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The Ministry of Social Development
Bowen State Building
Bowen Street or
P.O. Box 1556
Wellington 6011

16 January 2014

Attention: Mr Brendan Boyle - The Chief Executive

Re: Requests under sections 12 and 16 of the Official Information Act 1982 - for specified information to be made available

Dear Mr Brendan Boyle, dear staff at the Ministry for Social Development

Please accept my request for the disclosure of the following specified information - under sections 12 and 16 of the Official Information Act 1982.

1. Information in the form of clear statistical evidence of Dr David Bratt's claims in his presentation '**Ready, Steady, Crook – Are we killing our patients with kindness?**' (presented in Christchurch, 2010), **that 30 % of GP's "had experienced a sense of threat and intimidation"** (see page 32), which in context of the presentation appears to be coming from patients seeking medical certification for sicknesses and/or disabilities (for Work and Income benefit receipt).

As this appears to be based on a kind of survey, I request a copy of the authentic survey result report this information is based on. If the report is not held by the Ministry of Social Development or Work and Income, I do in any case ask for a clear reference to where that particular information is documented, held and can be found. I also ask for a transcript or copy of the original questions asked in that survey. I furthermore ask for information on whether this is information that relates to the whole practice time that GPs have had in their past lives, or whether it was based on experiences in annual or other time defined periods. I request your clarification, whether a distinction was made in the survey question(s) between a "**sense of threat**" and a "**sense of intimidation**", and whether any particular details on the kinds of threats or intimidation were given. Furthermore I ask for information on the frequency of such experiences GPs may have had over defined periods.

2. Dr David Bratt has, in his capacity as the Principal Health Advisor for the Ministry of Social Development, regularly made presentations of the types just mentioned under '**1.**' above, which was to GP conferences and other health professional meetings, which contained a range of apparently statistical data, for which the exact source has in some cases not been clearly given. Another such presentation is

'Medical Certificates are Clinical Instruments Too' (from 2012). He has repeatedly stated the above claims on presentations bearing logos and other details, showing that they are apparently Work and Income authorised.

On the pages 13, 20, 21 and 35 of 'Ready, Steady, Crook' Dr Bratt makes references and comments in which he likens or compares "**benefit dependence**" to "**drug dependence**". I seek information from the Ministry of Social Development (MSD), whether it is the official position of MSD and Work and Income (WINZ) that benefit receipt is "**addictive**" like a "**drug**", as suggested by Dr Bratt on page 35, where it reads: "**the "benefit" – an addictive debilitating drug with significant adverse effects to both the patient and their family (whānau) – not dissimilar to smoking**". Dr Bratt also commented in an article in the "NZ Doctor" publication from 01 August 2012 that – quote: "**Long term unemployment has been shown as bad as smoking 10 packets of cigarettes daily**". He continues: "**As a drug, it would be an addictive, debilitating substance, he told the RNZCGP education convention**". If the Ministry shares the comments and views of Dr David Bratt, I ask for clear medical scientific evidence that this is the case, and I also ask for references to scientific reports proving this, preferably quoting information from such reports. It would assist if the Ministry could provide some consistent scientific evidence of this, from preferably a number of scientific reports and sources.

3. Further to the presentation 'Ready, Steady, Crook', on page 32 there is a range of other statistical data mentioned, which is also claimed to come from a "GP survey", it includes claims that of GPs surveyed on (apparently related to medical certification and associated) pressures they faced, that about "**71 felt it was a mechanism to provide income to the patient**", "**55 % felt W&I staff created an expectation**", "**40 % - because they believed there was no work available**" and "**31 % - felt W&I weren't doing anything for the patient**".

In relation to those "results" or "answers" form GPs, I ask the following:

- a) Which particular survey/s do these "results" come from, and what were the exact questions asked in relation to the data presented in that - and certain other presentations - by Dr David Bratt?
- b) Which of any of those alleged "pressures", if any, had contributed to a GP's decision on whether or not to, or how to complete, a medical certificate for a patient dependent on, or intending to apply for a benefit from Work and Income?
- c) Which of any of those alleged "pressures", if any, had given the GPs questioned the ultimate motivation, to issue a medical certificate or not, or to make any other determination on the specific way of completing medical certification?

4. Also in the same presentation 'Ready, Steady, Crook' on page 23, and in certain other ones, Dr Bratt claims that according to both Australian and New Zealand studies there is a chance of it being only 70 percent likely that a person "ever" returns to work after 20 days off work, it being only 50 percent likely for a person to "ever" return to work after 45 days off work and it being only 35 percent likely for a person to "ever" return to work after 70 days off work.

Please supply copies of the authentic statistical evidence for this data to be correct and also current, and please provide the source information, or at least a clear reference to the report/s stating so, where records may not be kept by MSD or WINZ themselves. I also ask for clarification of whether the information in the mentioned presentation/s is relating to the chance to really "ever" return to any work, or whether it is rather referring to "ever" return to the same job that may have been held by a person until she/he got sick, injured, impaired and/or disabled, and was consequently forced to stop working due to that.

5. Please provide information on Dr David Bratt's claim in a NZ Doctor publication from 01 August 2012 (article by Lucy Ratcliffe), where he states: "**A UK study found of the main obstacles for going to work, medical problems made up just 3 % of the list**". He has made similar claims in his various presentations. As the data appears rather unspecified and inconclusive, I request the clear scientific report data, and evidence, that this is the case. I seek information that Dr Bratt, MSD and/or WINZ hold on this study, and on the source of the report data. Please provide the information from the study that shows what exact questions to what study group of persons were asked, what detailed information was gathered under what criteria and scope. Does this apply to all working age persons simply going to work or trying to work, whether sick or not, of whom some suffer sickness, impairments and disability? Or was the studied group of persons actually made up of affected sick and disabled only? It is hard to believe that such a small percentage of sick and disabled on health related benefits are seeing their condition as an obstacle to work. This information is sought to clarify the claims made in the article and various presentations, as out of context information can easily misinform and mislead.
6. Dr David Bratt's presentations list a fair amount of information, which he claims prove the harms of "*worklessness*", and of being out of work (for sickness, injury or possibly other reasons). Please provide information that Dr David Bratt has as Principal Health Advisor presented in similar kinds of presentations, or in other forms of communications, about the harms that exist at workplaces, about certain harms caused by work, about certain types of work causing ill health or injury, and about insufficiently equipped and organised work places, or particular work practices, work duration, or any other aspects relating to work or employment, that may be causing harms to health and safety of workers. This is for the case Dr Bratt has such information, and that he has gathered, obtained and/or prepared such information for the Ministry of Social Development and/or Work and Income. It must be presumed, or at least be expected, that the Ministry is equally concerned about these issues, which beneficiaries referred into open or other employment may face.
7. Please provide information that Dr David Bratt as Principal Health Advisor may have gathered, obtained, prepared and presented, which gives details about the negative and harmful health effects of suffering from relative or general poverty, instead of simple "*worklessness*", that people on benefits or in low paid work may face. There have been international studies on the effects of poverty, and how poverty does affect the health and well-being of adults and their children, irrespective of their employment status. I am interested to receive such information that Dr David Bratt has on file, that the MSD or Work and Income may have on file in their archives, that is being used to raise awareness on these matters, which are of serious concern, apart from concerns about employment of beneficiaries and their dependants.
8. I also request information that Dr Bratt may have gathered, obtained, prepared and presented, that states that the quality of health of a beneficiary, who suffers from sickness, illness, physical or mental impairment and disability, may rather much more depend on individual circumstances, and that some simple forms of physical activity or mental activity, other than work in the form of "open employment" (for paid income), may prove more beneficial than putting such vulnerable persons under any expectations or pressures to seek and obtain paid work on the open job market.
9. Please provide a list of the various "research" sources and reports that Dr David Bratt has used for obtaining information for his various presentations (of the types as mentioned above), and please state clearly, which ones were from professionals like Dr Gordon Waddell, Professor Dr Mansel Aylward and others who worked at (and in

cooperation with) the 'Centre for Psychosocial and Disability Research', formerly funded by "Unum Provident" (a US and UK based disability and health insurance provider), at Cardiff University in the UK. It would perhaps assist to also get a percentage rate for the contents of data from the "researchers" at that Centre, which has been relied on and used for Dr Bratt's presentations. There is concern amongst the public, that Professor M. Aylward and some colleagues have repeatedly attempted to claim, that a high number of persons suffering "moderate" mental health or musculo-skeletal conditions actually only suffer from alleged "illness belief".

10. Please provide information on the times, dates, types of and purposes of contacts, meetings and communications (including correspondence) that Dr David Bratt had with –
- a. Professor Dr Mansel Aylward (from the 'Centre for Psychosocial and Disability Research', Cardiff University),
 - b. Dr David Beaumont (formerly ATOS employee, from the UK, now 'Pathways to Work' director, and advisor to MSD, and formerly also to ACC), and
 - c. Dr Gordon Waddell ('Centre for Psychosocial and Disability Research') - in the course of performing his duties, and also otherwise, while holding his position as Principal Health Advisor for MSD and Work and Income.

Dr David Bratt has in his capacity as the senior advisor for the Ministry of Social Development, on health conditions and related matters affecting Work and Income beneficiaries, regularly held speeches and presentations (as listed above). He has at such occasions been presenting PDF, PowerPoint or similar presentations, detailing aspects of the subject matters he would cover.

The above specified information is sought for reasons of providing public transparency and accountability, and assurance in Dr David Bratt's professional competency and integrity as Principal Health Advisor for the Ministry, while being a qualified medical practitioner in a public service role. As he is commissioned with communicating to medical practitioners and other health professionals, the information that MSD and WINZ deem essential to present, in order to facilitate the effective co-operation between staff working for the Ministry and health professionals, there is a strong public interest that this information is made available.

The above requested specified information is sought to be made available under the Official Information Act 1982 within the specified time frame of 20 working days.

I kindly and respectfully ask that the information is made available by way of a sufficiently detailed written response, and by way of good quality, easily readable photo copies of original documents containing the relevant information. Otherwise it can also in part be made available by way of equally good quality computer generated printouts. If not available in hard copy form, a standard CD containing the corresponding, relevant documents and information in PDF, or similarly common, readable data format can be accepted.

Thank you for your acknowledgment and appreciated co-operation.

Yours sincerely

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