



A response to Putting Things Right: a better way of dealing with concerns about health services

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About us

Consumer Focus Wales is the new statutory organisation campaigning for a fair deal for consumers.

Consumer Focus Wales is the voice of the consumer and works to secure a fair deal on their behalf. In campaigning on behalf of consumers we aim to influence change and shape policy to better reflect the needs of consumers. We do this in an informed way owing to the evidence we gather through research and our unique knowledge of consumer issues. We have a particular focus on vulnerable consumers, particularly those on low incomes, people with disabilities, people living in rural areas and older people. In addition, we also seek to identify where other consumers may be disproportionately disadvantaged by a particular consumer issue or policy.

Consumer Focus Wales welcomes the opportunity to respond to this consultation on the new single complaints system for the NHS. In this instance, we believe that the establishment of a single route for people to raise concerns has implications for all consumers, but specific attention should be given to those people who may have more difficulty making their voice heard, including older and younger people, people from low income backgrounds, disabled people, people with physical or mental health conditions, people with learning disabilities, lesbian, gay, bisexual and transgender people, and black and ethnic minority people.

Overview

Broadly speaking we welcome the simplification and standardisation of complaints procedures, although we feel that success will hinge on how well the system is designed to meet the needs of a wide range of different people with different communication needs. The consultation document acknowledges that these differences exist and that good service planning can help people overcome the different types of challenge they may face in raising concerns about a healthcare provider. We would like to see more detail on exactly how this is to be achieved.

Outreach

In 2009 we worked with the Welsh Assembly Government's Making the Connections team to explore the potential for gathering information given to advice providers with a view to

informing public service improvements. We found that people often raise concerns in a complex way that does not easily correlate with the ways in which complaints procedures are presented to the public. For example, advice agencies often find that individuals present with problems that turn out to have multiple causes and multiple consequences, which need to be dealt with by signposting to a variety of other agencies. In response to this, advisors tend to build up complex networks of contacts which are essentially informal in nature.

We feel it is important that the new NHS procedure for dealing with concerns about healthcare services should capitalise on these networks, ensuring that advisors are aware of the procedure and able and willing to signpost people appropriately. We believe that there needs to be an officer responsible for interacting with external advice agencies to organise this signposting in an efficient way. This is particularly the case for agencies which advise and advocate for people from minority groups who may be more likely to need help and encouragement to raise a concern.

In order to make the most of the networks in existence we recommend holding a dialogue with advice providers in order to ascertain how best to support them. There may be opportunities to develop more formal processes in conjunction with the advice workers who operate them.

Advocacy

We welcome the consultation document's emphasis on advocacy, in particular the acknowledgement that some consumers will require representation which must be provided by a specialist organisation. We agree that, for many people, the Community Health Council will be an effective advocacy provider, but it is critical that the individual raising the concern has absolute discretion over who represents them, enabling them to, for example, complain in the language of their choice.

The consultation document states that NHS organisations will be expected to appropriately signpost patients to the advocacy organisation most appropriate to their needs. We suggest that this signposting needs to take place in a consistent and formalised way, as there is a wide range of organisations with advocacy functions and specialist understanding of the needs of specific groups, as well as outreach capabilities, all of which mainstream public sector advocacy services cannot replicate. Effective advocacy signposting must take account of this complex landscape of organisations, in order to ensure that people get the best possible advocacy for their individual needs.

Point of contact

A centralised procedure could easily lead to the impression that the right people have not heard the concern. We welcome the fact that people will have a single named individual to liaise with throughout the process and would add that this individual should make it clear to the person raising the concern that the relevant healthcare professionals involved in the circumstances behind the concern have also been engaged. This is to provide the vital

reassurance that even though the person is interacting with a centralised system, the concern is still being heard by the relevant people.

We also feel it is important that there is choice over the individual designated the point of contact. If the person raising the concern feels that they are not being well represented, they should be able to choose an alternative to liaise with instead.

A flexible response

We welcome the recognition that different people will want to resolve issues in different ways, and that it is important to build flexibility into the process to enable varied means of resolution. For some a face-to-face apology will be all that they want, while others will not want the confrontation of a face-to-face encounter. While we agree that a written report should always be produced, there should also be the facility to talk through the report findings with either:

- The health professionals involved in the specific circumstances that led to the concern being raised; or
- The named individual designated the point of contact for investigating the concern; or
- An independent advocate who can represent individuals with specific communication needs.

A focus on clear language is all-important. At Consumer Focus Wales we come across frequent examples of communications with members of the public which fail to have the intended impact due to the use of overly complex terminology. This is particularly the case when a public body has to deliver an apology. Very often an apology is all that people want, and an apology delivered well can mitigate the need for more punitive or costly forms of resolution.

At times like these, simplicity and directness are paramount, and yet this is precisely when public bodies are the most likely to seek refuge in jargon, leaving the recipient of the apology confused and unsatisfied. Our work with families affected by outbreaks of *E.coli* O157 has demonstrated how a failure to say sorry in a sympathetic and direct way can easily lead to an escalation of bad feeling. We would like to see clear guidelines on the style of language used in communications, particularly where apologies are concerned.

Driving service improvement

There is much potential for using complaints to drive service improvements and we very much welcome the fact that the new system for raising concerns will enable a close focus on lessons learned from this information. The consultation document says that organisations will be expected to show that they have learned lessons from concerns and used them in initiating service improvements.

We note that each concern will result in an action plan and a set of lessons to be learned by the organisation. However, there is also a stage beyond that which considers the broad

picture of complaints in the form of data. There is very little in the consultation document about statistical data. The new system should enable regular monitoring and sharing of this data with other statutory agencies such as local authorities to enable more effective service planning.

The consultation document is not clear on whether action plans and lessons learned will be produced for those concerns which are resolved locally. While we would not wish to see unnecessary administrative burdens created for staff, it is nonetheless important that lessons are learned from locally resolved concerns equally as effectively as from concerns raised through the new procedure. We are concerned that a lack of formalisation in dealing with concerns locally could lead to lessons being missed and a level of data missing when considering the broader picture.

Finally, we would stress that the lessons learned should always be clearly communicated to the person raising the concern. They will want to know what has been done to stop the same thing happening again to other people.

They may also want the opportunity to influence the way in which changes are made, and to facilitate this we would argue that this stage of feedback needs to be built on an open dialogue.

Summary and conclusions

The new procedure for dealing with concerns about health services has great potential for enabling service improvement by tapping into people's views in a new way. We welcome the new focus on 'concerns' rather than 'complaints' as this is a much wider concept, encompassing more general opinions about service quality as well as particular incidents. We would like to emphasise the need for good-quality consumer research to inform the design of the process, as well as the need to engage with a wide variety of representative agencies to ensure that the communication needs of consumers from all walks of life are taken into account.

We would welcome the opportunity to work with the Welsh Assembly Government and the National Health Service to ensure that the new process for dealing with concerns is delivered in a way that meets the widely varying needs of the public.

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