



Patient Rights (Scotland) Act 2011 –

Review of “Can I help you?”

Guidance for handling and learning from feedback, comments, concerns and complaints about NHS health care services

February 2012

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Part 1 - Introduction

1. The Patient Rights (Scotland) Act 2011, which received Royal Assent on 31 March 2011, aims to improve patients' experiences of using health services and to support people to become more involved in their health and health care. It will also help achieve the Scottish Government's Health Care Quality Strategy person-centred ambition for an NHS based on mutually beneficial partnerships between patients, their families and those delivering healthcare services. A full copy of the Act can be found online at <http://www.legislation.gov.uk/asp/2011/5/contents/enacted>.
2. The purpose of this paper is to seek views on the revised “Can I help you?” good practice guidance for the NHS in Scotland. The revised guidance attached as Annex A reflects policy and legislative developments, and updates and will replace the guidance previously issued 2005.
3. The Guidance has been prepared with the support of a short life working group (Complaints Review Group) established from stakeholders across NHSScotland, Professional Bodies and Scottish Government Health Directorates. A membership list is attached for information at Annex C.
4. We hope that the proposed guidance accurately reflects the discussions and views expressed by the Complaints Review Group and that these reflect and capture the views of other stakeholders. You are invited to comment on the draft guidance and to let us know whether you consider there are any other significant issues that should be included or if there are any areas where further details are required.

Part 2 -Respondent Form and Consultation Questions

1. A copy of the revised “Can I help you?” guidance is included in Annex A. Please refer to this as necessary in your consideration of the questions raised in the following pages.
2. We would appreciate if you would please complete the form and boxes beneath the questions and return this to lauracampbell@nhs.net by close on 2 March 2012.

Patient Rights (Scotland) Act 2011 – Review of "Can I help you" Guidance - Response

1. Name/Organisation

Organisation Name

a. Royal College of Physicians of Edinburgh

Title Mr Ms Mrs Miss Dr *Please tick as appropriate*

Surname

a. Dwarakanath

Forename

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Questions

Question 1

We are committed to early and local resolution of all feedback, comments, concerns and complaints. The new guidance sets out the requirements for NHS Boards, Special Health Boards, Common Services Agency and Family Health Care service providers on how to handle and learn from feedback, comments concerns and complaints.

- 1.1. Is the difference between feedback, comments, concerns and complaints clear to the reader?
- 1.2. Are there any further examples you would wish to see added to the definitions of feedback, comments or concerns?

Question 1 Answer

This is an important aspect to the guidance as potentially the differences could be a cause for confusion. This is often a matter of judgement and therefore relies on adequate training in this area. It would be helpful to be clearer about absolute requirements and when staff will have discretion to use their own judgement.

1.1 The difference between 'comments' and 'feedback' is not that substantial; in addition further clarification would be useful as to when 'concerns' turn into a formal 'complaint'.

1.2 There is a separate point about good communication which is contained in 2.2.6: more emphasis should be placed on this throughout the document.

In addition, more emphasis should be given to concerns raised as a result of poor treatment/service, and not just on proposed treatment.

Clarification is needed on to whom feedback and concerns can be made and whether or not they are being recorded.

Question 2 - Does the guidance clearly articulate the learning and improvement approach that NHS Boards, Special Health Boards, Common Services Agency and Family Health Care service providers are required to adopt?

Question 2 - Answer

It might be helpful to call the section on p.18/19 "Learning and Improvement" rather than "Monitoring".

There is a need to define and communicate the steps taken to directly address the matters with patients who raised the issues.

Question 3

The consequential amendments outlined in the Regulations ensure that primary care contractors are under an obligation to have arrangements in place in accordance with section 15 of the Act, and any regulations or directions made under the Act.

The GMS Regulations and the Section 17C Regulations are also amended to provide that the Health Board may vary the contract without the contractor's consent where it is necessary to do so in order to comply with the Act. Similar amendments have been made to the GOS Regulations; the Pharmaceutical Regulations and the GDS Regulations in order to incorporate the Act into the relevant contractors' terms of service, in so far as relevant to that contractor.

Family Health Care service providers are required to submit data to their respective Health Boards quarterly for complaints statistics and annually for feedback, comments and concerns. Is the guidance clear on this issue?

Question 3 - Answer

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Question 4

The Patient Advice and Support Service (PASS) service is a new requirement of the legislation and will replace the Independent Advice and Support Service (IASS) from 1 April 2012.

- 4.1 Is the new role and remit of the PASS service clear to the reader?
- 4.2 Is the NHS role in promoting and co-operating with the new service clear?

Question 4 - Answer

The guidance gives a lot of information on what the PASS service cannot do, which detracts from illustrating the service and benefits it does offer to patients.

Question 5

Would it be helpful for the guidance to give advice on issues which should be considered when dealing with complaints from patients who receive their treatment from a prison health centre e.g. access to telephones etc?

Question 5 - Answer

Although the Scottish Prison Service is now fully integrated, the various references to special requirements of prisoners using the service would be better placed in a separate annex rather than complicating the main body of the text.

Question 6 - Do you have any other general comments to offer on the revised guidance?

Question 6 - Answer

Overall, this guidance is to be welcomed.

However, the guidance document is overly long and its title does not fit the purpose of providing guidance to NHS Boards and Managers to establish effective services for handling complaints concerns and feedback.

Terminology is not used consistently eg Family Health Service, Family Health Care and Primary Health Care providers.

The use of bold text could be employed to distinguish statutory requirements from recommended best practice.

More emphasis needs to be placed on good communication whether related to "feedback, comments, concerns" or "complaints" – the point is that improving communication and providing better information should help prevent issues arising in the first place and escalating to complaints.

Annex B, page 2 mentions a practical guide for staff and providers of NHS services on the Act and a series of factsheets - these should be launched at the same time as this guidance in order to provide joined up thinking across the NHS.

There are no references to how staff are supported to facilitate complaints from patients who may struggle with written English.

Please return the completed form to lauracampbell@nhs.net by close on 2 March 2012.