Complaints: finding a positive and productive approach

'For this is not the liberty which we can hope, that no grievance ever should arise in the commonwealth; that let no man in this world expect; but when complaints are freely heard, deeply considered and speedily reformed, then is the utmost bound of civil liberty attained that wise men look for.' John Milton (1644) *Areopagitica*

The authors discussed complaints during an interactive session of Dementias 2008 conference (www.mahealthcareevents.co.uk/cgi-bin/go.pl/conferences/past/10th_dementias_02_08/index.html).

People with dementia and the family caring for them are often in need of help from agencies across the health and social care spectrum, sometimes at home, sometimes in hospital or elsewhere. Dementia may leave the individual unable to speak effectively for him-/herself, but it can also lead him/her to misread the activities, intentions and motives of those caring for him/her. Everyone is vulnerable in this scenario. Media representations may use shallow or one-sided accounts of problems for eye-catching headlines, when the complex, multi-factorial, multi-dimensional realities deserve quieter, careful exploration (Panorama, 2007).

There is no doubt that service frequently fall short of the acceptable. Scandals have been the spur for major developments of design and resource; yet even now coroners are sometimes moved to question the safety of hospitals (Lashley, 2007) and lucid, able older people recount dreadful experiences (Wenger, 2007).

So it is that individuals surprise themselves by finding they must say or write: 'I don't want to complain but…'

How well does the NHS deal with complaints?

Do we consider every complaint as an opportunity to improve? A leading London restaurant chain uses its menu to implore its customers to: 'compliment, complain, suggest improvements', because a complaint offers the restaurant the ability to put a 'problem' right and satisfy a demand, whereas a customer leaving unhappy is unlikely to return and may tell friends about their experience.

Do we understand the nature of complaints received? Can we differentiate between those complaints where 'getting the issue off my chest' is enough and those where the issue has completely taken over the life of the complainant, and occupies all their waking thoughts? The evidence indicates that we deal with the important with insufficient urgency, and that we fail to empathize with complainants.

Do we recognize the difference between the cause of a complaint and the effect of the complaint on the complainant? Do we concentrate more on dealing with the effect of an adverse event or the cause?

Do we say sorry? Can we admit fault? Have we perfected the art of using 'wonderful weasel words' that imply that we are sorry without any admission of fault or indication that we will do anything differently in future?

Do we react in an appropriate way to complaints? Do we dismiss complaints (why are people so ungrateful?) or do we over-react and allow complaints to make us question our ability (and our future) to practice our chosen profession?

Why is it so hard for NHS professionals to get the balance right?

It is important that we pose these questions to help ourselves and our staff to understand why people complain and how we can best deal with both cause and effect. We can and must do better.

Remember that most staff who become patients are critical of some aspect of the service.

Some complaints seem to be minor – even ridiculous – such as the relative who kept a diary of the consistency of custard served to her husband. This might seem to be a trivial matter, but it reflects the concern which families have when a dependent, vulnerable, loved one is taken from them and placed in the hands of others. It is important to respond sensitively and with appropriate measure: the full panoply of a complaints procedure should be avoidable. Sledge hammers do not facilitate the best use of nuts.

Health and social care agencies hitherto have been constrained by separate systems for investigating complaints. This has posed problems because there are many occasions when care of an individual with chronic, complex disorders, including dementia, requires that they move from one main care provider to another. The health-care system has three tiers of enquiry: local, Healthcare Commission and Ombudsman. This has meant multiples of potential for loss of continuity, repetition of schedules, delay and accumulated expense. Patients and families often feel frustrated and dismissed. Professionals may feel persecuted; presumed guilty without recourse within a quasi-judicial process which offers scant protection for the innocent.

Making Experiences Count is a new system which will bring together schemes for receiving and responding to complaints in health care and social care in England from 2008 (Department of Health, 2007, 2008). It seeks to make a positive from critical interactions between services and those they are intending to help. It is a two-stage system emphasizing the advantages of local resolution. This may be strengthened by an independent advisor for particular cases. If local resolution cannot be achieved, recourse will be to the Ombudsman.

The principles have been accepted following extensive research, collecting information and views from patients, carers, families and professionals (Department of Health, 2006). The Local Government and Public

Involvement Health Bill 2007 placed duties on the NHS to consult with patients and the general public and upon local authorities to inform, involve and consult with local people. It followed concerns which were highlighted by the Shipman reports and distillation of experiences from the Ombudsman (Abraham, 2007). These changes are complemented by the Independent Complaints Advocacy Service which provides additional support and guidance to both patients and families.

There are high hopes that the new system will make best use of these painful learning experiences. It aims to make the avenues for complaints (and compliments) accessible, integrated (across health and social care and across sectors within both), effective and prompt, inspiring confidence from patients and professionals, and promoting organizational learning. It will be progressed through a programme of early adopters supported by Voices for Improvement Networks, and complaints forums involving commissioning and executive staff. A regulator will be responsible for ensuring a high standard of response to complaints and the adoption of learning points to improve practices.

The emphasis on a quick, respectful and grateful response when a criticism is received gets accurately to the heart of effective complaints handling. Mistakes will be made – but their recognition and the implementation of rescue strategies is all that can be reasonably asked.

Failure or denial of communication and unhelpful attitudes – not errors of professional judgment or practice – are at the basis of most unresolved complaints. A phone call from a senior officer on the day a criticism is received, followed by an arrangement to meet, listen and learn, will mean that the written response can be timely and has a fair chance of addressing all the issues. An explanation of what has happened and why, together with details of changes which are to be implemented to reduce the likelihood of similar problems, are what most complainants desire.

Conclusions

Making Experiences Count heralds a new era which will help all of us, when tangling with difficulties arising in the care of conditions such as dementia, to achieve the attributes of informality, common sense, inquisitorial rigour, and freedom from precedent while paying attention to the particular. BJHM

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KEY POINTS

- Services sometimes fail to provide acceptable care to patients and their families.
- Complaints provide free, immediate and useful comment and should be welcomed and used to foster mutual respect, learning and improvement.
- Older people, especially those with dementia, are vulnerable to misuse or misunderstanding. They require particular care and attention to matters of communication.
- *Making Experiences Count* is a new approach to handling complaints which brings health and social care systems together in pursuit of these principles.