results of other health monitoring they undertake if it could be supplied confidentially.

Other information sources to consider may include private health insurers such as NIB or Southern Cross – such parties would also have an interest in contributing towards initiatives that lower their exposure to insurance claims in the same way that the public insurer, the ACC, does.

6) Do you consider that there are unnecessary risks discontinuing NODS without a replacement?

Yes. As a community, we would not be able to spot trends or emerging issues and we could end up putting resources in the wrong place.

7) Do you consider that retaining NODS in its current form would result in benefits for WorkSafe and/or the health and safety system?

No – the current system is not working and it needs a thorough overhaul.

8) If NODS were to be retained in its current form, how could it be augmented to optimise costs and benefits?

HASANZ considers that there are significant issues with the current system and our view is that it needs a complete rebuild. However, increased education for GPs about NODS and around occupational disease in general would improve the situation. WorkSafe may need to consider putting in place incentives for GPs to make voluntary notifications about occupational health issues in the same way that they do for ACC claims.

In addition, possible issues relating to the Health Information Privacy Code (“Code”) would need to be resolved. The original NODS was created in 1992, before the Code, which was established in 1994³. There are some rules in the Code that could make it difficult to share information with WorkSafe whilst WorkSafe is not bound by the Code.

9) Of the three main options presented, what is your preferred option?

Our preference is that the system has a complete overhaul. Of the three options, option 3 is preferred, but we note that this still involves some form of voluntary notification system; the difference for option 3 is that WorkSafe proposes that this one is managed by its own qualified medical practitioners.

We have the following suggestions to improve the proposed option:

- In order to get real change, a multi-disciplinary approach is needed here. There is a strong medical lead in the proposed option but this misses out other professionals that can provide

³ The latest version is dated 15 October 2015.

notifications of occupational health issues – this includes hygienists (cardio-pulmonary diseases) and human factors professionals (musculoskeletal conditions). Occupational therapists may also see some clients who have experienced an occupation-related disease, usually referred through an insurance company, but in a rehabilitation role.

- We suggest that WorkSafe does not just need a team of medical professionals, but it needs a team of specialists working in a range of occupational health fields. If this is not possible, then we suggest that WorkSafe gives serious consideration to establishing an external panel of consultant experts that can be called on to provide operational support relating to areas of particular focus, or to look at emerging trends. The Occupational Health Advisory Group (OHAG) is not suitable for this purpose because its role is to advise the WorkSafe Board, not carry out an active operational role.
- A central collection point and/or national database to take over from where the Burden study left off.

We strongly support the proposals for better information to medical practitioners (specifically general practitioners) about occupational health issues; at present, GPs have little training about occupational disease and how to spot it.

10) Do you have any other suggested options?

HASANZ recognises that WorkSafe is undertaking this review of NODS within the current regulatory framework and structure of the sector. However, if more fundamental changes were made it may ensure better occupational health data in the longer term. We would welcome a wider debate about such types of changes.

- The workers compensation system in Australia actually compensates for occupational illness. It may be that this type of system would provide a better mechanism than a voluntary scheme to collect occupational health data as there is a financial incentive for workers to make the notification. Through the provision of a compensation scheme we would expect to see an improvement of reporting and validation of the claims. This could lead to better statistics for predicting risks and potential future costs to the health sector or ACC if the causes of the occupational illness claims are not addressed quickly enough. This may help Government more accurately predict these potential financial burdens. It could also allow for earlier intervention in areas of high concern, which may reduce both the financial and health risks to both Government agencies and workers.
- A mechanism to register workers and record their health information as they enter the workforce should be considered, so that workers' health information is maintained, despite changes of employer. This would ensure that work-related health issues that have long latency periods can still be tracked.
- Some of our members support a mandatory notification system for medical practitioners, linked to a reporting system, perhaps compensated in some way similar to the electronic ACC 45/ACC 18 medical certificates or WINZ medical certificates.

In the absence of any of these changes, we need to utilise more creatively the data that we do have that exists in multiple pockets in the sector in order to maintain a focus on workplace health to at least the same extent as workplace safety.

Concluding remarks

We welcome the review of the current NODS and look forward to supporting WorkSafe in putting in place a replacement system that is more fit-for-purpose and will contribute to better outcomes for everyone in New Zealand. Thank you for providing the opportunity to comment on the review.

For any questions in relation to this submission, please contact info@hasanz.org.nz.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Judy Currie', with a long horizontal flourish extending to the right.

Judy Currie
HASANZ Secretary