

**SCOTTISH HEALTH COUNCIL BRIEFING:
COMPLAINTS AND FEEDBACK
IN A PATIENT-CENTRED NHS
- POLICY UPDATE**



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Introduction

A mutual NHS requires a patient-centred approach to care, based on an understanding of patients' needs, life circumstances and experiences, and striving to 'get it right' for every patient, every time. NHS complaints and feedback provide vital evidence of how patients would like to be treated by the NHS and whether people feel that the services that they have received have met their needs. There are a number of pieces of ongoing work which will give a clearer picture of what people need from the NHS and which should help to ensure that the NHS is able to respond appropriately.

This briefing to provide an update on some of the progress that has been made to date. It covers:

1. New Research on NHS Complaints and Feedback
2. Review of the Independent Advice and Support Service
3. Better Together: Scotland's Patient Experience Programme
4. A Patients' Rights Bill for Scotland
5. Development of the NHSScotland Quality Strategy

1. New Research on NHS Complaints and Feedback

In 2008, the Scottish Health Council commissioned Craigforth to review the NHS complaints process and to explore the experiences of patients and carers in using this process. Findings and recommendations from this review are contained in: *Making it Better: Complaints and Feedback from Patients and Carers about NHS Services in Scotland*, available on the Scottish Health Council website (www.scottishhealthcouncil.org). The main findings included:

- 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.

Conclusions from the research included:

- 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 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.

NHS Boards should consider the findings from this report and identify and implement any necessary actions. The Scottish Government will also be considering what actions it may wish to take as a result of the report.

2. Review of the Independent Advice and Support Service

The Independent Advice and Support Service (IASS) is delivered by the Citizens Advice Service in Scotland and aims to support patients and their families and carers in two main ways:

- By providing information, advice and support covering issues such as welfare benefits, debt and money advice, relationships, housing, access to community care and many more. Provision of such advice and information helps people to manage their health conditions more effectively and can help to prevent ill health from arising or escalating.
- By assisting people to give feedback about their experience of NHS services and, where appropriate, to raise a concern or complaint.

An independent evaluation of the Independent Advice and Support Service and the support provided for it by Citizens Advice Scotland (the umbrella organisation to which all Citizens Advice Bureaux belong) was carried out in October 2008. The main recommendations of this were:

1. That Citizens Advice Bureaux and Citizens Advice Scotland explore ways in which to promote partnership working with Health Board and NHS colleagues, including convening joint workshops and events. One national event for Citizens Advice Bureaux and NHS staff has already been held, and was very successful, and three further regional events are planned for the autumn of 2009.
2. That Citizens Advice Scotland and the NHS review current reporting frameworks. A joint Citizens Advice Scotland and NHS working group has been established to agree data sets required for consistent reporting to the NHS and other stakeholders. It is anticipated that some new data collection methodologies will be in place during the current calendar year (for client profiling and reporting complaints and concerns primarily), with the remainder being implemented from April 2010.
3. That Citizens Advice Scotland, Independent Advice and Support Service workers and NHS colleagues develop joint in-service training. As at 1 above, an event has already been organised and three further events will be held in November this year. A questionnaire has been circulated to Independent Advice and Support Service staff, Citizens Advice Bureaux and NHS colleagues requesting information about what topics should be included, in order to ensure that the training provided matches the needs identified as closely as possible

4. That Citizens Advice Scotland, Citizens Advice Bureaux and NHS colleagues develop a joint marketing and communications strategy. Work has begun on this and a draft marketing strategy has been produced for the Citizens Advice Service, following extensive consultation with NHS colleagues.
5. That Independent Advice and Support Service workers and Health Board colleagues explore innovative approaches to rapid feedback and resolution of health concerns. This has been discussed at Independent Advice and Support Service Advisory Group meetings (which are attended by NHS colleagues) and at the reporting and recording working group meetings. No firm decisions have been reached about how best to take this forward but discussions are ongoing.

For more information about the Independent Advice and Support Service or about the independent evaluation report, please contact: Carol Greer at Citizens Advice Scotland, David Whyte House, 57 Church Street, Inverness IV1 1DR, telephone 01463 237696 or e mail carol.greer@cas.org.uk .

3. Better Together: Scotland's Patient Experience Programme

In February 2008, the Cabinet Secretary for Health & Wellbeing launched a national programme to understand and improve patient experience in Scotland. The Better Together Programme has two clear strands of work: measuring patient experience and improving patient experience. During the first three years of the programme, three core modules will be covered: 1. inpatient stays; 2. GP services; 3. long term conditions.

During the last 18 months significant work has been led by the Measuring Experience Group, with its membership drawn from a wide range of stakeholders, to produce the first national surveys for inpatients and for people using GP services in Scotland. Guidance for quantitative and qualitative research will be produced to support the national work. As part of this work, NHS Health Scotland will chair a short-life group to focus on how to gather information from people not included in the national surveys.

NHS Boards will deliver the national surveys on a regular basis along with locally directed work. The Better Together Co-ordination Centre will provide detailed analysis for each NHS Board and GP surgery from the national surveys, as well as analysis at a national level to enable benchmarking and comparisons by NHS Board.

The Better Together national Improvement Partnership has been created to provide direction and support for NHS Boards (territorial and special) to drive improvement using the information that becomes available through the national surveys and other information gathering approaches. The membership is drawn from all NHS Boards and includes representatives from partner organisations including the Scottish Health Council. This group will be vital in ensuring that we can demonstrate improvement in key areas identified by patients through providing support to increase capacity in NHS Boards for improvement activities based on patient experience feedback.

The Better Together website (www.bettertogetherscotland.com) provides staff and patients with the opportunity to leave feedback in the form of stories. It will also promote the sharing of good practice and provide access to tools and techniques for experience based design and improvement focused on improving the patient experience.

The Better Together Team are:

Carol Sinclair, Director

Dr Elizabeth Ireland, National Clinical Lead

Michelle Miller, Project Manager

Richard McLennan, National Development Manager

Susan Campbell Duncan, Programme Support Officer

They can be contacted by email at patientexperience@scotland.gsi.gov.uk or on 0131 244 4841.

4. A Patients' Rights Bill for Scotland

In September 2008, the Scottish Government began consulting on the possible content of a Patients' Rights Bill for Scotland. It said that the aim of the Bill would be: *"...to reinforce and strengthen our commitment to place patients at the very centre of the NHS in Scotland; to clarify the standards expected of the NHS; and to set out the rights and responsibilities of patients in a clearer way"*¹. The consultation paper sought people's views on including key rights in the Bill on:

- Access – equity of access to NHS care
- Respect – respect, dignity and consideration for the individual
- Safety – safe and effective care and treatment
- Communication – which is clear and appropriate
- Information – about services and care and treatment options
- Participation – in decisions about health and services
- Privacy – and confidentiality of personal information
- Independent Support and Redress – by commenting on care and having concerns addressed.

An analysis of the views expressed during the consultation was published in June 2009². Whilst there was overall support for the Scottish Government's proposals, some people questioned whether new laws were necessary and whether extra money would be available for the NHS to ensure that these rights would be respected in practice. The Scottish Government has said that it will take account of the views and concerns that people have expressed in finalising its plans for a Patients' Rights Bill which is expected to be introduced in the Scottish Parliament in spring 2010.

¹ Patients' Rights: A Public Consultation on a Patients' Rights Bill for Users of the NHS in Scotland, Paragraph 4, Scottish Government (Sep 2008)

² Patients' Rights Bill for Users of the NHS in Scotland: Consultation Analysis Report, Haslam etc al, Scottish Government Social Research (2009)

When it began consulting on a Patients' Rights Bill, the Scottish Government indicated that it would also carry out further work to explore the possibility of introducing a no-fault compensation scheme in the NHS, which would mean that some patients would receive financial compensation in appropriate cases without the need to go through the legal process. This would be a change to the current situation where patients seeking compensation have to pursue claims through the courts and prove that there has been clinical negligence. An expert group has been set up to look into the issues and report to the Scottish Government by October 2010. Given the timescale, this work will now take place outwith the scope of the Patients' Rights Bill. The group will be chaired by Professor Sheila Maclean, Director of the Institute of Law and Ethics in Medicine at Glasgow University. Membership of the group will include patient representation, as well as representation from organisations like the British Medical Association, the General Medical Council and the Royal College of Nursing.

5. Development of the NHSScotland Quality Strategy

Research³ has shown that Scotland is performing well when compared to other UK countries in many areas, such as in the provision of evidence based practice in general practice and patient satisfaction about quality of care. However, it has also provided evidence that there is significant room for improvement in other areas, including some aspects of communication which are essential in a patient-centred NHS. For example, less than a third of patients said that their doctor always told them about care or treatment choices and asked for their ideas and opinions, and only half said that their doctor gave them clear instructions about symptoms to watch for and when to seek further treatment.

Work is now underway to develop a Healthcare Quality Strategy for NHSScotland. It is proposed that one of the three key drivers for Strategy should be 'patient-centred', with the other proposed drivers being 'clinical effectiveness' and 'safety'. This will help to underline the importance of listening to patients and ensuring that there is meaningful and effective communication throughout each patient's healthcare journey. To contribute to the development of the Strategy, contact: NHSScotland Quality Strategy Team, Healthcare Planning Division, Room GR06, St Andrew's House, Regent Road, Edinburgh EH1 3DG or email: NHSScotlandqualitystrategy@scotland.gsi.gov.uk .

Queries or Comments on this Briefing

If you have any queries or comments on this briefing, please contact Sandra McDougall by email: sandra.mcdougall@scottishhealthcouncil.org or telephone: 0141 225 5560.

³ Quest for Quality and Improved Performance: Quality in Healthcare in England, Wales, Scotland and Northern Ireland – an Intra-UK Chartbook, Sutherland & Coyle, The Health Foundation (2009)