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28 May 2014

Hon. Tony Ryall Minister of Health Parliament Buildings Wellington 6160

Dear Mr Ryall

Thank you for forwarding VICTA's OIA request of 15 April 2014 to the Ministry of Health.

The purpose of this letter is to advise you that the documents provided by the Ministry in response to our request contain evidence of serious breaches of the State Services Commission's *Standards of Integrity and Conduct*. The *Standards* state: "We must be fair, impartial, responsible and trustworthy." As the information outlined below demonstrates, staff of the Ministry of Health were neither fair nor impartial in their handling of VICTA's petition to the Health Committee.

Our petition for an inquiry into "the need for accessible, comprehensive low vision rehabilitation services for the growing number of New Zealanders disabled by irreversible vision loss who do not qualify for membership of the Royal New Zealand Foundation of the Blind" was prompted by an alarming statistic: only 12 percent of the more than 90,000 New Zealanders with incurable vision loss are blind enough to be eligible for charitable assistance from the Blind Foundation. For the remainder, support and information is in most places scant, or non-existent.

VICTA provided the Health Committee with written and oral submissions in support of the petition. The Committee also received written and oral submissions from the Ministry of Health and the Blind Foundation.

VICTA's OIA request was prompted by concern that the Ministry and the Foundation had colluded in the preparation of their submissions. The background to this concern was outlined in our OIA request:

Our presentation was well received by the Health Committee. The MPs clearly recognised the urgent need for publicly-funded low vision clinics. Their thoughtful, well-informed questions focussed on how best to achieve that goal.

We were disappointed that the other parties who addressed the Health Committee (the Ministry of Health and the Blind Foundation) did not share the MPs grasp of the issue, and also concerned that the Ministry may have been misled by the Blind Foundation's claims to expertise in low vision rehabilitation.

A further concern is that the Ministry, the body responsible for advising government on the provision of low vision services (which also happens to be the body that has allowed these services to decline at a time when they are most needed), has taken advice in the preparation of its submission from the Foundation that has spent 124 years ignoring, or refusing to help, or financially exploiting people with vision loss who do not meet its membership criteria.

As the organisation responsible for the petition, VICTA is keen to share its knowledge and expertise on this important issue with the Ministry of Health. The offer was made in person to [name withheld] from DSS, and also made in writing in our submission:

"VICTA would welcome the opportunity to work with government agencies and other parties to plan and develop a comprehensive accessible service that meets the needs of all New Zealanders disabled by vision loss."

[name withheld] agreed to contact us but he has not done so. He has our contact details. We do not have his. Providing the information sought in this OIA request will enable VICTA to engage constructively with the Ministry of Health on this important issue at the earliest opportunity.

VICTA was also troubled by the failure of both the Ministry and the Foundation to address the proposals made in our submissions. As a first, straightforward step, VICTA proposed that the ten original low vision clinics in public hospitals be properly funded and where necessary re-established without delay. These clinics worked well. They had well-trained, dedicated staff. Where clinics have closed, the sole cause of their closures was lack of funding. Where clinics still exist they are struggling. VICTA urged the Health Committee to make the restoration of hospital low vision clinics a top priority.

As the next priority, VICTA proposed taking the best from overseas, and building on and extending the strengths of existing New Zealand services, disciplines, organisations and support groups, to create a high-quality, integrated system of financially, geographically, and culturally accessible low vision rehabilitation services nationwide.

Instead of addressing these proposals, the Blind Foundation advocated, and the Ministry of Health initiated, a hasty, poorly designed and superficial "stocktake and review of low vision services in New Zealand."

Documents supplied in response to VICTA's OIA request confirm that the Ministry and the Foundation colluded in the preparation of their responses to our petition (see excerpts in bold in the timeline below). VICTA has withheld the names of the individuals involved. Their names are not our concern.

VICTA's concern is that, as a consequence of the serious breaches of ethical standards by Ministry staff revealed in these documents, an effective response to the urgent and growing need for comprehensive, accessible low vision rehabilitation has been unnecessarily delayed.

TIMELINE:

- 8 August 2013: VICTA's petition presented to Parliament and referred to the Health Committee.
- 24 August 2013: VICTA's written submission in support of the petition sent to the Health Committee.
- 16 October 2013: Health Committee refers VICTA's submission to the Ministry of Health for a response by 18 November.
- 11 November 2013:
 - 12:15 pm, email from Contract Relationship Manager Service Access, Disability Support Services, National Services Purchasing, National Health Board, Ministry of Health [Ms X], to ED Client Services, RNZFB [Ms Y]: **Petition super urgent**

I'm sure you are aware of this, but just sending on for your information and comment. The Ministry of Health is formulating a response this week. Could you get back as soon as possible?

12:44 pm, email, Ms Y to Ms X: Re: Petition - super urgent

thanks for this - obviously important! We will have comments. I have passed this on to our chief executive and will be in touch shortly!

4:56 pm, email, Ms Y to Ms X: Re: Petition - super urgent

we wonder who will be responding for Moh? Is it you? We would be happy to work with you to help - just let us know!

• 5:04 pm, email, Ms X to Ms Y: Re: Petition - super urgent

Great thanks, DHB Performance is leading the response with our (DSS) input.

- 13 November 2013:
 - 1.57 pm, email, Ms Y to Ms X: **URGENT: RNZFB comment on Hood Sanderson petition.**

Please find attached the Royal New Zealand Foundation of the Blind's comments on VICTA's submission in support of Petition 2011/71, sent to you signed by and on behalf of our Chief Executive.

If you have any questions or require any further information please do contact my office directly...

In the attachment, the CE begins:

This is the Royal New Zealand Foundation of the Blind (RNZFB)'s feedback supporting the Ministry of Health in assessing VICTAs petition and submission to the Health Committee. If additional expert advice is required, the Foundation is interested in further supporting the Ministry with greater depth and detail and providing access to our extensive research into low vision...

The CE then goes on to claim:

We are the natural and best equipped provider of blindness and low vision services in New Zealand.

With appropriate funding we have the expertise to extend our services...

The CE concludes:

RNZFB recommends that the Ministry of Health inform the Health Committee that time is needed to investigate the nature of the problem outlined in VICTA's submission...

We know that the Ministry of Health has already committed to undertake a stocktake of low vision services in New Zealand. If this work was brought forward and included a review of VICTA's submission, the Foundation would be willing to assist with the review.

The RNZFB is resourced to work in a 'trusted advisor' capacity with the Ministry of Health. We will share our professional experience and evidence if the Ministry wants to investigate VICTA's submission in more detail...

• 2.25 pm, email, Ms X to Ms Y and CE RNZFB: Re: URGENT: RNZFB comment on Hood Sanderson petition.

Many thanks for taking the time to provide us with the attached information in response to the submission. I appreciate your thoughts and comments and have noted them.

- 13 February 2014, Clerk of Health Committee provides VICTA with a copy of MoH's written submission and advises that both VICTA and the Blind Foundation will be making oral submissions on 12 March. VICTA requests a copy of the Foundation's written submission. This is not provided until 13 March.
- 27 February 2014, email from Regional Relations Manager MoH to DHBs: Information Request for Select Committee Hearing on Low Vision Clinics.

Please provide information regarding whether your DHB provides or funds services for people with low vision. If you do, could you please outline nature of services (e.g.

outpatient clinics), number of clinics and number of clients. Could you please provide a response by c.o.b Tuesday 4 March 2014.

- 12 March 2014, VICTA and Blind Foundation present oral submissions to Health Committee. Foundation advocates for a stocktake and needs analysis of low vision services.
- 14 March 2014, MoH issues Request for Quote for Stocktake and Needs Analysis of Low Vision Services. Closing date for quotes 31 March 2014. Final report to be submitted by 30 June 2014. Project leader: Ms X.
- 9 April 2014, MoH presents oral submission to Health Committee, announces establishment of stocktake and needs analysis.
- 15 April 2014, frustrated by failure of MoH staff to contact VICTA, and by evidence of collusion between MoH and Blind Foundation, VICTA submits urgent OIA request to Minister of Health.
- 29 April 2014, Ms X responds to VICTA's 12 March invitation to make contact.
- 23 May 2014, VICTA receives documents requested in OIA request.

In addition to delaying a constructive response to the long neglected need for low vision rehabilitation, and destroying the credibility of the Ministry of Health's stocktake and needs analysis, the Ministry's failure to respond fairly and impartially to VICTA's petition has undermined our trust in the integrity of the Ministry.

Repairing the damage created by this lapse in ethical standards cannot be achieved by scapegoating any individual. Fixing the problem requires principled leadership, and an honest commitment to providing independent advice in practice, as well as in theory.

Because of the gravity of this matter we are copying this letter to Dr Paul Hutchison, Chair of the Health Committee, and to Health Spokespersons Annette King (Labour), Kevin Hague (Green) and Barbara Stewart (NZ First).

Thanking you

Yours sincerely

Dr L J Hood MSc LittD

Lynley & Hood

Trustee, VICTA