Complaints that just refuse to go away

Purchasers should ensure that their providers deal correctly with patients' complaints - but they should also beware of doing it the wrong way, says Derek Blackshaw.

Recently I heard a first-hand account of an embryonic trust which had not been able to give its main purchaser a cohesive or intelligible complaints report for the whole of the last contract year.

The colleague who told me this, a nurse from a nearby purchasing authority, believed that the trust's chief officers gave the study of complaints a low priority. She wondered how long her purchasing authority could sustain contracting with an organisation which quite clearly could not be described as 'intelligent' - capable of learning from its errors. How long, she mused, before this state of affairs prompted the trust's chief executive to add the prefix 'ex-' to his job title.

One of the first items to feature on purchasers' quality agendas was the provision of complaints reports from service providers. They rightly retain their importance. These reports provide one of the simplest yet most tangible sources of intelligence about service quality. To a great extent, the purchaser's interest lies in discovering the response made by providers to complaints, rather than the volume of complaints they have received - always providing the response made by providers to complaints is user-friendly.

My colleague and I agreed that the process and outcome of responses are almost more important to us than the topic of the complaint. We wanted to know how the complaint had been dealt with and whether the organisation had learnt anything constructive from the process.

Most complaint reports fail dismally to demonstrate this. All too often, the purchaser receives a sanitised report that blandly shows that complaints were answered - but not how they were responded to. No-one who has made the most cursory study of quality or risk management - and what NHS managers would deny the importance of either and retain their credibility - can fail to be aware of the importance of the proper management of complaints. A long list of circulars and directives from the Department of Health remind us that we must have effective complaints management systems. The number and scope of references listed in the Wilson report bear further testimony (1). The awareness that complaints and their management are an important aspect of the service is by no means new to the NHS.

**Policy and procedure**

The rules governing their successful handling are few and simple, and there is surely no trust or DMU that does not have detailed policy and procedure on the matter.

It is therefore surprising how alarmingly numerous the incidents of mishandled complaints currently are. What is it that creates these blind spots? Is it that the complaint is still viewed as a criticism and engenders defensive attitudes. Perhaps for some, it is a naive belief in the idea that written complaints policy as a talisman which will guarantee that all will be well.

No policy is self-executing, however, and a real understanding of the value of effective complaints management needs to be fostered at all levels of the service. The adage that each complaint is a treasure which gives an opportunity to improve has a long way to go before it is fully accepted in the health service.

Over the past year, I have attended several lectures by both the parliamentary commissioner for health services and his deputy. These, like the health service ombudsman's reports, were liberally sprinkled with examples of complaints that had been handled either inefficiently or insensitively - and not infrequently both.

**Opportunities to learn**

In a number of cases, the initial complaint had slipped into place behind a complaint about how it had been handled. Instead of grasping an opportunity to learn, the organisation had simply generated another complaint. Anyone interested in complaints should grab any opportunity they have to listen to the ombudsman, as it is entertaining, instructive and alarming. Alarm bells ring loudly when one hears that it is by no means rare for the first person in 'authority' to meet the complainant to be the ombudsman's investigating officer.

The ombudsman observed that in a significant number of cases, the complainant is satisfied at receiving an assurance that as a result of their complaint action has been taken to prevent the problem recurring. Even when the complaint involves the death of a complaint's relative, there can be a sense that the corrective action taken is a memorial to them.

Complaints however are not limited to the provider, and I wonder how many purchasers...
ing authorities have reassessed their complaints policies since becoming split from their providers. The purchaser no less than the provider needs both policy and procedure for dealing with complaints about its own action or inaction. Within its own policy, it also needs a clear statement about whether or how much it will be involved in complaints about a provider's service.

How much should purchasers be involved in provider quality? There seems to be a split developing between purchasers who want to be involved in provider complaints, and those who see them primarily as a source of intelligence about provider quality performance. Some people see an overwhelming case for saying that the only time the purchaser should be involved in investigating a complaint is when it relates to its own actions or decisions. This would include complaints that it was purchasing services from incompetent providers.

It is not, they maintain, the purchaser's business to get involved in the management of a complaint about the delivery of service. That duty lies with the service provider and does not warrant duplication.

When a service provider has to investigate a complaint and the complainant is satisfied with the matter, then that surely is the end of it, save for aggregated reporting. If the purchaser becomes involved in the primary handling of complaints, they can damage the provider's sense of ownership of the process, and in usurping their role deny them the opportunity to extract the maximum learning from the issue.

**Unnecessary step**

Neither is there a role for the purchaser in supporting the complainant through the complaints process. They could however ensure the development of independent agencies to do that. If the purchaser becomes involved at a secondary stage when the provider has not resolved a complaint, it introduces a new and unnecessary step to the process. If the complainant is not satisfied with the provider's response, then their recourse is to the parliamentary commissioner for the health service — the ombudsman.

*Being heard* (1) recommends a second-stage local complaints-handling mechanism. However, the number of options it sets out, suggesting how this recommendation should be taken forward, leads me to suspect that not only were the authors in dispute as to the best approach, but that they had not clarified the need for it anyway. If the complainant is not satisfied with the provider's response, then their recourse is to the health service ombudsman. I remain to be convinced that an intermediate stage between primary complaint handling and the ombudsman is advisable. Even if it were practicable, I think it would be unwise for purchasers to become involved.

One of the great strengths of the ombudsman's office is its complete independence. The ombudsman does not have to think about the effects of the issue on the ongoing purchaser-provider relationship, and independent involvement also avoids the possibility of the clarity of the issue becoming corrupted by negotiations about resources.

The purchaser's intervention at this point would be obstructive and only cause delay — not a good thing when getting complaints resolved through the ombudsman's office is in itself not an activity noted for its rapidity. Anything that causes further delay is clearly unwelcome.

This column has essentially been about complaints which do not involve clinical judgements that are separate from health authorities and trusts. The long overdue reform of complaints about GPs and clinical judgements has yet to be addressed. An exchange of views through this journal would be welcome.

**References**


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