Letter to Jeremy Hunt, Secretary of State for Health from Anna Bradley, Chair of Healthwatch England about the challenges in the current complaints system in Health and Social care and what can be done about it.

19th June 2013

Jeremy Hunt
Department of Health
79 Whitehall
LONDON, SW1A 2NS

Dear Jeremy,

Healthwatch England is the independent consumer champion for health and social care in England. Working with a network of 152 local Healthwatch, we ensure that the voices of consumers and users of service reach the ears of decision makers – even when they have something difficult to say.

Healthwatch England is committed to ensuring that consumer feedback, concerns and complaints are received, acted upon and responded to. In our role as consumer champion, we have looked at the current complaint system through the eyes of the consumer and found that it is simply not working. It is on this matter that we write to you today.

Like many, we have participated in the Clwyd Hart review and await the report with interest. Our work in this area has been wider than complaints in hospitals and looks at feedback in all its forms. We are concerned that valuable data is not being recorded and reported because it has not been formalised as a complaint. Feedback, concerns and suggestions have as much value to a provider, should they choose to see it as such, as a formalised complaint.

Several concerns have emerged from our work:

- Consumers do not have trust and confidence in the complaints system
- Consumers are afraid to make a complaint close to the source of their care in case it affects how they are treated
- Consumers do not believe that making a complaint will make a difference and that nothing will change as a result of their complaint
- Consumers do not know who to complain to
- When a complaint is made, the process can be bureaucratic and intimidating
Consumers want a clear, easy to navigate system that puts people before process. To achieve this requires the following elements to be put in place:

**Trusted and confidential:** We need a system that gives consumers and users of service the confidence that when they complain, they will be taken seriously, and their complaint will be dealt with effectively. Crucially, consumers need an assurance that lodging a complaint will not affect their ongoing care. We believe that the low numbers of formal complaints in both health and social care are in large part a reflection of the lack of trust and confidence that people have in the current complaints system. Our own polling found that 54% of people who had a problem with their health or social service in the last three years did nothing to report it.

**Responsive:** We need health and social care institutions actively to seek feedback and solicit concerns from their users. An open culture would surface many more concerns - and compliments - and allow, where possible, for these to be dealt with informally. Health and social care providers should empower their staff to resolve problems, say sorry and explain what happened as close to source as possible. Where a formal complaint is lodged, consumers would like to receive feedback on what the organisation has learned and changed as a result. Currently, almost half (49%) of people have no confidence that their complaints will be dealt with effectively.

**Supportive:** It takes courage to complain. In many cases, consumers need access to advocacy experts to help navigate the system and articulate their issues. In the case of social care, there is no independent advocacy service, leaving people unsupported at a vulnerable time in their lives. In health, we believe more could be done to raise awareness of the independent advocacy service and the support it can offer for those who want to pursue a complaint.

**Simple:** The current complaints system is complex and simplification is paramount. Making the system simple to use will require working differently. We need to recognise, for example, that requiring written evidence can be off putting to many consumers.

**Joined up:** When a complaint is made, consumers and users of service should be assured that lessons will be learned by the whole health and social care system - not just the individual provider. We believe that where a complaint or concern touches on multiple providers or crosses the boundary between health and social care, it is the institutions that should do the work of ensuring the complaint is lodged and responded to in the right way, not the individual.
**Transparency:** Transparency is important for providers and consumers. Information needs to be readily available across the whole system about the number of complaints, their nature and the outcome of any investigation or action should be a matter of public record. Consumers also want transparency and need to know that their complaint has been dealt with and that the organisation has learned from it.

We recognise that many complaint systems have evolved year on year adding process and procedure. It is fair to say that if these systems were to be created from scratch today, it is unlikely they would be designed in as complex and confusing a way. While redesigning the complaints system from scratch and starting with a blank sheet of paper is an option we wouldn’t rule out, we also recognise the need for the current system to work now until longer term decisions are made.

The responsibility for getting the complaints system right rests across a number of organisations. That is why today we are writing to you alongside the Care Quality Commission, Monitor, NHS England and the Local Government Association to start a conversation about how we make sure the complaints works for consumers. These conversations should be seen as stage one in an ongoing process to simplify the complaints system for consumers and make it fit for purpose.

We would welcome in particular the opportunity to meet with you in the coming weeks to discuss the following issues:

**Complaints data and benchmarking**
We have been consistently surprised that, beyond simple measures, there is limited easily accessible information collated nationally about, for example, the nature of concerns and complaints, the resolution reached on complaints and the use of advocacy services.

For providers and commissioners, this makes it difficult to benchmark and learn from others across the system. For local Healthwatch, it makes it difficult to understand concerns in the local area or identify variations in practice area to area. We would welcome further discussion on how we can work together to improve our national picture of concerns and complaints.

**Integration between health and social care**
Many issues arise at the junction of care, where a provider, ward or department changes or where an individual passes from health to social care provision. We would welcome further discussion on what this lack of integration means for the consumer and user of service and how to improve the way that complaints are handled when they affect multiple providers.
Lack of understanding of, and confidence in, the complaints system
We will today launch our work with local Healthwatch to promote understanding among consumers about how to raise a complaint in health or social care. But this will only ever be one part of the solution. We believe it is the responsibility of every provider and commissioner to promote understanding of the complaints system and to build trust and confidence with consumers. We are concerned that a basic lack of confidence in the complaints system is preventing the vast majority of concerns reaching the surface and that advocacy services are little known. We would welcome further discussions about how to promote a stronger advocacy brand and we will be working further to explore directly with consumers, especially the most vulnerable, what they would require to build confidence in a complaints system.

My team will be in touch in the coming weeks to discuss how best to take this forward and find a way to put people before process in the health and social care complaints system.

Yours sincerely,

Anna Bradley
Chair, Healthwatch England