UNIVERSITY OF STIRLING

Nesta...

Complaints - a driver for innovation and creativity

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NHS: People at the Centre of Health and Care

Nesta...

GRUMBLES, GRIPES AND GRIEVANCES

## THE ROLE OF COMPLAINTS IN TRANSFORMING PUBLIC SERVICES

Richard Simmons and Carol Brennan

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http://www.nesta.org.uk/library/documents/Grumbles_gripes_and_grievances.pdf

Unlocking the Power of Complaints

- Valuing patient knowledge
- Managing patient knowledge
- Complaints and innovation:
  what changes and how does it add value?
- Some cases from the study
- Competence, commitment and culture
- Readiness for innovation
- Some recommendations…
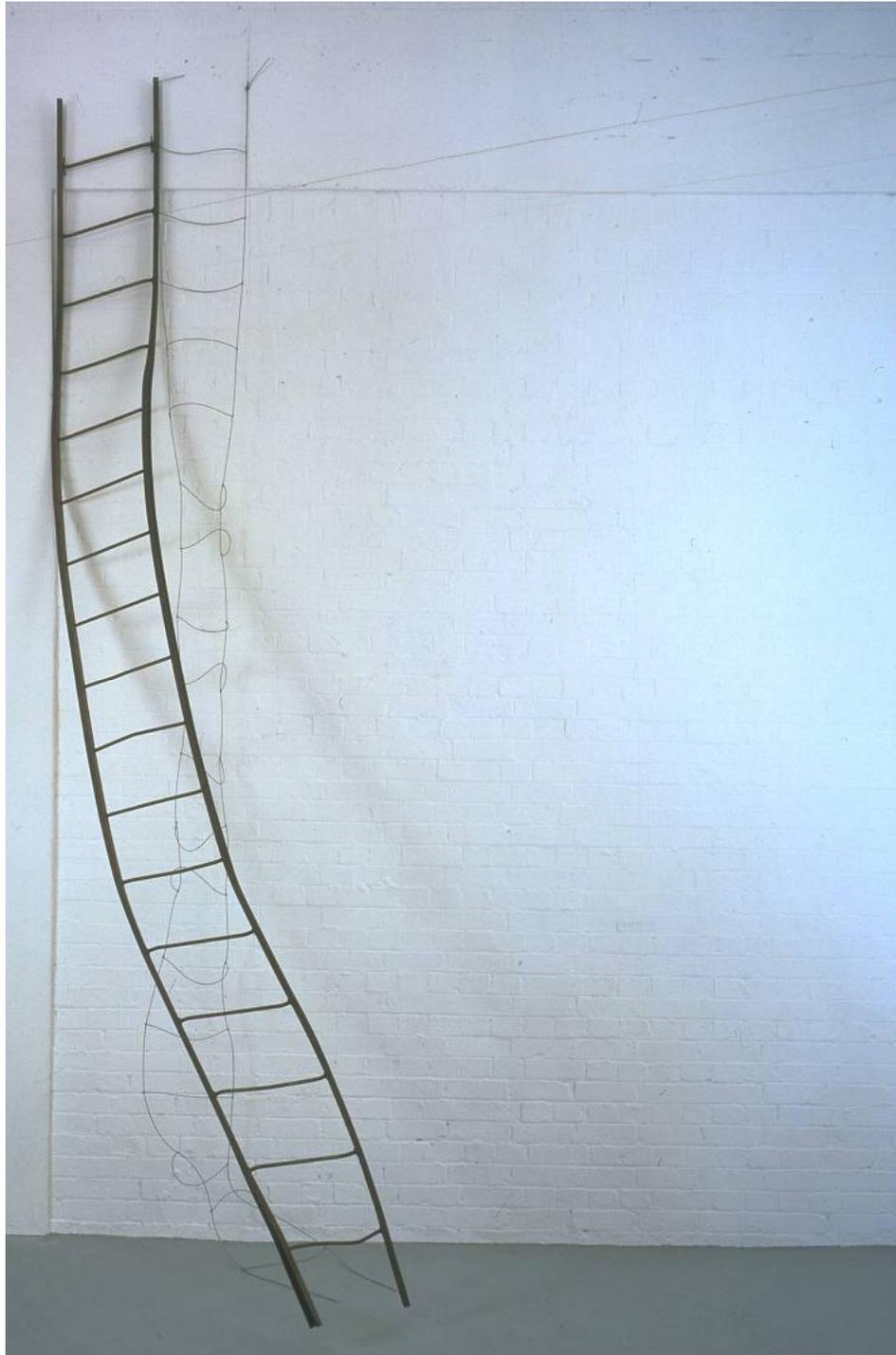
Does
not
meet
expectations

Dissatisfaction in Public Services

- **At its worst,** service provision may be characterised by:
  - Impersonal ways of doing things to people.
  - Negative behaviours and organisational beliefs.
  - Service designs that are not relevant to people's lives.
  - A lack of trust, honesty and transparency.
  - A heavy focus on procedure.
  - Inaccessible language used by professionals.

- **Service Failures** (e.g. Francis Report; care homes)
  - Key standards below which we should not fall
  - Key values offended (e.g. compassion, dignity, respect)

Voice and Innovation

- Sometimes need to 'run to keep up', just to maintain the level of service

- Sometimes innovations that transform the service are possible

- But: scope for *conflict* or for *co-operation* between service users and service professionals

- 'Voice' (including complaints) as a font of knowledge?

- Whose knowledge is considered credible/reliable?

Valuing Knowledge

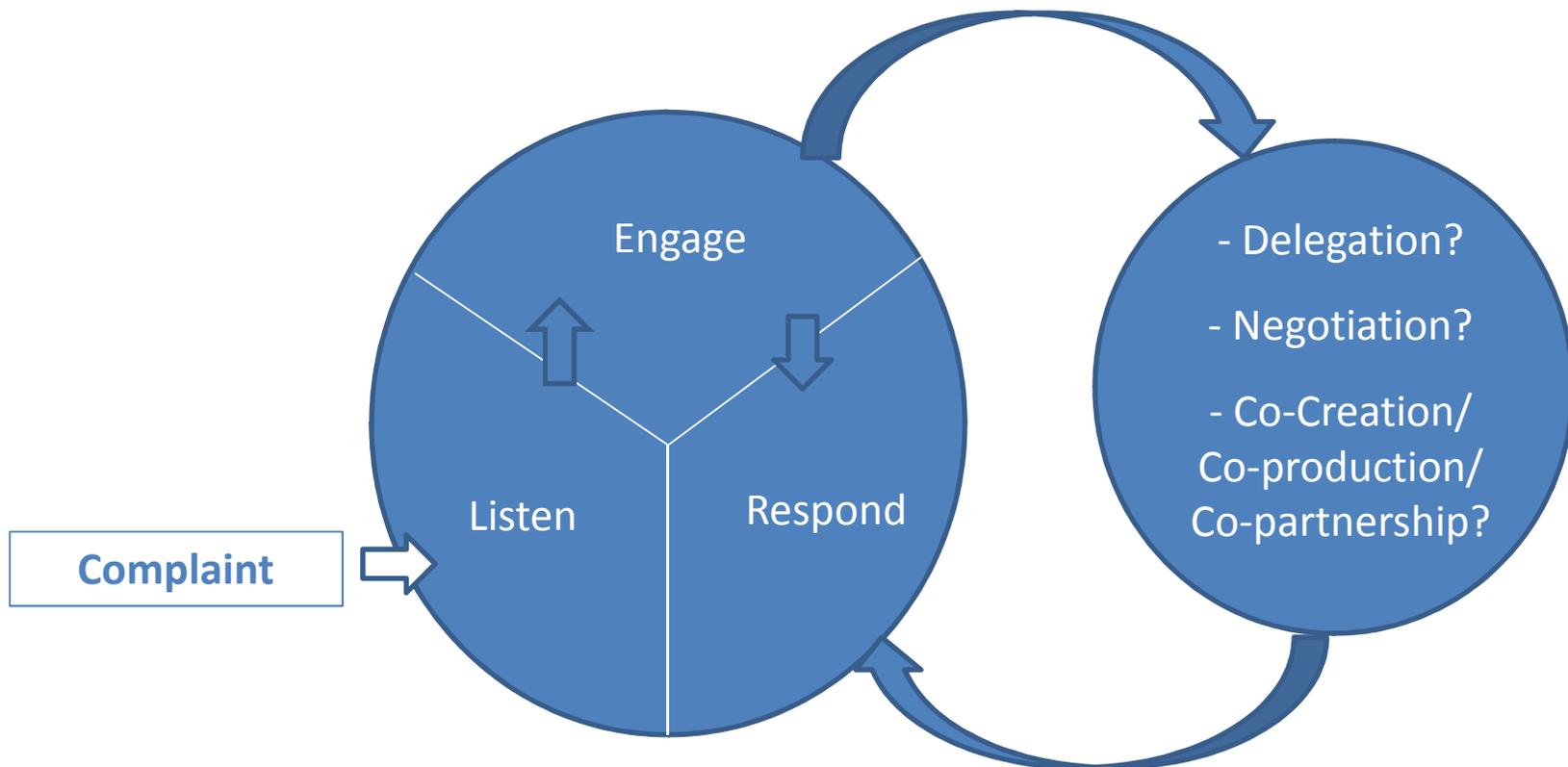- Knowledge domains *(strengths and weaknesses)*:

Form of knowledge	(Critique)
Individual	('biased')
Local	('anecdotal')
Specialised	('inaccessible')
Strategic	('disconnected')
Holistic	('abstract')

(Jerome Ravetz, originator of post-normal science)

Consumer Knowledge Management (CKM)

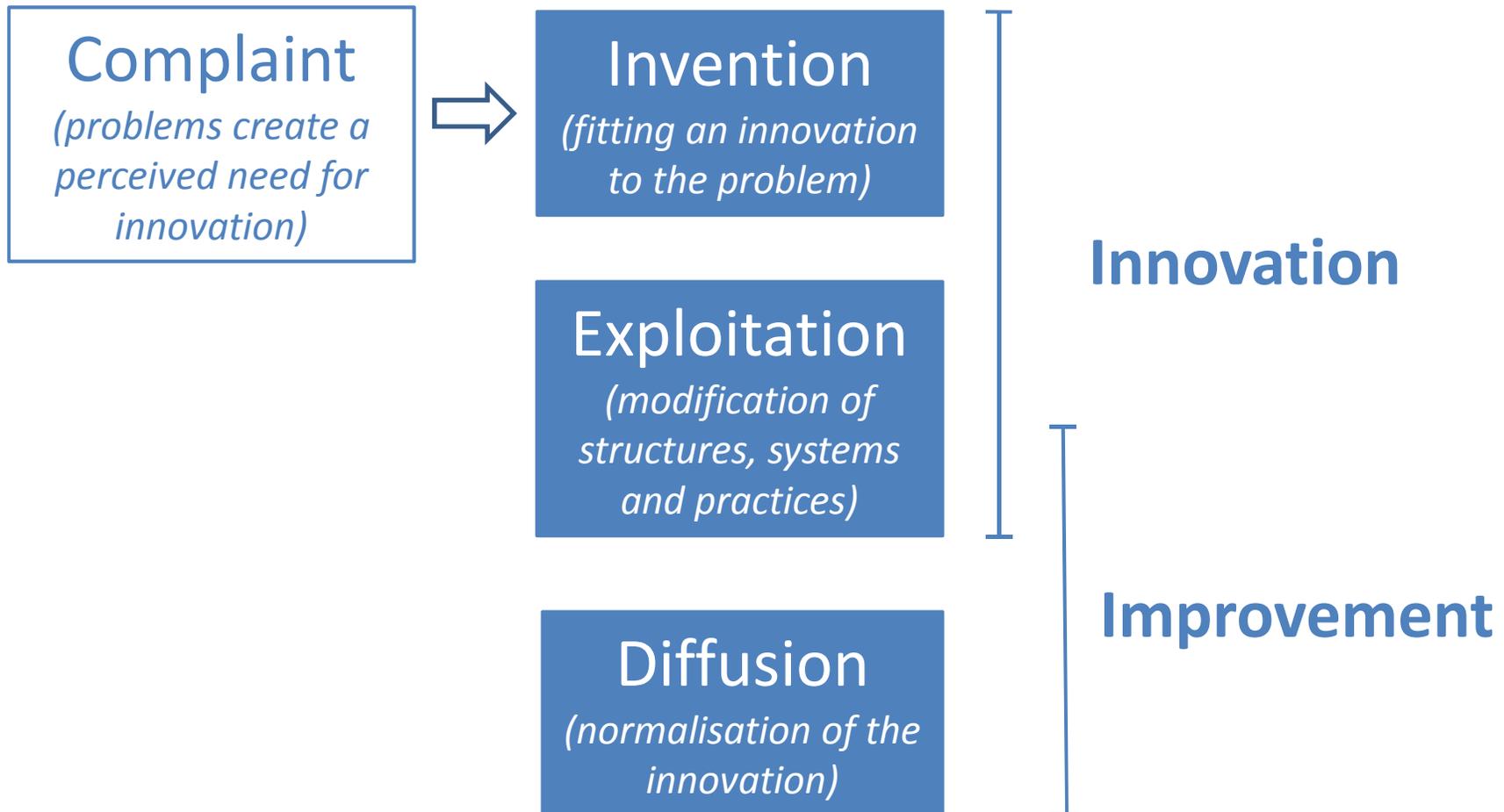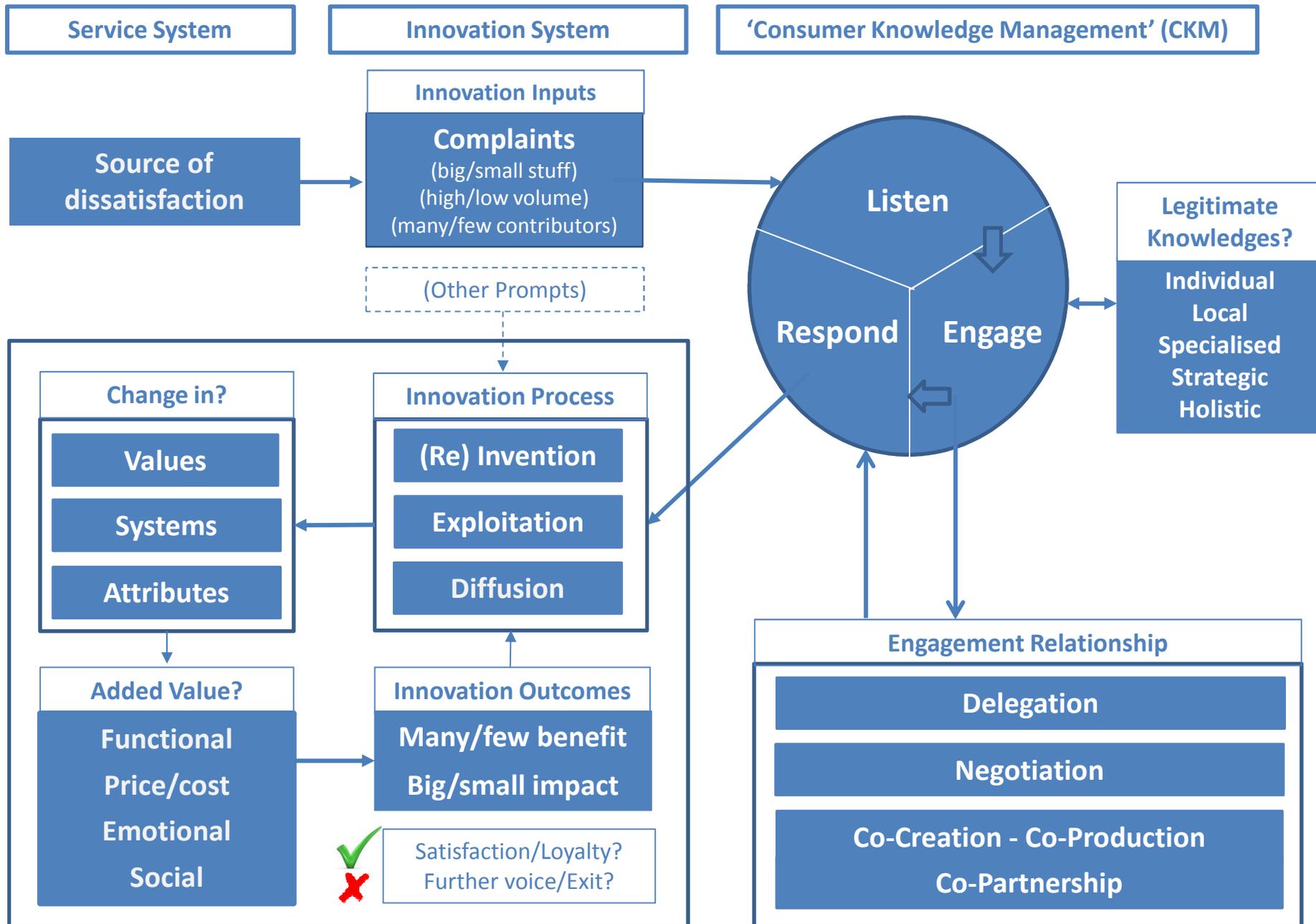**Involvement with Consumer**

Engagement Process

Engage

Listen

Respond

Complaint

- Delegation?

- Negotiation?

- Co-Creation/
Co-production/
Co-partnership?

Adapted from Bhalla, 2011

*Adapted from
Simmons & Birchall, 2007;
Simmons 2011*

Innovation: Stages of Development

Complaint
(problems create a perceived need for innovation)

➡

Invention
(fitting an innovation to the problem)

Exploitation
(modification of structures, systems and practices)

Diffusion
(normalisation of the innovation)

Innovation

Improvement

Adapted from Smith, 2009 and Rogers, 2003

Health-Related Cases

- *Methodone user*: Change in **attributes**; adds functional, emotional and social value; few benefit, big impact

- *End of life care*: Change in **systems**; adds functional, emotional and social value; few benefit, big impact

- *Patient passports*: Change in **systems**; adds functional, financial and emotional value; many benefit, small-big impact

- *Forum theatre*: Change in **values**; adds functional and emotional value; many benefit, small-big impact

- *'Dad's Story'*: Change in **values**; adds functional and emotional value; many benefit, small-big impact

- **Homeless Discharge Project:** Change in **attributes and systems**; adds functional, emotional and social value; few benefit, big impact

- *Experts by experience*: Change in **values and systems**; adds functional, financial, emotional and social value; many benefit, small-big impact

- *Experience-based design*: Change in **values, systems and attributes**; adds functional, financial and emotional value; few-many benefit, small-big impact

Case 1: Methodone User

- An addict complained on the Patient Opinion website as the practice of Friday prescribing, combined with his chaotic lifestyle, meant that he was often left without access to medication over the weekend. The intervention of Patient Opinion helped to overcome cultural resistance and enable a better solution – a Thursday clinic.

- Change in **attributes**; added functional, emotional and social value; few benefit, big impact

Case 2: End-of-Life Care

- A complaint about poor communication during end–of–life care provision led to a full review of services across service boundaries. A virtual ward was created. Knowledge about each end–of life client is held in this area including family contacts; care plans; hospital admissions; and outpatient appointments.

- Change in **systems**; adds functional, emotional and social value; few benefit, big impact

Case 3: Homeless Discharge Project

- Homeless patients received little support on discharge, resulting in very high readmission rates. Hospital and Homeless Link appointed a link worker to provide direct support to homeless patients, train hospital staff and generally raise awareness. New, multi-agency policies and procedures were developed, helping to guarantee the safety of an extremely vulnerable group, and create a £45k saving in just 6 months.

- Change in **attributes and systems**; adds functional, emotional and social value; few benefit, big impact

Case 4: Experience-Based Design

- Cancer patients were dealt with insensitively on receiving their diagnosis. A short film of patients' stories was created then watched by staff and the patients involved. Further discussion prompted the staff and patients to become co– designers in changing the services to best meet patients' needs.

- Change in **values, systems and attributes**; adds functional, financial and emotional value; few benefit, big impact

Consumer Knowledge Management

- 'Consumer Knowledge-Enabled Innovation' as the capacity of organizations to lead forward change through the effective management of consumer knowledge (Belkahla & Triki, 2011)

- 'Requires a different mindset, first and foremost focusing on knowledge *from* the consumer (i.e. knowledge residing in consumers), rather than knowledge *about* the consumer' (Gibbert et al, 2002)

Competence, Culture and Commitment

		CULTURE	
		Incompatible	Complementary
COMPETENCE	Low	UNPREPAREDNESS	LOW CAPABILITY
	High	RESISTANCE	**'READINESS'**

- Need to build key **competencies** required for consumer-knowledge-enabled innovation.

- Must be allied with **cultures** that are open to challenge and collaboration, and **commitment** to promoting positive consequences.

'Readiness': Seven Capabilities

Capability	'Readiness' involves	Role of complaints
Communication capability	Openness Free flow	Evidence of openness
Consumer capability	Understanding their needs	Identifying and prioritising needs Highlighting emerging opportunities
Challenge capability	Exploring new territory Taking risks	Challenging established wisdom Aiding risk assessment
Collaboration capability	Interaction Group/team processes	Opportunities for co–creation and co–production
Creativity capability	Generating possibilities Connecting diverse concepts	Intelligence New insights/perspectives
Contemplation capability	Ongoing evaluation and judgment Maintaining a 'wisdom base'	Innovative visions and judgments Broadening 'wisdom base'
Completion capability	Strong processes Implementation skills	Showing failures/risk of failure

General Recommendations

1. Keep a range of channels open for complaints

2. Use new technology to record and respond to complaints

3. Communicate effectively; demonstrate listening and engagement

4. Respond effectively; learn from complaints alongside other sources of knowledge and intelligence

5. Inform complainants of the analysis and outcome of complaints

6. Lead a culture of openness

Service Recommendations

• **Senior Leaders:** prioritise innovation from complaints; create an open atmosphere; ensure transparency and accountability.

• **Managers:** create an open culture that values complaints; train and empower front–line staff to respond effectively through change.

• **Complaint specialists:** embrace new technology to make it easier to elicit complaints; use complaints data to stimulate innovation; engage and co–produce solutions with patients.

• **Service Commissioners:** include complaint handling as a criterion in awarding contracts; ensure providers embed learning from complaints.

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