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Janet’s experience

Janet made a complaint which was not responded to, and she is reluctant to complain again:

“I did make a complaint while in hospital but I felt that I was treated indifferently by the nurses, and it wasn’t taken seriously. I have had no response or feedback following the complaint, but my counsellor has advised me that I need closure about what happened.”

The experiences throughout this report are real stories about NHS complaints that we have gathered from patients about different services in the county.
Executive Summary

This study investigated perceptions and expectations of patients using the complaints process for the first time. Our aims were to uncover what people thought would make it easier to raise an issue or complaint and to make recommendations for improvements.

We know from speaking with patients across the county that the care they receive from local NHS services is usually very good, and there is a lot to praise. At times, however, things don’t go quite right. Patients want, and have the right, to make a complaint about their care or the care of a loved one.

The process for making a complaint needs to be as straightforward as possible. People need to feel that their concerns are listened to and that things change where change is needed.

Healthwatch spoke to patients at two Hampshire hospitals about their perceptions of the complaints process. We wanted to find out what people expected when wanting to make a complaint and what they would want to see in a complaints system.

We found that people, when faced with the prospect of making a complaint, wanted it to be simple and straightforward. And they wanted choice. They wanted to be able to choose from a range of options of how to raise their complaint, including the option of raising it with an independent body.

They also told us that they may be put off by the location and environment of the place where they go to make a complaint. The area needs to be designed to be inviting and private. The best place for a PALS/customer care desk is close by the main reception, inviting and comfortable, with areas for private discussion and clear signage. People want to be able to raise their concern before they leave the site.

On the whole, people are comfortable with speaking to staff at the hospital about their issue. But we were told of genuine concerns about complaints affecting current care – concerns that staff can do more to address.

Christine Holloway
Chair, Healthwatch Hampshire

1. Patient advice and liaison service – some hospitals have PALS teams who provide a point of contact for patients and family members to raise issues and concerns.
Introduction

Most people who make a complaint about an NHS service will do this only once. Often people use the complaints system as a last resort; they do not want to complain at all but feel they need to raise an issue [1]. They do, however, have expectations about how their complaint should be handled.

The first step to making a complaint at a hospital is often to approach someone in the customer care/PALS (Patient advice and Liaison Service). The first impression of this office and the initial interaction is important, as it shapes the person’s perception of the complaints service and those who work in it.

Ease of making a complaint

The Francis report states that: “Methods of registering a comment or complaint must be readily accessible and easily understood” (Recommendation 109) [1]. How readily accessible is the complaints service in a hospital? And how easy is it to make a complaint there? A Healthwatch England report on the complaints systems in health and social care states that many people do not know where to go to make a complaint [2]. Surveys commissioned by Healthwatch England [3] also found that 54% of people who had a problem with a health or social care service in the last three years did nothing to report it because they did not have confidence that their complaint would be handled effectively. Out of those who made a formal complaint or gave feedback, 38% said they did not find it easy to complain.

Furthermore a research report conducted for the Care Quality Commission in 2013 suggests that although people are generally positive about the standard of care they receive, they struggle to make a complaint [5].

Of those who made a complaint, over half said that their concern was not welcomed, compared with just under half who said that it was. Those over 65 years of age said that it would be unlikely they would raise a concern or make a complaint compared to those aged between 25-64 years [5].

Keith’s Experience
Keith made an enquiry to the hospital about his care.

“Thanks for responding to my enquiry so quickly”.

Samantha’s Experience
“Their response made me feel like an individual and that is very important. Generally the service is satisfactory.”

Approachability

First impressions are really important. Reception areas are fundamental to these impressions. As the initial point of contact between hospitals and the public, they establish an organisation’s public image [4].

Research has shown that people find that it can be an intimidating experience to raise a concern [2]. So the first impression of a PALS/customer care office should be welcoming, reassuring, and supportive.
Need for independence

At times people believe that the complaints system is not independent, and hospitals and other organisations are able to “mark their own homework”[2]. People who use health and social care services have found that it can be difficult to find support for making a complaint[2]. Support is often absent. Even where it does exist, it may not be, or be seen to be, independent. Complaints staff are seen by the public as not being “neutral arbiters”, with little outside scrutiny of the complaints process. This leads to reports by services users that they sense that the process is biased[2]. In an important CQC report (April 2013), 67% of women and 60% of men said that they would be encouraged to make complaints if they could complain anonymously, and 68% of participants said that they would be encouraged to make a complaint if they had an advocate[5].

Jim’s Experience

Jim’s wife was scheduled for an operation which was cancelled several times, the last time at less than an hour’s notice. Jim rang up to complain:

“They put me through to a ‘consultant’ and when I tried to complain he sounded like he did not care about the staff and patients. He said: ‘this is the NHS, what do you expect?’ I am fed up, I have lost out on time, money, not to mention lost working hours and plenty of stress.”

Minor concerns

The Berwick review and the Keogh report[2] state that many people, at times, find staff handling complaints involving either themselves or a close colleague can be insensitive towards them, and that their complaints are sometimes ignored or misunderstood[2].

Raising concerns and complaints

People must know how and where to raise their complaints and understand their rights as health and social care consumers. Healthwatch England has proposed a new vision for raising concerns and complaints in health and social care, based on what consumers should expect in health and social care.

Diagram 1: Healthwatch England vision for raising concerns and complaints in health and social care

1. Considering a complaint
   - I felt confident to speak up.
2. Making a complaint
   - I felt that making my complaint was simple.
3. Staying informed
   - I felt listened to and understood.
4. Receiving outcomes
   - I felt that my complaint made a difference.
5. Reflecting on the experience
   - I feel confident making a complaint in the future.
Objective

The aim of this project was to investigate what people think will make it easier to make a complaint at an NHS hospital in Hampshire by examining their perceptions and expectations of the process. The questionnaire asked whether people know how to make a complaint in a hospital, and what would make them feel comfortable to do so. We used a questionnaire with five themes: ease of making a complaint, accessibility, approachability, independence/impartiality, and raising minor concerns.

Methodology

Participant Sample:

Participants were people visiting outpatient departments in two acute hospitals in Hampshire. University of Portsmouth psychology undergraduate students collected the data during outpatients’ department opening times during a two-week period. All patients were invited to take part, but were excluded if they had made a complaint before, or if they were under 18 years of age. People were asked for verbal consent to take part, and in keeping with NHS research ethical guidelines, special consideration was given to extremely vulnerable adults.

We also held two focus groups with NHS staff who work in the customer care team and support the complaint process and frontline staff who are involved in investigating and responding to complaints. This helped us add context to our study and understand how staff want to engage with patients about their concerns.

Procedure:

Researchers introduced themselves as Healthwatch Hampshire Champions, and asked people whether they would like to complete a questionnaire about their perceptions and expectations of hospital complaint services. People who agreed were provided with the questionnaire with structured and open-ended questions on the 5 topics (see appendix).

Participation was voluntary and data was collected anonymously. Participants did not have to complete the questionnaire fully and because participants were at times too unwell to participate in full, a higher than usual rate of missing data was anticipated. Percentages and frequencies were obtained/analysed using Excel software. Qualitative data was analysed using content analysis methods.

Lynn’s experience

Lynn met a PALS/customer care officer after her teeth were damaged during surgery:

“I was told that they would arrange for some quotes from private dentists in my area for remedial work and since then I have not heard anything. They told me that she is on leave, off sick, and finally that they told me to get a solicitor. I can’t eat properly and I don’t understand why the officer was so helpful at the meeting and is now refusing to help me.”
Findings

We collected data from 500 participants. Participants who did not complete any question from Q1-Q6 were eliminated (n=51). Similar to other research conducted in outpatient departments in hospitals, there was a large number of missing responses, as some participants were patients attending appointments and may have not been well at the time. The study did not need participants to complete every question, and each question has some sample response differences.

Demographics

Most participants completed the optional demographic questions (n=393). The responses showed the participants to be predominantly white, female, aged between 65-79 years old. One-fifth reported at least one disability.

Table 1 - Sex & Disability

<table>
<thead>
<tr>
<th>Sex</th>
<th>Disability</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Yes</td>
<td>38%</td>
</tr>
<tr>
<td>Female</td>
<td>No</td>
<td>62%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>80%</td>
</tr>
</tbody>
</table>

Table 2 - Demographics

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian / Asian British</td>
<td>1.3%</td>
</tr>
<tr>
<td>Black</td>
<td>0.3%</td>
</tr>
<tr>
<td>Mixed Background</td>
<td>0.8%</td>
</tr>
<tr>
<td>Other</td>
<td>0.5%</td>
</tr>
<tr>
<td>White</td>
<td>97.1%</td>
</tr>
</tbody>
</table>

Table 3 - Age

<table>
<thead>
<tr>
<th>Age</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>2.6%</td>
</tr>
<tr>
<td>25-49</td>
<td>26.8%</td>
</tr>
<tr>
<td>50-64</td>
<td>26.5%</td>
</tr>
<tr>
<td>65-79</td>
<td>35.7%</td>
</tr>
<tr>
<td>80+</td>
<td>8.4%</td>
</tr>
</tbody>
</table>
Results

The full survey can be viewed in the appendix. Participants were asked 8 questions, the results are displayed below.
**Question 3 - Ease of Making a Complaint**
This question asked what peoples preference of reporting a complaint would be

**Question 4b - Accessibility**
What are the preferences of patients when approaching the customer care desk in a hospital?
**Question 5a - Approachability**

*Patients were asked which of the pictures they saw as most appropriate*

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q5a (i) SECOND MOST PREFERRED (64%)</td>
<td>Picture 1 - An uncluttered high counter reception desk with a seated area inside a separate office to one side of the reception area.</td>
</tr>
<tr>
<td>Q5a (ii) MOST PREFERRED (74%)</td>
<td>Picture 2 - An uncluttered low counter reception desk with the option of walking through to a seated area in an office behind the desk.</td>
</tr>
<tr>
<td>Q5a (iii) LEAST PREFERRED (17%)</td>
<td>Picture 3 - An office with a reception window surrounded by information about making a complaint, with a seating area outside of the window.</td>
</tr>
<tr>
<td>Q5a (iv) (PREFERRED = 55%)</td>
<td>Picture 4 - An office with a reception desk and a seated area inside, surrounded by information about making a complaint.</td>
</tr>
</tbody>
</table>
**Question 5b** – where would you expect to find the NHSPALS/customer care office and the independent complaintssupport office?

Although the question was ‘where would you expect’ to find the NHSPALS/customer care office and the independent complaints service office(s), some people told us where they thought it should be located.

Ninety eight percent of respondents thought an NHSPALS/customer care office should be located within the hospital. Of these, 87% thought that it could be in the reception area close to the main entrance (33% saying actually at reception, 28% in the reception area, and 26% at or close to the main entrance). Of the remaining 13% of people who thought that it would be situated within the hospital, twelve suggested that it should be easy to find or “well signposted”, and eight recommendations that it should be in an office or space where privacy could be guaranteed. Twenty four percent of this group cited the outpatient desk as an obvious location, with other answers including: on ground level, away from reception, centrally within the hospital, “convenient for most wards”, in a quiet place, “easily accessible” [2] and “not tucked away at the back of the hospital”.

Thoughts about where an independent complaints service office(s) would/should be found were more varied, but 76% still held the opinion that it would be best located in the hospital. Seventy eight percent of this group of respondents further specified somewhere around reception close to the main entrance.

The remaining 22% of those believing the hospital to be the most fitting location gave a number of suggestions such as:

- Essentially “nearby” (16%)
- Easily located or well signposted (16%) – from reception or the main entrance.

Privacy was an important issue to seven respondents who specified that the office should be in a “discreet”, “private area” or “separate office”. Separation from the NHSPALS/customer care office was a factor for a couple of people, whereas another two felt that they would expect it to be adjacent to the NHS office. Other respondents said appropriate venues within the hospital might be in the Outpatient Department, in a quiet place, in the main admin section, at the rear of the hospital, centrally, near the waiting area, on ground level, and near all entrances. Other views included within “easy access”, maybe in a “separate building” or a “mobile unit”.

19% of respondents suggested a setting outside the hospital altogether, which was “local,” such as Winchester, a GP Surgery, Health Centre, local Community Centre, Council Offices, Library, or interaction via letter, the Internet or email.

In the next part of the questionnaire, participants were presented with two waiting room images. While 25% of respondents thought that the area in the two images would be appropriate for an NHS PALS/customer care reception (because it looked quiet, private, comfortable, approachable, understanding and informative), there were far more negative comments like: “It’s what we expect but not what we want”.

A number of people felt that the area seemed inappropriate or that the overall purpose wasn’t clear: that “it doesn’t look like a reception area”
and “looks like a church” or chapel, like an old people’s home, Doctor’s reception, dental reception or a Post Office. Some people thought that it needed to contain more information (not necessarily on a “messy notice board”) – with one saying that “Procedural information regarding mailing complaints should be made available”. Others thought that a desk would make the area seem more appropriate or professional. The apparent lack of privacy was of primary concern to a significant number of respondents some citing the need for a separate office altogether.

Thirty four percent commented that the reception seemed “unwelcoming” (13%), “unfriendly” (8%), “uncomfortable” (6.5%) or too clinical/formal (6%). Of these, others used words like “intimidating”, “uninviting” and “too sterile”. Another 35% highlighted various physical features which they didn’t like, with 25% of this group observing that it was “old fashioned” or “dated”, 19% that the seats looked “uncomfortable”, that it was small (22%), dark (18%) and “stark” (17%) (One person suggested this might be the fault of the photo).

Twelve people went as far as to say that the space felt “drab”, “dull”, or “depressing”, while others mentioned how the look of the reception might give them the message that the service was “unsympathetic”.

People said that the window (and closed door in one case) created “a sense of barriers” or of “shutting you off”. This was “not encouraging”, “impersonal and slightly intimidating”, and made the service seem “unapproachable”, “cold and distant”, and as though people would not be prioritised and might be forgotten about. A number of people deduced that the apparent “lack of investment” and “cobbled together” feel of the room made it seem that “complaints don’t really matter”, “wouldn’t be taken seriously” and would not be “valued”.

Respondents highlighted the fact that “its stressful making complaints” and that people might be “upset and distressed” so that a “relaxed” setting was important. One seemed to sum up what many respondents were stating with the suggestion to “make it appear more like a lounge where people feel at ease about discussing their issue(s) but yet know that it will be taken seriously.”

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**Question 6 - Minor Concerns**

This question asked participants about what their perceptions might be for raising a minor concern in a hospital.

![Bar Chart](chart.png)
**Question 7 - Health consumer rights**

Healthwatch Hampshire defend those who use health and social care services, supporting their consumer rights to essential services; to access; to a safe, dignified and quality service; to information and education; the right to choose services, products and providers; to be involved in health decisions; the right to be listened to and to live in a healthy environment. People told us that they would mostly prefer to be informed about this through leaflets, by health professionals and on noticeboards. Other suggestions included through an online environment, hospital and GP receptions and with an appointment letter.

**Question 8 - Service User Improvement**

Nearly three-quarters of the people in this survey said that they thought that people who use hospitals should be involved in the design of the

PALS/customer care office in this hospital (71%), the remainder disagreed.

**Discussion**

Generally, people in this study reported they would feel comfortable talking to someone at the hospital about the complaints process. We also learned that mostly patients seemed to want to make complaints before they left the hospital, which the complaint handling team informed us is also their preferred method in order to address issues early.

People in this survey told us that they would prefer an NHS PALS/customer care desk to be located just off the main reception area and be well sign-posted. They did not think a busy environment was appropriate, but that it needed to be in a quiet area and that there should be a space where privacy could be guaranteed. Most people also stated that they would feel comfortable mentioning a minor concern.

The results show that people prefer to have a choice about who they make their complaint to and that the NHS service is a key part of this choice. People preferred to raise issues independently of the treatment they had received and to do that within the hospital, somewhere around reception close to the main entrance. This may suggest that

the promotion of independent ‘Advice Points’ within hospitals may be valuable.

First impressions count. They shape the persons' perception of the complaints service. People told us that an appropriate PALS/customer care office needs to look like a reception area, and contain information including the various ways of making a complaint. They would prefer an uncluttered low
counter reception desk with a comfortable seating area and a separate office with privacy. It needs to look inviting and welcoming.

From the positive and negative comments about what PALS/customer care reception areas look like, it appears that perceptions are important at the initial stages of making a complaint. The extent to which poor perceptions may influence whether a person actually makes a complaint within a hospital would need further study. However, given the number of complaints that Healthwatch Hampshire receive independently, we suggest that more efforts are needed to capture concerns within hospitals, such as training frontline staff at reception points and making PALS/customer care reception areas more accessible, welcoming and approachable.

**Conclusions**

From this study we have learned that people on the whole do feel comfortable in raising issues with staff in hospitals and would prefer to raise their concerns whilst they are there. But people also wanted choice, to be able to choose whom to raise a concern with as well as the method of raising it. This suggests that patients should be offered multiple ways of making a complaint at the first opportunity, so that issues are captured early. Patients also supported the need for independent complaintss support located within the hospital.

Initial perceptions were important in this study, with people stating what they thought was or was not appropriate for a PALS/customer care reception area.

Overall, this study concludes that people initially have confidence and trust in the NHS complaints handling service and would prefer to report their concerns within the hospital, but would like a choice about how to do this.

People were clear that they need the PALS/customer care reception to be approachable, accessible and well-signposted.
Recommendations

Healthwatch Hampshire make the following recommendations for hospitals in Hampshire.

1. The PALS/customer care office should not be identified as an office, but as a customer reception area; it should be clear that this is a physical location for making a complaint and also that there are other options to make a complaint (email, phone, letter etc).

2. The customer reception area should be located near to the entrance / reception area of the hospital and there should be no doubt about its location. It should be well-signposted throughout the hospital.

3. The PALS/customer care reception area should be welcoming, attractive, comfortable and able to offer confidentiality.

4. The PALS/customer care area should be accessible and easy to get to for disabled people.

5. The complaints process must be seen as independent. This needs to be made clear by the hospital, and be part of the complaints handling team’s initial response to the complainant. People need to be reassured that their complaint cannot be linked to a patient and their NHS record.

6. The PALS/customer care website should be well-publicised. It should provide a comprehensive and clear description of the complaints procedure and appeals processes, highlight the independence of the complaints service from the patients’ medical record and inform about the options that are available.

7. If anyone needs help or independent support to make a complaint, they should be informed of Healthwatch’s NHS independent advocacy service by the hospital’s complaints team.

8. All complaints, regardless of which department they are sent to or in which format should receive a response.

9. If someone who complains wants to raise the issue with other independent bodies, in addition to making the complaint, they should be told of organisations such as Healthwatch who listen to patient stories independent of the NHS.

10. Frontline staff at reception points should be promoted as customer care representatives and adequately trained to proactively offer help and deal effectively with complaints.

11. Hospitals with multiple entrances should signpost patients on to the PALS/customer care office at every opportunity. They should also offer opportunities for patients to feedback concerns at every exit to enable patients to leave feedback before they leave the hospital.

12. Complaints handling teams and representatives should clearly outline the confidentiality issues of managing a complaint at the onset of any complaint and clearly outline the full complaints process.

13. The PALS/customer care website should have a FAQ's section to address enquiries and questions.

14. The PALS/customer care website should offer alternatives for formal responses such as large print letters.
**Dissemination**

Healthwatch Hampshire will present this report to Hampshire Hospitals NHS Foundation Trust and ask for their response to the recommendations. This is because Hampshire Hospitals provide the two main hospitals in the Healthwatch Hampshire area and this research was conducted within two of their hospitals. We will also present this report to the other hospitals in the county and ask for responses.

It will also be available on our website for CCGs and other provider trusts to access and learn from.

*This report is available in largeprint upon request.*

**Acknowledgements**

This report was produced in collaboration with Victoria Gill, Matthew Tang, and Miguel Lopez from the University of Portsmouth.

Special thanks also to Julie Gibson, Research Volunteer for her valued support.

**References**


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**Healthwatch Hampshire**

For help and advice, please contact us:
Phone: **01962 440 262**
Email: enquiries@healthwatchhampshire.co.uk
Online: www.healthwatchhampshire.co.uk
Or call in at any Citizens Advice Bureau in Hampshire.
Q1. Making a Complaint.

Suppose you wish to make a complaint at the hospital that you are visiting.

Tick only ONE box below to state your preference.

I would prefer to have…

☐ One Complaints Service which is independent of the NHS

☐ One NHS Complaints Service

☐ An Independent Complaints Service in the reception area, and an optional NHS Complaints Service elsewhere

☐ An NHS Complaints Service in the reception area, and an optional Independent Complaints Service elsewhere

☐ Both an NHS and an Independent Complaints Service available near reception

Q2. Independent Complaints.
An “Independent” Complaints Service Office is located in the hospital where you wish to make a complaint. This is not staffed by NHS employees, but by independent trained advisors.

<table>
<thead>
<tr>
<th>I would prefer to report my complaint through an independent service away from the hospital (elsewhere)</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I would prefer to report my complaint through an independent service within the hospital

I would prefer to report my complaint through an independent service located outside of the hospital but on the hospital grounds

Q3. *Ease of making a complaint.*

*Suppose you wish to make a complaint at the hospital that you are visiting.*

Please select your answer for the following statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>I know exactly how to make a complaint at a hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I know exactly where to go to when I have a complaint at a hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would feel comfortable asking someone at a hospital about how to make a complaint</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would prefer to make a complaint once I have left the hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would feel comfortable reporting my complaint to someone in an independent complaints service team</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I would feel comfortable reporting my complaint to someone in the NHS hospital complaints handling team

Q4a. Knowing where to complain.
Suppose you wish to make a complaint while you are at an NHS Hospital in Hampshire, which has several entrances.

Where would you expect an NHS PALS/customer care Office(s) to be located?

____________________________________________________________________

Where would you expect an Independent Complaints Service Office(s) to be located?

____________________________________________________________________

Q4b. Accessibility
Supposing you noticed that an NHS PALS/customer care Desk is placed in the hospital where you wish to make a complaint.

I would prefer an NHS PALS/customer care Desk to be situated in a quiet place in the hospital, away from the main reception area

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
I would feel comfortable approaching an NHS PALS/customer care Desk situated in a busy environment

□ □ □ □ □ □

I would feel comfortable approaching an NHS PALS/customer care Desk situated in the main reception area

□ □ □ □ □ □

I would feel comfortable with an NHS PALS/customer care desk in any location within the hospital, (eg. at the rear on the 2nd floor)

□ □ □ □ □ □

Q5a. Approachability - Perceptions of a complaints service
What do you think would be the most appropriate appearance for your NHS PALS/customer care Reception?

Description: An uncluttered high counter reception desk with a seated area inside a separate office to one side of the reception area.

This would be appropriate:

Strongly Agree □
Agree □
Disagree □
Strongly Disagree □

Don’t Know □
Description: An uncluttered low counter reception desk with the option of walking through to a seated area in an office behind the desk.

This would be appropriate:

Strongly Agree ☐

Agree ☐

Disagree ☐

Strongly Disagree ☐

Don’t Know ☐

Description: An office with a reception window surrounded by information about making a complaint, with a seating area outside of the window.

This would be appropriate:

Strongly Agree ☐

Agree ☐

Disagree ☐

Strongly Disagree ☐

Don’t Know ☐

Description: An office with a reception desk and a seated area inside, surrounded by information about making a complaint.

This would be appropriate:

Strongly Agree ☐

Agree ☐
Q5b. Please give your comments on the office below for an appropriate appearance for your NHS customer care reception?

Comments:

Q6. Minor Concerns

Supposing you do not wish to make a formal complaint, but you have seen something which is a minor concern (eg. a tap dripping water onto a floor where elderly people are walking by).
<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would feel comfortable talking about a minor concern with an advisor at the NHS PALS/customer care desk</td>
<td>□</td>
<td>□</td>
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<td>I would feel comfortable talking about a minor concern with the nominated Sister on the Ward that I wish to complain about</td>
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<td>I would feel comfortable talking about a minor concern with advisor at an independent complaints service office</td>
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<td>I would not feel comfortable talking about a minor concern with anyone at a hospital</td>
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**Consumer Rights**

_You have heard that Healthwatch Hampshire defends those who use health and social care services, supporting their consumer rights:_

- The right to essential services
- The right to access (services on an equal basis to others)
- The right to a safe, dignified and quality service
- The right to information and education
- The right to choose (from a range of high quality services, products and providers)
- The right to be involved in decisions (that determine my health and wellbeing)
- The right to be listened to
- The right to live in a healthy environment . . . .

**Q7. How do you think your friends and family should be informed about these rights in this hospital?**

□ On a Hospital notice board
Q8. Do you think that people who use hospitals should be involved in the design of the PALS/customer care Office in this hospital?

☐ No  ☐ Yes

Other: __________________________________________