

## **Making Experiences Count: consultation response from the General Optical Council**

By email to: [makingexperiencescount@dh.gsi.gov.uk](mailto:makingexperiencescount@dh.gsi.gov.uk)

The General Optical Council (GOC) welcomes the opportunity to contribute to the consultation on a new approach to responding to complaints. We believe that effective complaints systems are critical to ensuring patient safety. It is important not only that patients and the public find the system easy to access and use, but also that complaints are referred and dealt with by the appropriate body, and that effective feedback loops are in place to ensure that learning can be applied across different organisations with responsibilities for public health and safety locally and nationally.

### **Consultation questions and suggested issues for GOC response/comments**

1. What are the features of simple, efficient, timely complaints arrangements?

*We agree with the flexible approach of the proposed system. However, it is important to note the role of effective reporting and regulation in order to flag up instances when a complaint is not progressing as it should. This is particularly true if there is no fixed procedure or timeline.*

*Complaints procedures should be broadly the same throughout the UK so that a person in England should understand how to complain about a provider in Scotland and vice versa.*

2. What features must the new arrangements have in order to be accessible and fair to everyone involved in resolving a complaint?

*The GOC has extensive experience dealing with complaints, in the form of reported concerns about opticians' fitness to practice. We recently introduced new procedures designed to make it easier for patients to complain, and to improve the quality of evidence gathered at initial stages of the process. Key to the changes has been the introduction of witness statements. These are obtained in person, or by telephone if circumstances do not allow a face to face meeting. This change has brought greater clarity to the investigations process. Thorough discussion of the available evidence can mean that a patient has a better understanding of the issues in the case, as well as a more reasonable expectation of the likely outcome. Often much of the emotion patients feel can be effectively diffused by talking to one of the Council's solicitors.*

*Our experience has also shown the importance of being clear about the role of the complainant in different types of complaints scenarios – ie managing*

*expectations through explaining up front the potential different outcomes (eg mediation, compensation etc). There is a need to provide clear, simple information explaining different the routes and options for complaints (for example a single 'signposting' portal). A clear pathway should be published so that complainers can measure progress with some degree of understanding as to where their complaint is in the system.*

*Information and systems must be accessible to those with visual and other impairments.*

3. What are the hallmarks of an excellent complaint professional, and what qualifications, skills and/or expertise should they ideally have?

*Complaints managers need a sufficient knowledge of other organisations with a role in public health and safety, in order to understand when complaints should be referred to a national regulator, as well as being aware of other complaints resolution options (for example, the Optical Consumer Complaints Service as the body which deals with complaints about consumer, rather than professional matters, in optics).*

4. What key contributions must the following make to support the new arrangements?
  - a. Boards of service providers
  - b. Senior health and social care managers
  - c. Service commissioners
  - d. Regulator(s)
  - e. The Ombudsmen
  - f. Central Government

*The new arrangements must ensure effective cooperation between local providers and national regulators. The GOC is particularly concerned that the systems do not result in any duplication of investigation work at the local and national level, or, at the other end of the scale, result in cases falling 'between' different complaints systems, with vital information being lost as a result. We support the proposal to ensure complaints don't get lost, and would suggest that the concordat should involve the professional regulatory bodies.*

*We believe that due to the small number of complaints relating to optometrists and dispensing opticians, all complaints relating to optometrists and dispensing opticians raised locally should be referred to the GOC. We strongly disagree with the statement on p12 of the detailed policy background document – 'crucially, the investigation of individual complaints does not sit easily with the functions of a regulatory body'. Investigating and acting on complaints about optical professionals is one of the GOC's four core functions. We have well developed systems which ensure effective, appropriate and timely action when concerns are raised about one of our registrants. Referring such complaints to a national*

*investigator ensures that there is a consistent standard and approach applied. In our experience, the quality of complaints handling by local Primary Care Trusts can vary greatly. This would have a very severe impact on our work if we had to rely on evidence gathered as part of a local investigation in a Fitness to Practise hearing. We recognise that some further work may be needed to ensure that effective feedback loops are in place to apprise local service providers and commissioners of the outcome of referred matters.*

*The vast majority of optometrists and dispensing opticians work in high street practices carrying out NHS work as part of the GOS contract. Therefore, contractual complaints arrangements can play a vital role in ensuring a good process is in place within the optical practice, as elsewhere in primary care. There is also a need for better integration of complaints across primary and secondary care, given the relative isolation of the primary care practitioner.*

5. What arrangements need to be put in place to ensure vulnerable people know about and use the new arrangements?
6. How can we ensure that local health and social care bodies own and are responsible for the complaints they receive?
7. How should health and social care bodies be held accountable for their complaints handling?
8. Should there be monitoring and/or oversight of complaints received and responsiveness to them? If so, who should have this role?

*Systems should be set up in a robust manner so that further checking is unnecessary.*

9. What are the components essential to the complete handling of a complaint (eg investigation, review, etc)
10. Do you feel that prescribed timetables are a useful component of good complaints handling? If so, what timetable would you attach to:
  - a. Local Service Response?
  - b. Organisational Response?
  - c. The overall life of an 'average' complaint?
  - d. The overall life of a very complex complaint?
11. How can we ensure that learning from complaints benefits:
  - a. The individual
  - b. The other users of that service
  - c. The organisation providing the service
  - d. The service commissioner
  - e. The local health and/or social care economy
  - f. Services at the regional and national level

*Complaints can play a critical role in identifying risks to patient safety, as demonstrated by the learning from inquiries including those into Shipman, Ayling, Neale and Kerr/Haslam. Therefore embedding the right culture in organisations is*

*vital, to ensure that healthcare professionals and other staff and patients have the assurance that complaints will be taken seriously and acted on, and that confidentiality will be respected, for example where reporting concerns about a colleague or manager. Critically, the culture must shift from blame to resolution, with a focus on ensuring that the same mistakes do not happen again. Lessons can be learned in this respect from the air industry. Learning from complaints needs to be communicated to individual health and social care professionals delivering services as well as those involved in complaints.*

*Patients and staff also need more education about the value of complaints in order to change things for the better, to encourage more people to complain (not just in very bad cases).*

12. What methods or techniques could be used at a local level to support the resolution of complaints?
13. Do you think that children's social care services should be included as well as adult social care under these new arrangements?
  - a. If you feel that they SHOULD be included, are there any special arrangements that would need to be put in place to make sure that these complaints are handled properly?
  - b. If you feel that they SHOULD NOT be included, are there any special arrangements that would need to be put in place to make sure that a separate children's complaints process works seamlessly with the new overall arrangements?
14. The Department of Health is currently drawing up a standard against which complaints handling would be measured. What would be the components of an effective standard?

### **Concluding remarks**

We note that there is no reference within the consultation documents to any additional resources to be made available in order to improve the patient experience. We believe that resources should be available at a national level to provide best practice advice for complaint handling according to type of complaint. Resources will also need to be available at the local level to ensure sufficiently senior involvement in complaints handling, and to facilitate feedback loops/data sharing between service providers and other local and national bodies involved in complaints, including the healthcare professional regulators.

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