Consumers and Complaints Systems

in Health Care

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# CONSUMERS AND COMPLAINTS SYSTEMS IN HEALTH CARE

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CONSUMERS AND COMPLAINTS SYSTEMS IN HEALTH CARE

Summary

Systems for handling consumer complaints about various aspects of health service provision have come under scrutiny in the past two decades for complex reasons. As Australia moved into the 1990s, the political climate seemed ripe for a series of legislative changes that would significantly reform and revitalise complaints systems in the health care area. This thesis explores the dimensions of the actions of consumers, governments and service providers influential in contributing to this climate and the subsequent developments.

There are clearly defined consumer models of complaints handling for the health area, ascertainable from examination of the broader context of the development of the consumer movement and consumer organisations; and specifically drawing on the common elements from the contribution of the consumer movement in health. These models have two parts: the individual part concerned with the recognition and acceptance of each consumer's right to complain and to have that complaint dealt with to their satisfaction; and the collective part concerned with the actuality and relevance of consumer experience to the shaping of health services and ultimately better health outcomes. The models have been refined by, and incorporate, elements of the evolving notions of consumer rights and consumer participation. However the history of both weakness and suppression of the consumer "voice" in the health area has contributed to the difficulty in getting the consumer agenda for health complaints systems heard.

For a brief period it seemed that the consumer agenda may be given a voice, fanned by the rhetoric of the new public health, consumer participation, and partnerships between consumers and service providers, and culminating in the Medicare agreements drawn up in 1992. The provision that all states/territories must establish independent complaints mechanisms provided a tangible acknowledgment of the validity of consumer complaints, but even before the Medicare agreements were signed, significant shifts had occurred.
The model of complaints handling which reflects a consumer perspective has been substantially overshadowed by the broader agendas of government restructuring and reform and professional accountability and control. These other agendas have been the more powerful determinants of the nature of the continuing changes to complaints handling and complaints systems. The focus on market choice and customer service, downsizing government and self regulation have been particularly important factors in the recent organisation of complaints mechanisms. While there have been differences between the states/territories and the Commonwealth, common themes prevail. Both governments and service providers have “individualised” complaints and complaints handling, thereby limiting and controlling the consumer voice and channelling it for their own ends. Complaints systems remain on the political agenda, not because of consumer concern, but because they can serve other agendas.

Resolution of complaints at the local level, between consumer and service provider (whether the individual or the organisation), is considered the first step, even where central health complaints bodies exist. The findings of my study of consumer and service provider perspectives on the local handling of complaints, conducted in South Australia as part of the research for this thesis, reveal themes similar to other contemporary studies. The primary concerns of consumers with obtaining resolution and justice contrasts with the defensive responses of many service providers, focussed on investigation, attributing individual blame and based on the assumption that retribution is the driving force behind making a complaint.

From a consumer perspective resolution of individual complaints is crucial. But the individualisation of complaints by current complaints handling practices reduces the potency and value of complaints data to inform change to health service provision and enhance health outcomes. A consumer model for complaints handling at the local level is proposed, based on the notion of collective individuals, for generating a consumer voice from the combined force of health complaints. The implications of health complaints systems reforms for public health policy, and human service provision generally, are discussed.