

Making It Better:

Complaints and Feedback from Patients and Carers about NHS services in Scotland

Research Summary

Amanda Britain, Alyson Leslie, Chloe Beaton and Murray Campbell, Craigforth

This study looks in detail at the processes for handling complaints and other types of feedback from people who have had a problem with an NHS service. It identifies the barriers people perceive and experience and the factors which are likely to encourage or support people to make a complaint or to give feedback.

Main Findings

- The NHS in Scotland is a massive operation, with a complex structure, delivering a wide range of services in different settings and locations. The nature of patients' contacts with the NHS is similarly varied and problems, when they arise, can range from the very simple to the hugely complicated.
- Problems with NHS services are relatively rare. More than two thirds of people participating in this research had never had any problem with an NHS service.
- When problems do arise they are most commonly about poor communication, staff attitude or behaviour, medical treatment and time taken to get an appointment.
- People do not like making a complaint even when they have experienced a problem with an NHS service. More than half of those participating in the research said that they had done nothing about a problem they had experienced. Most commonly they stated that this was because it 'wouldn't make any difference'; it 'might affect future treatment'; or they were 'too busy coping or caring'.
- The quality of experience that people have in their first contact with someone when a problem first arises is of key importance. People stated that they wanted to be listened to, and to have their problem taken seriously. Sometimes they are simply looking for an apology.
- Key difficulties experienced by those handling complaints relate to dealing with repeated complaints and those about relatively minor issues. There were also common difficulties in some cases in meeting the statutory timescale for responding to a complaint.
- A wide range of suggestions for improvement were made by both staff and patients. Common themes were that it should be easier for people to give feedback if they do not want to complain; there should be a greater role played by staff in resolving issues at the outset; and more use made of the learning from complaints or other feedback to inform service improvements.

Research Aims and Objectives

The overall purpose of the study was to review the NHS complaints process, specifically to identify ways in which barriers to complaining and otherwise reporting a problem could be overcome.

- What are the inhibitors for the people who do not complain about a problem they have had with an NHS service?
- How can we be more effective in getting people over the barriers which prevent them from complaining?
- How can we encourage people in the system to change?

Method

The research was undertaken using a mixed methodology, which combined quantitative and qualitative approaches, including:

- a mapping of the context for the NHS complaints process and its relationship with other agencies, such as the General Medical Council.
- a postal survey issued to 8,000 people in four Health Board areas, achieving a response rate of 21%. Telephone interviews were then conducted with 83 respondents who had had a problem with an NHS service.
- focus groups with particular groups, including women from minority ethnic groups, young people, gay men, carers, people who had long-term conditions and people living in remote areas.
- a separate postal survey issued to all those (935 people) who had contacted the Scottish Public Services Ombudsman with regard to the NHS between April 2006 to April 2008. A response rate of 27% was achieved.
- postal surveys to gather information and experiences about handling complaints and other feedback from the 449 GP practices in the four geographical Health Board areas; all Health Boards; and complaints-handling staff from across all Boards in Scotland.

The Context for NHS Complaints

The Scottish Government has a clearly stated interest in learning from patients' experience of using NHS services. This is central to the vision set out in 'Better Health, Better Care' of an NHS in which patients, carers and the staff working for the NHS are partners.

The NHS in Scotland is a massive operation, with a complex structure delivering a wide range of services to people who have very different health needs. This complexity creates a challenging context within which to provide a complaints process and other means by which people can give feedback about a problem they have experienced.

The NHS Complaints Procedure aims to address this complexity by providing a single, simple route to making a complaint, covering all NHS services. It provides an opportunity for the problem to be resolved by the NHS service, but also for the complaint to be taken to a national body (the Scottish Public Services Ombudsman). Timescales are set out for responding to a complaint.

Assistance is available to patients in making, pursuing or resolving a complaint, in particular through the Independent Advice and Support Service (IASS), but awareness and use of these services has been, to date, limited.

The research found that where people have had a problem with an NHS service it is most commonly about poor communication, staff attitude and behaviour, medical treatment, and time taken to get an appointment. Most of these people will not make a formal complaint.

Barriers and Motivations to Complaining

More than two thirds (69%) of those responding to the population survey had never had a problem with any of the NHS services they had used.

Respondents stated that the seriousness of the issue was most likely to motivate them to make a complaint in the future. Improving the service for others was also a common factor. The practicalities of making a complaint, such as the ease, and ability to do so anonymously, were not considered to be as important.

In practice, even where people had had a problem, they tended not to have complained, with more than half of respondents (53%) stating that they had taken no action. A quarter (27%) had expressed concern or in some other way given feedback, but had not made a formal complaint.

By far the most common reason given for not making a complaint about a problem with an NHS service was that it 'wouldn't make any difference'. Those who gave this as a reason also commonly mentioned other reasons as well, particularly that they were 'too busy coping with illness/caring' and a concern that complaining 'might affect future treatment'.

The interviews and focus groups suggest that that concerns in relation to fearing the consequences of making a complaint relate most often about the effect of making a complaint on the relationship they have with professionals, particularly where this is long term and continuing such as with GPs and dentists.

The pressures of coping with a stressful situation were also commonly mentioned by those interviewed and within the focus group discussions as a barrier to making a complaint or even mentioning a problem.

Knowledge of how to complain was low amongst those responding to the survey, but this lack of knowledge was less often given as a reason for not having taken action about a problem with an NHS service. This supports the finding that people will find out how to make a complaint where they are sufficiently motivated or concerned about the problem.

Experiences of Complaining

It was clear from the surveys that the experience that people have when they first mention their concern is of key importance. Most complainants said that they had only decided to pursue a formal complaint after getting what they considered to be an inadequate initial response. Good quality information and advice is a key part of this initial response.

More than eight in ten of those who had complained to the Scottish Public Services Ombudsman said they wished there had been another way to resolve the matter. Most commonly respondents mentioned that they wanted to be listened to; other common suggestions were for a more open and less seemingly defensive approach by staff, or for an apology to have been given.

For those handling complaints, there were particular difficulties in the number of complaints about relatively minor issues and of repeated complaints. There were also issues about the increasing complexity of cases which they were dealing with and difficulties in meeting the timescales required for responses.

There was a heavy dependency on written materials for communicating information about how to complain or otherwise report a problem. The information provided was not always up to date or accurate. Respondents had rarely received any independent assistance, but would often have valued that help.

Both GP practices and Boards provided examples of the types of service changes which had been introduced as the result of complaints or other feedback. There was, however, limited evidence of information from complaints being systematically used as a source of information for assessing outcomes for patients. Reports of other problems, which were not formal complaints, were rarely captured in any systematic way.

Conclusions

Most people are satisfied with the treatment and contact that they have with the NHS in Scotland. However, of those people who reported that they had had a problem, more than half had not taken any action.

Unsolicited feedback, whether in the form of formal complaints or making comments or giving feedback in a less formal way, are key sources of information for public services. Without systems in place to capture these concerns, there may be recurring difficulties or potentially serious deficiencies which go unreported and unaddressed.

While the complaints process for the NHS in Scotland is structurally simple, the feedback of those who have used it suggests that in its manner of operation, it is not always conducive to the needs, or sensitive to the circumstances, of people who have to use it.

Improvements to the NHS Complaints Procedure are required, but it was evident from the research that many of those with a problem will not want to complain even if changes are made to the complaints process.

There is a need for alternatives for people who have concerns or a problem to be able to raise these and have them dealt with by means other than the NHS Complaints Procedure, where this is their choice. Those choices must be explained to those with a problem so that they can make an informed decision about the route which they would like to take. This initial contact also needs to help people be clear about what they are complaining – whether it is about the delivery quality, about the underlying policy or about the service standards which have been set.

This Research Summary, together with the full research report and associated papers, can be downloaded from www.scottishhealthcouncil.org. If you have any enquiries about the research, please contact the Scottish Health Council National Office on 0141 241 6308 or email enquiries@scottishhealthcouncil.org.