

# Every Complaint Matters

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## A seven-point plan for the NHS and social care

The following seven-point plan has been developed from our conversations with thousands of people who have direct experience of the frustrations of the complaints system in health and social care.

**1. Make it easier for everyone to complain by giving one national organisation responsibility for providing patients and the public with improved information and education about how to raise concerns.**

Everyone, including ‘citizen whistleblowers’, must be aware of their right to complain, and know how to do so. Currently, information about the complaints process is inconsistent and not always readily available, making it incredibly confusing for people to find out how to complain.

Making one single body responsible for improving complaints information and providing a national signposting function would remove a major barrier to complaining. This change would additionally be supported by building on the relevant information requirements introduced to the 2015-16 NHS Standard Contract with similar additions to GP and other contracts as they are reviewed, which would also improve public access to this information.

**2. Create a single, properly funded complaints advocacy service, provided under the Healthwatch banner and to national standards, which provides users of both the NHS and social care with the same level of support.**

Making a complaint can be a hugely distressing experience and many people are scared to come forward on their own. At the moment fewer than 1 in 10 NHS complainants receives complaints advocacy support, with low awareness of the service and variation in quality across the country. For users of social care there is no statutory advocacy service available to help them make a complaint.

Our research shows that, of those who experience poor care, two thirds don't report it. These people say they would be more likely to do this in the future if they had access to a universal, independent complaints support service that is easy to find, simple to use and open to anyone regardless of where they live or which



service they use. Alongside the Draft Public Service Ombudsman Bill, the Government should consult on this issue.

### **3. Drive up the quality of complaints handling.**

As well as clearly setting out people's right to complain, including patients, families and concerned third parties, the NHS Constitution must also outline the quality of complaints handling that people should be able to expect. Anyone who makes a complaint should be entitled to and receive a timely and compassionate response, including an apology, and be given choice and control over the way their complaint is resolved. This could be done by enshrining 'My Expectations for Raising Concerns and Complaints' in both the NHS Constitution and regulations.

### **4. Require every organisation involved in complaints handling to make sure people's complaints reach the right destination.**

Improving access to information isn't enough on its own. Too often we hear from patients who find themselves bounced from one organisation to the next until they give up.

The only way to prevent this is to make organisations who receive complaints - not the individuals making them - responsible for ensuring complaints reach the right organisation. As with Action 1, national contract reviews provide a mechanism for delivering this change. The Department of Health should also consider the most effective means of bringing other organisations who receive complaints into the same coherent framework so complainants do not fall through the gaps.

### **5. Ensure clear responsibility for capturing system-wide learning from complaints, identifying trends and ensuring national policy and practice change properly address concerns.**

Where consumers raise concerns about a service it is essential that both the provider involved, and others like it elsewhere in the country, learn from the complaint and use it to drive up service quality and patient safety.

No organisation has ultimate responsibility for identifying complaints trends across the country. Neither is there an organisation with overall responsibility for acting on this intelligence, driving improvement in policy and practice across the country to ensure that services improve accordingly. The Department of Health should consider how best to discharge this role without further complicating the system and with the necessary degree of independence. It should consult on this issue alongside the Draft Public Service Ombudsman Bill.



**6. Make it mandatory for every commissioner, provider and regulator across health and social care to report every complaint to the HSCIC - regardless of how it is made or which service it is about - enabling a national measure of consumer experience of the complaints process to track progress in improving this experience.**

The published data on written complaints about the NHS is just the tip of the iceberg. It doesn't include informal or verbal complaints, incidents reported to PALS or complaints in social care. No organisation is currently able to say whether the handling of complaints across the country is getting better or worse. In order to understand what is really happening with complaints it is vital that the system collects more data on the number of complaints, as well as how they are dealt with and the outcomes. This needs to be clearly reported at both a local and national level.

All NHS and social care organisations must collect and share data on people's experiences of raising concerns to track progress against the principles set out in Action 3. The Department of Health should identify the most effective contractual and other mechanisms to ensure the full range of data is collected and shared. Where the data shows that health and social care organisations are failing in their complaints handling, regulators and commissioners must hold them to account and the Department of Health should identify the most effective mechanism to achieve this.

**7. The Government to conduct a review of the whole complaints landscape to simplify and streamline processes across the many organisations involved.**

There are currently more than 70 organisations involved in complaints across health and social care. Whilst we recognise the need to maintain specialism and expertise, this structure is simply inefficient and doesn't work for consumers.

As health and social care become more integrated, we will need a single ombudsman that can provide a single route of appeal across multiple health and care services. However, we believe there is scope and need for further simplification of the system as a whole. These changes should be delivered by means of the review as well as through the mechanisms set out in this plan.

