

**Scottish Public Services Ombudsman
and
Scottish Health Council**

**Experience and Attitudes
in relation to NHS Complaints
since the
Introduction of the New Procedure**

Report

by

Craigforth

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1. INTRODUCTION

Background to the Research

- 1.1. This research was jointly commissioned by The Scottish Public Services Ombudsman (SPSO) and the Scottish Health Council (SHC) as a pilot study to research the views and experiences of:
 - those who have made a complaint to the NHS in Scotland since the introduction of the new complains procedure effective from April 2005
 - those have been dissatisfied with health services but who have chosen not to complain.
- 1.2. The research pilot was intended to focus on the views and experience of people complaining about hospital and primary care services. It was not intended to cover complaints made to NHS24, the Scottish Ambulance Service, the Scottish National Blood Transfusion Service or the State Hospital (Carstairs).
- 1.3. The SPSO is responsible for the independent review of those ‘escalated’ complaints that are not resolved within the NHS itself. The SHC is responsible for the promotion of improved patient focus and involvement in the NHS and has a role in monitoring the operation of the new procedure and in providing support to NHS Boards and communities to achieve this.
- 1.4. Craigforth is one of Scotland’s leading social research and consultancy companies and specialises in matters of public policy and customer research. It has particular experience in conducting UK wide research amongst complainants and the role of independent review, regulatory and Ombudsman services.

The New NHS Complaints Procedure

- 1.5. In 1996, a UK wide NHS complaints procedure was introduced. This procedure involved 3 key stages of handling a complaint : local resolution, independent review and Ombudsman review. The effectiveness of the procedure was subject to national research and independent evaluation in 2001¹. The evaluation identified a number of problems with the procedure including:
 - the time taken to complete the process
 - poor complaints handling including poor communication with patients
 - perceived bias
 - the stress it creates
 - lack of information and support available to complainants
 - the lack of a “coherent system” for learning lessons and making improvements as a result of complaints².

¹ System Three/York Helth Economics Consortium (2001): NHS Complaints Procedure National Evaluation

² NHS Scotland (2003): Reforming the NHS Complaints Procedure

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- 1.6. In particular, independent review was considered by the evaluation to be time consuming, costly and lacking impartiality. In addition there were concerns about the unrealistic targets set, the inconsistent standard of panel members, the inability to compel clinicians to attend panels with the enforcements of any arising recommendations also being problematic³.
- 1.7. Overall, the NHS considered that the 1996 procedure reflected a culture that did not “fully value the voice of patients” and encouraged a culture of “defensiveness and closed ranks”⁴.
- 1.8. With these failings in mind a review and consultation process was undertaken in 2002/03 which sought to develop a new procedure that would meet certain key aims:
- Be well publicised, accessible and subject to independent monitoring
 - Contribute to achieving a patient focused health service where comments and suggestions are welcomed as an opportunity for learning
 - Have clear lines of accountability for complaints handling
 - Be integrated into clinical governance/ quality frameworks of the NHS organisation
 - Provide support to those making and handling complaints
 - Be demonstrably fair to both the complainants and staff being complained about
 - Resolve complaints within a reasonable timeframe⁵
- 1.9. The new procedure, introduced with effect from April 2005 is summarised in Figure 1 below. In terms of stages, the key difference from the previous procedure is that the independent review (second) stage no longer exists being replaced by only 2 key stages - local resolution and Ombudsman review.
- 1.10. It should be noted that NHS guidance supporting the new procedure places a strong focus on the pre-complaint stage. The emphasis is on preferably trying to resolve matters at the initial point when dissatisfaction is expressed by/on behalf of a patient with a view to avoiding the need for entering into a formal complaints procedure. In short the NHS expects its frontline staff to deal with such instances on a day to day basis as a core part of their job in delivering a customer focused service.

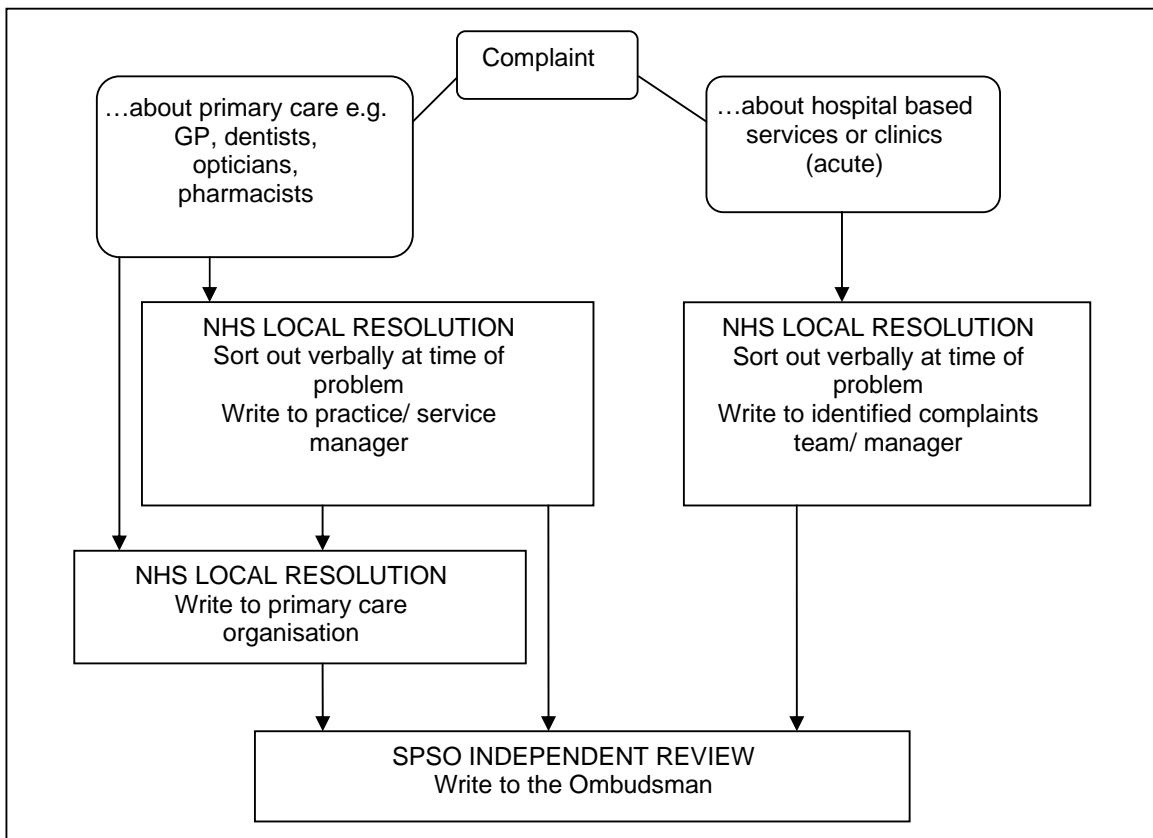
³ NHS Scotland (2003): Reforming the NHS Complaints Procedure

⁴ *ibid.*

⁵ *ibid.*

- 1.11. Where this is not possible, either due to failure or difficulty in dealing with the matter on the spot or because the complainant has decided to raise the complaint formally, the formal complaints procedure kicks in. The first stage, local resolution, aims to investigate and resolve the complaint as quickly as possible within the NHS organisation with a target timescale of a full response within 20 working days after receipt of the complaint.

Figure 1: Summary of the new complaints procedure



- 1.12. In practice this stage would normally involve a complaint in writing to an identified group or individual, the identity of which should be set out in local literature available on how to complain. For complaints about primary care services this may be a practice or service manager, and those uncomfortable with making a complaint direct to a practice or service may complain direct to the relevant primary care organisation. For complaints about hospital based services, the identified contact is likely to be a member of staff specialising in complaints or quality and improvement.
- 1.13. An initial response acknowledging the complaint will be sent. The person investigating the complaint will then usually obtain consent from the complainant and/or patient and investigate the problem by speaking to staff involved and reviewing notes and records. A full written response will then normally be sent to the complainant, although face to face meetings or telephone conferences may be suggested as paths to resolution.

- 1.14. In the event that the complaint is not resolved locally to the complainants satisfaction or a response is not received within the recommended timescales without adequate explanation of delay, it may be escalated to the second stage.
- 1.15. The second stage involves independent review of the complaint by the Scottish Public Services Ombudsman (SPSO). This would normally again take the form of a written complaint, usually using the SPSO complaints form (although this may be completed by SPSO staff over the phone or sent out once initial contact has been made). Complainants are encouraged to continue with local resolution wherever possible e.g. when incomplete.
- 1.16. Once it is established whether the case is within the Ombudsman's remit, the SPSO complaints investigator will examine information relevant to the case, such as patients' notes and statements from the patient and staff involved. Specialist medical advisers may also be consulted if appropriate. A detailed report will then be produced summarising the investigation and decision reached along with any recommendations.
- 1.17. There are a number of key parameters to the NHS complaints procedure:
 - The procedure would normally cover only those complaints made within 12 months of the incident, or within 12 months of the patient realising they had cause to complain; (evidence from this research suggests that in practice much older cases are being dealt with under the new procedure although this may ultimately prove to be for a transitional phase only);
 - Complainants will not be awarded financial compensation through the procedure. Any financial claims must be pursued through the courts, and it is not possible to make a complaint through the procedure and pursue the case through the courts at the same time; and
 - Staff will not be disciplined or struck off as part of the procedure, although a complaint might lead to the initiation of separate disciplinary proceedings. Complainants questioning the fitness to practice of staff must contact the appropriate regulatory body e.g. the General medical Council (GMC), the Royal College of Nursing (RCN) etc.
- 1.18. Local Health Councils had a role to play in supporting people who wanted to make a complaint about the NHS however these bodies were dissolved in March 2005. In order to fill the gap left, a strategic partnership was launched between NHS Scotland and Scotland's Citizen's Advice Bureaux (CABx) whereby CABx offer independent advice and support to those making a complaint to the NHS, formalising the role that some CABx across Scotland already played. The official launch of this service took place only in April 2006 and the service has not yet been fully 'rolled out' across the country.

The Number of NHS Complaints

- 1.19. The number of formal written complaints made to the NHS in Scotland has averaged around 8000 per year over the last 3 years. It is estimated that this represents as few as 5 complaints per 10,000 patient contacts⁶. The number of formal complaints has declined slightly over the last 3 years. The total number of complaints made including those dealt with by informal face to face or over the phone resolution are unknown as these are not systematically recorded.

The Research Brief

- 1.20. SPSO and SHC intend to use the results of this study to inform an ongoing review of the effectiveness of the existing complaints procedure and identified the following key research questions:
- What aspects of the new procedure work well in terms of being understood and effective from a complainant perspective?
 - What aspects are less effective, poorly understood and create barriers, frustration or confusion for the complainant?
 - Why do some people start the complaint process but do not follow through to resolution?
 - Why do some people who are unhappy with the service they receive decide not to complain?
 - As a pilot study what lessons can be learned for future research involving complainants and those who do not complain.
- 1.21. The study covered 3 key research groups:
1. Those who refer/escalate their complaint to the Ombudsman for resolution – both those whose cases are resolved and those who do not complete the process
 2. Those whose complaint is handled by local resolution - both those whose cases are resolved and those who do not complete the process
 3. Those who are unhappy with the service they have received but do not complain.

⁶ Statistical Publication Notice, 28th November 2006, Scottish Health Statistics
@www.isdscotland.org/isd/4492.html

2. RESEARCH METHODOLOGY

Research Method

- 2.1. It should be noted at this point that the original intention was to research the views of those who complained about either hospital or primary care services in 2 contrasting parts of Scotland (one urban and one rural) while also exploring potential barriers to complaining among those who do not complain living in the same 2 areas. In the end some compromises had to be made in light of methodological and logistical difficulties that emerged in the early stages of the research contract and these are discussed in more depth in the subsequent section below as they have implications for future research in this area. While a geographical case study approach was ultimately applied, the research groups whose views were captured varied across the 2 areas.
- 2.2. The research was also designed to test out a range of different techniques in researching the views of complainants and those who do not complain. It involved a mix of postal survey, telephone interview and focus group research techniques and involved the 4 key strands summarised below. The research took place between March and August 2006.

Complainants - Local resolution

- 2.3. This first strand focused on researching the views and experiences of those who had made a written formal complaint to:
- NHS Dumfries and Galloway (covering all NHS services including primary care)
 - NHS Lothian ,St John's Hospital, Livingston (covering this hospital only).
- 2.4. Firstly all those who had complained in the period 1 April 2005-31 March 2006 i.e. the first complete year of the operation of the new procedure were identified. The complaints management staff were asked to separately identify any complainants who might be likely to be very upset or distressed if approached to take part in the research. The small number of complainants falling into this category were sent a preliminary letter advising them that the research was taking place but the onus was on them to ask to 'opt in'. Otherwise they would not be contacted further.
- 2.5. A postal self completion questionnaire survey was issued to a total of 391 complainants who had used either of the 2 complaint services. This attracted 161 valid responses representing a response rate of 44% which is very healthy for postal surveys⁷.

⁷ The calculation of this rate excludes 22 cases where correspondence was returned as 'gone away' from the known address.

- 2.6. As part of the survey respondents were asked if they would be willing to take part in a telephone interview exploring in more depth the circumstances and details of their case. The vast majority of respondents were happy to take part in the follow up interviews (3 in 4) and gave their details for this purpose.
- 2.7. A total of 30 such interviews were conducted. Participants were selected to ensure that they represented a mix of:
- expressed levels of satisfaction/dissatisfaction with the way the NHS handled their complaint
 - genders
 - parts of the NHS complained about.

Complainants – Escalation to the SPSO

- 2.8. The approach in this strand was very similar to that adopted for local resolution cases described above.
- 2.9. All complainants for the period 1st April 2005- 31st March 2006 were identified; again a small number of potentially 'sensitive' cases were written to in advance and given the option to 'opt in'. The complainants included both those cases which went on to be reported on by the Ombudsman as well as those that did not complete the procedure⁸.
- 2.10. A postal self completion questionnaire survey was issued to a total of 150 complainants; this attracted 67 valid responses representing a healthy response rate of 45%.
- 2.11. Again survey respondents were asked if they would be willing to take part in a telephone interview about their case; again the vast majority (4 in 5) gave their details for this purpose. A total of 15 interviews were conducted with participants reflecting the same profile as set out for the previous research group (above).

Non-complainants – The general public

- 2.12. This third strand involved researching the views and experience of the general public living in the West Lothian area in relation to their recent experience of using primary care (GP) and hospital based services.

⁸ This included for example cases that were not within jurisdiction of the service, were premature in the context of the new procedure, where there was no evidence of service failure or where contact lost/no further information provided when requested.

- 2.13. This involved a postal survey of members of the West Lothian Citizens Panel which is run by West Lothian Council in partnership with its key community planning partners including NHS Lothian and Lothian Health⁹. Citizen Panels are recruited on a random basis from the electoral roll and consist of a group of people who are willing to be consulted about public services, local and national issues and those associated with community planning. While membership characteristics are very mixed they do tend to have a degree of over representation of middle aged groups and an under representation of younger age groups; they also attract owner occupiers as opposed to social and private rented tenants.
- 2.14. A postal self completion questionnaire survey was issued to a total of 1330 Panel members attracting 946 responses representing a very healthy 71% response rate.

Non-complainants – Potentially excluded groups

- 2.15. This strand intended to explore recent experience of potentially excluded populations living in Dumfries and Galloway in using NHS services and to explore potential barriers to making a complaint where dissatisfaction with service is experienced. This involved 6 focus groups and in some cases face to face interviews with representatives of the following populations¹⁰:
- unemployed people
 - young people
 - young homeless people
 - older people
 - carers
 - those with poor mental health
 - those with substance misuse issues
 - black and minority ethnics (BMEs).

Reflection on Research Techniques Used

- 2.16. The research techniques used in this pilot study were generally sound. ***Postal self completion questionnaire surveys*** are a very effective non intrusive way of collecting information on people's views and experiences especially in the potentially highly charged area of complaints research. If well designed and easy to complete they can attract very good response rates as they did in this study; they are also a very cost effective (inexpensive) research method to use.

⁹ The West Lothian Citizens Panel is managed by Craigforth on behalf of West Lothian Council; Council permission was sought to use the Panel for the purposes of this research.

¹⁰ These populations were accessed through a range of existing statutory and voluntary services and community networks.

- 2.17. The filtering of complainants to identify those who may be potentially distressed by being contacted to take part in research also proved very effective. The casework knowledge of complaints staff proved invaluable in their identification. While consideration was given to omit them completely from the research this is not a decision that should rest with those handling complaints as it could significantly compromise the integrity of the research (i.e. by deleting those that may have most to say about their experience). The use of a letter placing the onus on them to 'opt in' by contacting the research company direct also worked well; in the case of SPSO complainants for example this resulted in 1 in 2 of the potentially distressed taking part.
- 2.18. One lesson learned is that in using a quantitative approach such as postal surveys it is important to ensure that the potential **sample base** is large enough to produce an **achieved survey sample** that is robust enough for statistical analysis. This is also important for any sub sample that may be of interest e.g. results for a particular service (s), for a particular area, for a particular type of complainant.
- 2.19. In the case of the SPSO sample for 2005/06 this came to only 150 cases and produced only 67 returns; ideally a minimum achieved sample of 100 is required for each sample and each sub sample to ensure that results are reliable within a minimum +/-10% range of statistical reliability. This would suggest that an approach involving continuous and consistent research over say a 2 to 3 year period might be more appropriate and produce more reliable results in the case of this particular service.
- 2.20. A similar issue arose with the 2 NHS local resolution samples which achieved returns of 89 cases (Dumfries and Galloway) and 72 cases (West Lothian). Again this would suggest that if a geographical or complaints section/service approach is to be adopted that continuous and consistent research over a number of years might be more appropriate. Alternatively, a larger scale approach requires to be adopted and the appropriate scale will depend on what sub samples wish to be achieved. This could involve for example research covering a range of complaints sections/services in a whole Health Board area.
- 2.21. Given the pilot nature of this study and the size of the samples achieved the combined results of the 2 NHS samples are used for presentation purposes in this report.
- 2.22. In complainants research particular consideration needs to be given to whether **complaint outcome** is an important sub sample to be achieved within the bigger sample or not. This is because complaint outcome can severely impact on complainants views and experiences of a complaints process/procedure. In particular it can be important to separately identify those for whom the procedure had a positive outcome (complaint upheld/partly upheld) from those who did not.

- 2.23. This of course requires the systematic recording of such information within the NHS and the SPSO an issue addressed further in the following section. In this piece of research an attempt was made to identify complaint outcomes with a view to linking it with the research results but given the small size of samples and incomplete information from the NHS this was not possible to do in the end.
- 2.24. A further complicating factor was that the SPSO sample included not only cases which were investigated but also those that were not e.g. premature cases, those withdrawn due to lost contact/ failure to provide information etc. The survey design and content was not really appropriate for such cases as this assumed an investigation having taken place. This issue needs to be considered in devising samples in any future research..
- 2.25. By placing the onus on survey respondents to volunteer to take part in the more in-depth qualitative aspect of the research (in this case ***semi structured telephone interviews***) allowed the research method to remain non intrusive for participants. Telephone interviewing was highly effective in exploring and understanding the specific circumstances of individual's complaints experience, the triggers for complaining and their understanding of the procedure.
- 2.26. ***Focus groups*** worked reasonably well in exploring the views and experiences of some potentially excluded/vulnerable populations and is a tried and tested method of doing so. Accessing such populations through existing services and networks is a highly effective and efficient way of doing so although it does run the risk that in some instances those taking part in the research may not be wholly typical of their peer group. For example they may represent the more 'engaged' among these populations e.g. accessing young people through a youth forum.
- 2.27. Another issue is that in some cases the research participants can come from and advocacy/lobbying perspective. Either these issues need to be firmly borne in mind when interpreting the results of such focus group research or ideally complementary research is required to establish the wider view among such populations. This is much more practical for example in the case of older people and young people than perhaps other groups because they can be more easily identified.
- 2.28. It should be noted that with some particularly vulnerable or highly diverse groups ***face to face interviews*** proved more effective than focus group research but equally effective both in terms of producing research evidence and cost effectiveness. For example this approach was required in the case of drug and alcohol users (due to confidentiality/privacy concerns) and also in the case of BMEs (due to ethnic diversity and language barriers).

- 2.29. Large scale postal survey also worked well with the Citizens Panel audience as a means of **gauging the more typical general public view and experience** of NHS services and achieved a very high response rate. While not strictly a random selection of the general public (Panel members are largely self selecting notwithstanding invitation to join is issued on a random basis) they are an important group as they are more likely to be 'engaged in' or 'have a view' on public service delivery and are willing to take time to express their views.
- 2.30. However Citizens Panels do not exist in all local authority areas. An alternative or complementary approach would be to survey a strictly random selection of the total population in an area; alternatively to survey a random selection of patients (NHS contactors) say over a given time period. If conducted postally such a survey would tend to produce a much lower response rate (around half of what was achieved in the Citizen's Panel survey). Random or exit face to face interviewing of patients would be another option but considering the context of using NHS services can be more intrusive, less strictly random and less cost effective.

Other Lessons Learned: Making the Research Happen

- 2.31. From the start of this pilot study considerable difficulties were experienced in making this research happen. At this point it should be noted that this research was not commissioned by the NHS but by the SPSO and the SHC. As noted earlier the SHC has a role in assisting and supporting the NHS in relation to the new complaints procedure and in becoming more patient focused but does not at present exert any direct influence or control.
- 2.32. Once the 2 geographical case study areas were identified those elements of the research focused on identifying the experience of non-complainants and potential barriers to complaining were in direct control of the research team. These elements involving large scale postal survey and focus groups/face to face interviews went very smoothly. Once the purpose of the research was explained and who the commissioners were, statutory and voluntary agencies were keen to help. Some focus groups/interviews with particular groups took longer to set up than others and in a few cases more than one approach was required, but this was no different from what is typical in any other research contract.
- 2.33. The SPSO complainant element of the research also went quite smoothly. There was some limited delay experienced due to work pressures/staffing issues although any delay became relatively unimportant in the context of the delays being experienced in relation to the NHS element. As a direct commissioner of the research, there was a high level of commitment shown from SPSO staff. The information required to conduct the research was accessed and provided fairly easily and a good working relationship developed with the research team. (There were a few research methodology issues that arose addressed in the section above.)

- 2.34. As far as the NHS complainant element of the research was concerned the problems encountered were considerable and multi faceted and led to a substantial delay of 5-6 months in the research. These problems fell into 5 main categories:
- Initial difficulties achieving 'buy in' from the NHS
 - Concerns regarding data protection and ethical approval requirements.
 - Quality of complaint recording systems
 - The complexity of NHS complaint handling structures
 - Difficulties in conducting complainants research in the primary care sector.
- 2.35. SPSO and SHC staff have good links with certain complaints officers within the NHS including in the 2 case study areas. While initial direct approaches to individual complaints officers elicited a very positive response and keenness to take part, agreement to co-operate was not really within their gift. Ultimately wider corporate concerns were raised by both research sections and senior managers and these had to be addressed by SHC and the research team.
- 2.36. The first substantive issue raised was the thorny question as to whether the research required 'ethical approval' a renowned concern for any health related research that can lead to substantial delay to projects pending approval from Regional Ethics Committees (REC). SHC and the research team argued that this work really fell into the category of 'service evaluation/improvement' and not really 'research' in the context of the research governance framework and that ethical approval was therefore not required. In the end this position was accepted by both NHS Boards although one felt it was marginal, a view also expressed by an officer from SEHD.
- 2.37. Having overcome this hurdle the focus again turned to workload and resourcing concerns and the offer of free of charge administrative support was made. However it quickly became clear that the complaints team staff would need to have some input in preparing for the research as recording systems were not able to provide information in the format required to issue a survey. Indeed it transpired that the core recording system of both complaints sections, in terms of complainant's name and address and complaint details was paper based e.g. located in each individual complainants file or in a 'complaints book'. Whether the research team could have access to such information to provide administrative support then became an issue as concerns turned towards data protection and the work implications for complaints teams.
- 2.38. Any invitation to complainants to take part in this type of research has to come from the NHS itself or from the primary care practice concerned and cannot be issued by the research team directly due to data protection issues. The alternative is to write to the research group(s) first and ask them to 'opt in' or 'opt out' of the research but this makes the research process clumsy and lengthy (a requirement to go to the effort to positively 'opt in' severely impacts on response rates).

- 2.39. The postal questionnaire survey and covering letter was finally issued in the name of the NHS and signed by NHS staff; in one area this led to further delay as it was felt that only the relevant Director should sign the letter (who had not been involved in the research by that stage). In both cases a database of complainants name and addresses had to be created specifically for the purpose of the research.
- 2.40. During the course of the above numerous approaches were required to complaints staff and their managers to ensure continued co-operation. Throughout this period concerns were expressed about how the research results would be presented, published and used and reassurances had to be given. To some extent there was a fear that co-operating with the research might lead them to unnecessarily being in the spotlight and potentially being the subject of some criticism given the research's focus on those who were failed by the service. In this regard there was concern that the research findings would not be qualified and concerns expressed that no account would be taken of the NHS /staff view i.e. that complainants views would be taken at face value.
- 2.41. The limitations of NHS complaint recording systems combined with the complexity of complaint handling structures led to the abandonment of pursuing a strictly geographical approach to defining the case studies. The original intention was to approach all those who had made a complaint about any hospital based or primary care service and who resided in either the West Lothian or Dumfries and Galloway area, irrespective of what part of the NHS or primary care network they may have complained about. This proved unworkable for the following key reasons:
- NHS complaint recording systems are not designed in a way that can be easily interrogated based on geography, say by address/postcode sector; in both areas recording procedures/systems were under review;
 - NHS complaint handling structures can be complex for any given geography; for example in the case of West Lothian (and the wider Lothian area) complaints are handled by many different sections based on a combination of NHS organisation, division, hospital and specialism; these structures had also recently been changed and the whole complaints process (as well as recording systems) was under review;
 - The re-configuration and purchasing of NHS hospital based services has made them more regional/national in function and they no longer serve primarily specific geographical catchment areas
 - NHS based complaints sections deal with relatively few complaints regarding GPs, dentists, opticians etc; these are handled largely within the practice concerned; there is currently no easy way to encourage or direct all practices to take part in complainant research such as this (whether they be good or bad in handling such matters); little is also known of their recording systems and their suitability as a data source for research purposes.

- 2.42. Reflecting on all of the considerations discussed in this section the **key lessons learned** in making complainant research happen for the future are:
- substantial lead in time and advance preparatory work is required no matter what complainants or which services are targeted;
 - if commissioned by the SHC or other independent body there needs to be more engagement with the relevant parts of the health service - it is essential to achieve 'buy in' from:
 - the most senior managers e.g. Chief Executive, Director of Nursing, Practice Manager etc
 - those who manage and front the complaints management service
 - those in charge of research activities.
 - early and careful consideration needs to be given to which complainants are to be the subject of the research and how these can be most easily accessed; this is likely to require some advance work in:
 - understanding how relevant complaints recording procedures and systems work
 - understanding complaints handling structures
 - assessing information and administrative capability and capacity and identifying/providing assistance if required
 - addressing ethical and data confidentiality concerns/issues
 - building commitment, ownership and trust within the targeted services.
- 2.43. While designing the research around (restricting it to) those services 'willing to take part' may potentially overcome these issues, such an approach will produce research results that cannot be considered wholly reflective of complainants views and experiences. An element of coercion to take part in complaints research may indeed be required e.g. through the direct involvement of SEHD.

3. THE TYPICAL NHS EXPERIENCE: VIEWS OF THE GENERAL PUBLIC

Introduction

3.1. One of the key aims of this study was to explore the perception that many people who experience dissatisfaction with aspects of NHS services choose not to complain and the reasons for this. However this particular strand of the research took a wider approach and set out to identify:

- the more typical recent experience of health services among the general public
- the more common areas of dissatisfaction
- why people chose not to complain.

3.2. As noted in the previous section this involved consulting 1330 members of the West Lothian Citizens Panel through a postal questionnaire survey which attracted as many as 946 responses (71% response rate). This survey asked about Panel members' recent experiences (over the last 2 years) of using the NHS focusing on GP services and hospital based services. It explored:

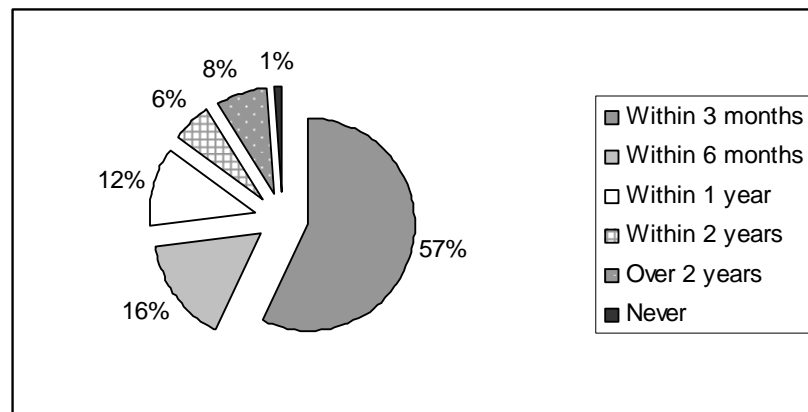
- their experience and perceptions
- any sources of dissatisfaction
- whether they did anything about expressing dissatisfaction or complaining and if so the outcome
- experience of any problems with other health services
- awareness of how to go about making a complaint.

Overall Experience and Perceptions

GP services

3.3. The vast majority of respondents had recent experience of visiting their GP with over 4 in 5 (85%) having visited within the past year; almost 3 in 5 (57%) had visited in the last 3 months. The overall profile of most recent contact is illustrated in the figure below.

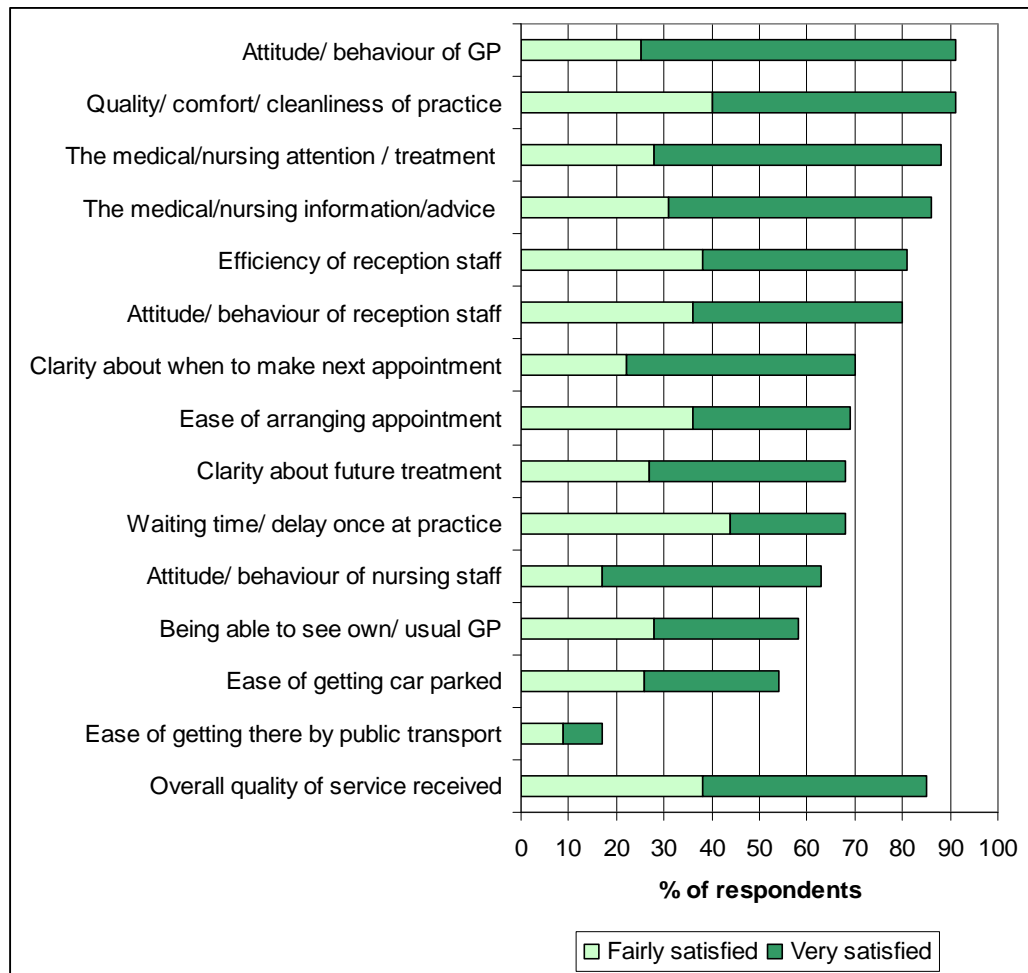
Figure 2: Most recent use of GP practice



3.4. Respondents were asked to rate their satisfaction with a number of listed (i.e. prompted) aspects of the service during their most recent visit. Levels of expressed satisfaction were generally high in relation to most aspects of their most recent visit as shown in the figure below. In particular:

- Over 9 in 10 were satisfied with the attitude or behaviour of their GP, with 2 in 3 'very' satisfied with this;
- Over 9 in 10 were satisfied with the quality, comfort and cleanliness of their GP practice, with over 1 in 2 being 'very' satisfied;
- Almost 9 in 10 were satisfied with the medical or nursing attention and treatment received as well as the information and advice given; and
- Over 4 in 5 were satisfied with both the efficiency and the attitude or behaviour of reception staff.

Figure 3: Satisfaction with GP services

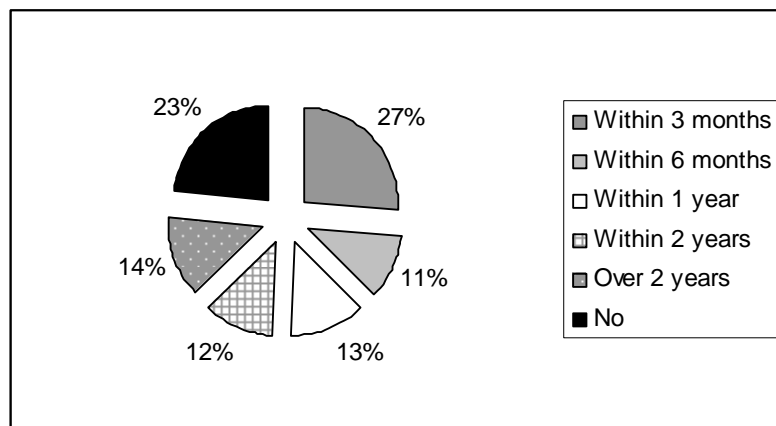


- 3.5. Respondents' dissatisfaction with their most recent visit, although generally low, was highest in relation to waiting times and arranging appointments:
- 1 in 5 were dissatisfied with the ease of arranging an appointment;
 - 1 in 5 were dissatisfied with their ability to see their own or usual GP; and
 - Around 1 in 6 were dissatisfied with waiting times or delays once at the practice.
- 3.6. In terms of access to health services there was also higher dissatisfaction expressed in relation to the ease of car parking at the practice with 1 in 5 panel members being dissatisfied with this. Far fewer had a view on ease of access using public transport; although this reflects the low usage of public transport in relation to travelling by car in this area; 2 in 3 respondents stating that this was not really relevant to them.
- 3.7. Overall though, satisfaction levels were very high – well over 4 in 5 (85%) were satisfied with the overall quality of service received on their most recent visit with almost 1 in 2 (47%) being 'very' satisfied.

Hospital based services

- 3.8. As might be expected fewer respondents had recent experience of hospital based services compared to GP services, although 1 in 2 had attended such services in the past year with 1 in 4 having done so within the last 3 months. The overall profile illustrated below.

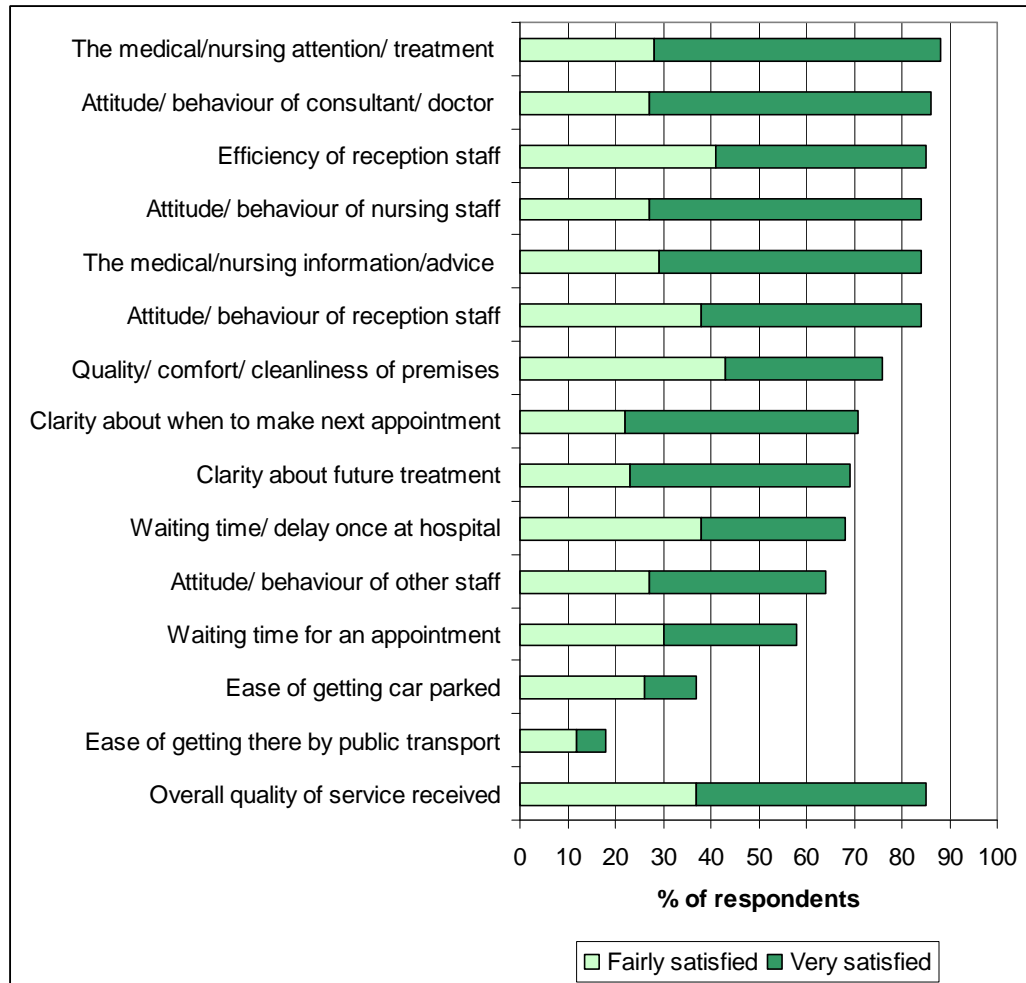
Figure 4: Most recent use of hospital based services



- 3.9. Respondents were most likely to have attended an outpatient clinic (2 in 3 of those with recent experience of hospital based services), followed by emergency treatment (25%) and day surgery (21%). Around 1 in 10 had experience of a planned hospital stay for surgery or treatment (12%).

- 3.10. As with GP services, respondents were asked to rate their satisfaction with different listed aspects of the service they received during their most recent visit. Amongst those who responded, levels of satisfaction were again high in relation to most aspects of the service received as illustrated below. In particular:
- Almost 9 in 10 were satisfied with the medical or nursing attention and treatment they received, with almost 3 in 5 being 'very' satisfied;
 - A similar proportion were also satisfied with the attitude and behaviour of the doctor, consultant or specialist treating them; again with almost 3 in 5 being 'very' satisfied;
 - A similar proportion were satisfied with the efficiency of reception staff, as well as their attitude and behaviour, and
 - Over 4 in 5 were satisfied with the attitude and behaviour of the nursing staff and the same proportion were satisfied with the medical or nursing advice and information given.
- 3.11. Interestingly (and perhaps reassuringly) the highest level of dissatisfaction expressed was not directly related to the service received once in hospital – it was round the thorny issue of hospital car parking. As many as 2 in 5 respondents expressed dissatisfaction with almost half of these being 'very' dissatisfied. 1 in 7 were dissatisfied with public transport access with almost 1 in 10 being very dissatisfied, although again relatively few respondents saw this as relevant to them due to dependence on car travel .
- 3.12. It should be noted at this point that based on evidence from other strands of the research travel issues in relation to hospital services in both case study areas are significant. In Dumfries and Galloway this is related to travel distances (linked to timing of appointments) and in West Lothian this is due to recent re-configuration of services requiring residents to increasingly travel to Edinburgh to access specialist services.
- 3.13. Otherwise levels of expressed dissatisfaction were low overall but highest in relation to waiting times. Around 1 in 4 respondents were dissatisfied with the length of time they had to wait for an appointment; interestingly far fewer were dissatisfied with waiting times once at the hospital although it was the only other category where more significant numbers were dissatisfied in this case by 1 in 6 respondents.
- 3.14. Overall satisfaction levels were again high – indeed as high as in the case of GP services with over 4 in 5 being satisfied (86%) and almost 2 in 5 (37%) being 'very' satisfied. Satisfaction with the quality, comfort and cleanliness of hospital facilities (76%) did not attract quite the levels of GP surgeries (91% satisfied) although the vast majority were clearly satisfied with aspect of the service.

Figure 5: Satisfaction with hospital based services



Direct Experience of Dissatisfaction

GP and hospital based services

- 3.15. Despite the high levels of expressed satisfaction with GP services, when respondents were asked specifically whether they had experienced dissatisfaction with particular aspects of the service provided by their practice in the past 2 years, over half (57%) said yes. Interestingly a somewhat lower proportion of respondents reported dissatisfaction with hospital based services (44%).
- 3.16. Respondents were asked to identify the key areas of dissatisfaction and the results are summarised in the table below where the results for GPs and hospitals are compared.

Table 1: Dissatisfaction with GP and hospital based services - last 2 years

	GPs	Hospitals
Yes, with staff attitude or behaviour	18%	7%
Yes, with the information and advice provided	13%	6%
Yes, with the medical treatment given	9%	5%
Yes, with the quality/ comfort/ cleanliness of the premises	3%	8%
Yes, with the waiting time for an appointment	37%	17%
Yes, with waiting time/ delays once at the practice	20%	16%
Yes, not being able to see own/ usual doctor	19%	5%
Yes (other)	5%	8%
No – satisfied with all aspects of the service	43%	56%
No reply	2%	6%
BASE (Number of respondents)	866	593

Note – based on multiple responses; figures do not sum to 100%

3.17. The most common areas of dissatisfaction in both GP practices and hospitals relate to waiting times for an appointment and delays experienced once at the practice or hospital. However perhaps surprisingly in both these areas levels of dissatisfaction are much higher in relation to GP services than in the case of hospitals:

- well over 1 in 3 GP patients are unhappy with waiting time for an appointment and 1 in 5 with waiting time/delays once at the practice
- 1 in 6 hospital patients are unhappy with waiting time for an appointment and a similar proportion with time/delays once at the hospital.

3.18. Other areas of dissatisfaction in relation to GP services include:

- 1 in 5 are dissatisfied with not seeing their usual/own doctor
- 1 in 5 were unhappy with aspects of staff attitude/behaviour
- 1 in 10 were not pleased with the information and advice given.

3.19. The fact that more aspects of GP services attract criticism than in the case of hospitals may well come as a surprise to some, not least GPs themselves. However it may be quite likely that such perceptions in part reflect different levels of expectation from the 2 environments among the general public e.g. hospitals deal with the more seriously ill and delays are to be tolerated, local GPs not.

3.20. It may also be explained by a perceived change in the level of service from previous years e.g. hospital clinics running more smoothly, longer periods waiting for non urgent GP appointments, the increased use of locums/improvements in GP hours of service etc.

3.21. In relation to hospital services appointment waiting times or delays in being taken at hospital are the only 2 areas of dissatisfaction mentioned by more than 1 in 10 respondents.

Other health services

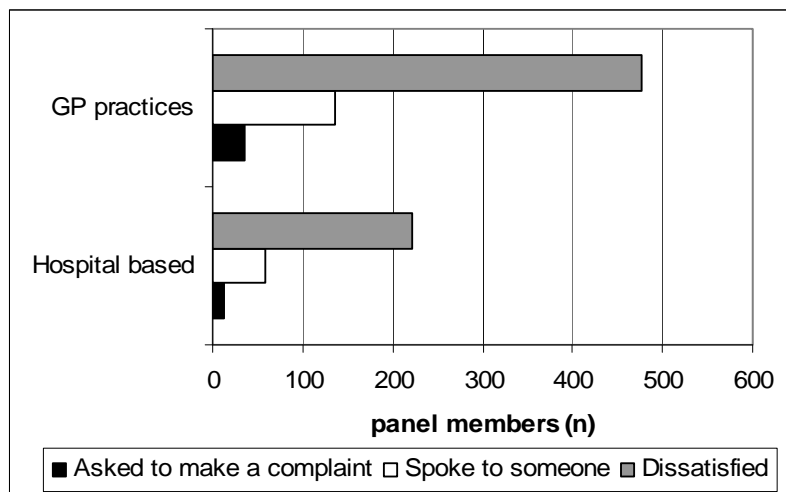
- 3.22. Although not a focus of this particular strand of the research respondents were asked if they had ever had any reason to complain about any other health services including dentists, opticians, pharmacists as well as services that are not part of this research including the ambulance service, NHS 24 and the Blood Transfusion Service.
- 3.23. The vast majority had no experience of needing to complain about such services - 84% of the total compared to 43% in the case of GP services and 56% in the case of hospital services. 6% had had a reason to complain about dentists and 5% about NHS 24 with other services attracting little or no reason to complain.

Commenting and Complaining about Dissatisfaction

Speaking to someone about the problem

- 3.24. Despite the relatively high number of respondents who reported some dissatisfaction with their GP services (477 respondents; 57% of the total), only a comparatively small proportion – less than 1 in 2 of these (27%) – mentioned their dissatisfaction to anyone at the practice or in the NHS. Only 35 who mentioned dissatisfaction of some sort in relation to their GP practice actually sought to make a complaint (7% of the total).
- 3.25. Of those who had experienced dissatisfaction in relation to a hospital based service (221 respondents; 37% of the total) just 1 in 5 (22%) spoke to someone at the NHS about this and only 13 people reported asking to make a complaint – just 6% of the total who were dissatisfied. The figure below shows the pattern for both types of service.

Figure 6: Reporting dissatisfaction and complaining



- 3.26. In relation to complaints about GP practices, 28 who responded reported asking to make a complaint on their own behalf, with 10 complaining on behalf of someone else. In relation to hospital based services, 8 reported complaining on their own behalf and 6 on behalf of someone else.
- 3.27. Only a tiny proportion of those who spoke to someone about a problem with their GP practice reported being informed about the NHS Complaints Procedure – just 3 of 135 people. Only 5 of 58 people recalled being informed about the complaints procedure when expressing dissatisfaction with a hospital based service. (Interview evidence from complaints investigators and managers undertaken for this study suggests that knowledge and use of the procedure is patchy at best across both types of service despite recent efforts to raise its profile.)
- 3.28. Just 1 in 3 respondents who spoke to someone about dissatisfaction with their GP service reported any action being taken. A further 1 in 5 were not sure or couldn't say whether this was the case or not. Similarly, respondents reported action being taken in only 1 in 3 cases in relation to hospital based services. The lack of feedback or advice when a comment or informal complaint is made - e.g. what will be done in response - is likely to be discouraging and to some extent is likely to prevent people from taking similar steps in the future (i.e. they didn't do anything last time so why should I bother?).
- 3.29. Although the numbers are small it is interesting to note that among those who report/recall action having been taken, as many as 3 in 4 were satisfied with the outcome. This applied equally to both GP and hospital based services alike.

Reasons for not mentioning a problem

- 3.30. Respondents who reported dissatisfaction with some aspect of a GP or hospital based service but who chose not to speak to anyone were asked why this was the case. The responses offer an insight into common barriers to, and issues around, complaining about health services.
- 3.31. In the case of both type of service the single most common reason selected from the list provided was:

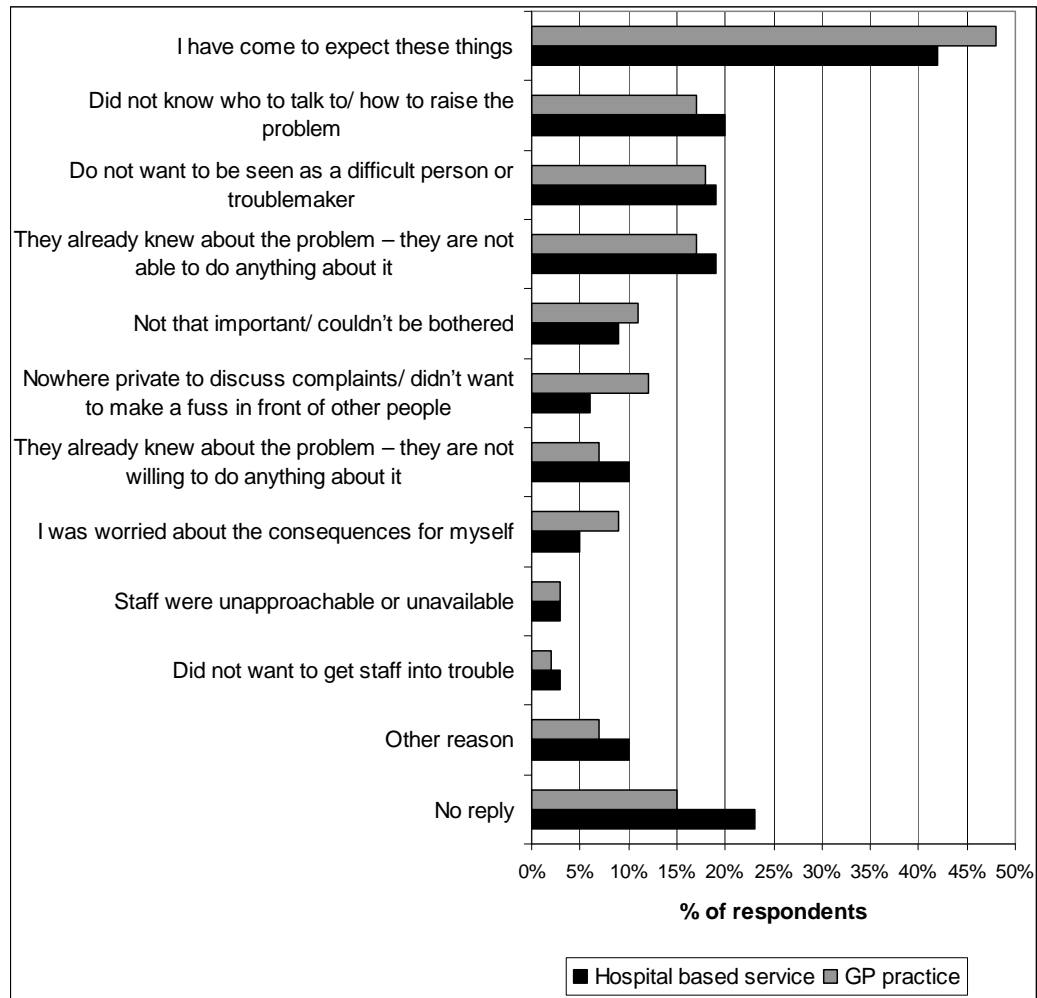
'I have come to expect these things'

This was cited by around 1 in 2 of those dissatisfied with GP services and by 2 in 5 in relation to hospital based services. Other common reasons each mentioned by around 1 in 5 in relation to both types of service include:

- not knowing who to talk to/how to raise the problem
- they already know about the problem – they are not able to do anything about it
- do not want to be seen as a difficult person or trouble maker.

- 3.32. The full list of reasons given are provided in the figure below. It should be noted that issues relating to staff – availability, approachability or fear of getting them into trouble – do not feature as significant barriers to complaining.

Figure 7: Why not speaking to someone about the problem?



Knowledge and understanding of how to complain

- 3.33. Respondents were finally asked about their knowledge and understanding of how to complain about health services.
- 3.34. Most did not consider themselves to have a clear idea about how to complain about their GP services – over 2 in 5 said that they would not know how to do so, and a further 1 in 4 were not entirely sure. Only 1 in 6 said unreservedly that they knew how to complain while a further 1 in 7 considered themselves to know a little about how to go about it. The complete results are shown below.

Table 2: Complaining about your GP?

	Number	%
I know how to complain to my GP	151	16
I know a little about how to complain to my GP	130	14
I think I would know how to make a complaint, but I'm not entirely sure	248	26
I wouldn't know how to complain about my GP	404	43
No reply	13	1
BASE	946	

- 3.35. When asked specifically who they would be most likely to speak to if they wanted to make a complaint, the largest group said they would speak to the Practice Manager (39%) followed by the GP him or herself (31%). Less than 1 in 10 considered it likely that they would speak to the receptionist or someone in the NHS outside the practice. (It should be noted that these responses were to a prompted list of answers and there may be an element of selecting what is thought to be the correct answer might be without knowing the specific role of the post involved e.g. in the case of 'practice manager'.)
- 3.36. Respondents felt that they were similarly unclear about how to complain about hospital based services. Around 2 in 5 said that they wouldn't know how to do so with a little over 1 in 4 saying they were not entirely sure. Only 1 in 7 said that they unreservedly knew how to complain and a further 1 in 7 said that they would know a little about how to do so. This profile is almost identical to that for GP services.

Table 3: Complaining about hospital based services?

	Number	%
I know how to complain to about hospital based services	146	15
I know a little about how to complain about hospital based services	132	14
I think I would know how to make a complaint, but I'm not entirely sure	251	27
I wouldn't know how to complain about hospital based services	401	42
No reply	16	2
BASE	946	

- 3.37. When asked who they were most likely to speak to about a problem relating to hospital based services, the most common choice was their own GP closely followed by the consultant, specialist or doctor treating them at the hospital – each mentioned by around 1 in 3. The next most common response was someone in the NHS outside the hospital treating them – mentioned by 1 in 6.

- 3.38. This suggests that GPs are possibly playing a role in 'gate keeping' complaints about hospital based services and that true levels of dissatisfaction (as recorded through formal complaints) are likely to be being under estimated. This is highly likely given that interview evidence with complaints officers and managers suggest that knowledge of the NHS Complaints Procedure among GPs is at best 'patchy'. The combination of these factors also suggests that many patients may not be being advised of their right to make a formal complaint and how to go about doing so.

Conclusions

- 3.39. The vast majority of respondents reported extremely positive experiences of GP and hospital based services expressing high levels of satisfaction – both overall and with key aspects of the service received.
- 3.40. Despite this a relatively high proportion reported experiencing some dissatisfaction with these services in the past 2 years; this related mainly to waiting times, delays and car parking but in the case of GPs also included staff attitude and behaviour, inconsistency in doctor seen and the information and advice given.
- 3.41. A minority of respondents who experience dissatisfaction report speaking to someone about the problem, and even fewer made a complaint. Only a tiny proportion mentioned being informed about the NHS Complaints Procedure when expressing dissatisfaction.
- 3.42. Key de-motivators to making a complaint are the expectation of poor service in some aspects, lack of knowledge and understanding of how to complain and the perception that the NHS is aware of the problems but are unable to resolve them.
- 3.43. Generally, most people felt unsure about how to complain about health services; among those who thought they knew many would approach their GP in the case of both GP and hospital based services.
- 3.44. Notwithstanding high levels of overall satisfaction expressed with GP and hospital based services there are a number of aspects of the service which are the cause of some dissatisfaction but which few complain about. This is particularly true in the case of GP services and it is likely that levels of dissatisfaction are more significant than suggested by the number making formal complaints.
- 3.45. There is also evidence of patient resignation to these poorer aspects of service while many do not know how to go about making a complaint. While these poorer aspects do not include the essential areas of diagnosis or medical treatment to any great degree they do include other service aspects which could ultimately impact on these and which are certainly likely to affect the overall NHS experience for the patient.

4. POTENTIAL BARRIERS TO COMPLAINING

- 4.1. This strand of the research sought to explore the perception that some people who are unhappy with NHS services do not complain. It focused particularly on researching the views of some potentially disadvantaged/ excluded groups who are more likely to encounter barriers to complaining or commenting about NHS services.
- 4.2. As noted in the introduction to this report the groups consulted through a mix of focus groups and face to face interviews in Dumfries and Galloway included:
- unemployed people
 - young people
 - young homeless people
 - older people
 - carers
 - those with poor mental health
 - those with substance misuse issues
 - black and minority ethnics (BMEs).
- 4.3. This consultation explored general experience and perceptions of using NHS services and their views on commenting and possibly complaining to the NHS. As a result a number of common areas of complaint and key barriers to complaining were identified. This section explores the issues arising for each population before examining the common themes.

Unemployed People

- 4.4. This group was accessed through a local resource centre in a priority regeneration area in Dumfries.
- 4.5. Views of GP services were a mix of good and bad among this group. Positives included quick access if absolutely necessary, familiarity and communication skills; negatives included normal appointment waiting times, brevity of consultations and staff attitude and behaviour (reception staff). Views on hospital based services were similarly mixed but again concerns about staff attitude and behaviour were expressed; this related mostly to showing 'respect' especially in the roles of parent or carer ('remember we are human' and 'don't be snooty').
- 4.6. A few had experienced problems relating to diagnosis including at A+E; both had unfortunate consequences. There was a strong feeling that they had never had an adequate explanation as to what happened and why this had occurred:

'You were told the same thing as I was....it's just the way it is'

4.7. Problems getting access to a dentist were common amongst this group; there was felt to be little choice available and some reported that the few services available were poor, not patient friendly and would charge for unnecessary work. However, **confusion about who to speak to** about problems and concerns about the lack of alternative dental services available was a significant barrier to making a complaint.

4.8. Several participants related problems relating to their children's care in hospital. Common themes here included the perception that they were being 'fobbed off' or 'blanked' when raising concerns. In addition, a few noted a reluctance to 'push' concerns or complaints for **fear of repercussions**, such as not being allowed to stay on the ward outwith visiting hours:

'You don't give up your parental responsibilities when they go into hospital, but still you have that hanging over your head. You're scared, it's distressing and you don't know what's going on'.

4.9. This group noted that there was scope for feelings to escalate in such situations where people are concerned and upset and that this often led to staff accusing them of being aggressive:

'Your hackles go up: 'you'll need to make a formal complaint' and you don't want to rock the boat'.

4.10. In addition the group noted an increasing proportion of 'foreign' doctors and nursing staff in the area and that this could cause communication difficulties. However there was a reluctance to comment on such problems to other NHS staff due to fears about being accused of racism:

'I said look can't you get someone else to come in and explain it; they thought I was being racist'

4.11. There was a **lack of awareness among this group about how to complain** and a tendency to see involvement of a solicitor or MP/MSP as one of the few avenues available and from evidence here this can produce positive results (or can be perceived to be as the critical intervention). The local People's Advocacy Service was thought to be poorly publicised.

Young People

4.12. This group was organised through a local Youth Forum and was held in the Oasis Youth Centre in Dumfries. The participants in the younger people's group had less first hand experience of health services than some of the other groups. However, they held a number of views about common problems experienced by young people in the NHS and the difficulties experienced in addressing these

4.13. Views were again mixed about local GP services with a perception that in terms of quality of service much depended on the individual GP. The 'good' included positive comments about good attitude and listening ability and to some extent trust; the 'bad' was about lecturing and intrusion (asking about things that they were not there to raise). Their experience was if you wanted to see the GP you liked or were familiar with this involved a longer wait.

- 4.14. Young people identified a need to be confrontational in order to challenge health professionals on a face to face basis about problems with the service; most young people were reluctant to do so and struggled with the idea of being confrontational without being 'nasty'. There was also the perception that hospital based services were low on resources and asking to speak to someone might lead to further delays for other patients resulting in a **fear or reluctance to complain**:

'It's like this poor doctor has been working for 14 hours and you're saying: 'well I'm not happy with this, this and this'; all these people having a go at them'.

'I don't' have the bollocks to complain'.

- 4.15. Lack of dental services in the rural area was a well known issue amongst the group and in fact one young person had tried to make an official complaint upon being removed from a waiting list for dental services. There was some **confusion in relation to who to speak to** about this problem, with many young people reporting that correspondence tended to say 'speak to your dentist' – since few had a dentist, this was not considered helpful.
- 4.16. Prescription charges were also a worry (although for most of the young people this problem was anticipated in the future rather than currently experienced). The group noted that some people had to pay and others did not, but were not sure of the details. They also noted a **lack of accessible information** about this and some mentioned posters and forms – the group stated that forms could be very off-putting and that posters were not always easy to spot. Again, young people were not sure who to speak to about this, particularly those who did not see a 'regular' or usual GP.
- 4.17. It is interesting to note that generally there was a reluctance among this group to complain on a face to face basis although there was an acceptance that this might be more likely to get a response. This has implications for the whole principle of informal early local resolution within the NHS and how this is handled. The group therefore suggested that a range of different methods for complaining be available, to suit the patient and the type of service and problem experienced, including phone, texts and emails. What was important to them was to get feedback, an apology and for the response to be specific to their individual comment or complaint and involve 'a personal touch'.

Young Homeless People

- 4.18. This group was accessed through a local housing association and involved groups of young people staying in homeless accommodation in both Dumfries and Stranraer.
- 4.19. Views of GP services among this group were generally negative. Criticisms again included issues around waiting times and being able to see your own doctor within a reasonable time frame. However critical to this group was the perception that GPs did not listen to them properly exacerbated by the brevity of appointments, although the extent to which this was true was acknowledged to vary by practice and individual GP.

- 4.20. Due to their homelessness many expressed **feeling judged and labelled** and spoke of GPs and reception staff 'talking down to them':

'It's a village mentality around here (referring to the towns); they all know from my address that I live in a homeless project and I feel that affects the way they treat me. I am put off by the reception staff knowing that I have an appointment and especially when they ask me what its about; half the time I don't bother going 'cos I can't face it. They always take me more seriously when I have my support worker with me.'

- 4.21. The particular difficulties associated with accessing services in rural areas were raised in relation to there being a lack of alternative services and **fears about lack of confidentiality**. There were particular sensitivities around confidentiality in relation to sexual health issues e.g. picking up free condoms or birth control prescriptions and this can act as a barrier to accessing such services. There was a call for 'drop in youth clinics' along the model of well woman clinics.

- 4.22. Dental services were again a focus of concern and reports of people being 'struck off' for missing appointments were reported often related to them changing address.

- 4.23. In relation to hospital based services, A+E staff were considered to be less judgmental than GPs although issues about accessibility, travel distances and costs were raised. This was particularly in relation to travelling from Stranraer to Dumfries:

'The hospital at Stranraer couldn't put on a cast and I had to get a bus to Dumfries. It's a two and a half hour trip each way and to get it free I have to prove I am unemployed but I didn't have proof on me at the time. It cost £5 return and I had to claim it back – it was all the money I had left.'

'I had just turned 16 and I wanted my mum to stay in the hospital but this was not allowed. She lives a good bit outside Stranraer and couldn't travel to Dumfries everyday.'

'If you choose to go to Dumfries you've got to think about getting back – the last bus is at 8pm.'

- 4.24. **Fear of repercussions** were also a worry amongst this group; many noted the lack of availability of alternative services and were concerned that a complaint could lead to awkwardness or a poorer service at a later date.

- 4.25. Generally, this group reported **feeling quite intimidated** by NHS staff; the formality of the setting and **formality of language** contributed to fears about being labelled and 'feeling stupid' and many young people considered this difficult to overcome:

'It would be easier if they would talk your own language.....'

Again communication difficulties arising from 'foreign' doctors were also reported.

- 4.26. No one at the group had experience of making a complaint although 1 in 2 felt that would have liked to mostly in relation to staff attitude and misdiagnosis. However the key barriers were that they **did not know how to go about it** and **fear of repercussions**. There was a call for clear signs, posters and leaflets at GPs and other health services but being able to complain without going through the surgery was important to them.
- 4.27. Potential motivations for making a complaint were to ensure it did not happen again/to others, to be taken seriously and to ensure that they were treated better without the attached stigma of being young and homeless.
- 4.28. If they were to complain there was a need for positive feedback about how services have been changed or improved as a result. A forum between health workers and young homeless people was suggested as long as this was informal e.g. in terms of clothes, language and surroundings.

Older People

- 4.29. This discussion group was set up with older people through the local Elderly Forum in Dumfries.
- 4.30. This group were generally positive about local health services, in particular GPs, including aspects such as appointment systems and waiting times once at the surgery.
- 4.31. Transport to health services was clearly an area of dissatisfaction among this group. Patient transport services were perceived to be undependable and inconsistently delivered:

'some of us get a taxi paid for us, others pay for it themselves while the rest of us depend on getting a lift or taking complicated journeys by public transport'

'they can be late or not arrive at all and of course this has a knock on effect on appointments which are cancelled and thne we have long periods waiting for another'

'when we have to go to Edinburgh or Glasgow hospitals due to serious illness they don't allow for spouses to go and this is very upsetting and leads to long time being apart in a time of crisis'

- 4.32. However notwithstanding the lobbying clout of the Elderly Forum it was considered very **difficult to identify who to speak to** about this issue. The participants typically reported **'being passed around'** by NHS staff when commenting or complaining about this issue being referred between GPs, hospital administration and the patient transport service:

'you say to the hospital when you get there and they say you have to speak to the patient transport service – they just tell you it's up to your GP to book it and the GP says it's booked when you make the appointment.'

Few of the older people had managed to complain about this, not least because of the difficulty involved in identifying who to speak to.

- 4.33. Hospital cleanliness was another area of concern and some had raised these concerns with nursing staff. An example was given where a member of nursing staff replied with 'what do you want us to do about it' saying that they had no influence. This older person was then encouraged to make a complaint because nursing staff advised that the poor service was a result of the cleaning contract being privatised i.e. awarded to a private contractor.
- 4.34. A good number of the group has recent experience of hospital based services where they were unhappy with aspects of the care/treatment provided although reported a **reluctance to complain** being **scared and apprehensive** to do so while the situation was ongoing. This main reasons for this was **not wanting to be seen as a troublemaker** was because of **fear of repercussions** in the future e.g. the possibility of receiving poorer service:

'I didn't want to rock the boat or be labelled as a 'real girner' or whinger.....'

Others felt that complaining was not their first priority – 'not on top of their mind' - at a time of serious illness.

- 4.35. The Forum had had recent experience of pursuing a formal complaint on behalf of a member who has since died but continued with it to make sure it did not happen again; the complaint was around the areas of personal and hospital cleanliness and treatment. This ultimately led to a meeting with the Director of Nursing where reassurances were given that 'lessons had been learned' and the Forum now meets with the Director regularly to feedback concerns.
- 4.36. The Forum now recommends older people to pursue individual complaints through the local People's Advocacy Service which has built up some considerable complaints experience in relation to both GP and hospital based services.

Carers

- 4.37. This group of carers was accessed through the Princess Royal Trust and met in the local carers centre in Dumfries. Participants had experience of supporting both partners and children and through a range of different illnesses/conditions. All had experience of GP, hospital as well as other health services.
- 4.38. The overall view of GP services was positive although there was the common criticism of appointment waiting times especially if you want to see your own GP. The main area of concern among this group was related to the attitude and behaviour of some GPs specifically in relation to their role as carers:
- 'I feel I have more knowledge of my son's illness than GPs.....I live and deal with it day in and day out....I know by his emotions or his behaviour whether there's something wrong or not and sometimes they just don't listen and talk down to me or do not take me seriously.....they do this rather than saying that they don't know or that they're not sure and they often make the wrong assumptions'.*
- 4.39. This group had more experience of hospital based services than any other and it was of these services that they were most critical. Areas of concern among older carers focused around medication, food, medical treatment and lack of/poor communication between different parts of the NHS and between consultants. In relation to the latter examples given focused on vital information about the illness/condition not being passed on and the lack of overview taken in cases of multiple /mixed needs when sent for specialist treatment.
- 4.40. Carers of children reported a more positive experience of hospital based services and felt that their role as parent was respected, although they did think that at times the most was not always made of their detailed knowledge of their children's illness/condition.
- 4.41. Overall most important was the perceived lack of respect and recognition of their role both in the life and health of the person cared for but also in terms of alleviating the burden on the NHS (essentially providing care for free...). This was often the subject of many complaints carers' raised at the group but it is also an apparent barrier to successfully making and progressing complaints.
- 4.42. Carers also raise a number of concerns about the **fear of repercussions** of complaining – primarily regarding the perception that in some cases complaining could make the 'problem situation' worse and lead to the deterioration or withdrawal of the care provided by the NHS.
- 4.43. However, in addition to this some members of the group expressed **fear of repercussions for staff** if they were to complain – these carers noted that many NHS staff are helpful and committed to their role, and reported feeling loyalty where this was the case.

- 4.44. Two participants in the group had experience of making and pursuing a formal complaint. The very real, practical issue of the **time required to pursue a complaint** was also considered a barrier; indeed one gave up due to lack of free time because of their commitments as a carer. The complaints process was considered too long to pursue what was a medical issue. The other went through the whole procedure and was eventually referred to the Ombudsman with a successful outcome after a 3 year process:

'When I asked to make a formal complaint the admin staff were thrown and did not know what to do.....but I was a social worker before becoming a full time carer and I knew how to go about it.....I did not get an apology, I feel I've been branded a troublemaker and the health authority now refuses to deal with me..... yet as a result of my complaint the assessment process has been changed.'

- 4.45. Many carers noted that, if they wished to pursue a formal complaint, the Carers' group would be a valuable source of support, information and advocacy. In terms of outcomes if they should make a formal complaint they would want to see:
- being taken seriously
 - acknowledgment that there was a problem
 - what changes arose from making the complaint
 - an apology
 - it not happening again – to them or to others.

Those with Poor Mental Health

- 4.46. This group was organised through the Stranraer branch of Dumfries and Galloway Mental Health Association (DGMHA) and consisted of people currently using the service of this organisation. It included some who had experienced stays in Crichton psychiatric unit.
- 4.47. The main concerns expressed in relation to GP services were again associated with appointment waiting times and being able to see your own /usual doctor. The latter was considered critically important as it takes time to build up trust and a reluctance/dread of having to explain medical histories and the root of their mental health issues especially when this is associated with previous trauma.
- 4.48. In relation to hospital and mental health services staff attitude and behaviour was a common area of concern with reports of feeling being 'talked down to', feeling intimidated, and consultants/psychiatrists not listening. Comparison was made with the supportive service received from DGMHA an important element of which was feeling that they were not being judged.
- 4.49. Participants articulated a considerable level of distrust in health and social care professionals and many described feeling intimidated when using health services, particularly on an inpatient basis, to the extent that many would never consider making complaints. No one in the group had sought to complain.

- 4.50. Moreover the group expressed an overwhelming feeling that '**complaining is pointless**'; this was largely due to the perception that professionals would 'stick together' and close ranks in the face of a complaint and that they would therefore not be listened to.
- 4.51. **Fears about making the situation worse or being unable to access services at all in future** as a result of complaining were also noted especially among those who had experience of being in Crichton psychiatric unit. Concerns were voiced about the potential for health professionals to misuse their powers under the Mental Health Act against complainants e.g. on patients that were admitted on a voluntary basis.
- 4.52. DGHMA was described as a valuable source of information, support and source of potential advocacy services in the event that someone should make a complaint.

Those with Substance Misuse Issues

- 4.53. The views and experiences of this population were captured through face to face interviews with alcohol and drug users through three different services – a voluntary drug support project in Dumfries, a voluntary drugs and alcohol support service in Castle Douglas and an NHS alcohol and drug rehabilitation and support service in Dumfries.
- 4.54. It should be noted that among this group there was an element of 'gratefulness' about the fact that they have access to NHS services given the nature of their addiction and also recognition that addicts can be known to verbally and physically abuse NHS staff.
- 4.55. Experience of GP services were very mixed with alcohol users being very positive about the quality of service and GPs being understanding about their alcohol dependency problems and resultant health problems. It is interesting to note that alcohol users tended to be an older age group than in the case of drug users.
- 4.56. Some drug addicts most of whom were younger and users or former users of heroin and were very critical. Being 'struck off' was a common complaint and subsequent difficulties getting re-registered. The attitude and behaviour of both GPs and reception staff was considered to be 'judgmental'. There was a feeling that GPs and their staff did not understand drug addiction nor the difficulties of trying to get clean and did not necessarily respect or value those who have tried or are trying. The latter was a view expressed by both drug users and their relatives.
- 4.57. There was some very positive views expressed about specialist services in hospitals and about drug and rehabilitation services. There were specific references to staff treating people with 'friendliness, respect and dignity' and recognition that some NHS staff treat their patients as 'human beings' and are 'not small minded'. However comments regarding psychiatric services and psychiatrists could be negative.

- 4.58. **Stigma** was noted as a considerable barrier for those with addiction problems – this group consistently described getting a second class service from the NHS and also noted a **lack of privacy** accorded to them when they attempted to complain or question – most were reluctant to challenge NHS staff in a public setting:

'I have wanted to challenge the staff – you go in and say I want to make a complaint and in front of everybody they say 'about what?' and you have to tell them in front of everyone'.

- 4.59. Many expressed the view that there was **no point in complaining** and that they **would not be taken seriously**. Indeed a number of drug related interviewees found the concept of anyone in their situation making a complaint quite a strange or amusing concept:

'I'm just another junkie to them and no one would ever take anything I complain about seriously.'

'What's the point – it's the addicts word against the professionals. As her sister I did try to complain about her treatment by staff and the things they said to her. The response was 'oh there's no way we would have said that'.

- 4.60. **Concern about the service deteriorating or being withdrawn** entirely as a result of complaining was perhaps the single most significant barrier for this group; the lack of drug and alcohol services in the area, particularly detox/methadone programme places, meant that service users were extremely reluctant to comment or complain.
- 4.61. In this way complaining was **seldom a priority** for those with addiction problems – rather, many considered that putting up with problems was a necessary trade off in order to access the services required.
- 4.62. Furthermore, this group also often had a **lack of trust** in relation to professionals and again held the assumption that no one would listen to their complaints.
- 4.63. Finally most said they **would not know how to** make a complaint and some thought it **very unimportant** in the context of their addiction.

BMEs

- 4.64. This population was accessed through the Dumfries and Galloway Multi Cultural Association; due to ethnic and language diversity interviews were conducted on a face to face basis. Interviewees were from a range of origins including South Africa, South East Asia, Turkey, Indian sub continent as well as the Chairman of the Association and interpreters for the Chinese and Bangladeshi communities.

- 4.65. Overall health services in the area were considered to be good but **language difficulties** were by far the biggest issue for this group. Almost all had found themselves in situations where they did not understand what NHS staff were telling them and most reported relying on family members and friends for help. Despite the availability of information in different languages most of those interviewed could not recall having seen any or how to access such information:

'If it's not obvious and people don't speak English how do you go about getting such information?'

- 4.66. Those working with BME communities felt that there was a lack of awareness among front line NHS staff about the difficulties associated with language barriers and the lack of awareness of the services and support that could be available e.g. interpreter help line. However interpreters recognised their own limitations and had real concerns about translating medical terms and fears of resultant misdiagnosis.
- 4.67. One black interviewee felt that NHS staff both in GP services and hospitals could be rather unfriendly and unapproachable and this made them feel unwelcome:

'When meeting someone why don't they smile and make eye contact – it symbolises acceptance and breaks the ice.'

- 4.68. All interviewees **did not know how to** make a complaint and many held the belief that there was **no point in complaining**; they raised a number of problems with the provision of service and behaviour and attitudes of staff but in some cases held the perception that they would 'get nowhere' with a complaint due to experiences of other BMEs.

Conclusions

Areas of dissatisfaction

- 4.69. In common with the survey of the general public in West Lothian, the two most common areas of dissatisfaction with GP services are waiting times for an appointment and not being able to see your usual GP, the two often related (i.e. waiting longer if you want to see a specific doctor). In addition the brevity of appointments was mentioned by many potentially excluded groups and this was sometimes linked to concerns about being listened to.
- 4.70. Staff attitude and behaviour was an important issue among those with poor mental health, drug users and young homeless people; these concerns focused on a feeling that they were being judged by GPs and in particular by reception staff; there was also perceptions that there was a lack of understanding and respect of the difficulties faced by addicts and those with mental health issues.

- 4.71. In relation to hospital based services concerns included communication and the lack of explanation given in times of crisis or emergency. Young homeless people and those with mental health issues felt that they were not listened to or taken seriously and sometimes treated with a lack of respect. This was also a sore issue for carers and unemployed parents who felt that the importance of their roles as carer/parent was often not recognised nor made the most of e.g. in terms of knowledge of the patient's condition and behaviour pattern.
- 4.72. Access to dentists, patient transport and transport to hospitals in Dumfries and out of the region are particular issues in Dumfries and Galloway.

Barriers to complaining

- 4.73. Many among these groups did not know how to complain and there was no real awareness of information available and little recall of seeing any publicity on how to do so.
- 4.74. The difficulties of knowing who to speak to or finding someone to speak to were commonly mentioned, both in terms of getting NHS staff to stop and listen but also finding someone willing to take ownership of the problem and seek to resolve it.
- 4.75. Many of the groups also felt intimidated or scared and apprehensive, making it difficult for them to complain. This in part related to the formality of setting and language, but perceptions of being judged or labelled by NHS staff also contributed to this. The lack of privacy and fears about confidentiality were also an area of concern to a lesser extent.
- 4.76. Fear of repercussions were another key theme amongst the participants – worries that complaining will make things worse, cause a service to be withdrawn (especially where few or no alternative available) or create problems in accessing the service in the future.
- 4.77. Finally and perhaps most dishearteningly was the common perception amongst some of these groups that there was simply no point in complaining. This was closely linked to the idea that NHS staff would 'stick together' and 'close ranks' ensuring that no one would listen to their complaints or concerns; others felt that they would not be taken seriously.

Other implications

- 4.78. Among these populations there can often be a reluctance to act as individual in making a complaint; there was a strong preference for using advocacy services to act on their behalf. There was also considerable support for group advocacy e.g. by specialist support organisations e.g. DGHMA, the Elderly Forum etc while there was currently no awareness of CAB having a role to play. This was in part due to the existence of the independent People's Advocacy Service in Dumfries and Galloway covering complaints about public services; the concept of an independent complaints centre was generally attractive. .

- 4.79. There was some resistance to using written letters and a call for a range of communication techniques to be used; language, literacy and learning abilities were factors here as well as a perception that 'written stuff takes a long time'. Linked to this was an expectation that a standard letter would be the likely NHS response suggesting a need to ensure that responses are personalised and provide constructive feedback. Young people prefer text and phone as a means of communication.
- 4.80. While complaints boxes were recognised to exist there was little confidence that anything is done in response to the comments or suggestions made or indeed that they are even read. Some felt there were confidentiality issues about placing a comment in these boxes and would prefer an anonymous phone line. There was support for responses to comments made being on display in surgeries/hospital waiting areas to boost confidence that complaining is worthwhile if patients experience unsatisfactory service, as proof that their comments are taken seriously and that services are continuously improved as a result.

5. MAKING A COMPLAINT TO THE NHS

Introduction

- 5.1. Complainants' views were explored by key surveys, covering those who complained to the NHS and those who escalated their complaint to the SPSO.
- 5.2. The first survey was of those who complained to the NHS in 2005/06 – the first full year of the new complaints procedure - and where local resolution was attempted. This focused on cases handled by two complaints sections in Dumfries and Galloway and West Lothian. In the former it covered complaints relating to all NHS services in the region including complaints made to the Health Board; in the latter it covered only complaints relating to St John's Hospital. This group is referred to as the 'NHS group' in this section.
- 5.3. The second survey was of all those who escalated their complaint to the SPSO and had their case dealt with in 2005/2006 i.e. only cases where SPSO involvement was complete. This group is referred to as the 'SPSO group'.
- 5.4. Postal surveys were followed by in-depth telephone interviews covering 45 cases (30 NHS group;15 SPSO group).
- 5.5. When considering the findings of this strand of the research there are a number of important factors to bear in mind:
 - These sample populations focus only on people who feel they have been let down by the NHS in many cases quite seriously; the cases relate to generally difficult experiences many with unhappy outcomes and where it is difficult for them to be positive about anything in relation to the initial experience leading to the complaint and the subsequent complaint process;
 - Some complainants are looking for the undeliverable from the complaints process e.g. financial compensation, staff to be 'struck off', quick changes to treatment etc;
 - The experiences of those whose problem is successfully resolved 'on the spot' or over the phone at a later time by the NHS complaints sections are not included in the sample – these 'early resolution' cases, which are likely to be more positive overall, are seldom/inconsistently recorded;
 - The 'NHS' group covers mostly complaints about acute services; complaints about primary services are for the most part not represented;
 - As in all complaints research a proportion of respondents felt that their case was not concluded despite it being recorded so by the NHS or the SPSO;

- The total response to the survey of SPSO complainants covers only a small sample; percentages are offered for purposes of comparison with the NHS group but the small sample base (67 respondents) should be borne in mind;
- Findings relating to timescales and responses are based on respondents' recall and not recorded case information; no information on the details of each case or the NHS response were examined/made available;
- No samples of NHS written responses were viewed (although these were requested) but examples of SPSO reports were examined.

Profile of Complainant Respondents

- 5.6. The tables below shows the gender, age, ethnic background and disability profile of respondents. At this point it should be noted that this information is not gathered systematically by NHS complaints sections and has only recently begun to be recorded by the SPSO.
- 5.7. It is therefore perhaps unsurprising that those involved in complaint handling interviewed tended to have no clear perspective on the profile of their complainants other than that they tended to be older.
- 5.8. Respondents were more likely to be female than male.
- 5.9. Respondents were most likely to be 35 or older, with both the NHS and SPSO groups featuring an overrepresentation of older age groups. No under 19s responded to the study and both the SPSO and complaints managers in both case study areas reported very low numbers of younger complainants.
- 5.10. The over-representation of the 60+ age group is likely to be largely due to this group's higher use of NHS services, particularly acute services which were the focus of the NHS complainants' sample.
- 5.11. Complainants were most likely to describe their ethnic background as 'white' with only minimal numbers of non white ethnic minorities responding; the proportion in the NHS group was below that found in the wider population (over 2% from non white backgrounds¹¹).
- 5.12. There was a relatively high incidence of reported disability amongst respondents. Almost 1 in 4 in the NHS group and well over 1 in 3 SPSO complainants reported having a disability compared to 1 in 5 of the general population¹². This is again likely to be due to a higher level of usage of NHS services amongst this group compared to the wider population. By far the most common type of disability mentioned was lack of mobility; in addition a number of respondents mentioned sensory impairment, epilepsy or mental health problems.

¹¹ The 2001 Census records 2.3% of the population from a non white ethnic background although this proportion is likely to have increased since then due to asylum seeker/refugee populations.

¹² The 2001 Census records 20.3% of the population with a long term limiting illness.

Table 4: Gender, age and ethnic background of respondents

	NHS group	SPSO group
Gender		
Male	37%	43%
Female	61%	55%
No response	2%	1%
Age		
Under 16	-	-
16-18	-	-
19-24	<1%	3%
25-34	14%	7%
35-59	49%	57%
60 and over	34%	31%
No response	2%	1%
Ethnic Background		
White	98%	94%
Asian, Asian Scottish or Asian British	-	1%
Black, Black Scottish or Black British	-	1%
Mixed	<1%	1%
No response	2%	1%
BASE		
	161	67

Table 5: Disability

	NHS group	SPSO group
Yes	24%	37%
No	72%	60%
No response	4%	3%
BASE		
	161	67

The Problem Experienced

- 5.13. Almost 2 in 3 complainants complained about a problem they themselves experienced, with around 1 in 3 complaining about a problem experienced by someone else. The proportions in both research groups were very similar as shown below.

Table 6: Whose experience complained about?

Complaint about...	NHS group	SPSO group
a problem you had?	65%	63%
a problem experienced by someone else?	33%	36%
No response	2%	1%
BASE	161	67

- 5.14. As might be expected due to the nature of the NHS sample the vast majority, almost 9 out of 10, complained about a hospital based service or clinic (88%). Amongst SPSO complainants this dropped to 3 in 4 (73%).
- 5.15. GP services were the next most common type of service complained about (1 in 4 NHS complainants and almost 1 in 3 SPSO complainants). The 'other' category accounting for over 1 in 10 complaints includes services such as physiotherapy, occupational therapy, dentists, opticians etc.
- 5.16. It is interesting to note that In a number of cases respondents had complained about more than one service¹³ therefore the table below is based on multiple responses.

Table 7: Type of service complained about

	NHS group	SPSO group
GP practice or clinic	26%	30%
Hospital based service or clinic	88%	73%
Other type of NHS service, eg dentist, optician, pharmacist	12%	16%
No response	1%	-
BASE	161	67

Note – based on multiple responses; figures do not sum to 100%

- 5.17. Complainants were asked about the type of problem they experienced which led them to complain. Respondents were asked to select 'all' problems experienced and were then asked to identify the 'single most important' problem. It should be noted that the majority of respondents cited more than one type of problem being complained about; this is in line with the perceptions of complaints staff interviewed.

¹³ This may have implications for those complaints handling sections that are focused only on particular services/specialisms and whether they are likely to address the needs of the complainant who, for example, wants to complain about their GP and a hospital based service relating to one incident; some NHS complaints literature viewed for this study does not address who to approach in such circumstances.

- 5.18. **Staff attitude and behaviour** was the most common problem overall, mentioned by over 1 in 2 in the NHS group (52%) and by almost 4 in 5 SPSO complainants (79%). This was also most commonly mentioned as the **single most important problem** amongst both groups.
- 5.19. Problems relating to the **information and advice provided** and the **medical treatment given** were next most commonly selected, along with **problems with communication**. However when it came to identifying the most important problems medical treatment given was considered to be more important second only to staff attitude and behaviour.
- 5.20. Among 1 in 4 of those in the NHS group complained about **waiting time once at the hospital** (or practice).
- 5.21. The tables below show both a summary and the full results of answers to questions around this subject area. It should be noted that the SPSO group were far more likely to report experiencing multi faceted problems including for example issues around confidentiality, appointment waiting times etc. This may well have influenced their decision to escalate their complaint.
- 5.22. Follow up interviewees noted that frequently initial problem related to information and advice or medical treatment but in fact the resulting problems with communication and, most significantly staff attitude and behaviour, contributed greatly to the decision to complain:

“I was to be tested overnight using a machine...first the nurse had gone home with the key to the cupboard and had to come in with her sick child...then nobody could work the machine...I kept on hearing the nurses talking about it all in the corridor. The consultant was very apologetic the next day; I heard him tell the nurses to discharge me but another 2 hours later I was still there, and the nurse had gone on a break”

“The procedure was really painful and they stopped half way through. I was sent back to the ward and no one told me why it had been stopped. They told me I would have to make another appointment to have it done”

‘After the operation one implant broke down and I was in a lot of pain. They set up another operation to replace it but that was cancelled. Then I went for another consultation, with a different surgeon. He said he would take out the implant but refused to replace it. He said the problem was my fault because I put on weight.’

Table 8: All Problem(s) complained about: Summary

Problem with...	NHS Group	SPSO Group
1 Staff attitude/behaviour	52%	79%
2 Communication	45%	57%
3 Info/advice provided	41%	60%
4 Medical treatment given	37%	61%
5 Waiting time/delays at practice/hospital	25%	(18%)

Table 9: Single most important problem complained about : Summary

NHS Group	SPSO Group
1 Staff attitude/behaviour	1 Staff attitude/behaviour
2 Medical treatment given	2 Medical treatment given
3 Communication	3 Communication
4 Waiting time/delays	-

Table 10: Problem(s) complained about: Full Results

Problem with...	NHS group		SPSO group	
	All	Single most important	All	Single most important
Staff attitude or behaviour	52%	25%	79%	28%
The information and advice provided	41%	6%	60%	4%
The medical treatment given	37%	16%	61%	21%
The quality or comfort of the practice/ premises	11%	<1%	15%	-
The cleanliness of the practice/ premises	9%	1%	19%	-
Keeping information confidential	7%	2%	22%	3%
Waiting time for an appointment	19%	6%	22%	3%
Waiting time/delays once at the practice/ hospital	25%	9%	18%	-
Not being able to see the same doctor/ consultant	11%	2%	13%	-
Communication	45%	13%	57%	7%
Other type of problem (please write in):	22%	14%	36%	16%
No response	4%	6%	1%	16%
BASE	161		67	

- 5.23. Others noted a number of smaller problems that led to an overall concern about the standard of care and treatment:

“Lots of little things, that when they added up, really concerned me...people were asking me the same thing time and time again, they called me the wrong name, they wanted to put me on a drip, and when I refused, they said it was a mistake and I didn’t need one after all, they would ask if I was okay; I’d say ‘no’ but they would just walk away anyway.”

“When I got in no one told me that the consultant was waiting for me – I was sitting waiting for him. I wasn’t on the normal ward, because my wound was septic. I understood that, but because of where I was, no one was overseeing my care. I didn’t see the same person twice. Then at my check up, I had to wait for 2½ hours, and the consultant didn’t even realise he was running late.”

Speaking to Someone about the Problem

- 5.24. In both surveys complainants were asked whether they spoke to anyone about the problem before making a formal complaint, and if so their experience of this was explored.
- 5.25. As shown below 1 in 5 in the NHS group (22%) and around 1 in 7 SPSO complainants (15%) did not mention their dissatisfaction to anyone.
- 5.26. Given that respondents mostly reported complaining about hospital based services, most reported speaking to someone at the hospital about their problem. This was significantly less the case amongst the SPSO complainants, in keeping with the higher proportion of this group who complained about a GP service. The figures suggest that those complaining about GP services within the NHS group were in most cases unlikely to have spoken to anyone at their own practice (26% complaining about GP services but only 8% speaking to anyone at their practice).

Table 11: Speaking to someone before making a formal complaint

	NHS group	SPSO group
Yes – someone at my GP practice	8%	31%
Yes – someone at the hospital	55%	39%
Yes – someone at the Health Board	7%	12%
Yes – someone else, eg dentist, optician, pharmacist	7%	3%
Not sure/ can’t remember	-	-
No spoke to no one	22%	15%
No response	1%	-
BASE	161	67

- 5.27. Where complainants (in both groups) had spoken to someone at their GP practice, this was usually their own GP. The follow up interviews suggest that some complainants who had experienced problems with hospital based services or other non-GP services found their GP to be a useful source of information and support for complaining.
- 5.28. GPs are the first point of contact for the NHS for many patients, and many will build up a trusting relationship, making them an obvious person to discuss dissatisfaction with and to complain to. The previous section of this report suggested that its is likely that GPs are playing a key role in gate keeping complaints in relation to complaints about hospital based services.

Table 12: Speaking to someone at the GP practice

	NHS group	SPSO group
Your own GP	6	13
Another GP or doctor at the practice	2	2
The practice nurse or another member of nursing staff at the practice	4	-
A receptionist or another member of the admin staff at the practice	1	4
Someone else at your GP practice (please write in):	-	1
No response	-	1
BASE	13	21

- 5.29. Where complainants spoke to someone at hospital about their problem this was most commonly to nursing or administrative staff. A comparatively small proportion spoke to the consultant treating them or another doctor or specialist.

Table 13: Speaking to someone at the hospital

	NHS group	SPSO group
The doctor or specialist treating you at the hospital	11	4
Another doctor or specialist at the hospital	6	3
A member of the nursing staff at the hospital	42	7
A receptionist or other member of the admin staff at the hospital	22	6
Someone else at the hospital (please write in):	6	6
No response	1	-
BASE	88	26

- 5.30. Complainants commonly reported that consultants and doctors were often difficult to get hold of. This was a particular issue for those respondents who were complaining on behalf of a relative, or those who had issues about non- or incorrect diagnosis:

“The next day my son was still in agony, so I took him back to A&E. This time I insisted that he see a doctor...they were making me feel silly, like an over-concerned parent”.

“She was passed around from one consultant to another, especially the gastroenterologist... he was always away off somewhere or on holiday”.

- 5.31. Where complainants had contacted someone at the Health Board, this was usually the complaints manager or investigator.

Table 14: Speaking to someone at the Health Board

	NHS group	SPSO group
The complaints manager or a complaints investigator	6	4
A receptionist or another member of the admin staff	2	-
Other	3	4
No response	-	-
BASE	11	8

- 5.32. Complainants were asked to gauge the extent to which they agreed or disagreed with a number of statements about the first person they spoke to about the problem they had experienced.
- 5.33. The response among the NHS group to this section of the questionnaire was lower than in others, with around 1 in 4 of this group failing to respond to statements. This low response may suggest difficulty remembering who was spoken to first or details of the exchange. The tables below show a summary and full details of the responses to statements.
- 5.34. Amongst those in the NHS group who did respond, experiences of speaking to someone about the problem are very mixed:
- Over 1 in 3 agreed that their problem was not taken seriously, with as many as 1 in 4 strongly agreeing this to be the case; on the other hand over 1 in 3 also disagreed that this was the case;
 - Over 1 in 3 agreed that it was easy to find someone to speak to, although almost as many disagreed;
 - Over 2 in 5 NHS complainants agreed that the person they spoke to wanted to help them with their problem, with just over 1 in 4 disagreeing;
 - Similarly, over 2 in 5 disagreed that they could not find anyone interested in sorting out their problem, compared with just under 1 in 4 who agreed with this statement;
 - 1 in 3 agreed that they received an apology while 1 in 4 did not;
 - Interestingly almost 2 in 5 were referred to someone else; and
 - 1 in 3 agreed that they were told how to make an official complaint (1 in 3 say they were not told) and roughly the same proportion agreed that they were encouraged to do so;
 - 1 in 5 felt that they were discouraged from making a fuss.

Table 15: Speaking to someone about the problem – NHS group perceptions of initial contact: Summary

Agree	Perception of initial contact	Disagree
+36%	Problem not taken seriously	-36%
+37%	Easy to find someone to speak to	-34%
+44%	Wanted to help me with my problem	-28%
+ 23%	Couldn't find anyone interested	-46%
+35%	Person apologised to me	-34%
+21%	Discouraged from making a fuss	-46%
+38%	Referred to someone else	-31%
+33%	Told how to make an official complaint	-35%
+31%	Encouraged to make a complaint	-35%

Table 16: Speaking to someone about the problem – NHS group perceptions of initial contact: Full Results

Perception	Agree strongly	Agree	Neither/ nor	Disagree	Disagree strongly	No response	Base
My problem wasn't taken seriously	26%	10%	9%	18%	18%	18%	125
It was easy to find someone to speak to about my problem	13%	24%	9%	17%	17%	21%	125
The person/ people I spoke to wanted to help me with my problem	20%	24%	17%	16%	12%	11%	125
I couldn't find anyone who was interested in sorting out my problem	15%	8%	7%	23%	21%	26%	125
The person/ people I spoke to apologised	17%	18%	14%	14%	20%	18%	125
I was discouraged from making a fuss	12%	9%	10%	27%	19%	22%	125
The person/ people I spoke to referred me to someone else	12%	26%	10%	17%	14%	22%	125
The person/ people I spoke to explained how to make an official complaint	15%	18%	15%	13%	22%	17%	125
I was encouraged to make a complaint	16%	15%	15%	10%	25%	19%	125

- 5.35. The overall picture presents some evidence of attempts by NHS staff to resolve problems without them becoming a formal complaint; people were twice more likely to say than not that:
- the first person they spoke to wanted to help them
 - they were interested in their concerns
 - they were not discouraged from making a fuss.
- 5.36. However in other respects the views of complainants are almost split down the middle suggesting that experience of first contact within the NHS is highly variable. While this pattern of experience may to some extent reflect the highly varied specifics of the individual cases involved e.g. the circumstances, the venue, the member of staff, the character of the complainant etc it also suggests an element of inconsistency across NHS services in handling such problems. Interview evidence from complainants suggest an element of 'pot luck' depending on who spoken to.
- 5.37. This inconsistency within the NHS is exemplified by the SPSO complainant which is not surprising given that they progressed to an escalation of their complaint; it can be assumed that this group will feel less satisfied about how their case was handled by the NHS. While again 1 in 4 did not respond to these statements those who did were much more likely to rate aspects of their first contact very poorly. Key points to note include:
- Almost 2 in 3 SPSO complainants agreed that their problem was not taken seriously, with as many as 1 in 2 agreeing strongly with this statement;
 - Over 2 in 5 disagreed that it was easy to find someone to speak to about their problem, with just 1 in 4 agreeing that this was the case;
 - Almost 1 in 2 respondents disagreed that the person they spoke to wanted to help them with their problem;
 - Over 2 in 5 agreed that they couldn't find anyone interested in sorting out their problem;
 - Almost 1 in 2 disagreed that the person they spoke to apologised to them;
 - Only 1 in 4 agreed that the person they spoke to explained how to make an official complaint, with almost 2 in 5 disagreeing
 - Over 2 in 5 felt that they were discouraged from making a fuss.

Table 17: Speaking to someone about the problem – SPSO group perceptions of initial contact

Agree	Perception of initial contact	Disagree
+64%	Problem not taken seriously	-20%
+26%	Easy to find someone to speak to	-42%
+23%	Wanted to help me with my problem	-47%
+ 43%	Couldn't find anyone interested	-20%
+17%	Person apologised to me	-48%
+44%	Discouraged from making a fuss	-18%
+30%	Referred to someone else	-42%
+26%	Told how to make an official complaint	-37%
+16%	Encouraged to make a complaint	-45%

Table 18: Speaking to someone about the problem – SPSO group perceptions of initial contact: full results

Perception	Agree strongly	Agree	Neither / nor	Disagree	Disagree strongly	No response	Base
My problem wasn't taken seriously	53%	11%	7%	11%	9%	11%	57
It was easy to find someone to speak to about my problem	12%	14%	14%	9%	33%	18%	57
The person/ people I spoke to wanted to help me with my problem	9%	14%	11%	12%	35%	19%	57
I couldn't find anyone who was interested in sorting out my problem	32%	11%	14%	9%	11%	25%	57
The person/ people I spoke to apologised	5%	12%	9%	9%	39%	26%	57
I was discouraged from making a fuss	32%	12%	18%	7%	11%	21%	57
The person/ people I spoke to referred me to someone else	12%	18%	7%	16%	26%	21%	57
The person/ people I spoke to explained how to make an official complaint	5%	21%	12%	9%	28%	25%	57
I was encouraged to make a complaint	7%	9%	14%	19%	26%	25%	57

- 5.38. Qualitative evidence from the follow up interviews helps shed some light on these findings. Few interviewees reported a positive response to their complaint at this stage, even where they were happy with the outcome of complaining overall. Some noted **difficulty in trying to find someone to speak to:**

‘I kept on asking the nurses about it all but they just implied that my mother was confused. I asked to speak to the senior nurse, but they just told me ‘she’s too busy to speak to you’.

- 5.39. In many cases interviewees commented negatively about **how comments or challenges were received:**

‘I told him there was no way he could go home, he didn’t want to go home, but the consultant said ‘It’s nothing to do with you, it’s between my patient and I’.

‘I was terrified, no one was listening.....no one took me seriously.’

‘The best way I can put it is that they paid lip service to me. They were never actually rude or cheeky, as such, but their manner was very offhand...it was all ‘they knew better’ and I was a neurotic mother.’

‘I tried to argue, because I was so worried, but he just said ‘she’s being discharged, if you’re not happy then complain’.

- 5.40. As noted in the introduction to this section in considering these findings it is important to remember that there are likely to be many more patients who successfully raise complaints and have them dealt with well at the first point of contact but these are not recorded or quantified. It must also be borne in mind that those who go on to make a formal complaint are more likely not to have had a ‘good reception’ at this early stage.

Making a Formal Complaint

- 5.41. As illustrated in the table below a significant proportion of both complainant groups decided to make a complaint before speaking to anyone in the NHS. This suggests a core group - a substantial minority – who may always have complained regardless of how their initial approach was received. This was the case for the largest proportion of the NHS group – almost 2 in 5 – and a little under 1 in 3 of SPSO complainants
- 5.42. The SPSO group were most likely to decide to complain after unsuccessfully attempting to sort the problem out with someone from the NHS accounting for 3 in 5 cases.

Table 19: The point at which a formal complaint was made

	NHS group	SPSO group
At the time or just after the problem occurred, before speaking to anyone in the NHS	38%	30%
After speaking to someone in the NHS to try to sort out the problem without success, I decided to complain	33%	60%
When I was advised by the person/ people I spoke to about the problem to make a formal complaint	19%	13%
When someone else advised me to make a formal complaint	11%	21%
I did not realise for some time I was making a formal complaint	7%	4%
Other (please write in):	18%	16%
No response	2%	3%
BASE	161	67

Note – based on multiple responses; figures do not sum to 100%

5.43. Around 1 in 5 SPSO complainants and 1 in 10 of the NHS group reported being advised to complain by the person they spoke to. The former is understandable (being advised by the NHS what they can do next). However the latter is likely to be GPs, medical and nursing staff advising people to go ahead and make a complaint.

5.44. There was some qualitative evidence from follow up interviews with complainants which suggest that in some instances staff can actively encourage patients to complain in order to flag up service problems to those higher up the organisation:

“The nurses were really apologetic. They said it had been the same ever since the reshuffle. They said I ought to complain and that they wished everyone would complain about it.”

‘ There was no food on the menu appropriate given my mother’s condition. The matron said I should complain about it.’

“I complained to the person in charge on the day. She must have passed my comments on, because I was told that there had been several complaints about that same nurse.”

“When I went in for an appointment the next week I was chatting to the nurse about all the problems I had. She said that it was happening a lot, and I should write in to the hospital about it.”

“My GP was absolutely flabbergasted, and she told me to write a letter of complaint. She gave me all the information.’

5.45. There was also some more concerning evidence of staff using the complaints procedure as an opportunity to avoid dealing with the problem - *“If you don’t like it you’ll have to complain.....”* - thereby losing a valuable opportunity to resolve the situation on the spot.

- 5.46. When it came to finding out about how to complain, a significant proportion claimed to already know how to do so – this was the case for around 1 in 4 of the NHS group and over 1 in 5 SPSO complainants.
- 5.47. Qualitative evidence raises questions about complainants' assertions that they 'know how to complain'; in many cases interviewees claiming this actually wrote to a Chief Executive or hospital manager, or someone else within the Health Board. However, most used these routes successfully and their complaints were responded to.
- 5.48. There was a relatively high incidence of reports of receiving information on how to complain from NHS sources, particularly amongst the SPSO complainants group. Friends and family are also reported as an information source in a small but significant number of cases. It is also interesting that the SPSO group were more likely to find out from sources on the internet while this was rarely a source for the NHS group.

Table 20: Sources of information on complaining

	NHS group	SPSO group
Someone at the GP practice/ hospital/ clinic told me how to complain	20%	19%
Someone at the Health Board told me how to complain	11%	13%
From an NHS information pack explaining how to complain	11%	25%
From a leaflet explaining how to complain	9%	24%
An advice service explained how to complain (e.g. Citizens' Advice)	2%	12%
From a solicitor	2%	7%
From the internet	4%	15%
From family/ friends/ colleagues	12%	10%
I already knew how to complain	26%	22%
Not sure/ can't remember	5%	4%
Other (please write in)	15%	-
No response	2%	1%
BASE	161	67

- 5.49. When asked about whether they received any help with making a complaint, the majority of complainants in the NHS group (74%) and around half the SPSO complainants (51%) said they did not.
- 5.50. Where respondents had accessed help this tended to be most commonly from family or friends (around 1 in 10 in the NHS group and 1 in 5 SPSO complainants).

Table 21: Help with making a complaint

		NHS group	SPSO group
Yes...	help from someone from my GP practice or the NHS	2%	7%
	help from an advice service (e.g. Citizens' Advice)	1%	7%
	help from a solicitor	2%	4%
	help from family, friends or colleagues	9%	22%
	help from an MSP, MP or Councillor	2%	3%
	help from someone else (please write in):	5%	6%
No		74%	51%
Not sure/ can't remember		-	3%
No response		5%	3%
Base		161	67

Note – based on multiple responses; figures do not sum to 100%

- 5.51. Qualitative evidence from interviews with complainants suggested that they fell into distinct groups. First of all, many were 'confident' complainers who, even where they were not sure how to complain, were quick to do so using methods that struck them as 'obvious' but not in accordance with the procedure. This included some complainants who complained directly to their MP, MSP or indeed the First Minister as well as senior staff in the health service; these routes are perceived to be very effective:

"I wasn't aware of the formal procedure, but I probably wouldn't have used it anyway. I decided to write straight to Jack McConnell. I had an appointment a week later."

"I'm a fairly articulate person. If I had been totally...you know, sitting back and doing nothing, it might have been different. You feel you'll be labelled a 'difficult patient'...I had no concerns about that."

"I knew someone senior in the admin department. I just wrote to him and told him all about it. He passed it to the complaints section."

- 5.52. Others were less confident about complaining but felt strongly about the problem they experienced and made an effort to complain. This group often accessed help from family and friends:

"The nurse explained what had happened at the time, she was very helpful about it and I'm sure she was right...but still I had been very worried about it. Then my wife spoke to a colleague at the health board and they suggested I write in to the nursing director."

- 5.53. Finally, a smaller but significant group of interviewees experienced considerable difficulty in complaining. This group had in some cases accessed support, such as local health councils in the past, advocacy and (often as a last resort) MPs.

"I was getting help from social work at one point, and then from a local advocacy service."

- 5.54. In Dumfries and Galloway use was made of the local People's Advocacy Service which specialises in dealing with public services including the NHS while in West Lothian there was more of a tendency to involve MPs, MSPs and local councillors. There was little evidence in either area of involvement of local CABx in this role (although the research relates to a period prior to any formalisation of this role).
- 5.55. Respondents were asked about their views on the information and advice provided about how to complain and their responses to statements are shown in the set of tables below which cover both complainant groups. Among the NHS complainants group between 1 in 4 and 1 in 3 did not respond to these questions; a further 1 in 10 or more could not remember or felt that the questions did not apply to them.
- 5.56. Where complainants in the NHS group did comment on the advice and information provided, they tended to be either satisfied or did not feel strongly one way or the other (neither satisfied nor dissatisfied). Satisfaction was lowest in relation to the information provided about what to do if dissatisfied with the outcome of the complaint.
- 5.57. There was a different picture amongst the SPSO group in relation to information and advice on complaining. The overall response was higher with few not responding.
- 5.58. In relation to information about the NHS complaints procedure and information on what to do if dissatisfied with the outcome, complainants in the SPSO group were very mixed with similar proportions being satisfied and dissatisfied (roughly 1 in 3 in each case).
- 5.59. In relation to information about who to complain to, the largest proportion were satisfied (2 in 5) although a significant proportion, over 1 in 3, were dissatisfied.
- 5.60. In relation to advice on making a complaint, 2 in 5 were dissatisfied with just under 1 in 5 being satisfied and roughly the same proportion selecting 'neither/ nor'.
- 5.61. This profile of response again suggests a lack of consistency about the provision of standard information on how to complain. This was further evidenced in interviews with the many complainants not recalling ever seeing an NHS information leaflet especially in the NHS group. Interviewees reported often finding out about how to complain from a main switchboard or another NHS department, and therefore made their complaint without any guidance from, or contact with, the complaints section.

Table 22: Satisfaction with information and advice on complaining – NHS group

	Very satisfied	Satisfied	Neither/ nor	Dis-satisfied	Very dissatisfied	Does not apply/ can't remember	No response	Base
Info about the NHS Complaints Procedure	9%	27%	14%	5%	7%	12%	25%	161
Info about who to complain to	9%	26%	13%	3%	5%	11%	32%	161
Advice on making your complaint	6%	17%	17%	6%	6%	16%	32%	161
Info about what to do if dissatisfied with the outcome of your complaint	4%	14%	22%	6%	11%	14%	29%	161

Table 23: Satisfaction with information and advice on complaining – SPSO group

	Very satisfied	Satisfied	Neither / nor	Dis-satisfied	Very dissatisfied	Does not apply/ can't remember	No response	Base
Info about the NHS Complaints Procedure	1%	33%	15%	9%	27%	7%	7%	67
Info about who to complain to	4%	39%	7%	12%	24%	1%	12%	67
Advice on making your complaint	3%	15%	19%	13%	27%	4%	18%	67
Info about what to do if dissatisfied with the outcome of your complaint	6%	25%	19%	10%	24%	3%	12%	67

Motivations for complaining

- 5.62. The questionnaire asked respondents to identify what they hoped to achieve by making a complaint to the NHS by selecting from a number of categories. Again multiple responses were common suggesting that for the majority of complainants a good number of motivations are at play. The following set of tables present both a summary of the results as well as the full results of answers to questions on this subject area.

- 5.63. Amongst NHS group, the most common motivations among the majority of complainants were **to ensure the same thing doesn't happen again** and **to improve service for others in the future**. Many were also keen that **an investigation into the problem took place**. A similar pattern applied in relation to the single most important reason for complaining with these motivations ranking 1 to 3 respectively. A substantial minority wanted to receive an apology and for the NHS to admit that they were wrong or had made a mistake. .
- 5.64. Amongst the SPSO group there was a slightly different picture. The most significant stated motivation for complaining was **to have an investigation take place** and **to find out what happened and why**. This was followed by **ensuring the same thing did not happen again** and then by a desire **to improve service for others in the future**. As the single most important reason for complaining, this group were most likely to cite investigation of the problem, followed by receiving an apology and, closely after, making sure same thing did not happen again ranked 1 to 3 respectively.

Table 24: All motivations for complaining: Summary

Motivation	NHS Group	SPSO Group
To make sure the same thing did not happen again	83%	70%
Improve the service for others	78%	67%
For an investigation to take place	56%	75%
To receive an apology	43%	57%
For NHS to admit they were wrong/ made a mistake	32%	58%

Table 25: Single most important motivation for complaining: Summary

NHS Group	SPSO Group
1 To make sure the same thing did not happen again	1 For an investigation to take place
2 To improve the service for others in future	2 To receive an apology
3 For an investigation to take place	3 To make sure the same thing did not happen again

Table 26: Motivations for complaining: Full Results

Motivation	NHS group		SPSO group	
	All	Single most important	All	Single most important
To receive an apology	43%	5%	57%	10%
To make sure the same thing did not happen again	83%	28%	70%	9%
For the person/ people I complained about to be disciplined	27%	7%	40%	7%
For an investigation to take place, to find out exactly what happened and why	56%	9%	75%	25%
For the medical staff I complained about to be struck off	4%	<1%	24%	3%
For the NHS to admit they were wrong or had made a mistake	32%	3%	58%	4%
Financial compensation	7%	1%	19%	3%
Closure – to be able to move on from the incident	22%	-	27%	3%
To improve the service for others in the future	78%	19%	67%	4%
Other (please write in):	19%	10%	22%	13%
No response	2%	17%	1%	16%
BASE	161		67	

- 5.65. Interviews with complainants offered real insight into what complainants were looking for when they made a complaint. Most described a wish to bring their problem to the attention of the NHS and ensure that it did not go unnoticed:

“I had no great expectations...I wasn't looking for compensation or anything like that. I just wanted it noted.”

- 5.66. Closely linked to this was a desire to have the problem ‘looked into’ – to establish why the problem occurred and who, if anyone, was responsible. Interviewees emphasised the need for the NHS to acknowledge any wrong doing or mistakes here:

“I wanted to know how two different A&E departments could come up with two different diagnoses and both be wrong.”

“I wanted to know why the doctor thought it would be okay to do the procedure using local anaesthetic, without doing an examination, when my GP with 20 years' experience said I would need a general anaesthetic.”

- 5.67. In addition there was some expectation that staff involved in causing or creating the situation would be 'spoken to' or reprimanded, with some complainants expressing hope that staff would undergo more, better training and consider their actions in the future:

"I assumed the podiatrist would be chastised and that I would receive an apology."

"I hoped to get an apology...I was suicidal at the time...I wanted to know that the particular doctor in question was going to get some training in identifying and treating mental health problems."

- 5.68. A common underlying motivation was to prevent the problem arising again in the future:

"I just didn't want anyone else to go through that pain."

- 5.69. For a smaller group, whose complaint related to diagnosis or treatment, there was hope that the complaint would help break down an impasse in their care in this particular case the NHS response leading to an unintended formal complaint being made :

"After repeated visits I ended up crying hysterically on the phone to the admin person and I eventually wrote this very desperate letter to the consultant. I got this response back saying 'we will respond to your complaint within however many days'. I wasn't really looking to complain, I was looking for a resolution."

Waiting for a Response

- 5.70. The majority of respondents – over 3 in 5 of both groups – report that they were not contacted for any further information after making a formal complaint. This is despite evidence that many did not know how to go about making a complaint nor had they received published information and advice¹⁴. Interviews with complaints staff suggest that there can be a reluctance to lift the phone to complainants and a desire to keep things strictly in writing.

Table 27: Contacted for further information after making formal complaint to the NHS?

	NHS group	SPSO group
Yes	29%	24%
No	62%	64%
Not sure/ can't remember	7%	9%
No response	2%	3%
BASE	161	67

¹⁴ Interviews with complaints staff suggest there can be a reluctance to lift the phone to complainants and to keep everything strictly in writing to ensure that every exchange is recorded.

- 5.71. Analysis of survey results indicated that those within the NHS group of complainants who were contacted for further information were considerably more likely to be satisfied with how the NHS handled their complaint overall – 2 in 5 of those who were contacted for further information were satisfied, compared with under 1 in 4 of those who were not. This group were also considerably less likely to be ‘very dissatisfied’ – just 1 in 7 compared to almost 1 in 3 of those who were not contacted.
- 5.72. In contrast and while numbers were small, the same analysis of the SPSO complainants group indicated that those who were contacted by the NHS for further information were not more likely to be satisfied than those who were not. However, those who were contacted were less likely to be ‘very dissatisfied’.
- 5.73. Respondents were asked to respond to a number of statements about the period between making a complaint and receiving a response from the NHS, stating the extent to which they agreed or disagreed with each statement. Between 1 in 5 and 1 in 4 within the NHS group chose not to answer. It must be borne in mind when considering the following results that answers given are based on the perceptions and recall of respondents and may not accord with case records.
- 5.74. Perceptions of this stage of the complaints procedure among this group were again very mixed:
- 1 in 3 agreed that the NHS kept them up to date on the progress of their complaint (34%) but the same proportion disagreed (34%);
 - Respondents tended to agree (around 1 in 5, 22%) or neither agree nor disagree (1 in 5, 20%) that it was difficult to get hold of the person investigating their complaint – 1 in 7 disagreed that this was the case;
 - Views were also mixed in relation to the assertion that there was an unexplained delay – a little over 1 in 5 agreed (23%) with roughly the same proportion disagreeing (22%);
 - Less than 1 in 10 felt that it was easy to find out what was happening with their complaint;
 - 3 in 10 agreed that they understood what was happening with their complaint (30%) but 1 in 4 disagreed that this was the case (26%);
 - Over 1 in 3 respondents disagreed that they never knew who was dealing with their complaint (36%) with around 1 in 5 agreeing (22%);
 - Finally there were again mixed responses to the assertion ‘I was confident that my complaint was being dealt with’ – almost 1 in 3 agreed (30%) but a similar proportion disagreed (29%).

Table 28: Waiting for a response NHS group: Summary

Agree		Disagree
+34%	NHS kept me updated	-34%
+22%	Difficult to get hold of person investigating	-14%
+33%	Unexplained delay	-22%
+ 8%	Easy to find out what was happening	-31%
+30%	Understood what was happening	-26%
+22%	Never knew who was dealing with it	-36%
+30%	Confident it was being dealt with	-29%

Table 29: Waiting for a response NHS group: Full Results

	Agree strongly	Agree	Neither/ nor	Disagree	Disagree strongly	Does not apply/ can't remember	No response	Base
The NHS kept me updated on the progress of my complaint	7%	27%	9%	15%	19%	4%	19%	161
It was difficult to get hold of the person investigating my complaint	10%	12%	20%	7%	7%	17%	27%	161
There was an unexplained delay	12%	11%	15%	16%	6%	11%	29%	161
It was easy to find out what was happening with my complaint	4%	4%	20%	20%	11%	12%	28%	161
I understood what was happening	7%	23%	15%	16%	10%	6%	24%	161
I never knew who was dealing with my complaint	8%	14%	10%	26%	10%	7%	24%	161
I was confident that my complaint was being dealt with	10%	20%	16%	15%	14%	4%	21%	161

5.75. Among the SPSO group there was a higher response to these statements, although the response rate was still low in comparison to other questions; between 1 in 10 and 1 in 5 did not respond. In common with other aspects of the survey results this group's responses were less split and are on the whole more negative than those of the NHS group:

- Twice the number – almost 1 in 2 (47%) - disagreed that they were kept updated about the progress of their complaint than agreed (just 1 in 4, 24%);
- Responses were split with regard to ease of getting hold of the person investigating the complaint – around 1 in 4 (27%) agreed that it was difficult with a similar proportion (29%) disagreeing that this was the case; however among those who found it difficult they felt this very strongly;
- Many more respondents agreed that there was an unexplained delay (48%) than not - with only around 1 in 4 disagreeing (24%);
- Respondents also tended to disagree that it was easy to find out what was happening with their complaint – over 2 in 5 (45%) compared with just 1 in 10 saying that it was easy (13%);
- Over 1 in 3 respondents disagreed that they understood what was happening with their complaint (36%) while 1 in 4 agreed (24%);
- Almost 2 in 5 respondents agreed that they never knew who was dealing with their complaint (37%) compared with under 1 in 4 who disagreed (23%); and
- The majority were likely to disagree with the assertion 'I was confident that my complaint was being dealt with' – almost 3 in 5 disagreed (57%) compared to just 1 in 7 (14%) who agreed.

Table 30: Waiting for a response SPSO group: Summary

Agree		Disagree
+24%	NHS kept me updated	-47%
+27%	Difficult to get hold of person investigating	-29%
+48%	Unexplained delay	-24%
+ 13%	Easy to find out what was happening	-45%
+24%	Understood what was happening	-36%
+37%	Never knew who was dealing with it	-33%
+14%	Confident it was being dealt with	-57%

Table 31: Waiting for a response SPSO group: Full Results

	Agree strongly	Agree	Neither / nor	Disagree	Disagree strongly	Does not apply/ can't remember	No response	Base
The NHS kept me updated on the progress of my complaint	3%	21%	15%	13%	34%	-	13%	67
It was difficult to get hold of the person investigating my complaint	24%	3%	22%	22%	7%	6%	15%	67
There was an unexplained delay	36%	12%	13%	15%	9%	-	15%	67
It was easy to find out what was happening with my complaint	3%	10%	24%	15%	30%	-	18%	67
I understood what was happening	7%	18%	18%	15%	21%	1%	19%	67
I never knew who was dealing with my complaint	21%	16%	15%	24%	9%	1%	13%	67
I was confident that my complaint was being dealt with	1%	13%	13%	18%	39%	-	15%	67

- 5.76. Both groups of complainants were asked about the expected and actual timescales for receiving a response to their complaint from the NHS. Again it needs to be remembered that the following findings are based on complainants' perceptions and recall; the results are shown in the table below.

Table 32: Expected and actual timescale for receiving NHS response

	NHS group		SPSO group	
	Expected	Actual	Expected	Actual
Less than 1 month	63%	28%	58%	22%
1-2 months	16%	34%	25%	19%
3-6 months	5%	12%	1%	18%
7 months and over	1%	5%	-	16%
Not sure/ can't remember	7%	12%	6%	9%
No response	7%	9%	9%	15%
BASE	161		67	

- 5.77. Respondents had high expectations at this stage, and rightly so, since NHS procedures aim for a response within 20 working days – essentially a month – and many will have received an initial response telling them this. These higher expectations result in all the more disappointment where timescales are not met.
- 5.78. Over 3 in 5 of complainants in the NHS group expected a response in under a month. This timescale was reportedly achieved in only around 3 in 10 cases (28%), although only around 1 in 6 reported waiting over 3 months. Over 50% in both the NHS and SPSO groups report waiting more than 1 month. It should be noted that these figures are contrary to published data which report that nationally in 2005/06 62% of all hospital and community health services complaints to the NHS were dealt within 20 working days; 81% in West Lothian and 52% in Dumfries and Galloway.¹⁵
- 5.79. Reported timescales among the SPSO group were even longer. A little under 3 in 5 expected a response in 1 month but only around 1 in 5 actually received a response in this time. This group were considerably more likely to report long waits, with around 1 in 3 reporting waiting 3 months or longer with around 1 in 6 reporting a wait of 7 months or longer.
- 5.80. The discrepancy between published statistics and research findings could be related to a number of factors including recording practices, differing perceptions as to when a complaint becomes official, the consideration of public holidays in timescales by the NHS, complainant recall etc. No matter the reasons, the perception is that the NHS are failing their own set targets and that these are currently contributing to considerable dissatisfaction and towards escalation to the SPSO.

¹⁵ Statistical Publication Notice, 28th November 2006, Scottish Health Statistics
@www.isdscotland.org/isd/4492.html

- 5.81. Qualitative evidence, including written notes from complainants submitted with their survey responses and interviews with them, suggests that in some cases those in the SPSO group received no response from the NHS at all or only received a response once the SPSO came involved. Failure to meet timescales, particularly where delays are not explained, are likely to be a key factor in such cases escalating to the Ombudsman:

“After 6 weeks, when I still didn’t have a reply, I decided to write to the SPSO – I’d found out about them on the internet. They wrote back and asked whether I would wait for a response from NHS24. Within a week I got a reply.”

- 5.82. While it is difficult to draw concrete conclusions from complainant-reported timescales, the overall picture in relation to timescales is negative particularly given the 20 day deadline the complaints procedure sets. Failure to deliver to timescale promises is likely to contribute to overall disappointment or ‘lack of faith’ in the service:

“There was an unexplained delay...I can’t remember how long, but I heard nothing for some time. I’ve complained about public service stuff before and I half expected I wouldn’t hear a thing back.”

“After I’d sent this desperate letter and got the initial response back, I didn’t hear a thing for 3 months. I felt totally abandoned.”

“I haven’t heard a thing since and I don’t expect to – it was 6 months ago now. My husband refused to go back so now we have a private chiroprapist.”

“Their initial response told me all about the guidelines for complaining – from then on in, each letter they sent was often 2 or 3 weeks beyond their own guideline timescales.”

The NHS Response

- 5.83. Respondents were asked about the extent to which they agreed or disagreed with a number of statements about the NHS response to their complaint. Complainants in the NHS group gave relatively mixed responses to these statements; the results are shown in summary and in full in the tables that follow:

- 1 in 2 respondents agreed with the statement ‘the NHS understood the main points of my complaint’ (50%), with a little over 1 in 4 disagreeing that this was the case (26%);
- 2 in 5 agreed that ‘it was not clear whether action would be taken to sort out my complaint’ (40%) – almost 3 in 10 disagreed with this statement (29%);
- 2 in 5 agreed that ‘the NHS apologised to me’ (42%) – a little over 1 in 4 disagreed that they received an apology (27%);

Table 33: The NHS response NHS group: Summary

Agree		Disagree
+50%	Understood main points of my complaint	-26%
+40%	Not clear whether any action would be taken to sort it out	-29%
+32%	Apologised	-27%
+ 36%	Did not respond to every aspect	-30%
+32%	Said they would take action to resolve it	-28%
+18%	Not clear or easy to understand	-37%
+19%	Explained how they reached a decision	-25%

Table 34: The NHS response NHS group: Full Results

	Agree strongly	Agree	Neither/nor	Disagree	Disagree strongly	No response	Base
The NHS understood the main points of my complaint	18%	32%	8%	12%	14%	16%	161
It was not clear whether any action would be taken to sort out my complaint	16%	24%	14%	22%	7%	17%	161
The NHS apologised to me	12%	30%	12%	11%	16%	20%	161
The NHS did not respond to every aspect of my complaint	19%	17%	14%	23%	7%	19%	161
The NHS said they would take action to resolve my complaint	4%	28%	19%	14%	14%	20%	161
The response to my complaint was not clear or easy to understand	8%	10%	22%	28%	9%	22%	161
The response explained how the NHS had reached a decision about my complaint	2%	17%	24%	21%	14%	22%	161

- Responses were split in relation to the statement that ‘the NHS did not respond to every aspect of my complaint’. Over 1 in 3 agreed with this statement (36%) with almost 1 in 3 disagreeing (30%);
- Responses were also split in relation to the assertion that ‘the NHS said they would take action to resolve my complaint’ – almost 1 in 3 agreed that this was the case (32%) with slightly fewer disagreeing (28%). A further 1 in 5 (18%) neither agreed nor disagreed with the statement.
- A little under 2 in 5 NHS complainants disagreed that ‘the response to my complaint was not clear or easy to understand’ (37%). Fewer than 1 in 5 agreed with this statement (18%) with over 1 in 5 neither agreeing nor disagreeing (22%);
- NHS complainants also tended to disagree with the statement that ‘the response explained how the NHS had reached a decision about my complaint’. Over 1 in 3 disagreed (35%) compared with just 19% who agreed. Around 1 in 4 neither agreed nor disagreed (24%).

5.84. SPSO complainants again report more negative experiences:

- Almost half disagreed that the NHS understood the main points of their complaint (49%) with just under 1 in 3 agreeing (31%);
- The majority of SPSO complainants, over 3 in 4, agreed that it was unclear whether the NHS would be taking action to sort out their complaint (76%) – just 10% disagreed with this;
- Almost 3 in 5 disagreed that they received an apology (56%), with just 13% agreeing that they did so;
- The majority, 7 in 10, agreed that the NHS did not respond to every aspect of their complaint with (70%) with only 1 in 7 (14%) disagreeing;
- 3 in 5 SPSO complainants disagreed that the NHS said they would take action to resolve the complaint (60%) - again only a small proportion agreed that this was the case (12%);
- Over 2 in 5 agreed that the NHS response was not clear or easy to understand (42%), with around 1 in 5 disagreeing (22%); and
- Over 2 in 5 SPSO complainants disagreed that the response they received explained how the NHS had reached a decision about their complaint (44%). Almost 1 in 4 neither agreed nor disagreed (24%) and just 1 in 6 (17%) agreed.

Table 35: The NHS response SPSO group: Summary

Agree		Disagree
+31%	Understood main points of my complaint	-49%
+76%	Not clear whether any action would be taken to sort it out	-10%
+13%	Apologised	-56%
+ 70%	Did not respond to every aspect	-14%
+12%	Said they would take action to resolve it	-60%
+42%	Not clear or easy to understand	-22%
+17%	Explained how they reached a decision	-44%

Table 36: The NHS response SPSO group: Full Results

	Agree strongly	Agree	Neither/nor	Disagree	Disagree strongly	No response	Base
The NHS understood the main points of my complaint	10%	21%	9%	22%	27%	10%	67
It was not clear whether any action would be taken to sort out my complaint	42%	34%	4%	3%	7%	9%	67
The NHS apologised to me	3%	10%	13%	16%	40%	16%	67
The NHS did not respond to every aspect of my complaint	49%	21%	7%	7%	7%	7%	67
The NHS said they would take action to resolve my complaint	3%	9%	12%	21%	39%	16%	67
The response to my complaint was not clear or easy to understand	27%	15%	24%	16%	6%	12%	67
The response explained how the NHS had reached a decision about my complaint	1%	16%	24%	13%	31%	13%	67

- 5.85. In summary the results again suggest a highly variable experience for complainants especially among the NHS group. While this group are quite willing to accept that the NHS understood the reason for their complaints it is the lack of clarity of the response and in particular the lack of information on whether any action and what action will be taken which causes frustration.
- 5.86. The SPSO group on the other hand were an altogether much more frustrated group – not convinced the nature of their complaint was understood, feeling that it was inadequately addressed in the NHS response and unclear about whether any action would be taken. The lack of explanation of how the decision was reached was also a bone of contention.

Satisfaction with Local Resolution Response

- 5.87. Complainants in the NHS group were asked to express their level of overall satisfaction with the NHS response to complaint; this was not asked of the SPSO group¹⁶.
- 5.88. 1 in 2 respondents were dissatisfied with the nature of the response, with almost 1 in 3 (30%) being ‘very’ dissatisfied. Fewer than 3 in 10 (28%) were satisfied with the NHS response, with less than 1 in 10 (8%) being very satisfied. A further 1 in 5 NHS complainants claimed to be neither satisfied nor dissatisfied (17%).
- 5.89. It should be noted however that based on limited evidence from West Lothian (only) that satisfaction levels were around twice as high for those whose complaint was upheld or partly upheld.

Table 37: Satisfaction with the NHS response – NHS group

	%
Very satisfied	8%
Satisfied	20%
Neither satisfied nor dissatisfied	17%
Dissatisfied	20%
Very dissatisfied	30%
No response	4%
BASE	161

- 5.90. When asked about satisfaction with the action taken by the NHS it is unsurprising in light of the above results that many are not at all satisfied – over 2 in 5 (42%), the majority of these reporting that no action was taken (that they are aware of).

¹⁶ It was assumed that since the SPSO complainants group escalated their complaint to the next stage of the complaints procedure, they were dissatisfied with the NHS outcome.

- 5.91. However in almost 1 in 3 cases (30%) respondents indicated that satisfactory action had been taken by the NHS – this was split equally between those who were satisfied with the action taken and those who found it acceptable.
- 5.92. Almost 1 in 4 noted that some action had been taken but they were not completely satisfied (24%).

Table 38: Satisfaction with action taken by the NHS – NHS group

	%
I was completely satisfied with the action taken	15%
I was not completely satisfied, but the action taken was acceptable	15%
I was not completely satisfied, but some action was taken	24%
I was not at all satisfied with the action taken	16%
I was not at all satisfied and no action was taken	26%
No response	5%
BASE	161

- 5.93. These results again highlight highly variable experience for complainants and evidence from interviews with them raised a number of important issues relating to NHS responses.
- 5.94. Firstly, there is evidence that in many cases the ‘outcome’ of the complaint is unclear. Rather, complainants often described the response letter as a ‘fob off’ or ‘standard letter’ which did not address all aspects of their complaint and did not come to any conclusion about the issue in hand:

“It was just a fob off letter, it was like a slap in the face. I was so incensed, I was in tears when I got it.”

“It said that some nurse person had looked into it and ‘steps would be taken’ to ensure it didn’t happen again. No information on how it happened, and who was responsible, if anyone was.”

- 5.95. This perception was largely due to the lack of information about the investigation and decision making processes undertaken in relation to the complaint – complainants frequently reported that they had no idea how their complaint had been investigated and in many cases the letter simply stated it had been ‘looked into’.
- 5.96. This lack of information often fuelled patients’ perceptions that their complaint was being ‘dismissed’ or ‘covered up’, further exacerbating their loss of faith in the NHS:

“It was what I expected, basically. It acknowledged some little things from my letter but the key things were covered up with clever wording and I was left without a leg to stand on.”

“It just told me what my notes said. Well, I already knew what my notes said. It didn’t deal with the real issues...poor treatment, how no one had listened to me, how no one was interested.”

- 5.97. Furthermore, few complainants reported receiving information about any action proposed as a result of their complaint, even where the letter received appeared to uphold their comments. This often led to concerns that their complaint had made no difference which, given that service improvement was an important motivation for making a complaint, was extremely disappointing:

“I don’t recall there being anything about how it was looked at or any outcome. There was no information about what would happen as a result of me complaining.”

- 5.98. Finally there was resentment expressed towards the use of certain language/ phraseology in the NHS written response most typically ‘*I am sorry to hear that you are upset...*’ rather than ‘*I apologise/regret what happened to you...*’. This is consistently interpreted as the NHS avoiding any acknowledgement of responsibility and transference of the responsibility for the complaint to the complainant.

Deciding What to do Next

- 5.99. Only around 1 in 4 NHS group complainants who were not completely satisfied with their NHS response reported being offered information on what to do next (27%).
- 5.100. This issue was explored in complainant interviews and findings suggest a level of inconsistency in how this information is provided. Some did not recall being provided with any information on what else they could do to resolve their complaint and indeed the interviews themselves resulted in a small number of approaches to the SPSO.
- 5.101. However, with prompting some interviewees did recall references to the SPSO in the final response letter.

Table 39: Whether the NHS provided information on what to do next if still dissatisfied – NHS group

	%
Yes	27%
No	47%
Not sure/ can't remember	17%
No response	9%
BASE	137

- 5.102. The vast majority of NHS complainants – almost 4 in 5 (78%) - exited the complaints process at this stage and did not take their complaint any further as shown below.

Table 40: Whether NHS group complainants took the complaint further

	%
Yes	14%
No – I did not take my complaint any further	78%
Not sure/ can't remember	<1%
No response	7%
BASE	137

- 5.103. Respondents cited a number of reasons as to why they gave up at this stage but the most commonly mentioned was lack of confidence that continuing the process would lead to the complaint being resolved or upheld – 2 in 5 mentioned this and it was also a common theme among those citing ‘other reasons’:

“I was told that nothing would be done and I felt as if I would be treated badly if I continued.”

“From experience, they (consultants) close ranks and protect themselves at the expense of patients’ wellbeing – they don’t listen.”

“I was completely unconvinced that anyone would either accept responsibility for inadequacies or that my complaint would ever be escalated.”

- 5.104. Interviews with complainants suggest a loss of faith and confidence in NHS processes and procedures at this stage:

“I just didn’t think taking it further would make it any clearer, or tell me what had broken down, causing the delays.”

“They left me without a leg to stand on. They didn’t mention the SPSO, although I was vaguely aware that there would be other avenues. I had no faith at all in the system and litigation was too expensive.”

“There was no use in carrying on and on; why drain more resources, and for what outcome?”

Table 41: Reasons for not pursuing the complaint – NHS complainants

	%
It was not that big a problem	7%
I was not confident my complaint would be successful/ upheld	17%
I was not sure taking my complaint further would get the problem resolved	39%
The procedures for taking my complaint further seemed bureaucratic and off-putting	14%
I was tired of trying to get my complaint resolved, so I gave up	15%
I was not sure how to take my complaint further	13%
It would have taken too much time to get my complaint resolved	6%
I wanted closure – to be able to move on from the incident	30%
Other reason	25%
No response	4%
BASE	107

Note – based on multiple responses; figures do not sum to 100%

- 5.105. Survey respondents also commonly cited wanting to seek ‘closure’ (30%) as a reason for not taking things further as did interviewees. This sentiment was often raised by those who considered their complaint to be complicated or protracted, or had complained about the illness or death of a family member:

“The letter from the hospital didn’t have information about the SPSO, although my GP did mention it...but I was just so disillusioned. When I got the response I’d hit a brick wall and basically I decided to get on with my life”

“I did think about suing but I had to retire to look after her...she needs 24 hour care now, and we don’t have the time nor the money.”

- 5.106. The key reasons for deciding to exit the process at this stage are a lack of confidence that complaining will get the problem sorted and the need for people to move on from what can be an emotionally draining experience. However interview evidence reveals that many do not recall being advised how to take their complaint further.

Conclusions

- 5.107. Complainants are more likely to be female than male, be over 35 and be white; a substantial minority are disabled.
- 5.108. Staff attitude and behaviour is the most common problem experienced overall and considered to be the single most important problem by both the NHS group and the SPSO group. Information and advice given, medical treatment and problems with communication are the next most common with medical treatment being the second most important overall.
- 5.109. Those who went on to complain to the SPSO were more likely to report experiencing multi faceted problems and this is likely to be a key driver in escalating a complaint.

- 5.110. There is a core of complainants - around 2 in 5 in the NHS group - who did not speak to anyone in the NHS before deciding to make a formal complaint suggesting that they would have complained anyway irrespective of their initial reception by NHS staff. However among the SPSO group the majority only decided to make a complaint after unsuccessfully trying to sort it out within the NHS.
- 5.111. Despite the survey of general public (Section 3 of this report) suggesting that in relation to hospital based services many who think they know how to complain would speak to the consultant/doctor dealing with them remarkably few did so; they were much more likely to speak to a member of the nursing or administration staff; in reality consultants/doctors proved to be difficult to get hold of.
- 5.112. Evidence suggests that the experience of complainants at first point of contact is highly variable with an element of 'pot luck' involved. In terms of key aspects such as their complaint being taken seriously, finding it easy to find someone to speak to, being apologised to etc they were just as likely to respond negatively as positively. A substantial minority report being actively encouraged to complain especially by nursing staff to flag up service issues. This would suggest that the training of admin and nursing staff is how to handle complaints initially is critical.
- 5.113. Those in the SPSO group were much more likely to have a negative experience at this point of contact suggesting that the quality of initial reception is all important.
- 5.114. The majority of complainants received no help in pursuing a complaint against the NHS; where help was provided this tended to be from family or friends including those working in the health service. Specialist advocacy services and political representatives were regarded as being the obvious port of call in such situations rather than more generic advice and information services such as CABx.
- 5.115. Evidence suggests that there is inconsistent provision of and access to standard information and advice about how to go about making a complaint in the NHS. This largely depends on who the first approach is made to; the experience of those directly contacting or being referred to complaints sections is very different from those who do not. Many complaints are made without the benefit of information on how to go about making a complaint.
- 5.116. The most common motivations for making a complaint are to ensure that the same thing does not happen again, to improve the service for others in the future and for an investigation into the problem to take place. Among the SPSO group the importance of having an investigation and to find out what happened and why takes on an even greater significance.
- 5.117. The majority of complainants report that they were not contacted for further information about their complaint despite evidence that many did not know how to go about making a complaint nor had they received published information and advice. Those contacted in both complainant groups were much more likely to be ultimately satisfied with the outcome of their complaint overall.

- 5.118. Experience of waiting for a response is again reported as being highly variable. Views on being kept up to date, ease of getting hold of the person investigating, there being unexplained delay, understanding what was happening and confidence in their complaint being dealt with were entirely split. The group going on to complain to the SPSO were much more discontent in relation to these aspects. This again suggests inconsistency in practice within the NHS.
- 5.119. Regarding the time taken to respond to a complaint there is a major discrepancy between the research findings and published NHS statistics. Over 50% taking part in this research claim that their complaint took more than 1 month to respond to with 1 in 5 in the NHS group and 1 in 3 of the SPSO group saying that it took over 3 months to get a response. There are many potential factors that could explain this but no matter the reasons the NHS are perceived to be failing to meet its own target timescales and this is leading to dissatisfaction and contributing to escalation of complaints to the SPSO.
- 5.120. A number of complainants report having received no response from the NHS before involving the SPSO which again suggests a lack of consistency in recording and responding within the NHS (e.g. acknowledgement letter within 3 working days).
- 5.121. Views on the quality and content of the NHS response were again highly varied. The NHS group are more likely than not to accept that the NHS understood the reason for their complain but it is the lack of clarity of the response and in particular the lack of information on whether any action and what action will be taken which causes frustration.
- 5.122. Not surprisingly the SPSO group were much more frustrated about the NHS response – not convinced the nature of their complaint was understood, feeling that it was inadequately addressed, unclear about whether any action would be taken and annoyed about the lack of explanation as to how the decision was reached.
- 5.123. Just over 1 in 4 complainants within the NHS group expressed any satisfaction with the NHS response with few being 'very' satisfied; 1 in 2 report being dissatisfied with most of these being 'very' dissatisfied. 1 in 3 reported that some form of action was taken by the NHS.
- 5.124. There is a perception among complainants that they receive a 'standard letter' in response to their complaint which is not necessarily tailored to the specifics of their circumstances, which does not explain how the matter has been investigated, why it happened or what action has been taken as a result.
- 5.125. Among those dissatisfied only 1 in 4 report being advised of how to take their complaint any further although this is likely to be affected to some extent by limited recall.

- 5.126. Only a minority of complainants (around 1 in 7) consider taking the matter any further. The majority exit the complaints process at this stage mostly due to a lack of confidence that complaining any further will get the problem sorted as well as to achieve 'closure' – i.e. to move on from what can be an emotionally draining experience.

6. COMPLAINANTS' EXPERIENCE OF THE SPSO

Introduction

- 6.1. The previous section explored the experience of complaining to the NHS for both those who sought local resolution (only) – the NHS group - as well as for those who eventually decided to escalate their complaint through involving the SPSO – the SPSO group. The evidence suggests that in many aspects the SPSO group reported a more negative experience than others while complaining within the NHS.
- 6.2. This section considers the SPSO group's experience of dealing with the escalated part of the NHS complaints procedure focusing on their dealings with the SPSO itself.
- 6.3. As noted earlier in the report the small size of the sample (67 cases) needs to be borne in mind when considering the following findings as well as the variety of outcomes experienced by this group. Percentages are provided for comparative purposes with the NHS group.
- 6.4. Furthermore cases were not restricted to those who had their complaint investigated by the SPSO but also included for example those whose cases were considered premature, those that were out of jurisdiction and those that were withdrawn or where further information was requested but not provided. This means that for a significant number of complainants within the SPSO group actual contact with the SPSO could be very limited indeed and this also needs to be borne in mind when considering the following results.

Motivations for Escalating to the SPSO

- 6.5. The SPSO group were asked specifically about what they hoped to achieve by escalating their complaint to the SPSO at this stage. The most common theme was the hope that the SPSO would conduct **a full, impartial investigation** or **'to get answers'** about the issue at the heart of the complaint:

"To find out the truth why my husband died."

"I hoped they would be able to investigate my complaint independently of the NHS complaints system."

"To investigate the way the NHS handled my complaint, and investigate the complaint itself."

"I hoped they would answer some unresolved questions and get to the truth of the matter."

- 6.6. However a common motivation among this group was also **the NHS being made to take responsibility** e.g. through receiving an apology, through the disciplining of staff or being awarded compensation (outwith SPSO's remit) :

"I want to see the complaint resolved in my favour, which ought to see at least several staff disciplined if not dismissed."

“To apply some formal pressure for the NHS to resolve the issue with an apology.”

- 6.7. A further motivation was the hope that the SPSO would be able to enact some kind of **change within the NHS to improve the situation – in terms of policy, procedure, increased awareness or staff training**:

“To help reduce waiting times for my father’s treatment for cancer.”

“To make sure this would never happen to a family again...”

“To influence policy on treatment.”

Initial Contact with the SPSO

- 6.8. The most common triggers for taking a complaint to the SPSO were either dissatisfaction with the NHS response (mentioned by 2 in 5 (43%) as the most important reason) followed by the NHS reporting that it had done all it could to resolve the matter with the complainant being specifically signposted to the SPSO (mentioned by 1 in 5 (22%). For a further 1 in 10 (10%) it was dissatisfaction with the action taken that was the main trigger.

Table 42: Reasons for taking the complaint to the SPSO – SPSO group

	%
No one had responded to my complaint	12%
I was unhappy with the response to my complaint	43%
I was not satisfied with the action taken in relation to my complaint	10%
I was told that the NHS had done all they could to resolve my complaint and if I was unhappy I would have to go to the Ombudsman	22%
The NHS were taking too long to respond to my complaint	3%
Other (please write in):	7%
No response	1%
BASE	67

- 6.9. A lack of any response from the NHS or an unacceptable length of time taken to respond were mentioned by 1 in 7 (15%).
- 6.10. Around 1 in 2 of this SPSO group report that they were specifically advised of how to take their complaint further by the NHS. This is somewhat inconsistent with the findings of the previous section where it was found that only 1 in 4 of the NHS group report being so advised. However even with half being so advised it again suggests a lack of consistency within the NHS at this critical stage in the process.
- 6.11. Interview evidence with complainants from the SPSO group suggest that the final response letter from the NHS was a common source of information about the SPSO although others report only being advised about the SPSO after challenging the nature of the NHS response.

- 6.12. The next most common sources of information about the SPSO were advice service such as the CABx (19%) followed by the internet (16%).
- 6.13. Many who reported 'other' sources of information commonly mentioned NHS leaflets or brochures.

Table 43: Sources of information about the SPSO – SPSO group

	%
Someone from the NHS told me	51%
I found out from an advice service (eg Citizens' Advice)	19%
I found out through a solicitor/ legal advisor	7%
I found out on the Internet	16%
Friends/ family/ colleagues told me	10%
Other (please write in):	19%
No response	3%
BASE	67

Note – based on multiple responses; figures do not sum to 100%

- 6.14. Initial method of contact with the SPSO was most commonly reported to be in writing (82%), followed by telephone (12%).

Table 44: Method of first contact with the SPSO – SPSO group

	%
Phone	12%
Email	6%
Letter	82%
Other	-
No response	-
BASEe	67

- 6.15. The emphasis on setting out the complaint to the SPSO in writing is very much in keeping with the complaints procedure, although there seems to be some inconsistency in the extent to which a standard SPSO complaints form is completed by all complainants. Interview evidence suggests that where a standard form is not completed this can lead to complainants being contacted for further information or asked to complete additional details.
- 6.16. As noted previously when examining the experience of the NHS group being contacted for further information can have a positive impact on perceptions about how complaints are handled. However among the SPSO group interview evidence suggests that a request for more information at this stage from the SPSO can lead to some withdrawing from the complaints process completely and/or a build up of resentment - for example due to frustration, emotional or time pressures:

“They sent me this form asking for more information, but I never sent it back. My mother was moving into a care home at this point, and I was having to deal with the sale of the house...”

“They wrote again asking exactly what I was complaining about...I was so frustrated because I felt like it was clear.”

- 6.17. Reported experiences and perceptions of aspects of complaining within the NHS were highly variable suggesting a lack of consistency in the way complaints are handled. When it comes to the escalation stage and dealing with the SPSO, levels of satisfaction among the SPSO group with key aspects of the service are generally much more positive than negative, although it remains that a substantial proportion of respondents (on average around 1 in 5) have no strong view one way or the other.
- 6.18. The tables below show a summary and full details of complaints responses to statements regarding aspects of initial contact with the SPSO service.
- 6.19. Key **aspects of initial contact with SPSO attracting the highest satisfaction** rankings include:
- **Speed of initial response** (3 in 5 satisfied; fewer than 1 in 5 dissatisfied)
 - **Explanation of how the complaint would be investigated** (1 in 2 satisfied; 1 in 5 dissatisfied):
 - **Leaflet form/sent** (1 in 2 satisfied; almost no one dissatisfied).
- 6.20. The staff spoken to at the SPSO were also much more likely to be rated positively than not although around 1 in 6 (18%) report having no verbal contact with SPSO staff. Evidence from interviews with complainants from the SPSO group suggests quite limited recall regarding initial contact; some had simply written a complaints letter or made a brief phone call.
- 6.21. Complainants views were more split in relation to explanations provided of the SPSO's powers and advice given, although the number satisfied remains twice the level of those dissatisfied. However between 1 in 4 and 1 in 5 expressed dissatisfaction with the explanations provided. Interview evidence suggests that such expressed dissatisfaction will in part be related to disappointment that the SPSO cannot directly meet complainants expectations e.g. financial compensation, staff being 'struck off' etc.

Table 45: Initial contact with the SPSO: Summary

Satisfied		Dissatisfied
+44%	Staff spoken to	-10%
+50%	Leaflet/ form	-4%
+45%	Explanation or advice given	-22%
+59%	Speed of initial response	-18%
+52%	Explanation of how complaint would be investigated	-19%
+46%	Explanation of SPSO's powers	-25%

Table 46: Initial contact with the SPSO: Full Results

	Very satisfied	Satisfied	Neither/ nor	Dis-satisfied	Very dissatisfied	Does not apply	No response	Base
Staff spoken to	19%	25%	16%	4%	6%	18%	10%	67
The leaflet/ form sent	19%	31%	22%	-	4%	12%	10%	67
Explanation/ advice given	15%	30%	15%	12%	12%	4%	12%	67
Speed of initial response	19%	40%	16%	6%	12%	-	6%	67
Explanation about how your complaint would be investigated	18%	34%	21%	6%	13%	-	7%	67
Explanation of the SPSO's powers – what they could do about your complaint	16%	30%	18%	13%	12%	1%	9%	67

- 6.22. Over 1 in 2 SPSO complainants report being contacted for further information regarding their complaint. In some cases this is likely to be as a result of people making a complaint without having access to, or referring to, SPSO guidance and information on how to make a complaint.

Table 47: Contacted for further information by SPSO – SPSO group

	%
Yes, by the SPSO officer investigating my complaint	54%
Yes, by someone else	3%
No	27%
Not sure/ can't remember	16%
No response	-
BASE	67

Waiting for a response from the SPSO

- 6.23. Complainants from the SPSO group were asked about the extent to which they agreed or disagreed with a number of statements about the service they received between the time of submitting the complaint and receiving a response from the SPSO. The statements used were identical to those asked previously of both the NHS group and the SPSO group about the NHS local resolution stage.
- 6.24. Firstly it should be noted that despite deciding to escalate their complaint, and therefore being possibly a very disillusioned group by this stage of the process, this group reported very positive experiences of the SPSO process compared to what they experienced within the NHS. For example:
- Over half the respondents (54%) agreed that the SPSO kept them updated about the progress of the complaint , with almost 1 in 5 (18%) agreeing strongly although 1 in 5 (19%) disagreed that this was the case;
 - Over half (54%) also agreed that they were content that their complaint was being dealt with during this time , with almost 1 in 5 agreeing strongly (18%), again round 1 in 5 (19%) disagreed;
 - Over 2 in 5 (42%) agreed that they understood what was happening – twice the number who disagreed;
 - Over 2 in 5 (42%) disagreed that they never knew who was dealing with their complaint, more than twice the number who agreed although a significant proportion did not fell strongly one way or the other;
 - While around 1 in10 felt that it was difficult to get hold of the person investigating their complaint, three times this number - over 1 in 3 - disagreed that this was the case; again a significant proportion did not fell strongly one way or the other.
- 6.25. The following tables show both a summary and the full results of responses to this series of statements.

Table 48: Waiting to receive the response from the SPSO: Summary

Agree		Disagree
+54%	SPSO kept me updated	-19%
+13%	Difficult to get hold of the person investigating	-34%
+22%	Unexplained delay	-30%
+ 33%	Easy to find out what was happening	-22%
+42%	I understood what was happening	-21%
+18%	Never knew who was dealing with it	-42%
+54%	Content it was being dealt with	-19%

Table 49: Waiting to receive the response from the SPSO: Full Results

	Agree strongly	Agree	Neither/nor	Disagree	Disagree strongly	Does not apply	No response	Base
The SPSO kept me updated on the progress of my complaint	18%	36%	10%	10%	9%	6%	10%	67
It was difficult to get hold of the person investigating my complaint	7%	6%	25%	19%	15%	15%	12%	67
There was an unexplained delay	10%	12%	18%	21%	9%	15%	15%	67
It was easy to find out what was happening with my complaint	9%	24%	21%	9%	13%	9%	15%	67
I understood what was happening	9%	33%	19%	12%	9%	3%	15%	67
I never knew who was dealing with my complaint	9%	9%	18%	21%	21%	7%	15%	67
I was content that my complaint was being dealt with	18%	36%	10%	10%	9%	6%	10%	67

- 6.26. Responses were slightly more mixed in relation to the assertion that 'there was an unexplained delay' and that 'it was easy to find out what was happening in relation to my complaint' but on the whole were more positive than negative unlike the case at the same stage of NHS local resolution.
- 6.27. Complaints expectations about anticipated timescales involved in handling their complaint were demanding but less so than for the NHS process. For example while 60% or more expected a response within 1 month at the NHS stage of the process this reduced to only 40% at the SPSO stage.
- 6.28. Expectations were split between those who expected a response in less than 1 month (42%) and those who expected it to take longer (38%); the latter were split between those expecting a 2 month turnaround and those who expected it to take 3 months or more.
- 6.29. Earlier evidence suggested that among the SPSO group of complainants in particular there was significant divergence between expected and actual timescales (as recalled) in the handling of their complaint by the NHS and that this seemed to be an important factor in deciding to escalate to the SPSO.
- 6.30. When it comes to the SPSO stage however there appears to be less divergence between expectations and actual response times, although the proportion expecting a response within 1 month still exceeds those that do (42% compared to 27%).
- 6.31. However the nature of the sample of SPSO complainants must be considered here. While the sample featured cases recorded as 'closed' as far as the SPSO is concerned, follow up interviews and notes and letters submitted with survey forms suggested that many complainants considered their case to be still ongoing – many of these cases will be included in the '3 month plus' category in the table below.

Table 50: Expected and actual time for SPSO outcome – SPSO group

	Expected	Actual
Less than 1 month	42%	27%
1-2 months	21%	21%
3-6 months	16%	10%
7 months and over	1%	15%
Not sure/ can't remember	7%	9%
No response	12%	18%
BASE	67	67

- 6.32. The above set of results suggest that despite complainants being potentially volatile and disillusioned by this escalated stage, their views on the SPSO part of the complaints 'process' is very much more positive than negative and much different from their views of the similar stage of the NHS process.

The SPSO Response

- 6.33. Complainants who went to the SPSO were asked about their satisfaction in relation to a number of aspects of the SPSO response¹⁷. It should be noted that around 1 in 3 respondents did not respond strongly to these statements feeling that they were not relevant to them, that they couldn't say nor did not feel strongly one way or the other. This fact combined with the small sample need to be again borne in mind when considering the following results. A summary and full details of the responses are set out in the tables below.
- 6.34. The **clarity of language** used in the SPSO response was **rated the most highly** with very few being dissatisfied with this aspect. However in terms of other aspects views were at best very split (similar proportions agreeing and disagreeing) including in relation to the following:
- knowledge/understanding of the complaint
 - explanation/information given on how the complaint was investigated
 - explanation/information on any action to be taken
 - extent to which response was unbiased.
- 6.35. **Of least satisfaction was the explanation/information provided on how the decision was reached and the extent to which different views were explored.**
- 6.36. In contrast to views on aspects of the SPSO's complaints 'process' these views on the content of the SPSO response i.e. the 'outcome' are much more negative and likely to a considerable extent to reflect dissatisfaction and frustration with the whole experience behind their complaint.
- 6.37. Notwithstanding this, those interviewed within the SPSO group were quite reflective and were much more likely to make positive comment (as well as negative) especially about how their complaint had been addressed and the information provided in comparison with the NHS local resolution stage:

'The NHS response didn't mention the attitude of the nurses, it just spoke about the cleaners. When the letter from the SPSO came, it said that they spoke to a midwifery specialist who stated that ideally my wife shouldn't have been sent home, but she wasn't in any danger. I still feel it was a whitewash decision.'

'It detailed all the information about my case quite clearly and concluded that it was impossible to prove whether either hospital had been at fault – I just felt the evidence from the hospitals was taken at face value.'

¹⁷ It should be noted that the questionnaire survey asked about satisfaction with 'the SPSO report'; this was on the assumption that the sample would be only of those whose complaint went through investigation and not those who fell into other categories e.g. out of jurisdiction, premature etc.; however evidence suggests the majority of (but not all) respondents interpreted this as the SPSO response in a more general sense.

Table 51: Satisfaction with the SPSO report: Summary

Satisfied		Dissatisfied
+58%	Clarity of language	-10%
+40%	Knowledge/ understanding of complaint	-34%
+34%	Explanation/ information on investigation	-29%
+27%	Explanation/ information on how decision was reached	-39%
+26%	Explanation/ information on any action to be taken	-34%
+23%	Extent to which report was unbiased	-28%
+18%	Extent to which different points of view were explored	-32%

Table 52: Satisfaction with the SPSO report: Full Results

	Very satisfied	Satisfied	Neither / nor	Dis-satisfied	Very dissatisfied	Can't say/ Not relevant	No response	Base
Clarity of the language used	19%	39%	9%	3%	7%	4%	18%	67
Knowledge/ understanding of the complaint	19%	21%	3%	15%	19%	3%	19%	67
Explanation/ information given on how complaint was investigated	16%	18%	13%	13%	16%	4%	18%	67
Explanation/ information given on how decision was reached	9%	18%	10%	15%	24%	4%	19%	67
Explanation/ information given on any action to be taken in relation to the complaint	10%	16%	12%	13%	21%	6%	21%	67
Extent to which the report was unbiased	10%	13%	19%	9%	19%	9%	19%	67
Extent to which different points of view were explored	6%	12%	18%	13%	19%	10%	21%	67

“I don’t have a problem with how they handled it. They followed the procedure and they couldn’t force the doctor to apologise, after all.”

“It wasn’t ideal... the outcome... but I knew the investigation was of a high quality. It explained about all my medical records, and interviews with the doctor and a senior GP who reviewed my notes, and that there was no evidence for either side. I knew it had been looked into fairly.”

- 6.38. Notwithstanding such reasoned views being expressed by some, very few respondents were satisfied with the SPSO outcome. The majority – almost 3 in 5 – were dissatisfied (59%) with over half being very dissatisfied (52%). Only around 1 in 7 (15%) expressed any level of satisfaction with the outcome.

Table 53: Satisfaction with SPSO outcome – SPSO group

	%
Very satisfied	6%
Fairly satisfied	9%
Neither satisfied nor dissatisfied	9%
Fairly dissatisfied	7%
Very dissatisfied	52%
No response	16%
BASE	67

- 6.39. Satisfaction levels reported here were even lower than in relation to NHS outcome. A number of issues are likely to contribute to this. Firstly, the longer the complaints process, the less likely complainants are to be satisfied – in complainants research more generally complainants are much more dissatisfied where they have escalated their complaint than where they have not.

- 6.40. Evidence suggests that there is also likely to be an issue about unmanaged hopes and expectations, particularly where full information is not available on the remit and powers of the NHS. Many interviewees reported having more faith in the SPSO and a belief in them as an independent third party – a negative outcome from the SPSO process shattered this faith in some cases:

“I assumed it was a serious issue, a serious procedure. I thought it would be like a tribunal where I’d get to put forward my case. Instead there was just a few inches on a form.....”

- 6.41. Some interviewees who made use of the NHS complaints procedure (sometimes repeatedly) in an attempt to access diagnosis and/ or treatment became very frustrated at the SPSO's perceived inability or disinclination to take action in their case. For these complainants the SPSO was considered to be yet another agency which did not listen to them and let them down:

“They called me up to ask why I was complaining and said I’d made complaints before, as if I was a nuisance.”

- 6.42. There is also an element of complainant dissatisfaction at this stage that is outwith the SPSO's control and relates largely to the distress involved in the original problem leading to the complaint – some may be extremely dissatisfied and upset in a way that the SPSO has no scope to resolve:

“They apologised again and said I would receive an apology from the doctor. Well, I did and it was just four lines saying he didn’t mean to upset me! I really think the NHS ought to compensate me now, for all of the distress I’ve had.

- 6.43. Finally, although numbers involved are small, a detailed examination of survey results shows that in SPSO cases it is not only where complaints are upheld that lead to complainants being satisfied with the outcome. Indeed among the 1 in 7 who reported being satisfied most were cases that were either partly upheld (whether a report was completed and not) or were cases where the SPSO intervened in the NHS local resolution stage.

The End of the Process

- 6.44. Just 1 in 5 of the SPSO group (19%) reported being offered further information on what to do if still unhappy with the outcome of their complaint after SPSO involvement; however 1 in 3 could not recall or did not respond to this question.

Table 54: Information offered on what to do if still unhappy – SPSO group

	%
Yes	19%
No	46%
Not sure/ can't remember	14%
No response	21%
BASE	63

- 6.45. While the NHS complaints procedure ends at this stage, other options such as litigation or complaining through professional bodies such as the GMC may be appropriate and possible. This issue was explored during follow up interviews; some reported looking into such options but just one complainant reported being 'signposted' to consider doing so by the SPSO itself..

- 6.46. While the majority report taking no further action, over 1 in 4 (27%) did indeed report taking their complaint further. When asked what steps they took; most involved asking the SPSO to reconsider or objecting to the decision, campaigning to an MP or MSP or starting legal proceedings.

Table 55: Further action taken after SPSO stage? – SPSO group

	%
Yes	27%
No – I did not take my complaint any further	57%
Not sure/ can't remember	2%
No response	14%
BASE	63

- 6.47. Those who did not take their complaint further were most likely to say that this was due to a lack of confidence that the problem would be resolved (44%). A significant proportion – over 1 in 3 (36%) – said that they thought that the procedures for taking their complaint further seemed bureaucratic and off putting.
- 6.48. Also commonly mentioned were lack of clarity about what to do next (mentioned by 1 in 3), that complainants were by this stage tired of pursuing the complaint (1 in 3) and a lack of confidence that the complaint would be successful (over 1 in 4). A significant proportion – 1 in 4 – mentioned seeking closure, to be able to move on from the incident.

Table 56: Reasons for not taking the complaint further – SPSO group

	%
I was not confident my complaint would be successful/ upheld	28%
I was not sure taking my complaint further would get the problem resolved	44%
The procedures for taking my complaint further seemed bureaucratic and off-putting	36%
I was tired of trying to get my complaint resolved, so I gave up	33%
I was not sure where or how to take my complaint further	33%
It would have taken too much time to get my complaint resolved	8%
I wanted closure – to be able to move on from the incident	25%
It would have cost a lot of money to take my complaint further (for instance, through litigation)	22%
Other reason (please write in):	33%
No response	3%
BASE	36

Conclusions

- 6.49. Those who choose to escalate a complaint to the SPSO report a much more negative experience of the NHS local resolution stage than others. Key motivations for escalating a complaint to the SPSO include the need for a full and impartial investigation, for the NHS to be made to take some responsibility for what happened and to effect change and improvement within the NHS.
- 6.50. There seems to be a lack of consistency as to whether the NHS advise people of how to take their complaint further following the local resolution with only 1 in 2 of the SPSO group reporting being advised as to how to take their complaint further. Many report being advised only at the point of challenging the NHS response.
- 6.51. Initial contact with the SPSO is usually made in writing although there is some inconsistency in the use of the standard complaints form.
- 6.52. While requests for further information of complainants by the SPSO can have a positive impact on perceptions of how their complaint is being handled, for some complainants this can be upsetting and/or frustrating and can lead to withdrawal from the complaints process. (1 in 4 SPSO complaints are withdrawn for failure to respond to follow up or failure to provide information).
- 6.53. In contrast with the NHS local resolution stage complainants experience of key aspects of the SPSO stage of the complaints process (as opposed to outcome) are far more likely to be rated positively than negatively by complainants. Aspects of communication are rated highly including the speed of initial response, explanations given as to how their complaint will be investigated and the information sent to them. While their complaint was with the SPSO people were much more likely to be confident it was being dealt with, say that they were kept updated and understood what was happening.
- 6.54. Messages regarding the scope of the SPSO's remit and powers were not well received by a substantial minority but this is not surprising given some complainants' unrealistic expectations and it is important for the SPSO to be clear and upfront about such matters in order to effectively manage such expectations.
- 6.55. Complainants expectations regarding timescales for the SPSO to handle complaints are less exacting than in the case of the NHS local resolution stage and therefore time taken is less of a source of frustration among the SPSO group. However there is evidence that some complainants are not necessarily clear whether SPSO involvement is ongoing or closed.
- 6.56. Views on the 'outcome' of complaints (in contrast to views on 'process') were much less positive and indeed even less positive than was found in cases handled by NHS local resolution. This is not altogether surprising given the seriousness of many cases and the length of time involved in cases that proceed to escalation stage and is consistent with other escalated complaints research findings. Some complainants also have unreal expectations of what the SPSO can deliver.

- 6.57. Only 1 in 4 complainants take any further action following SPSO involvement in their case. By this stage many feel unconfident that they are going to ever achieve any resolution and lack the energy or motivation to take their case any further.

7. THE OVERALL EXPERIENCE OF MAKING A COMPLAINT

- 7.1. Finally, complainants from both the NHS and SPSO groups were asked about their overall views on the experience of making a complaint about the NHS. Both groups of complainants were asked to read a number of statements about making a complaint overall, and to gauge the extent to which they agreed or disagreed with each.

Experience of the NHS Group

- 7.2. The responses from the NHS group report **very mixed views** about their overall experience of having gone through the complaints process: A summary and full details of the results of responses to each statement are provided in the set of tables below.
- 7.3. Responses were again very split with almost as many agreeing as disagreeing with the statements provided in many instances. However it should be noted that a substantial proportion did not really express a view - around 1 in 5 did not respond and a further substantial proportion of respondents (between 1 in 6 and 1 in 3) did not feel strongly one way or the other – i.e. neither agreeing nor disagreeing. Examples of where views were split include:
- that the complaint was investigated fairly
 - contentment that the complaint was looked into
 - that it was exhausting
 - that the NHS complaints procedure was clear.
- 7.4. More **positively** complainants within the NHS group were substantially more likely than not to report that **it was easy and straightforward to complain** (49% agreeing; 20% disagreeing) and that **NHS staff were helpful** (35% agreeing; 16% disagreeing).
- 7.5. However more **negatively** they were much more likely to say that **there should be more information available** (51% agreeing; 9% disagreeing) and that they **felt frustrated at the end of the process** (50% agreeing; 19% disagreeing).
- 7.6. Some more insight to the experience of the NHS group was gleaned from follow up interviews with complainants. Some complainants remained **unconvinced that complaining had made any difference** – this was often tied in with the perception of **being ‘fobbed off’**:

“I got this great big letter, and it’s just a fob off. When I first phoned, hysterical, they should have realised, seen the signs. Someone could have sat down with me, even over the phone and said ‘okay, tell me what the problem is.”

“It would have been better to get feedback about the complaint – I know it’s a big organisation but they have to sort out their admin problems.”

Table 57: Making a complaint overall by the NHS group: Summary

Agree		Disagree
+49%	Easy and straightforward	-20%
+26%	Not much info available	-23%
+35%	NHS staff helpful	-16%
+51%	Should be more help/info available	-9%
+27%	Investigated fairly	-32%
+24%	No action was taken	-37%
+34%	Content been looked into	-29%
+31%	Exhausting	-29%
+50%	Felt frustrated at end	-19%
+23%	NHS procedure clear	-23%

Table 58: Making a complaint overall by the NHS group: Full Results

	Agree strongly	Agree	Neither/nor	Disagree	Disagree strongly	No response	Base
It was easy and straightforward to make a complaint to the NHS	13%	36%	16%	12%	8%	15%	161
There wasn't much information available on how to complain	9%	17%	30%	19%	4%	20%	161
NHS staff were helpful when I said I wanted to complain	8%	27%	26%	4%	12%	22%	161
There should be more help and support available to make a complaint	24%	27%	21%	7%	2%	19%	161
My complaint was investigated fairly	9%	18%	23%	16%	16%	19%	161
No action was taken to resolve my complaint	12%	12%	19%	28%	9%	20%	161
I was content that my problem had been looked into	9%	25%	19%	12%	17%	18%	161
Making a complaint was exhausting	17%	14%	18%	21%	8%	21%	161
I felt frustrated at the end of the process	27%	23%	12%	13%	6%	19%	161
The NHS Complaints Procedure was clear	4%	19%	31%	11%	12%	22%	161

“It wasn’t complaining that made the difference – it was threatening them with the press. I’ve got no faith in them anymore”

- 7.7. However, a number of complainants reported **some positive experience** of complaining:

“The procedure for actually complaining was okay, quite straightforward. I’d be happy to do it again if I had to.”

“As soon as I said I wanted to complain, they gave me all the right information. I’m glad I said I wanted to complain but it’s difficult to tell whether it made any difference.”

“I would complain again if something like that happened again, but I would have a very low expectation of hearing anything back – I wouldn’t expect it to make any difference.”

“I’m happy with how it was dealt with. Ideally, I wouldn’t have to complain but I was quite happy – as long as it doesn’t happen again!”

“I’m glad I spoke up, and I know it made a difference. I saw an immediate improvement.”

“I was really happy with the outcome – I really felt that the hospital took it seriously and I wasn’t worried about having to go in again.”

“I never really got an apology for it, but they did acknowledge it and I would like to think it won’t happen to anyone else. I’m happy with how it was handled.”

Experience of the SPSO Group

- 7.8. The **overall experience** among this group was **much less positive** and it is clear, as noted earlier in the research findings that the initial experience (usually negative) of the NHS resolution stage is critical in escalating a complaint to the SPSO.
- 7.9. Key **areas where levels of satisfaction were much lower** include:
- **that NHS staff were helpful** (36% disagreeing; 21% agreeing)
 - **that more information should be available** (73% agreeing; 4% disagreeing)
 - **that the complaint was investigated fairly** (50% disagreeing; 19% agreeing)
 - **content that it had been looked into** (62% disagreeing; 20% agreeing.)
- 7.10. Interestingly views on a number of key areas were similar to those within the NHS group including that it was easy and straightforward to complain and the level of frustration experienced at the end of the process (which could have been anticipated to have been higher).

Table 59: Making a complaint overall by the SPSO group: Summary

Agree		Disagree
+50%	Easy and straightforward	-31%
+22%	Not much info available	-38%
+21%	NHS staff helpful	-36%
+73%	Should be more help/info available	-4%
+19%	Investigated fairly	-50%
+45%	No action was taken	-34%
+20%	Content been looked into	-62%
+59%	Exhausting	-29%
+50%	Felt frustrated at end	-19%
+23%	NHS procedure clear	-23%

Table 60: Making a complaint overall SPSO group: Full Results

	Agree strongly	Agree	Neither/nor	Disagree	Disagree strongly	No response	Base
It was easy and straightforward to make a complaint	13%	37%	9%	13%	18%	9%	67
There wasn't much information available on how to complain	7%	15%	28%	28%	10%	10%	67
Staff were helpful when I said I wanted to complain	6%	15%	33%	18%	18%	10%	67
There should be more help and support available to make a complaint	51%	22%	15%	3%	1%	7%	67
My complaint was investigated fairly	4%	15%	21%	19%	31%	9%	67
No action was taken to resolve my complaint	39%	6%	15%	24%	10%	6%	67
I was content that my problem had been looked into	7%	13%	7%	25%	37%	9%	67
Making a complaint was exhausting	37%	22%	12%	13%	6%	9%	67
I felt frustrated at the end of the process	51%	24%	3%	10%	6%	6%	67
The NHS Complaints Procedure was clear	7%	27%	22%	12%	22%	9%	67

- 7.11. These more negative views were reflected in the tone of comments made in interviews by those who escalated their complaint to the SPSO:

“Overall I really just felt my complaint had been dismissed.”

“Complaining has got me nowhere – every single person, every single body I’ve spoke to has ignored me and dismissed me.”

“The experience of complaining has made me even more angry – now I’m thinking they ought to compensate me for all the stress and strain.”

“I really just want the NHS to admit there’s been a mistake, but they’re worried that I’ll sue them. I feel totally pushed into a corner, I don’t feel that I’ve any choice but to.”

Overall Levels of Satisfaction

- 7.12. Complainants were asked to rate their overall level of satisfaction of how their complaint was handled by the NHS (both the NHS group and the SPSO group) and by the SPSO (SPSO group only).
- 7.13. Among the NHS group only around 1 in 4 (27%) were satisfied with how the NHS handled their complaint, although very few (just 7%) reported being very satisfied. Almost 1 in 2 (46%) reported being very dissatisfied with over half of these being very dissatisfied. Almost 1 in 4 (23%) did not express a view one way or the other.
- 7.14. In line with previous findings those in the SPSO group were much more likely to be dissatisfied with their experience of the NHS local resolution stage which is not wholly surprising given that they subsequently decided to escalate their complaint. Only 6% (4 of 67 cases) claimed to be satisfied while as many as 9 in 10 (88%) were dissatisfied with the vast majority of these being very dissatisfied. Almost no one did not express a view which is an illustration of how strongly complainants within this group view what was largely a very negative experience for them.

Table 61: Satisfaction with NHS handling of complaint – NHS and SPSO groups

	NHS group	SPSO group
Very satisfied	7%	3%
Satisfied	20%	3%
Neither satisfied nor dissatisfied	23%	1%
Dissatisfied	21%	19%
Very dissatisfied	25%	69%
Can’t say/ not relevant	-	1%
No response	4%	3%
BASE	161	67

- 7.15. Among the SPSO group levels of satisfaction with how the SPSO handled their complaint were significantly higher than their views of how the NHS had performed. Indeed satisfaction levels with the SPSO raised to similar levels as views on the NHS among the NHS group. While 1 in 4 claimed to be satisfied, the majority – over 1 in 2 (52%) – remained dissatisfied with how it was handled, with most being very dissatisfied.
- 7.16. These views are likely to be strongly related to the outcome of complaints and must be considered in this context. For example it should be remembered that many within this group expressed quite positive views about aspects of the SPSO complaints process.

Table 62: Satisfaction with SPSO handling of complaint – SPSO group

	%
Very satisfied	12%
Satisfied	13%
Neither satisfied nor dissatisfied	13%
Dissatisfied	22%
Very dissatisfied	30%
Can't say/ not relevant	3%
No response	6%
BASE	67

Confidence in the NHS and in the SPSO

- 7.17. Finally, complainants were asked to gauge how their experience had influenced their level of confidence in both the NHS and the SPSO (SPSO group only).
- 7.18. Notwithstanding that a substantial minority among the NHS group – around 1 in 4 - report that they were satisfied with how the NHS handled their complaint the experience overall severely undermines people's confidence in the NHS. This is likely to be as, if not more, related to the reason behind the complaint than the experience of complaining necessarily.
- 7.19. The vast majority in the NHS group (3 in 5, 69%) and even more so in the SPSO group (9 in 10, 89%) report that their confidence in the NHS had decreased as a result of their experience. For most in the SPSO group confidence had 'greatly' decreased.
- 7.20. However as shown in the table below among the NHS group a substantial minority (1 in 3, 32%) claim that their experience has not affected their confidence in the NHS and that it remains the same as prior to their complaint experience. Yet very few report that their confidence had increased (only 7% or 11 of 167 cases).

Table 63: Complainants' confidence in the NHS at the end of the process – NHS and SPSO groups

	NHS group	SPSO group
Greatly increased	1%	1%
Increased	6%	-
Remained the same	32%	7%
Decreased	27%	22%
Greatly decreased	32%	67%
No response	2%	1%
BASE	161	67

- 7.21. This **loss of faith in the NHS** however was a recurring theme among many of those interviewed:

"I'm not happy, but at the end of the day, my son's okay..... I've just got no faith now."

"I'm not sure whether it made any difference...I'd like to think that it would. I'm really nervous, you know, about going back to the hospital. I've lost a lot of confidence in the NHS."

"It really changed my views of the NHS. I would be reluctant to take my kids to that hospital again."

- 7.22. As far as confidence in the SPSO is concerned for those who escalated their complaint, views were more split – for 1 in 6 (18%) confidence had actually increased, for over 1 in 4 (27%) it had remained the same, although again for almost 1 in 2 (48%) confidence had decreased in most cases 'greatly'.

Table 64 Complainants' confidence in the SPSO at the end of the process – SPSO group

	%
Greatly increased	12%
Increased	6%
Remained the same	27%
Decreased	9%
Greatly decreased	39%
No response	7%
BASE	67

- 7.23. Among those interviewed from the SPSO group it was relatively common for it to be reported that complainants had very high expectations of this stage of the process. This included some who made inaccurate assumptions about the role, remit and powers of the SPSO and/or had unrealistic expectations of what outcome could be achieved through escalation.
- 7.24. These misguided assumptions and expectations, if not addressed head on, contribute to greater disappointment where the complaint goes through the escalation process (fully or partly) and where there is a negative outcome for the complainant e.g. complaint not upheld, no evidence of maladministration/ service failure, out of jurisdiction etc.

Conclusions

- 7.25. When asked to reflect on the overall experience of complaining to the NHS, views were again very mixed suggesting that individual experience varies considerably. Complainants were more likely than not to find it fairly easy and straightforward to complain and to find NHS staff helpful, but also felt that there was not enough information available on how to complain. Many felt frustrated at the end of the process and feelings of being 'fobbed off' are common.
- 7.26. Complainants in the SPSO group were far more likely to report a very negative overall experience of the NHS local resolution stage and were highly critical of many aspects of both the process and outcome of their complaint. There are strong feelings that their complaints had not been investigated fairly or been sufficiently looked into and they were also more likely to find NHS staff unhelpful.
- 7.27. In only 1 in 4 cases is the complainant satisfied with the NHS's handling of their complaint while twice this level (1 in 2) express dissatisfaction with the overall experience. Among the SPSO group the vast majority are 'very dissatisfied' with the NHS response. Some of these find the SPSO's handling of their case a more positive experience but for the majority the overall experience is a dissatisfying one.
- 7.28. The vast majority of complainants report that their confidence in the NHS has been damaged as result of their experience with very few stating that their confidence had increased as a result. For around 1 in 3 complaints their experience did not affect their views of the NHS.
- 7.29. While views on confidence in the SPSO were more mixed among those experiencing the escalated stage of the process, complainants were still more than twice as likely to report that their confidence had decreased than increased in the Ombudsman. Evidence suggests that such views are more linked to complaint outcomes than process and to some extent false expectations.

8. SUMMARY OF CONCLUSIONS AND RECOMMENDATIONS IN RELATION TO FUTURE RESEARCH

Summary of Conclusions

Limitations of the research

- 8.1. This research constitutes a small scale pilot study designed to test a variety of methodological approaches to exploring experience of making a complaint about the NHS and to identify what potential barriers exist that might prevent people from making a complaint about health services. It focused on only two geographical areas in Scotland and in relation to complainants experience focused largely on hospital based services rather than primary care or other services.
- 8.2. These limitations must be borne in mind when considering the research results and findings cannot be considered to be more widely applicable. Further research is required to establish more robust and widely applicable findings.

The typical NHS experience

- 8.3. Overall experience of accessing primary care and hospital based NHS services is very positive for the vast majority of patients who express high levels of satisfaction with the service they receive.

Barriers to complaining

- 8.4. However there are aspects of service that are a source of dissatisfaction but about which few complain or speak to anyone about. This includes for example waiting times, delays and inconsistency in doctor/consultant seen, staff attitude and behaviour etc. The key barrier to complaining about such aspects of service among the general public is that there is an element of resignation about such issues among patients - 'having come to expect these things' and that 'the NHS is aware of such problems but is unable to resolve them'.
- 8.5. The majority of the general population are unsure about how to complain about GP or hospital based services and this is likely be an important barrier to complaining. Evidence suggests that there is a need for more high profile information and publicity about how to complain if dissatisfied with services.
- 8.6. The level of formal complaints made in both the case of GP and hospital based services is likely to be an underestimate of the true level of dissatisfaction for the above reasons. Furthermore there is evidence that GPs may be playing a 'gate keeping' role in filtering complaints about hospital based services.

- 8.7. Potentially excluded populations report more mixed and generally less positive views on their experience of GP and hospital based services. While dissatisfaction is most commonly focussed on similar areas to those expressed by the general public – waiting times, delays, inconsistency in doctor/consultant seen etc – concerns about staff attitude and behaviour (being respected and listened to) take on greater importance. Not knowing how to complain and being intimidated due to formality of setting and communication are key barriers to complaining.
- 8.8. Those with mental health problems, homeless people and those with substance misuse problems have particular difficulties with lack of consistency in doctor/consultant contact, feel stigmatised and have particular problems with staff attitude and behaviour. Key barriers to complaining are a fear that they do not have the respect of GP and hospital based services that they are not being taken seriously and not being listened to. Fear of repercussions regarding future treatment (especially where there are no or few other alternatives) and not wanting to be seen as a troublemaker are important barriers to complaining.
- 8.9. Carers and unemployed parents feel that their role and knowledge is not always wholly respected by the NHS and have similar fears re repercussions in relation to future services which prevent them from complaining. For black and minority ethnic populations (BMEs) language is by far the most important barrier in both receiving services and in complaining about these. Interestingly this is also an issue with other potentially excluded populations who experience language difficulties communicating with increasingly ‘foreign’ medical staff but do not complain for fear of being labelled racist.
- 8.10. Evidence suggests that there is a need for a range of advice and support services to be made available to those who want to complain. For the more confident complainer good written information and advice is likely to be sufficient; for others the new service to be developed by CABx may be appropriate. However for many potentially excluded populations there is a reluctance to complain as an individual and the availability of quite intense advocacy support and adequate translation services in making a complaint to the NHS is seen as critical.
- 8.11. The emphasis on ‘putting things in writing’ is a barrier to some potentially excluded populations with language, literacy and learning abilities cited as reasons why. This again confirms the need for intense advocacy services in such cases. Young people in particular would rather communicate by other means notably telephone or text.

Complaining to the NHS

- 8.12. Little is known about the scale of *informal* complaints handled by either GP practices or within NHS hospitals - the procedures followed, recording systems, information and advice given or the outcomes for patients.

- 8.13. While the number of *formal* complaints are known within the hospital sector this is not the case for GPs (or other primary care services) as the majority of these are assumed to be handled internally within individual practices with NHS complaints officers only becoming involved in the more serious or difficult to resolve cases.
- 8.14. Based on the research evidence the most important reasons for complaining to the NHS are related to staff attitude and behaviour followed by medical treatment given although problems with information and advice given and communication difficulties are also common.
- 8.15. Experience at initial point of contact when making a complaint is all important and can significantly affect satisfaction levels with how a complaint is seen to be handled. However evidence from complainants suggest that there is an element of 'pot luck' involved in how a complaint is received and how the complainant is treated. There would also appear to be inconsistency in the information and advice given as well as inconsistency in being provided with standard written information and advice on how to complain. Many go on to make a formal complaint without access to such information.
- 8.16. There are a core of potential complainants – as many as 2 in 5 – who are likely to have formally complained no matter how well they were received by NHS staff at initial point of contact.
- 8.17. In relation to hospital based services if something goes wrong patients' expectations are that they will be able to complain to the consultant/doctor treating them. In reality there is usually difficulty accessing them at the time and the majority end up complaining to nursing and admin staff. Complainants report highly varying experiences of reception by such staff including instances of being encouraged to make a formal complaint to flag up service issues (often not having intended to make a formal complaint). Such staff have a critical role to play in handling the NHS complaints process and need to be a priority for training in this area.
- 8.18. The most common motivations for making a complaint are to ensure that the same thing does not happen again, to improve the service for others in the future and for an investigation into the problem to take place.
- 8.19. Reported views and experience of key aspects of the complaints process during NHS local resolution stage is highly variable including time taken to respond, understanding what was happening, being able to get hold of the person handling the complaint etc suggesting inconsistency in practice. Those contacted for more information on their case were more likely to have a more positive view of the process overall.
- 8.20. Actual or perceived time taken for the NHS to respond to a complaint appears to be a critical driver of satisfaction regarding complaint handling within the NHS. The majority expect their complaint to be responded to within one month (20 working days) in line with the procedure. Contrary to published NHS statistics the majority of complainants taking part in this research report timescales of over one month and in a substantial minority of cases over 3 months. Some report only receiving a response from the NHS following SPSO intervention.

- 8.21. While views and experiences on most aspects of the complaints 'process' at the NHS local resolution stage are split, views on complaints 'outcome' are usually negative with many being very dissatisfied. However this is not true for all with around 1 in 4 reporting some degree of satisfaction with the outcome achieved.
- 8.22. In terms of the NHS response many report receiving what they perceive as a standard or 'fob off' letter which the majority find unacceptable. Evidence from in-depth interviews with complainants suggests that responses are often brief and not in the format recommended by NHS Scotland¹⁸. In particular complainants commonly report that all aspects of their complaint are not addressed, that it is not explained how the complaint has been investigated, and it not being clear whether what, if any, action is to be taken by the NHS. Inconsistency in advising people how they can take their complaint further e.g. to the SPSO is also reported. The majority report not being told while others report being advised only at the point of challenging the NHS response.
- 8.23. The majority of complainants do not take their complaint any further following a response from the NHS, the key reasons being a lack of confidence that any good will come of it and a need for 'closure'.
- 8.24. Those that proceed to escalation stage by taking their complaint to the SPSO are much more critical of key aspects of both the complaints 'process' and 'outcome' during the NHS local resolution stage than others i.e. they report having a significantly worse experience. They are also more likely to be looking for an investigation to take place into what happened, why it happened and what the NHS will do about it.
- 8.25. It is interesting to note that the majority of this group did not decide to make a formal complaint in the first place until after unsuccessfully speaking to someone in the NHS to try and sort out their problem.
- 8.26. The vast majority of those complaining to the NHS report that their confidence in the NHS has decreased; for many this has decreased greatly. For around 1 in 3 complainants the experience made no material difference to their level of confidence but this was rarely the case among those who decided to take their complaint to the SPSO.

Complaining to the SPSO

- 8.27. As well as discontentment with both complaints process and outcome at the NHS local resolution stage, key motivations for escalating a complaint to the SPSO focus on the need for an impartial investigation, for the NHS to take responsibility and take some action.
- 8.28. Key aspects of the SPSO process are rated much more positively than in the case of the NHS stage particularly in relation to aspects of communication and information. The speed of response, explanations given and the information sent to the complainant are all rated highly. It should be noted that expectations regarding timescales are less demanding than in the case of the NHS.

¹⁸ NHS Scotland (2005) *Can I help you? Learning from Comments, Concerns and Complaints*
 Scottish Public Services Ombudsman (SPSO) and Scottish Health Council (SHC)
 Experience and Attitudes in relation to NHS Complaints since
 the Introduction of the New Procedure
 Report by Craigforth: December 2006

- 8.29. However as in the case of the NHS there is evidence of some inconsistency in the use of standard information e.g. access to/use of the SPSO's standard complaints form.
- 8.30. At this escalated stage the SPSO contacting complainants for more information can actually have a negative impact e.g. causing frustration, upset etc leading to withdrawal from the complaints process. This is likely to be the reason behind a significant proportion of SPSO cases that do not proceed after initial contact e.g. for failure to respond or provide information. In some cases complainants are not necessarily aware that SPSO involvement is complete when it is, highlighting the need to make it crystal clear when involvement in a case has come to an end.
- 8.31. Notwithstanding many positive views regarding aspects of process, satisfaction levels with complaint outcomes are even lower than in cases handled by the NHS but this is likely to partly reflect the seriousness of many cases and the lengthy period of time involved overall. However there is also evidence of unreal expectations in relation to complaint outcome and some of this is related to the role, remit and powers of the SPSO stressing the need for such expectations to be carefully managed and communicated.
- 8.32. Following experience of the escalation stage, complainants views on their confidence in the SPSO were quite mixed although confidence was more likely to have decreased than increased, in many cases greatly decreased. This view will again be partly shaped by complaint outcomes and unrealistic expectations, at least in part.

Recommendations in Relation to Future Research

- 8.33. There is a need to conduct larger scale complaints research in Scotland to produce robust findings to inform the ongoing development of guidance in relation to implementing the NHS complaints procedure and to inform ongoing review of the procedure itself.
- 8.34. There are particular issues regarding complaints research among those cases handled by the SPSO. Given the small number of cases handled each year, and in particular the number of cases actually subject to an investigation, it is probably most appropriate to conduct research on a continuous basis in order that such research can produce robust results based on a reasonable sample size. One option would be to consider for example carrying on this research, using largely the same methodology, into cases handled by the SPSO in 2006/07.
- 8.35. Any research into complaints related to hospital based or primary care services needs to be clear about what complainants it wants to cover and key decisions are required in relation to what extent this embraces independent contractors/practices in primary care services who use their own complaints systems.

- 8.36. There needs to be much more serious engagement from the NHS and potentially independent contractors/practices in any future complaints research. This may require research to be commissioned or jointly commissioned by the NHS itself; if commissioned by the SHC commitment at the highest level within SEHD and NHS Scotland is likely to be required.
- 8.37. Considerable preparatory work is required to achieve 'buy in' from the NHS and potentially independent contractors/practices to reduce 'fear and suspicion' including addressing issues of data confidentiality and ethical approval. If research is to extend beyond those who are willing to co-operate (and may by implication think they handle complaints well) an element of coercion may be required to ensure participation e.g. by the SEHD and the appropriate NHS Board. Requirements for administrative and other support to enable participation in the research also need to be addressed.
- 8.38. Prior to embarking on such research there also needs to be considerable preparatory work undertaken to fully understand how complaints are handled by different parts of the health service including understanding complaint handling structures and recording systems and how best they can be accessed and used for research purposes.
- 8.39. As part of any future research there is a need to review evidence of the form and content of final written responses from the NHS and potentially independent contractors/practices to complainants (depending on the selected focus of the research).

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