



Clear thinking in a complex world

Fear of raising concerns about care

A research report for the Care Quality Commission



April 2013

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Executive summary

This report presents the findings from a nationally representative survey of the general public, conducted using Computer-Assisted Telephone Interviewing (CATI). The research was designed to establish as fully as possible people's willingness to report concerns about the standard of care in the health and social care sector.

This research was undertaken by the ICM Government & Social Research team on behalf of the Care Quality Commission. The research was carried out 12-14 April 2013.

Key findings

Experience of care

- GPs are the most commonly used health or social care service: 65% have personally had treatment from a doctor in the past 12 months, while 53% have an immediate family member who has.
- Dental care is the second most commonly used service: 62% have personal experience in the past year while 46% have an immediate family member who has.
- Three in ten people have received care or treatment in a hospital in the past 12 months (29%), while 35% have an immediate family member who has.
- Experience of social care is much less common than health care. Just two per cent of people have personally received care or treatment from a care home and the same proportion has experienced care from an agency within their own home.
- People are generally positive about the standard of care they have received from health and social care providers:
 - Among service users, dentists have the highest ratings for quality of care, with 91% rating it as good and three per cent rating it as bad.
 - 86% of people who have experience of a GP practice say that their treatment was good compared to five per cent who say it was bad.
 - 80% rate hospital care as good compared to 11% who say it was bad.
 - 78% rate in-home social care as good, while eight per cent say it was bad.
 - 74% of those with experience of a care home say the quality of care was good compared to 12% who say it was bad.
- Being treated with respect is the most important factor for people in the provision of health and social care (47%), while fairness is also rated highly (29%).

Making a complaint

- Instances of people making a complaint are low. Among those who have experience of health and social care services in the past year, eight per cent have voiced a concern to a member of staff about the standard of care and four per cent made an official complaint.
 - Those who have received social care are significantly more likely to say that they have voiced a concern about the quality of care received (19% compared to eight per cent overall), but are no more likely to have made an official complaint.
- Conversely, 29% of people have provided positive feedback about their time spent receiving care.

- Those who have made a complaint tend to be negative about the way it was handled:
 - 57% say that they did not receive a satisfactory response;
 - 55% say that their concern was not welcomed; and
 - 34% say that they were not treated with respect while their concern was being handled.
- Among those who have not made a complaint, 82% said that they would do if they felt they had received a poor standard of care.

Barriers and enablers

- The main barrier to making a complaint is not wanting to be seen as a trouble maker (26% of people say that is the main factor that would prevent them from making a complaint).
- However, a further quarter say that the main factor that would prevent them from making a complaint is that it would not make a difference and nothing would improve as a result (25%).
- One in nine people say that the single main reason why they would not complain is that they are worried their care would get worse as a result (11%).
- Greater information is the strongest enabler to speaking out. 76% of people say that knowledge of the standard of care they have a legal right to receive would encourage them to speak out about poor care. This is even more important among those who with experience of care homes (86%).
- An open and encouraging culture is also seen as a strong enabler: 75% say that being told by the provider that they want patients to raise any concerns they have would encourage them to do so. Similarly, 73% say that they would be likely to raise a concern or make a complaint about poor care if the service provider actively sought their views through questionnaires.
- Feedback is a key enabler for some: 70% say they would be likely to raise any concerns they had if the provider regularly gave information on the actions they have taken in response to concerns.
- Anonymity is seen as an enabler by 64% of people, but 21% say that it would not make them any more likely to raise any concerns they have.
- Having an advocate or third party would make 68% of people more likely to raise any concerns they have. This mechanism is seen as more useful by those receiving social care and those who are out of work.

Social care

Experience of social care, either personally or through a loved one, is relatively uncommon among the general public as a whole. Just 14% of people have experienced either a care home or a home-care agency. And the majority of these people are relations of those in care: overall, just two per cent of people have personally had care or treatment from a care home or a home-care agency.

The majority of those who have received social care, or have a family member who has, are positive about the quality of care they received. For example, 78% of those with experience of a home-care agency say the quality was good, and 74% of those with experience of a care home say the same. However, the proportion rating the standard of care as bad (eight per cent of those with experience of in-home care and 12% of those with experience of a care home) is higher than comparable figures for health care services such as GPs, dentists and hospitals.

This is reflected in the finding that 23% of those who have received social care in the past 12 months, or have a family member who has, have voiced a concern or made a complaint about the standard of care received – much higher than the comparable figure for hospitals (15%), GPs (11%) and dentists (10%). This difference is mainly driven by much higher numbers of people voicing concerns; when it comes to making official complaints, those receiving social care are no more or less likely to do so than those receiving health care.

That said, those receiving social care are also more likely to have provided positive feedback on their care (50% compared to 36% of those with experience of hospital care and 31% of those with experience of care from a GP or a dentist).

There are some notable differences in perceived barriers and enablers of speaking out among those who have experience of social care. Those who have received social care are significantly more likely to say that a barrier to making a complaint is that staff are already too busy and that complaining would not help matters (23% say this is the main reason for not complaining compared to 15% overall).

Some mechanisms to encourage people to make complaints when the quality of care is poor are more relevant to those receiving social care. For example, those receiving social care are significantly more likely to say that having an advocate or third party to raise concerns on their behalf would help (77% compared to 68% overall). Those receiving social care are also more likely to say that providers actively seeking their views through questionnaires would make them more likely to raise concerns or make a complaint (85% compared to 73%). Finally, a knowledge of the standard of care they are legally entitled to would encourage 85% of those receiving social care to make a complaint if they had any concerns, compared to an average of 76% of people.

Introduction

This report presents the findings from a survey of the general public, conducted using Computer-Assisted Telephone Interviewing (CATI). The research was designed to establish as fully as possible people's willingness to report concerns about the standard of care in the health and social care sector.

This research was undertaken by the ICM Government & Social Research team on behalf of the Care Quality Commission.

Background and objectives

The Care Quality Commission's role is expanding. One aspect of this is that CQC is now required to place greater regulatory focus on whether care providers have open cultures and leadership that encourage people to speak out about poor care.

In light of this, CQC has undertaken a programme of work which found that people are often unwilling to report their concerns, fearing that doing so would have negative ramifications for them or their loved ones.

In order to explore whether this anecdotal evidence is representative of the wider population, CQC commissioned ICM to conduct a quantitative survey designed to understand people's willingness to report concerns about the standard of care in the health and social care sector. In particular, the research aimed to understand:

- Whether a statistically significant proportion of people receiving care would speak out if they felt they had received poor care;
- Whether a statistically significant proportion of the population generally would speak out if they felt they had received poor care;
- What prevents people from speaking out about their concerns regarding care they or their loved ones have received;
- What reasons people give for not speaking out about their concerns, and which of these is most common; and
- What would encourage people to speak out about poor care.

Methodology

The research was conducted using ICM's regular telephone omnibus. A representative quota sample of 1,005 adults aged 18 and over was interviewed throughout Great Britain.

Interviews were conducted by telephone using CATI (Computer Assisted Telephone Interviewing) between 12 and 14 April 2013. 85% of the interviews were conducted using landline telephone numbers using a Random Digit Dialling method. In addition to this, 15% of the interviews were conducted using a representative mobile-phone only sample to counter the growing trend for mobile-only households and the lower penetration of land-lines among younger people.

In order to correct for differential refusal within the contacted sample, a rrim weighting system is applied for age, social grade, region and working status within gender to the to reflect the known profile of Great Britain.

Presentation and interpretation of data

It should be remembered that a sample of the British public – rather than everyone – participated in the research. As a consequence, all results are subject to sampling tolerances, which means that not all differences are significant. As a rule of thumb, results are accurate to +/- 3 percentage points. A guide to statistical reliability is included in the appendices.

Please note that, in the main, this report only comments on differences that are significant and statistically reliable. Where differences are not statistically significant this is noted in the text.

Where percentages do not add up to 100% this is due to multiple answers, to rounding of decimal points up or down, or to the exclusion of 'Don't know' or 'No response' categories. Data are not weighted. Throughout the report, an asterisk (*) denotes any value of less than half a per cent but above zero.

Throughout the report differences across social grades are highlighted when statistically significant. Explanation of social grade categories can be found in the appendix of this report.

Acknowledgements

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1. Experience of care

1.1 Receiving care and treatment

GPs are the most widely accessed form of care regulated by the Care Quality Commission (CQC). In the past year 81% of the population has either received or experienced care or treatment from a GP practice. Two in three people have had treatment from a doctor themselves (65%), while 53% have an immediate family member who has had treatment from a GP.

The next most commonly accessed form of health or social care is **dental care**. Three in five people have personally received care in a dental practice in the last year (62%), while 46% say that an immediate family member has. Combined, this means that 73% of people have some experience of dental care in the past 12 months.

Just over half of the population has some familiarity with **hospital care** in the past year (55%). Three in ten people have received treatment or care in hospital personally (29%), while 35% say that a family member has received treatment.

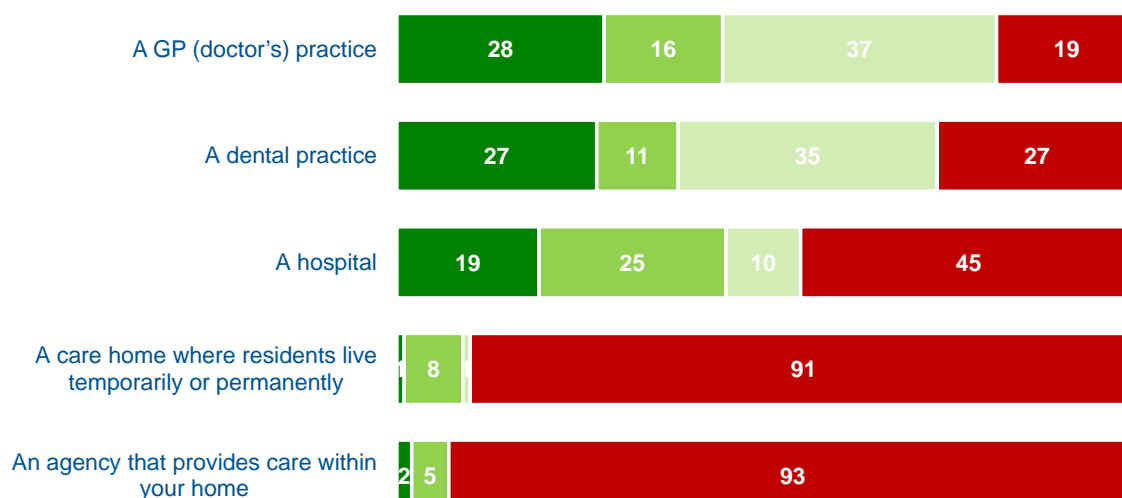
Experience of **social care** is much less common. Just two per cent of people have personally received care from a home, while the same proportion has personally received care within their own home. That said, nine per cent of people have a family member who has received care from a home and six per cent have a family member who has received care within their own home.

Experience of different services



Q1. First of all, have you, or another member of your immediate family received care or treatment, in or from, any of the following within the last 12 months?

- % Yes - yourself
- % Yes – another immediate family member
- % Yes – yourself & another immediate family member
- % No



Base: 1,005 British adults aged 18+; 12-14 April 2013

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Older people tend to have more personal experience of all forms of health care. To illustrate, those aged 65 and over are significantly more likely to have personally received care or treatment from:

- A hospital (34% of those aged 65 and over have personal experience of care or treatment from a hospital in the past 12 months, compared to 19% overall);
- A GP practice (46% compared to 28% overall); or
- A dental practice (33% compared to 27% overall).

However, older people are no more likely than any other group to have received social care.

1.2 Rating of care and treatment

All those who are familiar with different care providers were asked to rate the quality of care either they or their family member received. People are generally very positive about the standard of care, with only a minority rating their care as bad.

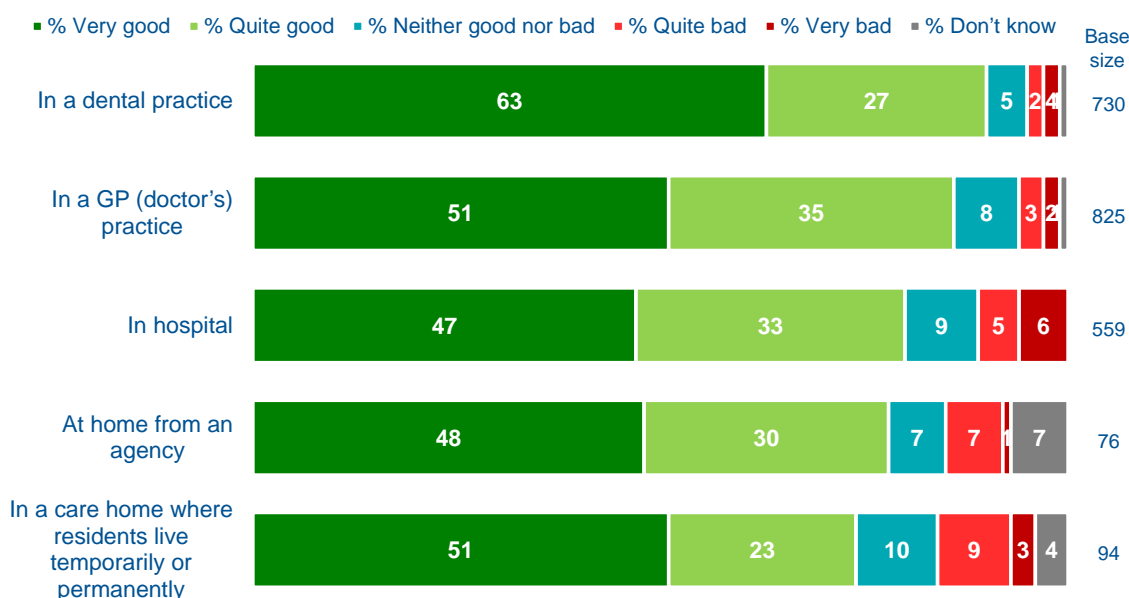
Those who have used a **dentist** are the most positive, with 91% rating their treatment as good and just three per cent saying it was bad. People are similarly positive about the care they have received from their **GP**, with 86% rating it as good and five per cent bad.

Among those who are familiar with **hospital** care, 80% rate the quality as good but one in nine people say that the care they or their family member received was bad (11%).

Rating of care and treatment



Q2. Thinking generally about your own/immediate family member's experiences while receiving care in... would you say that the quality of care you/they received was...



Base: All respondents who have received care or treatment from ... in the last 12 months, or has a family member who has; 12-14 April 2013

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As discussed above, only a minority of people have experience of social care, which means that the base size is very low and some care should be taken in interpreting the results. However, among those who have either familial or personal experience of **in-home care** 78% say the care was good compared to eight per cent who say it was bad. Those with experience of a **care home** are slightly less positive, with 74% rating the quality of care as good compared to 12% who say it was bad.

1.3 Influencers of satisfaction

In order to shed some light on what lies behind these ratings, people were asked what is most important to them when it comes to the provision of health and social care services.

By some distance, the most important factor is the way in which people are treated. Half of respondents say that treating people with respect and dignity is one of the most important factors (47%), while 29% say that it is important that everyone is treated fairly.

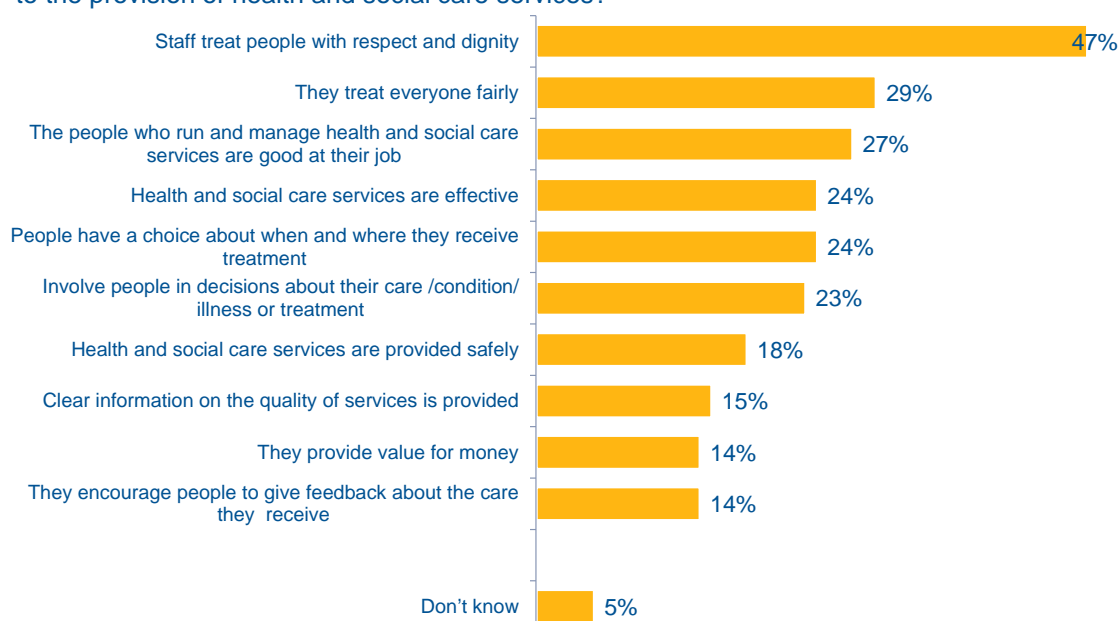
Around a quarter of people say that it is important that people who run and manage health and social care services are good at their job (27%) and that services are effective (24%).

Choice about where and when they receive treatment is one of the most important factors for 24% of people and a similar proportion say that being involved in decisions about care or treatment is important (23%).

Influencers of satisfaction



Q11. Which two or three of the following do you think are most important when it comes to the provision of health and social care services?



Base: 1,005 British adults aged 18+; 12-14 April 2013

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Value for money is seen as relatively less important, with just 14% of people picking it as one of their top three factors. Similarly, encouraging people to give feedback about their care is also highlighted by just 14% of people. It is important to note that this does not mean that a majority of people do not think these factors are important, just that they have a lower relative importance compared to competence, choice, fairness, respect and dignity.

The same hierarchical pattern is observed among men and women, and across different age groups, social grades and regions.

However, there are some notable differences in priorities across ethnic groups. In particular, white people are significantly more likely to say that treating people with respect and dignity is important (50% compared to 26% of BMEs) whereas those from ethnic minorities place relatively more importance on fairness (37% compared to 28% of white people) and effectiveness (34% compared to 23%).

2. Making a complaint

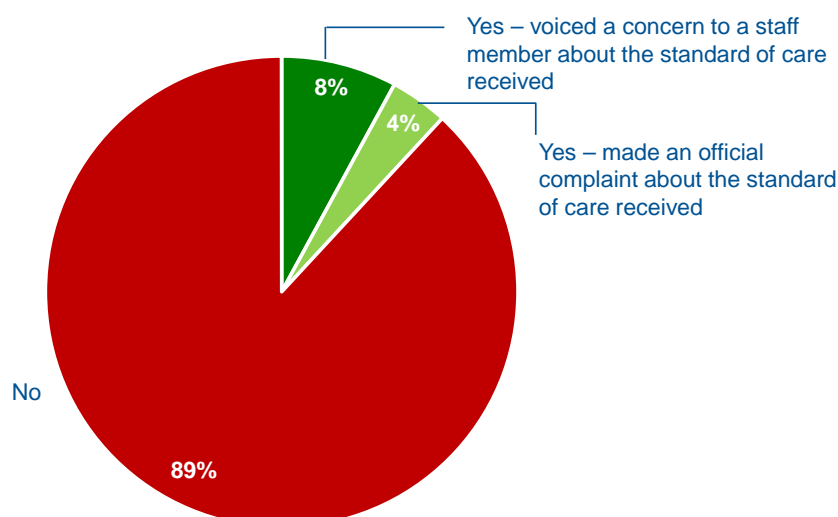
2.1 Voicing a concern or making a complaint

Instances of people making complaints are low. Among those who have either received formal health or social care themselves, or have a family member who has, just four per cent have made an official complaint about the standard of care received. A further eight per cent have voiced a concern to a member of staff about the standard of care received.

Voicing a concern or making a complaint



Q3. Have you/they voiced a concern to a staff member or made an official complaint about the standard of care received during the time spent receiving care within the last 12 months?



Base: All who have received treatment from a CQC regulated service in the past 12 months, or have a family member who has (932); 12-14 April 2013

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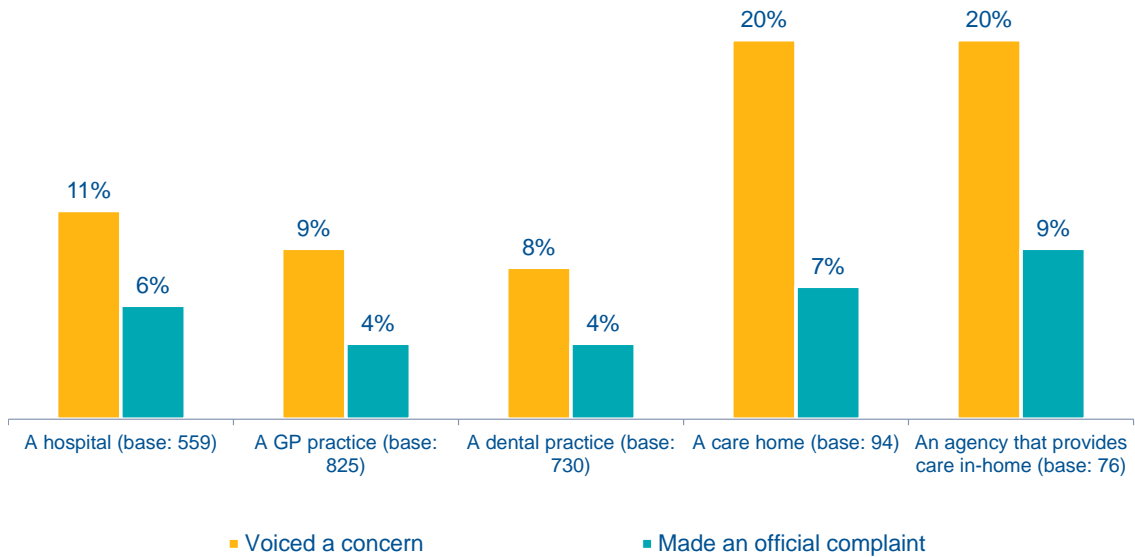
Those receiving social care are significantly more likely to have voiced a concern than those receiving health care. To illustrate, 20% of those receiving care or treatment from a care home (or who have a family member who is receiving care or treatment) have voiced a concern, as have 20% of those receiving care from in their own home. This compares to 11% of those who have experience of care or treatment from a hospital, nine per cent of those with experience of care or treatment from a GP and eight per cent of those who have used a dental practice.

However, while those receiving social care are more likely to have voiced a concern, they are no more likely to have made an official complaint.

Voicing a concern or making a complaint



Q3. Have you/they voiced a concern to a staff member or made an official complaint about the standard of care received during the time spent receiving care within the last 12 months?



Base: All who have received treatment from a CQC regulated service in the past 12 months, or have a family member who has (932); 12-14 April 2013



2.2 Complaint handling

On balance, those who have voiced a concern or made a complaint about care (which is a small minority) tend to be more negative than positive when considering how the complaint was dealt with. For instance, 57% of those who have made a complaint or voiced a concern say that they did not receive a satisfactory response, compared to 41% who were satisfied.

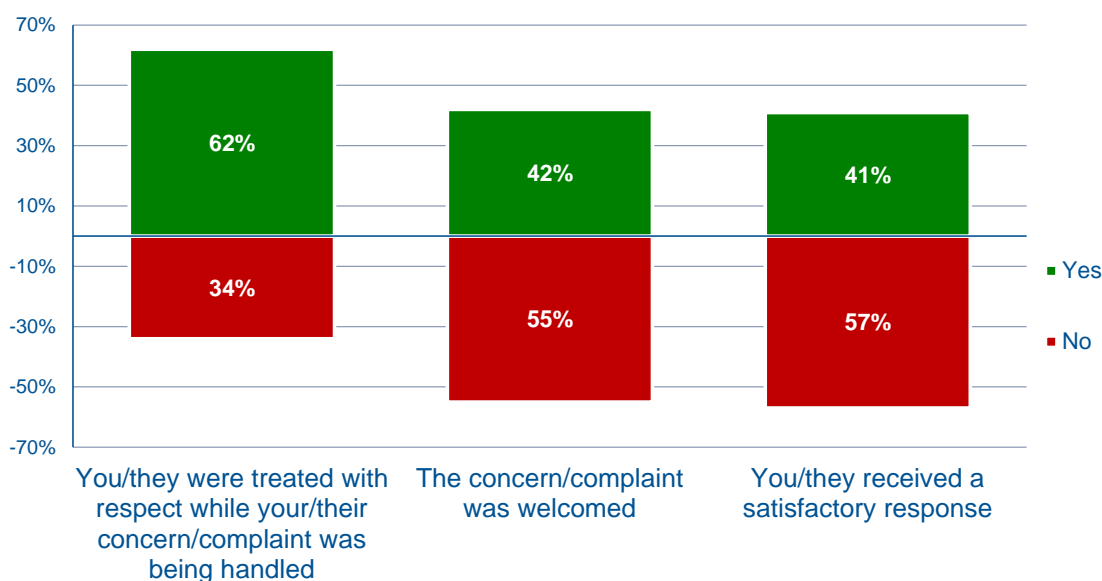
Similarly, 55% say that their concern or complaint was not welcomed compared to 42% who say that it was.

People are more satisfied with the way in which they were treated with 62% saying that they were treated with respect. However, a significant minority – 34% – say that they were not treated with respect while their concern or complaint was handled. This is a particularly important finding given that being treated with respect and dignity is seen as the single most important factor in health and social care provision.

Complaint handling



Q4. When the concern or complaint was made, did you/your immediate family member feel that...



Base: All who voiced a concern to a staff member or made an official complaint about the standard of care received during the time spent receiving care in the past 12 months (92); 12-14 April 2013

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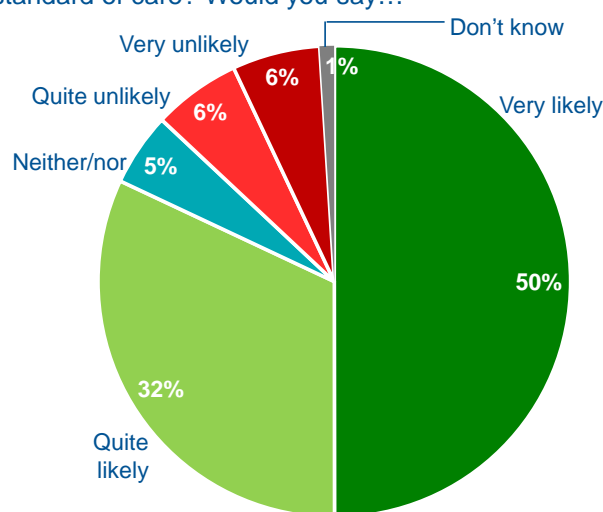
2.3 Likelihood of making a complaint

All those who have not voiced a concern or made an official complaint were asked how likely they would be to do so if they felt they had received a poor standard of care. In total 82% of people said that they would be likely to make a complaint (50% said they would be *very likely* to do so), while 12% said it would be unlikely.

Likelihood of making a complaint



Q8. Many people we have spoken to have told us that they just accept things for what they are and generally don't raise concerns or make complaints about the care they receive. Other people have told us they do complain if they feel it necessary. How likely is that you would raise a concern or make an official complaint if you felt you had received a poor standard of care? Would you say...



Base: All who have not voiced a concern or made an official complaint (937); 12-14 April 2013

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Some groups are less likely to make a complaint than others. For example, the findings show that people at both ends of the age spectrum are less likely to complain. To illustrate, 19% of 18-24 year olds and 16% of those aged 65 and over say that it is unlikely they would voice a concern or raise a complaint compared to 10% of those aged between 25 and 64.

People from ethnic minorities are less likely than white people to voice a concern or make a complaint (27% of BMEs say that it is unlikely that they would do so, compared to 11% of white people).

Similarly, people from the least affluent social grades, DE, are also less likely to voice a concern or make a complaint (18% say that it is unlikely compared to 10% of those from the more affluent ABC1 group).

Women are more likely to say that they would make a complaint than men (85% compared 80%).

However, those receiving care are no more or less likely to say that they would make a complaint than anyone else.

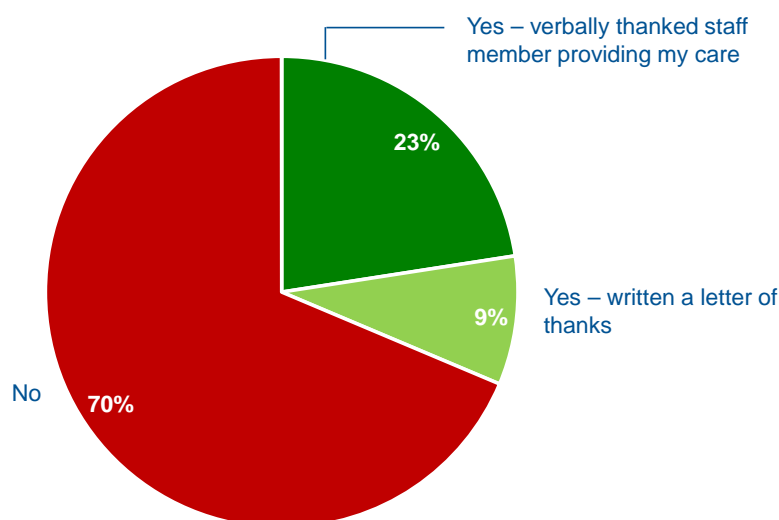
2.4 Providing positive feedback

Conversely, all those who have received care or treatment from either the health or social care sector in the past 12 months were asked whether they have provided positive feedback on their experience. A quarter had verbally thanked staff for providing their care (23%) while nine per cent had written a letter of thanks. Seven in ten people had not provided positive feedback (70%).

Providing positive feedback



Q7. Have you/they provided positive feedback to a staff member or written a letter of praise about the standard of care received during the time spent receiving care within the last 12 months?



Base: All who have received treatment from the NHS in the past 12 months, or have a family member who has (932); 12-14 April 2013



Perhaps surprisingly, the same groups who are more likely to have made a complaint are also more likely to have provided positive feedback. In particular, those with experience of social care in the past 12 months – who are more likely to have voiced a concern about their treatment or care – are significantly more likely to have given positive feedback. Half of those who have experience of social care either in a care home or in their own home have provided positive feedback (50%) compared to 36% of those with experience of a hospital and 31% of those either experience of either a GP or dental practice.

To further reinforce this point, 44% of those who have raised a concern or made a complaint about a service say that they have provided positive feedback on their care or treatment compared to 27% of those who have not voiced a concern or made a complaint.

Older people are more likely to have provided positive feedback. A third of those aged 45 and over have provided some form of positive feedback, either verbal or written, compared to a quarter of those aged 18-44 (34% compared to 24%).

3. Barriers and enablers to speaking out

3.1 Barriers to speaking out

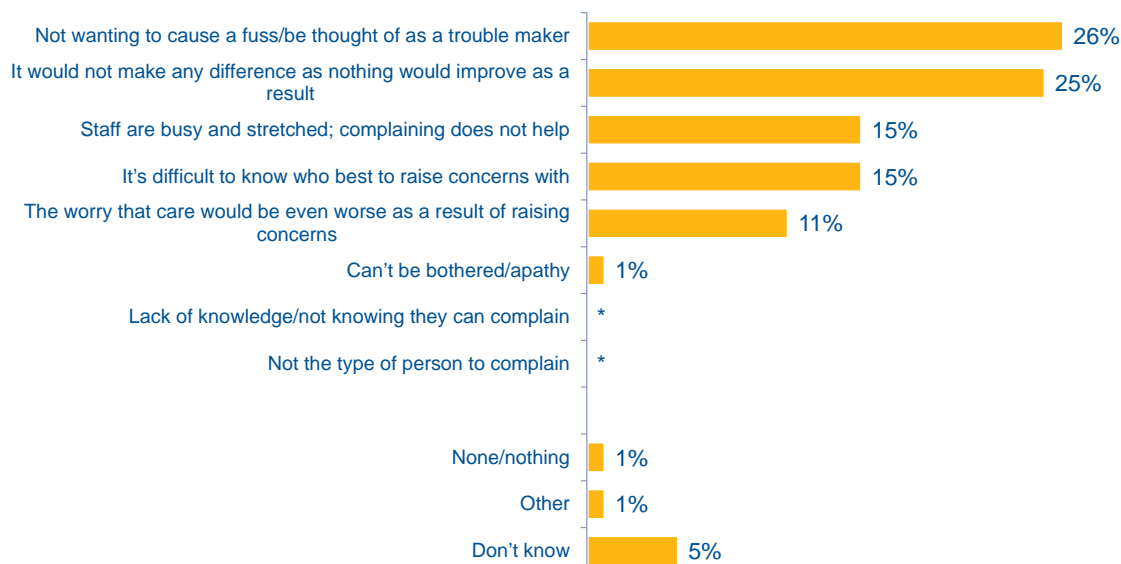
There are various factors preventing people from raising concerns or making complaints about the standard of care they or a loved one have received. Fear of causing a fuss or being seen as a trouble-maker is the most commonly cited reason, with 26% of people saying that is what would stop them or other people complaining. Related to this, a further 15% of people say that staff are too busy already and complaining would not help.

However, underlying this modesty is a certain degree of cynicism. A quarter of people do not think that complaining would make any difference and that nothing would improve if they did raise their concerns (25%). This cynicism is even more apparent among those who say that they have already experienced poor quality care but have not made a complaint. Among this group a suspicion that complaining would make no difference is the main reason for not making a complaint, with 33% citing that as their reason.¹

Barriers to speaking out



Q5/9. Which one of the following reasons do you think best describes why you/other people did not raise concerns or make a complaint about the standard of care you/they received?



Base: 1,005 British adults aged 18+; 12-14 April 2013

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Perhaps more concerning is that 11% of people say that the main reason not to speak out is that their care could get even worse as a result.

¹ Please note that this finding is based on a sample size of just 68 and therefore the finding is indicative of views among that group and cannot be considered statistically significant.

Young people tend to be the most cynical group. Among 18-24 year olds, 37% say that complaining would not make a difference compared to 20% of those aged 65 and over.

Those who have received social care, or have a loved one who has, are significantly more likely to say that they would not complain because staff are too busy and complaining would not help (23% cite this as their main reason, compared to 15% overall).

3.2 Enablers to speaking out

In order to shed further light on the barriers and enablers of speaking out, respondents were asked what would encourage them to raise concerns or make a complaint about poor medical care. Three in four people say that **a knowledge of the standard of care they had the legal right to receive** would encourage them to make a complaint or raise concerns (76%). This suggests that greater information on approved care standards would be a successful enabler of speaking out.

Similarly, encouragement from the care provider to share views would also be a strong enabler for many people. Around three in four people say that they would be encouraged to raise concerns or make a complaint about care if **the person providing care told them that they would want them to raise any concerns they have** (75%). A similar proportion say that a **service provider actively seeking their views, through a questionnaire**, for example, would encourage them to speak out (73%).

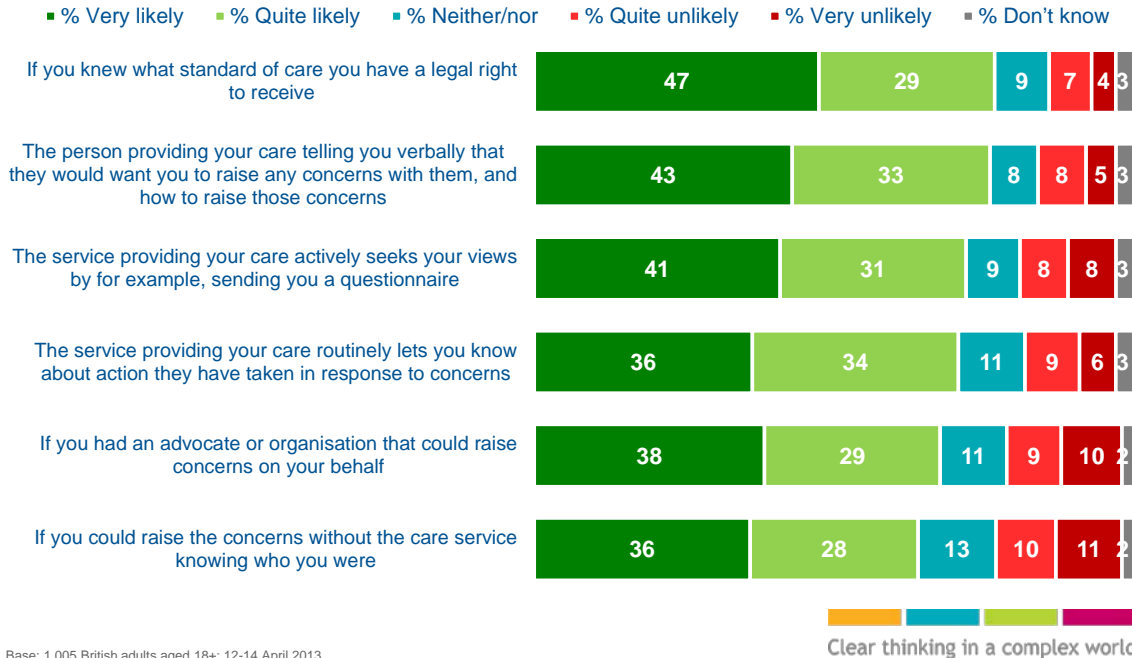
Feedback is also a key enabler for some. For example, 70% of people say that if **care providers routinely provided them with information about the actions they have taken in response to concerns** they would be encouraged to raise concerns. However, this mechanism is seen as much less important among those who have received bad care but not done anything about it. Among this group, just 54% say that routine feedback would encourage them to make a complaint, compared to 26% who say it would not.

Other enablers are relatively less important. Anonymity, for example, is seen as an enabler by 64% of people, but a large minority – 21% – say that it would not encourage them to raise concerns. Along similar lines, 68% of people say that **having an advocate or organisation to raise concerns on their behalf** would encourage them to raise concerns or make a complaint about poor medical care, but 19% say that it is unlikely to make any difference to them.

Enablers of speaking out



Q6/10. How likely, if at all, would each of the following be to encourage you to raise concerns or make a complaint about poor medical care?



Base: 1,005 British adults aged 18+; 12-14 April 2013

The following chart displays the relative importance of each potential enabler by type of care. As this demonstrates, anonymity is the least important enabler for each care group, relatively speaking.

Further, some enablers are more relevant to certain types of care. For example, those who have received care from a care home in the last 12 months (or have a family member who has) are significantly more inclined to say that they would be more likely to raise a complaint if the care provider actively sought their views through a questionnaire (85% compared to 73% overall). The same group are also more likely to say that a knowledge of the standard of care they have a legal right to receive would be likely to encourage them to raise concerns or make a complaint (86% compared to 76% overall).

In contrast, those with experience of in-home care see encouragement to raise concerns and the support of an advocate or third party as the most important enablers and place less relative importance in knowledge of legal rights.

Among those receiving health care, the hierarchical pattern is largely similar across hospitals, GPs and dentists, with knowledge of legal rights and encouragement to raise concerns the most important enablers, ahead of formal mechanisms to seek views, feedback on what action has been taken and the support of an advocate or third party.

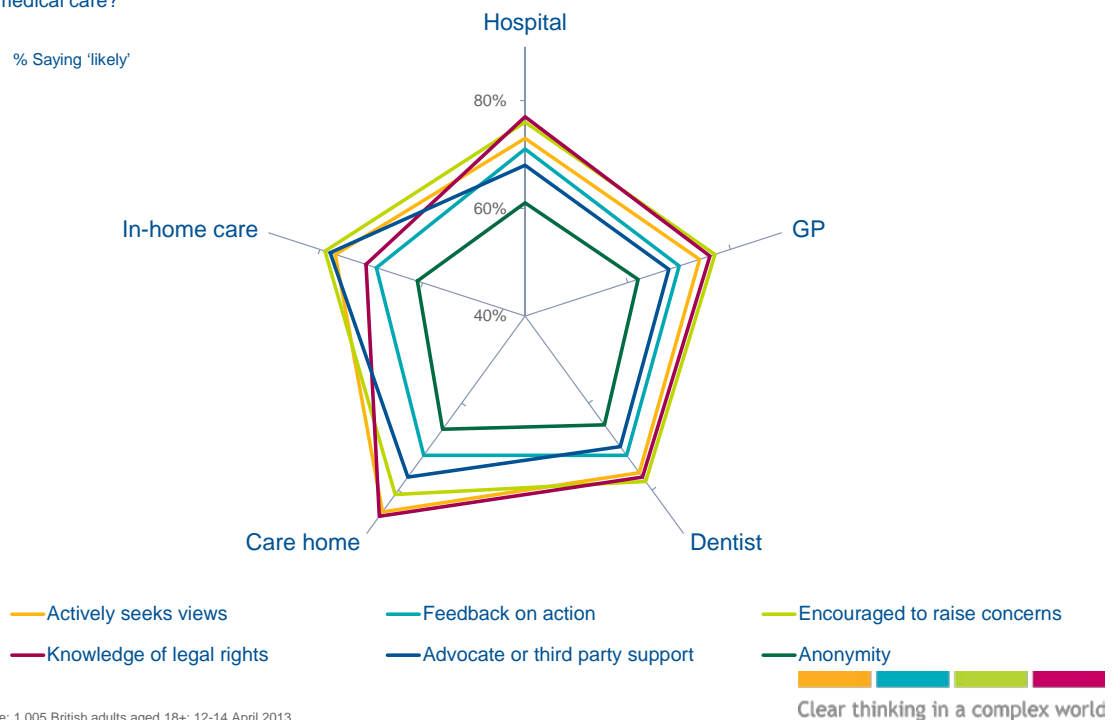


Enablers of speaking out by type of care



Q6/10. How likely, if at all, would each of the following be to encourage you to raise concerns or make a complaint about poor medical care?

% Saying 'likely'



People who are out of work are significantly more likely to say that having an advocate or an organisation to raise concerns on their behalf would encourage them to raise concerns or make a complaint (82% compared to 68% overall).

A number of these mechanisms are seen as greater enablers by women than men. For example, women are significantly more likely than men to say that each of the following would encourage them to raise a concern or make a complaint:

- The service providing their care actively seeks their views by, for example, sending a questionnaire (78% compared to 67%);
- The service providing their care routinely lets them know about actions they have taken in response to concerns (73% compared to 66%);
- The person providing their care tells them verbally that they would want them to raise any concerns with them (80% compared to 70%);
- Having an advocate or organisation that could raise concerns on their behalf (73% compared to 62%); and
- If they could raise concerns without the care service knowing who they are (67% compared to 60%).

Q. How likely, if at all, would each of the following be/have been to encourage you to raise concerns or make a complaint about poor medical care?

	Hospital %	GP practice %	Dental practice %	Care home %	In-home care %
The service providing your care actively seeks your views by, for example, sending you a questionnaire					
Very likely	42	44	45	52	42
Quite likely	31	30	31	32	35
Neither/nor	8	9	8	2	4
Quite unlikely	9	8	7	5	13
Very unlikely	8	6	6	5	5
The service providing your care routinely lets you know about action they have taken in response to concerns					
Very likely	36	36	37	43	44
Quite likely	35	34	35	29	25
Neither/nor	9	11	11	10	9
Quite unlikely	10	10	9	13	10
Very unlikely	6	5	5	3	8
The person providing your care telling you verbally that they would want you to raise any concerns with them, and how to raise those concerns					
Very likely	43	44	45	51	41
Quite likely	33	33	34	29	38
Neither/nor	7	8	8	9	8
Quite unlikely	8	8	7	5	6
Very unlikely	5	4	3	4	4
If you knew what standard of care you have a legal right to receive					
Very likely	50	47	48	57	46
Quite likely	27	28	29	28	25
Neither/nor	9	9	9	3	8
Quite unlikely	8	8	7	7	14
Very unlikely	4	4	3	2	2
If you had an advocate or organisation that could raise concerns on your behalf					
Very likely	39	38	39	45	45
Quite likely	30	30	30	32	34
Neither/nor	11	11	11	9	9
Quite unlikely	8	9	8	8	9
Very unlikely	10	10	10	5	3
If you could raise the concerns without the care service knowing who you were					
Very likely	35	35	35	47	39
Quite likely	26	27	30	19	22
Neither/nor	14	14	14	14	14
Quite unlikely	10	10	9	12	13
Very unlikely	12	12	10	8	10

Source: ICM Research

Appendices

Appendix 1 – Social Grade definition

The grades detailed below are the socio-economic definitions and are standard on all surveys carried out by ICM Research.

Social Grades		
	Social Class	Occupation of Chief Income Earner
A	Upper Middle Class	Professionals such as doctors, surgeons, solicitors or dentists; chartered people like architects; fully qualified people with a large degree of responsibility such as senior editors, senior civil servants, town clerks, senior business executives and managers, and high ranking grades of the Services.
B	Middle Class	People with very responsible jobs such as university lecturers, hospital matrons, heads of local government departments, middle management in business, qualified scientists, bank managers, police inspectors, and upper grades of the Services.
C1	Lower Middle Class	All others doing non-manual jobs; nurses, technicians, pharmacists, salesmen, publicans, people in clerical positions, police sergeants/constables, and middle ranks of the Services.
C2	Skilled Working Class	Skilled manual workers/craftsmen who have served apprenticeships; foremen, manual workers with special qualifications such as long distance lorry drivers, security officers, and lower grades of Services.
D	Working Class	Semi-skilled and unskilled manual workers, including labourers and mates of occupations in the C2 grade and people serving apprenticeships; machine minders, farm labourers, bus and railway conductors, laboratory assistants, postmen, door-to-door and van salesmen.
E	Those at the lowest levels of subsistence	Those on lowest levels of subsistence including pensioners, casual workers, and others with minimum levels of income

Appendix 2: Guide to Statistical Reliability

The respondents to this research are only samples of the total population of Great Britain. We cannot, therefore, be certain that the figures obtained are exactly those we would have if everybody had been interviewed (the ‘true’ values). We can, however, predict the variation between the sample results and the ‘true’ value from knowledge of the size of the samples on which the results are based and the number of times that a particular answer is given.

The confidence with which we can make this prediction is usually chosen to be 95% – that is, the chances are 19 in 20 that the ‘true’ value will fall within a specified range. The table below illustrates the predicted ranges for different sample sizes and percentage results at the ‘95% confidence interval’², assuming an infinite population

Size of sample on which survey result is based	Approximate sampling tolerances applicable to percentages at or near these levels		
	10% or 90%	30% or 70%	50%
	±	±	±
100 interviews	5.9%	9.0%	9.8%
200 interviews	4.2%	6.4%	6.9%
300 interviews	3.4%	5.2%	5.7%
400 interviews	2.9%	4.5%	4.9%
500 interviews	2.6%	4.0%	4.4%
800 interviews	2.1%	3.2%	3.5%
1,000 interviews	1.9%	2.8%	3.1%

For example, on a question where 50% of the people in a sample of 1,000 respond with a particular answer, the chances are 95 in 100 that this result would not vary by more than three percentage points, plus or minus, from a complete coverage of the entire population using the same procedures. However, while it is true to conclude that the “actual” result (95 times out of 100) lies anywhere between 47% and 53%, it is proportionately more likely to be closer to the centre of this band (i.e. at 50%).

Tolerances are also involved in the comparison of results from samples. A difference, in other words, must be of at least a certain size to be considered statistically significant. The following table is a guide to the sampling tolerances applicable to comparisons.

Size of samples compared	Differences required for percentage levels significance at or near these percentage levels		
	10% or 90%	30% or 70%	50%
	±	±	±
100 and 100	8.4%	12.8%	13.9%
100 and 200	7.2%	11.0%	12.1%
300 and 300	4.8%	7.3%	8.0%
400 and 400	4.2%	5.5%	6.9%

² It should be noted that these figures assume a simple random possibility sample design with no design effects; in reality, with quota surveys these are likely to occur and widen the margin of error, so this should be treated as a guide.

Appendix 3: Marked-up questionnaire

Care Quality Commission Complaints about Care Research 2013 Topline results

Results are based on interviews with 1,005 adults aged 18+ across Great Britain.

Interviews were carried out by telephone, 12-14 April 2013.

The data has been weighted to match the profile of the population.

Results are based on all respondents unless otherwise stated.

Where results do not sum to 100%, this may be due to multiple responses, computer rounding or the exclusion of don't knows/not stated.

An asterisk (*) represents a value of less than one half of one per cent, but greater than zero.

Q1. **First of all, have you, or another member of your immediate family received care or treatment, in or from, any of the following within the last 12 months**

Base: All respondents (1,005)

		Yes - yourself	Yes – another immediate family member	Yes – both yourself and another immediate family member	No	Don't know
		%	%	%	%	%
A	A hospital	19	25	10	45	0
B	A GP (doctor's) practice	28	16	37	19	0
C	A dental practice	27	11	35	27	0
D	A care home where residents live temporarily or permanently	1	8	1	91	0
E	An agency that provides care within your	2	5	*	93	0

Q2. **Thinking generally about your own/immediate family member's experiences while receiving care in... would you say that the quality of care you/they received was...**

Base: All respondents who have received care or treatment from ... in the last 12 months, or has a family member who has

		Very good	Quite good	Neither good nor bad	Quite bad	Very bad	Don't know
		%	%	%	%	%	%
A	In hospital (<i>Base: 559</i>)	47	33	9	5	6	*
B	In a GP (doctor's) practice (<i>Base: 825</i>)	51	35	8	3	2	1
C	In a dental practice (<i>Base: 730</i>)	63	27	5	2	2	1
D	In a care home where residents live temporarily or permanently (<i>Base: 94</i>)	51	23	10	9	3	4
E	At home from an agency (<i>Base: 76</i>)	48	30	7	7	1	7

- Q3. **Have you/they voiced a concern to a staff member or made an official complaint about the standard of care received during the time spent receiving care within the last 12 months?**
Base: All who have received treatment from a CQC regulated service in the past 12 months, or have a family member who has (932)

	%
Yes – voiced a concern to a staff member about the standard of care received	8
Yes – made an official complaint about the standard of care received	4
No	89
Don't know	0

- Q4. **When the concern or complaint was made, did you/your immediate family member feel that**
Base: All who voiced a concern to a staff member or made an official complaint about the standard of care received during the time spent receiving care in the past 12 months (92)

	Yes	No	Don't know
	%	%	%
A The concern/complaint was welcomed	42	55	3
B You/they received a satisfactory response	41	57	2
C You/they were treated with respect while your/their concern/complaint was being handled	62	34	4

- Q5. **Which one of the following reasons do you think best describes why you/your immediate family member did not raise concerns or make a complaint about the standard of care you/they received?**
Base: All who say they received bas quality care but did not make an official complaint or voice a concern to a staff member (68)

	%
It would not make any difference as nothing would improve as a result	32
Not wanting to cause a fuss/be thought of as a trouble maker	19
The worry that care would be even worse as a result of raising concerns	10
Staff are busy and stretched; complaining does not help	9
It's difficult to know who best to raise concerns with	9
Not the kind of person to complain	*
None/nothing	5
Other	7
Don't know	6

Q6. How likely, if at all, would each of the following have been to encourage you/your immediate family member to raise concerns or make a complaint about poor care?

Base: All who say they received bas quality care but did not make an official complaint or voice a concern to a staff member (68)

	Very likely	Quite likely	Neither likely nor unlikely	Quite unlikely	Very unlikely	Don't know
	%	%	%	%	%	%
A The service providing care actively seeks views by for example, sending you a questionnaire	35	36	9	11	6	3
B The service providing care routinely lets you/them know about action that has been taken in response to concerns	22	32	14	21	5	7
C The person providing care telling you verbally that they would want you/your immediate family member to raise any concerns with them, and how to raise those concerns	28	39	11	13	4	3
D If you/your immediate family member knew what standard of care you/they have a legal right to receive	46	25	13	11	3	2
E If you/your immediate family member had an advocate or organisation that could raise concerns on your/their behalf	32	30	13	13	8	4
F If you/your immediate family member could raise the concerns without the care service knowing who you/they were	37	21	17	15	10	0

Q7. Have you/they provided positive feedback to a staff member or written a letter of praise about the standard of care received during the time spent receiving care within the last 12 months?

Base: All who have received treatment from the NHS in the past 12 months, or have a family member who has (932)

	%
Yes – verbally thanked the staff member providing my care	23
Yes – written a letter of thanks	9
No	70
Don't know	1

Q8. Many people we have spoken to have told us that they just accept things for what they are and generally don't raise concerns or make complaints about the care they receive. Other people have told us they do complain if they feel it necessary. How likely is that you would raise a concern or make an official complaint if you felt you had received a poor standard of care? Would you say...

Base: All who have not voiced a concern or made an official complaint (937)

	%
Very likely	50
Quite likely	32
Neither likely nor unlikely	5
Quite unlikely	6
Very unlikely	6
Don't know	1

Q9. A. Which one of the following reasons do you think best describes why you might not raise concerns or make complaints about the standard of care you have received?

Base: All who do not say that they would be likely to raise a concern or make an official complaint if they felt they had received a poor standard of care (163)

B. Which one of the following reasons do you think best describes why other people we have spoken might not raise concerns or make complaints about the standard of care they have received?

Base: All who say that they would be likely to raise a concern or make an official complaint if they felt they had received a poor standard of care (774)

	A %	B %
Not wanting to cause a fuss/be thought of as a trouble maker	29	26
It would not make any difference as nothing would improve as a result	24	25
Staff are busy and stretched; complaining does not help	19	15
It's difficult to know who best to raise concerns with	11	16
The worry that care would be even worse as a result of raising concerns	7	12
Not the kind of person to complain	1	*
Lack of knowledge/not knowing they can complain	0	*
Can't be bothered/apathy	0	1
None/nothing	2	*
Other	1	1
Don't know	7	4

Q5/ Q9 Which one of the following reasons do you think best describes why you/other people did not raise concerns or make a complaint about the standard of care you/they received?

Base: All respondents (1,005)

	%
Not wanting to cause a fuss/be thought of as a trouble maker	26
It would not make any difference as nothing would improve as a result	25
Staff are busy and stretched; complaining does not help	15
It's difficult to know who best to raise concerns with	15
The worry that care would be even worse as a result of raising concerns	11
Can't be bothered/apathy	1
Lack of knowledge/not knowing they can complain	*
Not the type of person to complain	*
None/nothing	1
Other	1
Don't know	5

Q10. How likely, if at all, would each of the following be to encourage you to raise concerns or make a complaint about poor medical care?

Base: All who have not voiced a concern or made an official complaint (937)

		Very likely	Quite likely	Neither likely nor unlikely	Quite unlikely	Very unlikely	Don't know
		%	%	%	%	%	%
A	The service providing your care actively seeks your views by for example, sending you a questionnaire	42	31	9	8	8	2
B	The service providing your care routinely lets you know about action they have taken in response to concerns	37	34	11	8	6	3
C	The person providing your care telling you verbally that they would want you to raise any concerns with them, and how to raise those concerns	44	32	8	8	5	3
D	If you knew what standard of care you have a legal right to receive	47	30	9	7	4	3
E	If you had an advocate or organisation that could raise concerns on your behalf	39	29	11	9	11	2
F	If you could raise the concerns without the care service knowing who you were	36	28	13	10	11	2

**Q6/
Q10 How likely, if at all, would each of the following be to encourage you to raise concerns or make a complaint about poor medical care?**

Base: All respondents (1,005)

		Very likely	Quite likely	Neither likely nor unlikely	Quite unlikely	Very unlikely	Don't know
		%	%	%	%	%	%
A	The service providing your care actively seeks your views by for example, sending you a questionnaire	41	31	9	8	8	3
B	The service providing your care routinely lets you know about action they have taken in response to concerns	36	34	11	9	6	3
C	The person providing your care telling you verbally that they would want you to raise any concerns with them, and how to raise those concerns	43	33	8	8	5	3
D	If you knew what standard of care you have a legal right to receive	47	29	9	7	4	3
E	If you had an advocate or organisation that could raise concerns on your behalf	38	29	11	9	10	2
F	If you could raise the concerns without the care service knowing who you were	36	28	13	10	11	2

Q 11. **Which two or three of the following do you think are most important when it comes to the provision of health and social care services?** *Base: All respondents (1,005)*

	%
Staff treat people with respect and dignity	47
They treat everyone fairly	29
The people who run and manage health and social care services are good at their job	27
Health and social care services are effective - i.e. they help people get better if they are ill	24
People have a choice about when and where they receive treatment	24
Staff involve people in decisions about their care / condition / illness or treatment	23
Health and social care services are provided safely	18
Clear information on the quality of services is provided	15
They provide value for money - whether people pay for it personally or whether it is publicly-funded through the taxes people pay	14
They encourage people to give feedback about the care they receive	14
Don't know	5

Demographics

Gender

	%
Male	49
Female	51

Age

	%
18-24	12
25-34	16
35-44	19
45-54	17
55-64	15
65+	21
18-24	12

Tenure

	%
Own outright	33
Own with a mortgage	35
Council	13
Rented from someone else	11
Rent free	*
Rent from a housing association	4
Refused	4

Working status

	%
Full-time	44
Part-time	12
Not working but seeking work or temporarily unemployed/sick	6
Not working/Not seeking work	6
Retired	24
Student	5
Refused	3

Social Grade

	%
A	11
B	16
C1	29
C2	21
D	7
E	16

Ethnicity

	%
White	87
Mixed	2
Asian or Asian British	2
Black or black British	2
Chinese	*
Other	1
Refused	5
