

## **Patient involvement and complaints systems**

The importance of Clinical Commissioning Groups using complainant feedback to improve the quality of their complaints systems



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# Executive Summary

## **The importance of CCGs collecting and using complainant feedback to improve the quality of their complaints systems.**

Healthwatch England report that there is no clear way for people to provide feedback about their experiences of the health and social care complaints systems<sup>1</sup>. Similarly, Birmingham Clinical Commissioning Groups (CCGs)<sup>2</sup> do not routinely seek feedback regarding their complaints systems. This may result in these systems not being as effective as they might otherwise be.

There are a number of barriers that CCGs need to overcome to start collecting and using this type of feedback. These include:

- NHS England does not measure CCGs on the quality of their complaints systems.
- Hearing negative feedback potentially carries a risk of reduced reputation and therefore damage to the CCG.
- There is an extra cost of introducing a feedback system.
- A feedback system may result in additional targets.
- A more lengthy and resource heavy complaints process.

There may be a number of benefits to the CCG hearing and using complainant's feedback (about the complaints system). These include:

- Improved complainant satisfaction with the CCG, avoiding wastage of resources and reputational risk.
- Helping patients to stay engaged with a provider whose service they are complaining about.

We recommend that the Birmingham CCGs include such a feedback loop in their complaints policies. We are pleased that the CCGs are exploring how they may routinely collect and use feedback about their complaints systems. However, in order to use this feedback it is important that the complaints teams have the flexibility to update their systems, based on the feedback of complainants. This will help Sandwell and West Birmingham CCG, and from next year Birmingham and Solihull CCG (BSol CCG), to provide an excellent cost-effective service to complainants.

In addition, we look to NHS England Midlands and East, who regulate the Birmingham CCGs, to seek assurance that CCG complaint systems are of high quality. We ask them to measure the quality of CCG complaints systems and to stress the importance of using complainant feedback to improve their quality.

### **Future actions**

We will report the work done by Birmingham CCGs to improve this aspect of their Public and Patient Insight, Experience and Involvement (PPIEI) in 2018. We will also report any action taken by NHS England Midlands and East to support CCGs in this matter.

## Background

Healthwatch Birmingham received a call, to our Information and Signposting Line, from a member of the public who wanted to tell us about his experience of a healthcare service in Birmingham.

- Mr. F had made a complaint to one of the Birmingham Clinical Commissioning Groups about a clinic he had visited. However, he was not happy about the way the CCG had handled his complaint.

Mr F contacted us because one of our primary roles is to listen to people's experiences about health and social care. We investigate some of these issues further, with the aim of improving services for the people of Birmingham. Further information about our role is available in Appendix 1. We conducted a survey that asked patients and the public to select issues for Healthwatch Birmingham to explore further; they selected this issue. This report explores the issue further and explains what the CCGs intend to do to involve patients in the ongoing improvement of the CCG complaints services.

## Introduction

The **NHS Constitution** states:

- 'The patient will be at the heart of everything the NHS does' ... it will 'actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services.'<sup>3</sup>

There is currently no clear way for people to provide feedback about the health and social care complaints systems. The Healthwatch England report, *Suffering in Silence*<sup>4</sup>, states:

- It is clear that in order to use complaints to drive improvement, we must first have a system that is simple, compassionate and responsive to those making the complaints.
- Complainants did not feel taken seriously enough in three out of five cases.
- Two-thirds of people who experienced or witnessed poor care in the last two years did not complain about it. One in four (23%) said this was because they did not know how to complain.

Following the Government's report **Hard Truths**<sup>5</sup>, a user-led vision of the complaints system was developed<sup>6</sup>. This vision includes five stages:

1. Considering a complaint.
2. Making a complaint.
3. Staying informed.
4. Receiving outcomes.
5. Reflecting on the experience.

The fifth stage includes encouraging feedback from patients and the public. Unfortunately, the policy does not explicitly require NHS complaints teams to obtain feedback from people to improve their complaints systems.<sup>7</sup>

## Complaining to a Birmingham Clinical Commissioning Group

Clinical Commissioning Groups (CCGs) are NHS organisations set up by the [Health and Social Care Act 2012](#) to organise the delivery of NHS services in England. In Birmingham we currently have three CCGs<sup>8</sup>: Sandwell and West Birmingham CCG, Birmingham South Central CCG, and Birmingham CrossCity CCG. They have different systems to manage complaints:

- The customer care team, Time2Talk, manage complaints to Sandwell and West Birmingham CCG<sup>9</sup>.
- NHS Arden and Greater East Midlands Commissioning Support Unit (CSU)<sup>10</sup> manage complaints made to the Birmingham South Central CCG patient experience team<sup>11</sup>.
- Birmingham CrossCity CCG complaints handling is overseen by the CSU, who is currently contracted to ensure that Birmingham Cross-City CCG meets the NHS England Complaints Policy 2017<sup>12</sup> standards.

The CCGs have told us that the main types of complaints patients or carers make to them are:

**About a service the CCG commissions:** either the patient can make a complaint directly to the provider or to the CCG that commissions the service<sup>13</sup>.

- If the complaint includes more than one service, then it may be better for the patient to complain to a CCG rather than individually to numerous organisations.
- The CCG complaints system may be particularly important where communication has broken down between the patient and the provider services. In this situation the patient may not want to complain directly to the provider. The CCG complaints process provides these patients with an alternative and accountable body.



**Funding of treatment:** Clinicians can make an individual funding request (IFR) if they believe that a particular treatment or service, that the NHS does not routinely offer, is the best treatment for a patient – given their individual clinical circumstances<sup>14</sup>.

**Continuing Health Care (CHC):** where patients wish to complain if the NHS has denied continued NHS funding<sup>15</sup>.

**Retrospective Reviews:** the repayment of CHC care fees in retrospective claims.

## Purpose of project

We sought to understand how Birmingham CCGs collect and use people's feedback regarding making a complaint. We also asked whether such feedback would be useful to CCGs and why. To do this we asked Birmingham CCGs how they:

- Collect and use complainant's feedback regarding their complaints system.
- Might routinely listen to patient feedback in the future.

We also wanted to increase our understanding of the experiences of complainants. We used this knowledge to inform our discussions with the CCG complaints teams.

## Experiences shared by complainants

Healthwatch Birmingham collaborated with VoiceAbility<sup>16</sup>, a local NHS complaints advocacy provider, in this project. VoiceAbility identified Partners (people VoiceAbility support) who had made a complaint to a Birmingham CCG and who were not satisfied with the complaints process. We interviewed five previous complainants and listened to their experiences of the CCG complaints systems. We also heard from VoiceAbility Advocates, who support people to make a complaint about an NHS service. The full methods we used in this project are given in Appendix 2.

These complainants talked to us about: the length of the process, communication with the CCG, their confidence in the complaints system and that it was not clear which of the CCGs to complain to. Some people told us that they felt the CCG did not care about them.



### Length of process

Interviewees told us that complaining to the CCG is a lengthy process:

- “The CCG took a month or two to reply to questions, and then they may not answer the questions that were asked. I then had to write to them again.” (VoiceAbility Partner).
- A VoiceAbility Advocate explained to us that the lengthy formal complaints timeline puts people off going down this route.



### Communication

Some of our interviewees felt that communication with CCG complaints teams is poor; they lacked information about the progress of complaints and the decision-making process.

#### Lack of information regarding progress of complaint<sup>17</sup>

- “Once the CCG receives a complaint, I have found that they are not very good at keeping Partners updated or making them feel involved. Partners quite often have to do the chasing to gain updates.” (VoiceAbility Advocate)

One interviewee said they were not happy with the time delays when trying to chase the status of her complaint. Another interviewee told us:

- “The Advocate had to keep sending emails, but the CCG wasn’t responding. We were getting nowhere.” (VoiceAbility Partner).

### **How the outcome of the complaint is decided is not clear and transparent**

A VoiceAbility Advocate told us:

- “In my opinion, they very much decide if, what and how they are going to deal with a complaint. There is no clear information on the systems or processes for (VoiceAbility) Partners.” (VoiceAbility Advocate)
- One of the VoiceAbility Advocates had written to the CCG to obtain a definition of ‘Exceptional Case’<sup>18</sup>. This was to assist in understanding the complaint response. The CCG did not provide one. The decision-making process was therefore not clear to the VoiceAbility Advocate, or the Partner.



### **Lack confidence in the CCG complaints system**

Some VoiceAbility Partners lacked confidence in the CCG complaints systems.

- A VoiceAbility Partner shared with us that she does not have any faith in the hospital or the CCG and felt her complaint was ‘brushed under the carpet’. She said there was no explanation and felt ‘let down’. She did not feel that the CCG had taken her complaint seriously.
- Another person felt that the CCG were ‘not up to the job’, which is why she would, in the future, complain directly to the service provider rather than to the CCG. She told us ‘I didn’t think they were doing their job ... I wasn’t very impressed with them.’ (VoiceAbility Partner)



### **It is not clear which CCG to complain to**

Advocates and their Partners told us they did not understand which CCG they should complain to. One Advocate explained that for one of their Partners:

- There was a huge lack of communication between the two CCGs. It seems they passed the complaint back and forth to each other, with each CCG refusing to take responsibility. There is no clear understanding/process to indicate which CCG is responsible for which complaints and it appears that they decide as they go along which ones they would accept. This has really upset the (VoiceAbility) Partner. (VoiceAbility Advocate).



### **Complainants do not feel cared about by the CCG**

Four of the five complainants we interviewed commented on the lack of compassion in the process.

- When asked how the CCG could improve the complaints process one person said

they could be ‘Not quite so sharp, more amenable.’

She said that the CCG made her feel ‘Oh, get on with it, you are alive aren’t you?’ (VoiceAbility Partner). She wanted to sit down and talk with the CCG complaints staff member. She did not feel it was possible to fully discuss her complaint on the phone or by post.

- A VoiceAbility Partner asked to have an interview with the CCG to appeal the decision they had made. The CCG declined and did not give a reason.

The interviewee told us: ‘I’m a person, not a number ... I know it is how they work, but in some ways they forget the compassion and sympathy ... they (the CCG) put up a barrier from the start, it’s been really stressful. Nobody wanted to know.’ She did not feel the CCG took her complaint seriously. ‘I think that basically, they don’t care about the patients, that’s how I feel.’ (VoiceAbility Partner)

These quotes highlight that some complainants had similar negative experiences with the CCG complaints system. Routine feedback may help CCGs during their continuous work of improving their complaints service. However, CCG complaints staff do not currently routinely collect such feedback. The staff<sup>19</sup> met with us, and Holly Pyke (Manager, VoiceAbility), to explain the barriers and the benefits of doing so.

## Barriers and benefits of hearing feedback

### Barriers to CCGs collecting and using feedback about the complaint’s system.

The CCG complaint managers shared with us the following list of barriers that hinder them routinely collecting complainant’s feedback.

- **Quality Indicators.** The service providers have many quality indicators to meet as part of their contract with the CCG. The CCG view these indicators, and the measures against them, as a far more valuable indicator of the quality of the service being provided than complaints data.
- **The possibility of being penalised.** The CCGs may be penalised for not handling complaints properly. It therefore potentially carries a reputational risk.
- There may be an **extra cost** of introducing a feedback system.
- A feedback system may result in a **lengthier and more resource heavy complaints process.** For example, people who are not satisfied with the outcome of their complaint may say the CCG had not considered all the relevant points.
- Using feedback may **add pressure** on the complaints teams; targets may be set that they then need to achieve.
- The CCG **may not see this issue as important**, due to the relatively low numbers of complainants.





The complaints managers also shared the following concerns about the perceived validity of complainant's feedback:

- Some complainants give mixed messages: sometimes the same complainant will give very positive feedback about the CCG one week and very negative the next.
- Some of the negative feedback about the complaints system may be due to unrealistic patient expectations. For example, the CCG receives complaints because patients cannot access their GP and they expect the CCG to arrange an appointment for them.
- Some people may provide negative feedback because they are not happy with the outcome of their complaint.

CCGs need to carefully consider all of these barriers and ensure they overcome them in order to reap the following benefits.

### Benefits of CCGs collecting and using feedback about the complaint's system.

CCGs do continually try to improve their systems: complaints managers we spoke to were already considering piloting a feedback questionnaire for patients who had submitted a complaint to the CCG. This type of action, as well as the actions that resulted from our meeting with them, is included in Appendix 3 of this report.

In our meeting with the complaints managers, we explored together the positive impact to the CCG of hearing complainant's feedback. The CCG managers felt that such feedback, used to continuously improve the complaints system and assess effectiveness, would have the following advantages:

- Inviting feedback may **save the CCG money** by improving complainant's satisfaction. Those people who are not satisfied (with the way their complaint is being handled) may contact the CCG more often.
- Inviting feedback may avoid **unnecessary escalations** to the Ombudsman. People who are satisfied (with the way the CCG has investigated their complaint) are less likely to escalate their complaint to the Ombudsman. A complaint to the Ombudsman is time-consuming for the CCG complaints team: the Ombudsman will ask for the complaint file and then may make recommendations to the CCG. Additionally, if the Ombudsman indicates poor service this is a reputational risk to the CCG.



- Inviting feedback may **decrease the reputational risk** of receiving complaints about the CCG complaint's system.
- A complaints system that is working effectively may help **patients re-engage** with NHS services.
- Inviting feedback may provide '**soft intelligence**' about NHS providers.
  - > Although the CCG complaints managers doubted the information collected via the CCG complaints system would improve NHS provider services, they felt such information could provide 'soft data'. They explained that other quality indicators ('hard data')

collected by the CCG and providers had a greater impact on the quality of these services than the 'soft data obtained via patients' complaints. They also explained that the impact of a complaint on improvements to service quality depends on the service provider's PPIEI policy. That is, how the provider uses the patient complaint (if it has been upheld), to improve the quality of patient care.

- > It may increase, by word of mouth, the sharing between patients of high satisfaction with the CCG complaints service.
- Inviting feedback may **boost the morale of staff**. An effective complaints system would encourage satisfied people to give feedback, irrespective of the outcome of the complaint. Currently, CCG complaints staff receive positive feedback over the telephone; this is seldom in writing.

## Conclusion: the way forward

This report highlights the benefits and barriers of CCGs routinely listening to feedback about their complaints systems, and using this feedback to improve aspects of the service important to complainants.

We are pleased that the current Birmingham CCGs are exploring how they may routinely collect and use feedback about their complaints systems<sup>20</sup>. However, it is important that CCGs include such feedback loops in their complaints policy.

In order for these feedback loops to have maximum benefit, the complaints teams need to have the flexibility to change their systems based on the feedback of complainants. This will help both Sandwell and West Birmingham CCG, and from next year BSOL CCG, to provide an excellent, cost-effective service to complainants.

We propose that one of the key barriers to setting up such feedback loops is that NHS England does not measure CCGs on the quality of their complaints systems<sup>21</sup>. As most organisations tend to focus on those areas they are measured on, we recommend that NHS England Midlands and East – who regulate CCGs – seek assurance that CCG complaint systems are effective and of high quality. We ask them to measure the quality of CCG's complaints systems, including hearing and using complainant feedback to improve the quality of their systems.

We look forward to reporting the progress of Birmingham CCGs in 2018, including actions by NHS England Midlands and East, to improve this aspect of CCG's Public & Patient Insight, Experience and Involvement (PPIEI) in the design and delivery of services.

## Acknowledgements

We would like to thank the VoiceAbility Partners who kindly agreed to share their experiences of making a complaint to a Birmingham CCG.

We are also grateful to the Advocates who provided their experience of making a complaint to a Birmingham CCG and invited their Partners to participate in this project. Similarly, we are grateful to Holly Pyke, service manager at VoiceAbility, for her involvement throughout the project.

We would also like to thank the CCG complaints teams for fully participating in this project, particularly Anita Fellows, Jodi Woodhouse and Helen Geoghegan, who spent an afternoon with us discussing their complaints system and who commented on the drafts of this report.

## Appendix 1: Background to Healthwatch

### What is Healthwatch?

The Health and Social Care Act (2012) stated that every English local authority area should establish a Local Healthwatch. Our key role is to ensure those who commission, design and deliver health and social care services hear, and take into account, the public voice.

Healthwatch Birmingham listens to and gathers public and patient experiences of using local health and social care services. Examples of such services are general practices, pharmacists, hospitals, dentists, opticians, care homes and community-based care. We hear these experiences via our Information and Signposting Line, our online Feedback Centre ([www.healthwatchbirmingham.co.uk/your-feedback/](http://www.healthwatchbirmingham.co.uk/your-feedback/)), and through our community engagement activity, led by staff and volunteers. You can read more about Healthwatch Birmingham at [www.healthwatchbirmingham.co.uk/about-us/](http://www.healthwatchbirmingham.co.uk/about-us/).

### How do we select the issues on which we collect evidence?

Some of the issues we hear about from patients and the public may require deeper exploration in order to present a comprehensive report to those who commission, design and deliver health and social care services in Birmingham. Members of the public select these issues as part of our Topic Identification and Prioritisation System (TIPS). We describe this system in more detail in our 2015-2016 Annual Report ([www.healthwatchbirmingham.co.uk/about-us/reports/](http://www.healthwatchbirmingham.co.uk/about-us/reports/)).

By involving members of the public in decisions about our future activities, we ensure we are operating in an open and transparent way. It also ensures that we understand the public's priorities.

### Who contributes to our evidence collection?

We explore selected issues with the help of our volunteers, Healthwatch Birmingham Board members, patients, members of the public, service users and carers. They provide us with their experiences of health and social care and share other relevant knowledge, skills, and support.

Healthwatch Birmingham also talks to key professionals providing or commissioning the service we are looking at. This helps us to form a deeper understanding of the issue from the perspective of these professionals and encourages them to take prompt action to effect positive changes for patients and the public.

### What differences do our reports make?

We follow up our reports to measure the impact they have had. That is, we ascertain if our findings have made services better for patients and service users. We hold service providers and/or commissioners to account for changes they stated they would make because of the report. If Healthwatch Birmingham finds no improvement, we may decide to escalate the issue to Healthwatch England ([www.healthwatch.co.uk](http://www.healthwatch.co.uk)) and local regulators. We also monitor the changes to see if services sustain improvements.

## Appendix 2: Methodology and Approach

Healthwatch Birmingham ran a focus group, followed by an online survey, with members of the public and key stakeholders who are part of the health and social care system in Birmingham. We presented several examples of poor quality/availability of services, which patients and the public had made us aware. Participants selected issues they thought we should explore further. Nineteen (40%) of the participants in the online survey indicated that we should explore 'The ease of complaining to the Clinical Commissioning Groups (CCG) in Birmingham about health services they commission'.

In order for the project to have maximum impact – to decrease variability in the quality of services – we decided to focus on how CCGs collect and use complainant's feedback about the CCG complaints system. This approach fits with the Healthwatch Birmingham remit to assure public and patient engagement in the design and delivery of health and social care services.

### Participants

Participants included VoiceAbility Partners who had made a complaint to a Birmingham CCG, VoiceAbility Advocates, and CCG complaints team staff.

#### VoiceAbility

VoiceAbility Partners, Advocates, and the VoiceAbility service manager participated in this project. The VoiceAbility service manager, Holly Pyke, facilitated the recruitment process and participated in the meeting with the CCG complaints managers outlined below. We interviewed five people who had made a complaint to a Birmingham CCG in the last year. Healthwatch Birmingham researchers conducted the interviews by telephone. VoiceAbility helped us to recruit Partners to interview. We assured interviewees that we would treat all information as confidential. Two VoiceAbility advocates also provided us with written feedback about their experience of supporting Partners through the CCG complaints process.

#### Birmingham CCG complaints teams

We initially contacted senior managers at the CCGs, who then put us in contact with the managers of the complaints teams. We explained to the complaints managers that:

- We were conducting a project to describe the way that all three Birmingham CCGs obtain and use feedback from their complainants.
- We were interested in the ways they had tried to get this feedback, and what had worked and not worked.
- We were interested in the barriers they experienced when trying to obtain Complainant's feedback.
- We were conducting this project in collaboration with all three CCGs and VoiceAbility and that we hoped the report would be helpful to them.

The Chief Officer at Sandwell and Birmingham CCG (Claire Parker) was supportive of the project and suggested we spoke to Jodi Woodhouse (Quality Improvement Team Manager, Sandwell and West Birmingham CCG). This was to find out how they are trying to improve capturing patient feedback, and where it had failed.

At Birmingham South Central CCG, the Accountable Officer suggested we contact their complaint manager (Anita Fellows, employed by NHS Arden and Greater East Midlands Commissioning Support Unit). Anita also oversees the complaints system for Birmingham Cross City CCG. Jane and Anita met and discussed the project and both complaints systems.

During the individual meetings with the complaints managers, it became apparent that it would be useful for them to have an informal session to 'bounce around ideas'. We agreed that the meeting would be written up and the complaints managers would be given the opportunity to comment on the report before was published it. This was to ensure they felt part of the project team, with full buy-in to the outcomes and success of the project. The meeting took place in June 2017. Attendees were Jodi Woodhouse and Helen Geoghegan (Sandwell and West Birmingham CCG), Anita Fellows (NHS Arden and Greater East Midlands CSU), Holly Pyke (VoiceAbility), Dr. Chipiliro Kalebe-Nyamongo, Dr. Barbara Hagger and Dr. Jane Upton (Healthwatch Birmingham).

## Questionnaire

We used the following questions to steer the telephone interviews with VoiceAbility Partners.

1. Which CCG was it and when did you start the complaint process?
2. How did you raise the complaint?
3. Did you have all the information you needed to raise the complaint?
4. Could you access the complaints process easily?
5. Were you kept informed of what was happening with your complaint?
6. Did you face any difficulties finding your way through the complaints process?
7. Did you receive the help you needed; was this from the CCG or VoiceAbility?
8. Did you have to go through this process on your own or were any other members of your family involved?
9. Were your personal needs met for example, with language, mobility, culture?
10. Did your complaint get handled in a timely manner?
11. Were the people who dealt with your complaint/health issue polite and kind to you?
12. If you met people to discuss your concerns what was the environment like? Did they respect your privacy?
13. Do you feel your complaint was well co-ordinated?
14. How long did your experience of the complaints process last?
15. Please could you tell me how you felt about making your complaint?
16. How do you think the complaints process could be improved?

## Appendix 3 - CCG Actions

The project meeting participants discussed and agreed on the actions listed below. Healthwatch Birmingham will report progress in the 2018 Impact Report for this project.

### Piloting a feedback questionnaire

Currently, the CCG complaints teams send a letter to the complainant informing them of the outcome of the complaint. This letter invites them to discuss the complaint with them, should they have any outstanding queries. Additionally, Sandwell and West Birmingham CCG complainants can request a meeting to discuss the outcome of their complaint if they are not happy.

In future, the CCG could use these letters as an opportunity to invite complainants to give feedback via a questionnaire. All CCGs wanted to pilot this idea and agreed to communicate with each other to share thoughts and learning.

- The questionnaire may include a reference number for the complainant. This will enable the CCGs to categorise complaints by trends and themes, providing insight into the feedback data. For example, whether the CCG upheld the complaint. This is because the complaint's managers speculated that the outcome of a complaint would affect the complainant's satisfaction with the CCG's complaints process itself.
- The response letter (or follow-up letter sent two weeks later) may stress to complainants the importance of the complainant giving their feedback, as this will help the CCG to improve their complaint's system. The complaints teams need to explain terms clearly. For example, the CCGs need to make words like 'exceptional' clear.
- For all CCG's the decision of whether or not to proceed with this pilot was to be taken by the complaints managers to their line managers.
- For Birmingham South Central/Birmingham Cross-City CCGs this piloting may inform the complaints policy for the merged CCGs (i.e. whether or not to include feedback about the complaints system in the new policy for the merged CCGs).

### Obtain feedback at the AGM

Birmingham South Central CCG agreed to obtain feedback about their complaints process at their Annual General Meeting. Healthwatch Birmingham offered to put this questionnaire on their website. Possible questions identified in our discussions were:

- Do patients know what the CCG is?
- Do they know what the complaints process entails? Make sure the website is up to date and easy to understand and navigate.
- If they have made a complaint, are they satisfied with the CCG's complaints process itself (timeliness, better updates etc.)?
  - 'Does the CCG complaints process work for you?'
  - 'What would you like the CCG to change?'
  - Ask for comments and suggestions.
  - Ask what patients want to achieve at the beginning.
  - Identify what was wrong.

### Raise understanding

Sandwell and West Birmingham CCG intend to do some promotional work to raise awareness about Time2Talk (their complaints system). This will help manage expectations and help complainants to understand when a face-to-face meeting is appropriate.

## Conduct training

CCGs will consider carrying out training or listen in on calls to observe how caseworkers deal with complainants (i.e. are they caring etc.).

## The CCGs and VoiceAbility will strengthen their connection:

They agreed to discuss cases to ensure that the Advocate is signposting their Partner to the most appropriate organisation to refer to. Although it is ultimately the Partner's decision where to complain to, it would be helpful to Advocates to have communicated with the CCG about individual cases. This could result, e.g. in the Partner first lodging an informal concern. More verbal contact with the CCG would lead to quicker and more effective ways to resolve issues.

Currently, the majority of contact from VoiceAbility to CCGs is the letter of complaint. The CCG complaints managers encouraged Holly Pike (VoiceAbility Service Manager) to encourage VoiceAbility Advocates to telephone the CCG to discuss complaints at an early stage. VoiceAbility would ideally like complainants to be able to navigate the CCG complaints system easily and quickly themselves rather than relying on an advocate.

VoiceAbility suggested they share learning following a project that sought to gather feedback on people's experience of Voice Ability's process. Holly indicated that, through their project, they found that advocacy interventions are not structured well enough to provide information people need at different stages. As a result, VoiceAbility developed a guide to the process outlining what people can do at each stage. This enabled people to know where they are in the process, which reduced complaints from Partners. The CCG complaints managers received this idea favourably.

## References

- 1 'Suffering in silence: Listening to consumer experiences of the health and social care complaints system' <http://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/hwe-complaints-report.pdf>.
- 2 Clinical Commissioning Groups (CCGs) buy health and social care services from a range of providers e.g. general practices, nursing homes and hospitals. If a patient has a poor experience of a service, they can complain directly to the relevant CCG.
- 3 <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>
- 4 'Suffering in silence: Listening to consumer experiences of the health and social care complaints system' <http://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/hwe-complaints-report.pdf>.
- 5 [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/270368/34658\\_Cm\\_8777\\_Vol\\_1\\_accessible.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/270368/34658_Cm_8777_Vol_1_accessible.pdf).
- 6 This vision was developed by the Parliamentary and Health Service Ombudsman, the Local Government Ombudsman, and Healthwatch England. [https://www.ombudsman.org.uk/sites/default/files/Report\\_My\\_expectations\\_for\\_raising\\_concerns\\_and\\_complaints.pdf](https://www.ombudsman.org.uk/sites/default/files/Report_My_expectations_for_raising_concerns_and_complaints.pdf).
- 7 NHS England Complaints Policy, 2017.
- 8 Birmingham South Central CCG and Birmingham Cross-City CCG, along with Solihull CCG, will form Birmingham and Solihull CCG in April 2018.
- 9 <https://sandwellandwestbhamccg.nhs.uk/customer-care>.
- 10 Commissioning Support Units: CSUs provide a wide range of commissioning support services that enable clinical commissioners to focus their clinical expertise and leadership in securing the best outcomes for patients and driving up quality of NHS patient services.
- 11 <https://bhamsouthcentralccg.nhs.uk/contact-us/complaints>.
- 12 <https://www.england.nhs.uk/wp-content/uploads/2016/07/nhse-complaints-policy-june-2017.pdf>.
- 13 Examples of services that CCGs commission are: elective hospital care, rehabilitation care, urgent and emergency care, most community health services, mental health and learning disability services.
- 14 <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/06/individ-fund-reqts-info-pats.pdf>.
- 15 <https://www.england.nhs.uk/ourwork/pe/healthcare/>.
- 16 VoiceAbility provide the NHS Complaints Advocacy Service, which supports people to make a complaint about a NHS service.
- 17 Birmingham CCGs are currently considering sending complainants a timeline at the beginning of the complaints process; showing dates, response dates and follow-up dates. This should aid better communication between complainants and the CCG.
- 18 See IFR above.
- 19 Anita Fellows for the CSU, and Jodi Woodhouse and Helen Geoghegan for Sandwell and West Birmingham CCG.
- 20 Actions are listed in Appendix Three of this report.

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