



Looking Ahead

The Future of Optics, Complaint Mediation
and Regulation

Annual Report 2017-18



www.opticalcomplaints.co.uk



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Intro/Foreword



Since 2014, the OCCS has assisted 4,400 optical consumers and practices with complaints and resolution, with resolution rates of over 96%. We estimate that we have also directly shared insight with over 4,000 registrants at events around the UK.

Since 2015 the focus of OCCS insight sharing has been communication, customer care and conflict resolution. Seeing a reduction in complaints of this nature for the first time in the four years is really encouraging. If we can help registrants meet and exceed consumer expectations in these areas, the OCCS will be fulfilling an invaluable role in the sector.

As we reflect on another productive year, and look forward to the new OCCS year, the insight and impact analysis highlight the role of the OCCS in supporting the both the regulator and the sector to identify and meet the future challenges faced by the optical professions. The consultations on Acceptance Criteria for FtP and the Education Strategic review give the sector the opportunity to shape the future of the profession. Responding to those consultations and using our voice in the sector, the OCCS perspective will support the evolution to a more agile approach to defining and regulating the optical professions.

As we look ahead to the following year, you will continue to see the OCCS working collaboratively with stakeholders, and importantly, with the GOC to support the regulator and the industry in its move to deliver a more agile, preventative, upstream form of regulation.



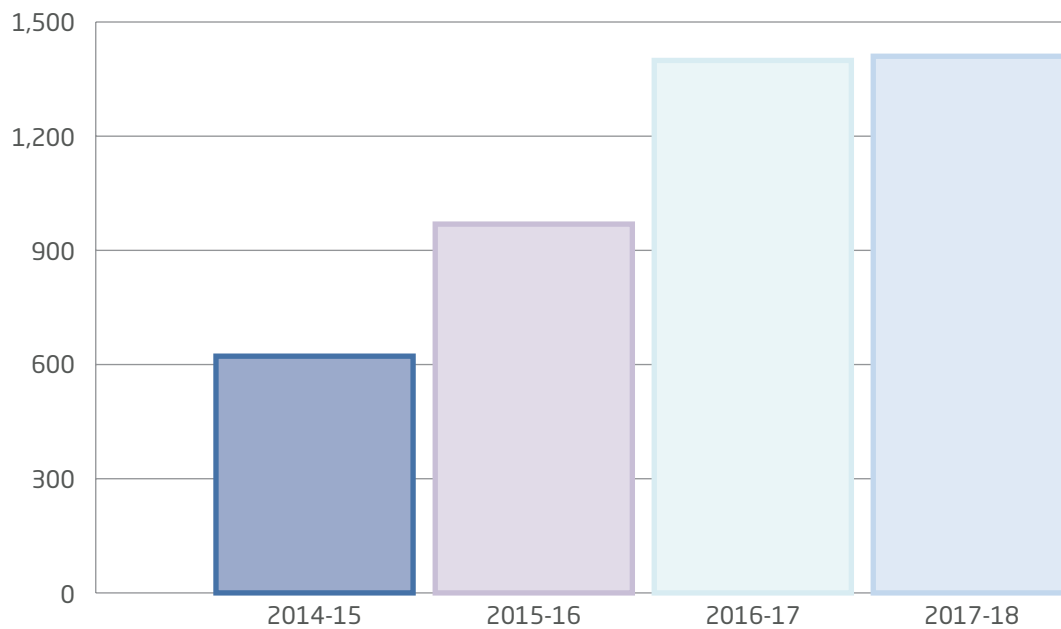
Foreword by Jennie Jones
Head of OCCS

1: Executive Summary



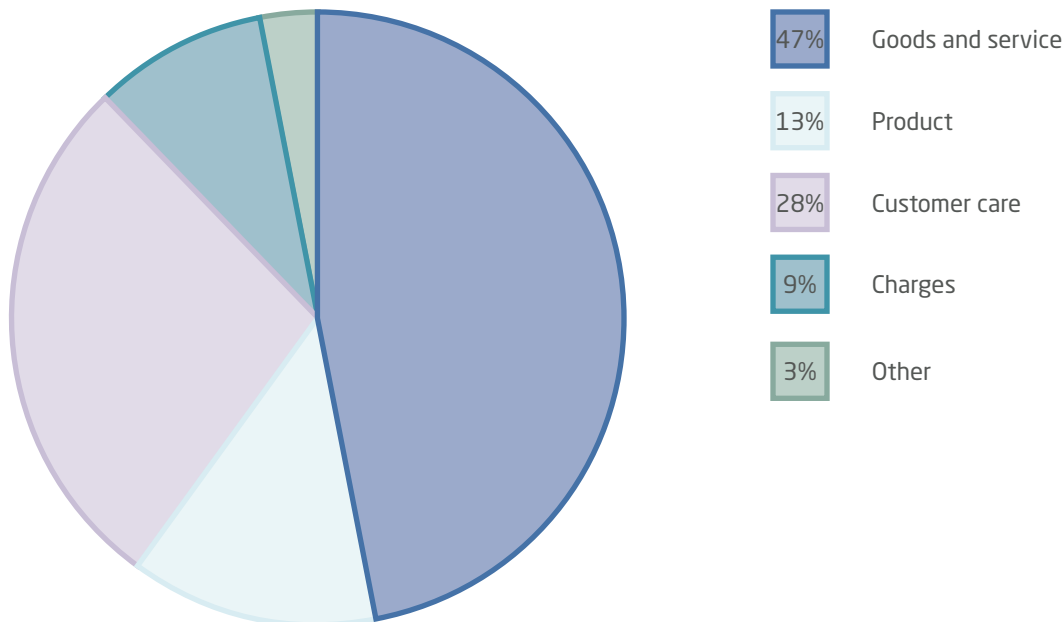
1.1. Steadying Volumes

Fig. 1 Enquiries Received by OCCS Per Annum



1.2. Complaints primarily relating to 'customer care' reduced from over a third down to a quarter.

Fig. 2 Nature of Complaint (01/04/17 - 31/03/18)



This is attributed to a number of factors:

- The GOC Practice Standards for individual registrants, introduced in April 2016, included specific reference to complaint handling and communication - core elements to customer care.
- Impact of OCCS insight sharing over four years which has consistently incorporated communication and conflict resolution principles within all activity and illustrated within everyday optical complaint circumstances to help registrants and practices to devise their own best practice;

1.3. Complexity

Over recent years the OCCS has seen an increase in the complexity of complaint circumstances referred to the service. There are a number of likely factors:

- Since 2014 the OCCS has been committed to raising awareness of the service and sharing the benefits of mediation with the optical professions and stakeholders. This has been effective, and as a result we now see more practices refer complaints to the OCCS. Practices also have the confidence in the service to refer complaints that may be considered to be particularly complex or where the relationship with the consumer is an element in the ongoing complaint.
- The nature of the complaint circumstances has also evolved. As indicated by the reduction in complaints relating to customer care, a constructive practice approach to complaint handling increases the likelihood of resolution at local level. There has been an increase in the proportion of complaints concerning issues with prescription issued and outcomes of refractive surgery. The GOC Practice Standards for individual registrants, introduced in April 2016, included specific reference to complaint handling and communication - core elements to customer care. The OCCS has also worked collaboratively with the sector on complaint trends such as varifocal and multifocal dispensing. This has seen a reduction in these types of complaints as a percentage of all enquiries referred to the OCCS.

Going forward, the OCCS will work together with the sector to look at how to best use current trend analysis to inform optical professionals and practices and improve patient experience.

1.4. Outcomes

The OCCS continues to achieve impressive rates of resolution - resolving 96% of enquiries and complaints. The increased complexity means the mediations are on average taking slightly longer (16.7 days average overall) and 95% resolved in under 90 days.

1.5. Vulnerable Consumer Accessibility Project

During 2017-18, the OCCS concluded the initial consultation phase of a Vulnerable Consumer Accessibility Project. Our accessibility plan is now being implemented and will be evaluated on an ongoing basis during the course of the year.

1.6. GOC

The OCCS has continued to ensure the service has maximum opportunity to support the FTP strategy of the GOC to conclude complaints more quickly and effectively. Ultimately the OCCS seeks to be part of the foundations which enable the GOC to be a proportionate and agile regulator.

1.7. Stakeholder relationships

Core stakeholder relationships continue to be key to the successful impact of the OCCS.

2: Objectives 2017-18



OCCS Strategy

Achieved

Good Progress

Work in Progress

Not Yet Actioned

April 2017 - March 2018 Objective Progress:

Share insight and analysis from 2016-17.

Supporting the GOC Strategy for Managing Fitness to Practise, by identifying and implementing ongoing plans to assist the FtP team to conclude FtP complaints more quickly and effectively and in the delivery of the milestones to track progress.

Implement plan for improved accessibility for vulnerable consumers to the service for consumers with disabilities, measure impact of the plan and further evaluate to deliver further measured improvements for vulnerable stakeholders by improving EDI response rates.

Continue to engage with stakeholders and the professions.

Supporting the optical sector to review and deliver improvements in varifocal dispensing to enhance the patient experience and reduce the consumer complaints circumstances involving the supply of multi focal lenses.

Share the insight into consumer complaints gained by the OCCS with the public and optical professionals at a grass roots level, and to prioritise the promotion of insight sharing and CET workshop sessions to generate practitioner discussions and best practice sharing. This will assist in improving efficiency of consumer communication and management of expectations.

Continue projects and improving consumer contact pathways to increase direct enquiries with the OCCS rather than other organisations such as GOC FtP team and Citizens Advice Bureau.

Improve feedback response rates to ensure OCCS effectiveness can be quantified and monitored.

3: Overview



3.1. Enquiries Volumes

3.1.1. Having seen a doubling of enquiries between 2014/15 and 2016/17, the OCCS forecast a levelling off of this increase. This year the service received 1,410 enquiries, which was 226% on 2014/15 activity, but only a 1% increase on the previous year.

Fig. 3 Enquiries Received by OCCS Per Annum

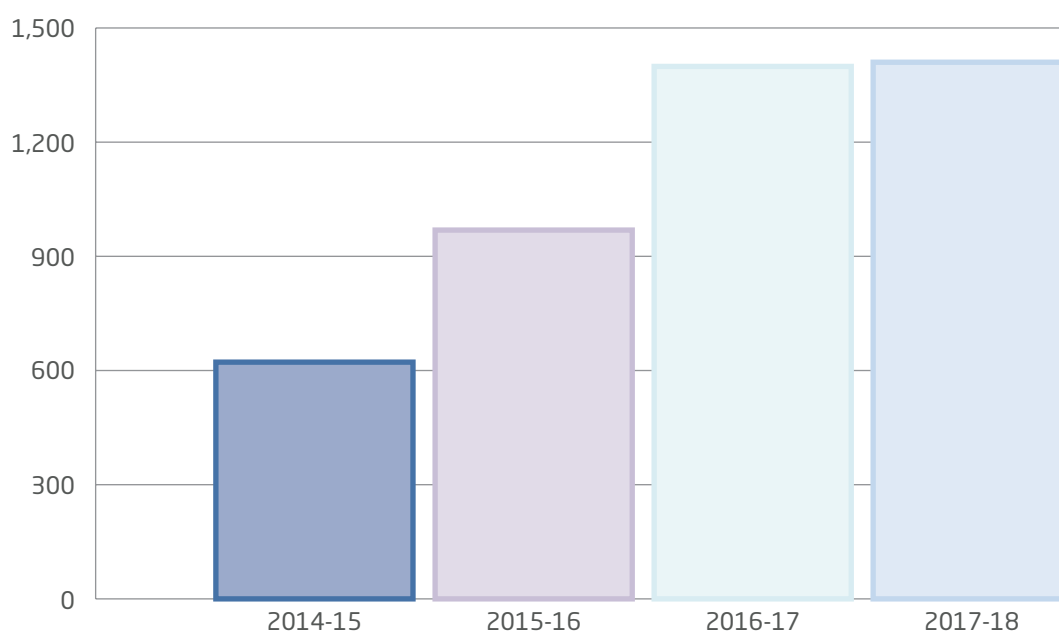


Fig. 4 Status of Enquiries as at 31/03/18

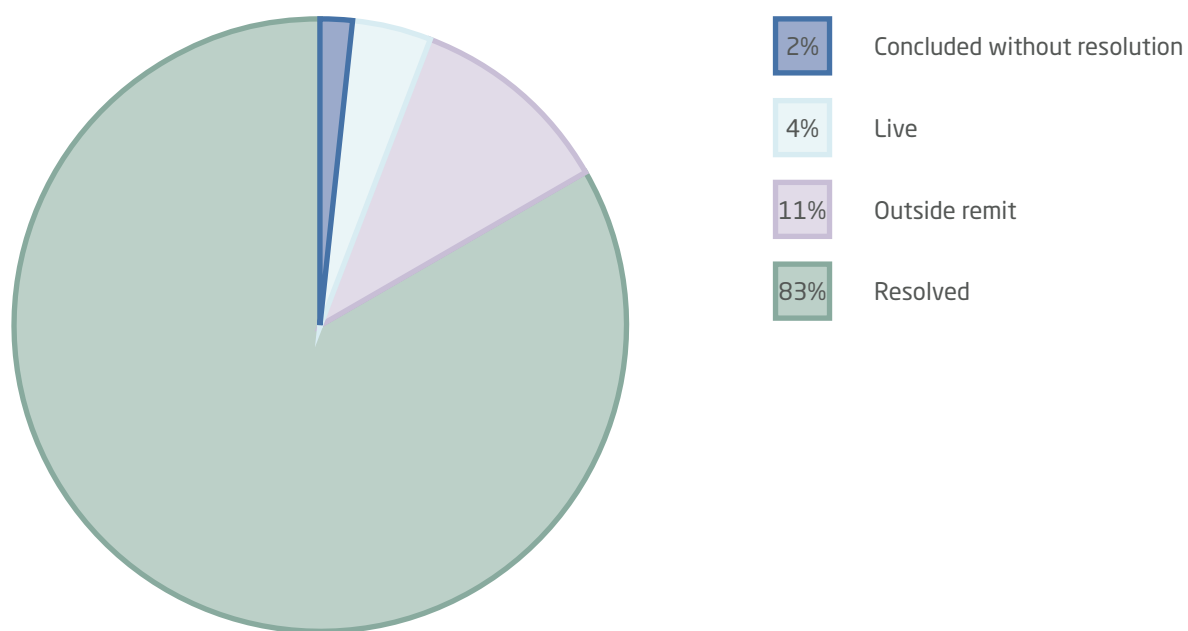
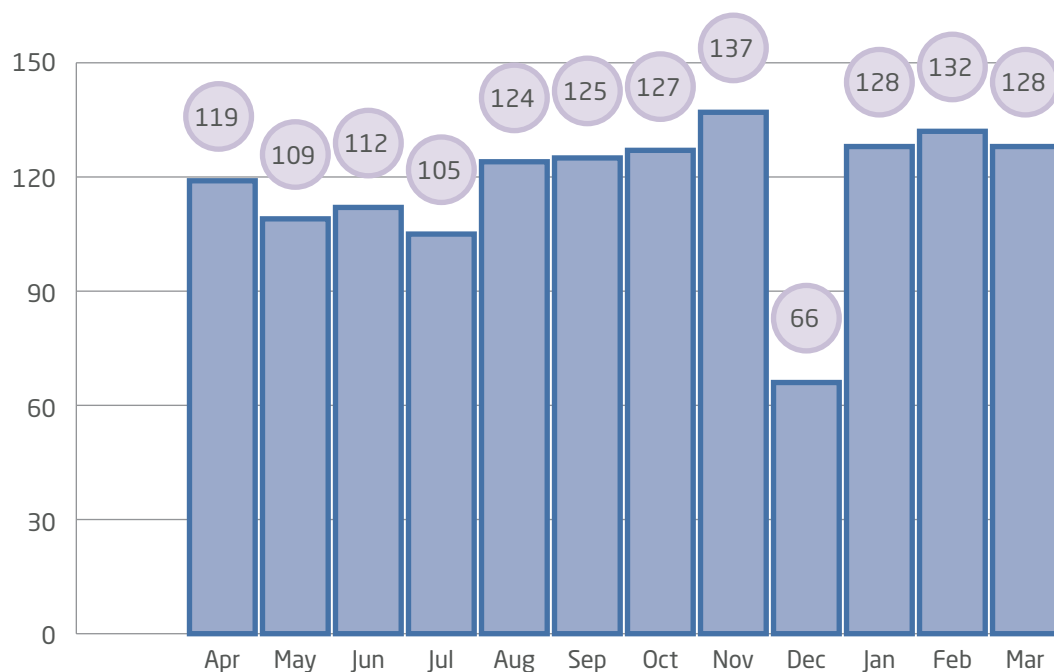


Fig. 5 Enquiries Received Per Month (2017-18)



3.2. Source

- 3.2.1. Following the introduction of a new mediation management software package in late 2016, there has been an increase in the data capture identifying how enquirers became aware of the OCCS and our role.
- 3.2.2. Those quoting website/search engine as the source of information about OCCS has increased from 57% to 72%. This is believed to be attributable to the increase in online complaint referrals with improved data capture in this category.

3.2.3. Referrals/enquiries from practice, charities, registrants attending professional/CET events and the CAB have remained consistent.

3.2.4. The OCCS has seen a decrease in referrals from the GOC during 2017-18 (14% down to 5.4%). When analysing the data, we have taken into account increased capture rates as these may effect the percentage figures. We have therefore also considered the number of referrals made from the GOC to the OCCS. These have fallen slightly (111 to 60, potentially 86 when we review 26 responses which do not give the detail of the referral but information suggests the consumer had been in contact with the GOC. This would increase the percentage to 7.8%). Referrals from the GOC started to increase in Q3 and this trend continued in Q4. This is reflective of the changes implemented in the FTP triage process and the productive working relationship between the OCCS Team, the Triage Investigations Officer and FTP Clinical Advisor.

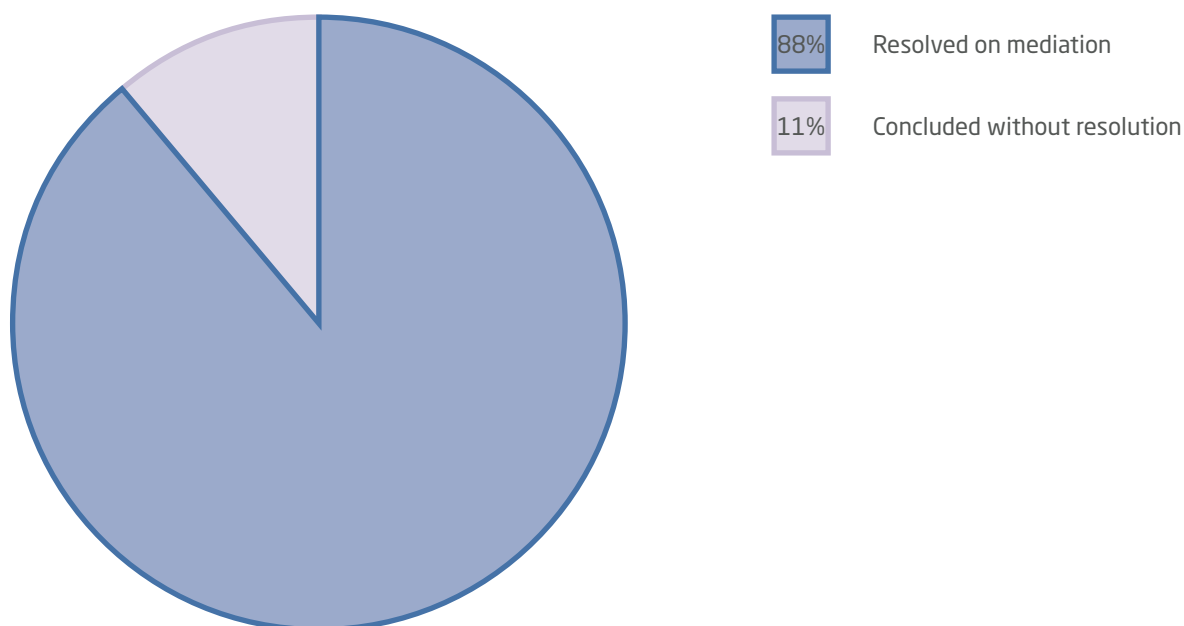
3.3. Conclusion Rates

3.3.1. 95.7% of complaints received were resolved as at 31 March 2018. This conclusion rate is slightly lower than as at 31 March 2017 and attributable to the more complex nature of the complaints referred to the service over the past 12 months.

3.3.2. 61 remained in the OCCS process at the end of the year.

3.4. Outcomes

Fig. 6 Outcome (% All Mediated Complaints)



3.5. Remit

3.5.1. Around 11% of enquiries received fell outside the remit of the OCCS, and these concerned:

Out of Remit - Reason		% Out of Remit	% of all OCCS Enquiries	2016-17 % of all OCCS Enquiries
Compensation claim	35	22	2.5	1.6
Practice not registered with GOC	32	20	2.3	1.1
Historic complaint +12 months old	20	13	1.4	
Fitness to Practice - referred to GOC	20	13	1.4	1.7
Other	48	8	3.4	
GOC registrant but complaint related to audiology	4	3	0.3	
NHS complaint	2	1	0.1	
Other	35	16	1.8	

3.5.2. Referrals from the OCCS to the FtP team at the GOC fell from 1.7% in 2016-17 to 1.4% this year. The OCCS and FtP team at the GOC continue to work closely to ensure the service is utilised to resolve complaints proportionately, whilst issues which may indicate an impaired fitness to practice are referred to the regulator.

3.5.3. We have seen an increase in enquiries from patients who have a complaint regarding an optical business not regulated by the GOC or not involving an individual GOC registrant. Although still low in terms of numbers, the increase from 14 to 32 is noteworthy.

3.5.4. We also saw a slight increase in historic complaints referred to the service. These are complaints where the product was purchased a number of years ago or a final response to a complaint was provided by a practice over 12 months ago (and there has been no further activity by either party). The increase is likely to have been a consequence of the higher profile of the service and consumers becoming aware of the OCCS at a later date.

3.5.6. The 2016-17 OCCS Annual Report provides further detail on signposting activity and the work undertaken to enable OCCS to provide constructive complaint pathways for complainants whose concerns do not fall within remit.

3.6. The Impact of the OCCS

3.6.1. 97% of complaints within the remit of the OCCS (i.e. consumer complaints) conclude the process with a resolution.

Outcomes - In Remit		% - all	% in remit	% in mediation
Preliminary - phase A	864	59	66	
Client not to pursue	80	5	6	
Resolved on mediation	322	22	25	88

Concluded without resolution	43	3	3	12
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Preliminary Advice and Mediation

3.6.2. Enquiries received where the complaint is at a preliminary stage, and then resolved by the OCCS at an early stage, remained around two thirds of the enquiries received. Activity during this phase includes:

- Giving advice;
- Managing expectations;
- Assisting in understanding;
- Advice on raising a complaint constructively; and
- Practitioner enquiries and guidance on handling complaints.

3.6.3. Only 2.1% return to the OCCS requiring further mediation as the OCCS provides initial mediation and advice which helps practices and consumers to resolve the issues with assistance from that initial OCCS contact.

Mediation

3.6.4. Over 95% of the complaints in remit were successfully concluded through interaction with the OCCS process. The nature of resolutions have remained largely consistent with previous years:

- Replacement product;
- Re-examination or further appointment for explanation/clarification;
- Interaction between prescriber and dispenser;
- Apology;
- Refund (partial/full);
- Consumer assisted in understanding;
- Consumer accepting information given by the practice or an offer from the practice;
- Review by a local independent practice or other branch.

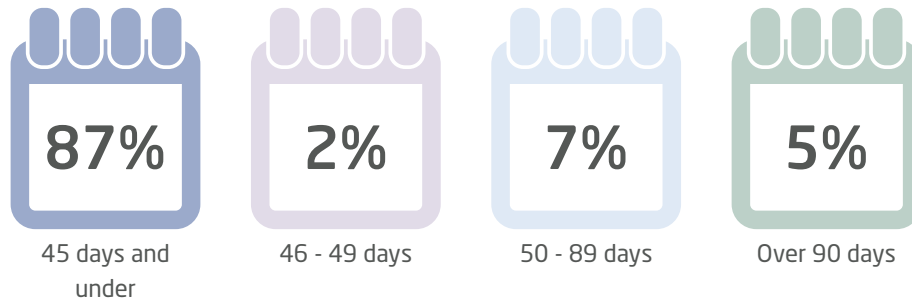
3.6.5. Where a complaint leaves the OCCS without resolution, consumers have:

- Contacted the GOC to explore whether the circumstances of the complaint are a professional conduct matter. The OCCS will provide consumers with clear guidance on the role and statutory function of the GOC;
- Pursued their consumer rights through small claims county court process. We have anecdotal updates from two consumers who were successful in recovering refunds via this route and parties feeding back that they would have preferred to resolve the complaint through OCCS mediation.;
- Obtained legal advice on the merits of a clinical negligence claim.

3.7. Timescale and Resolution Periods

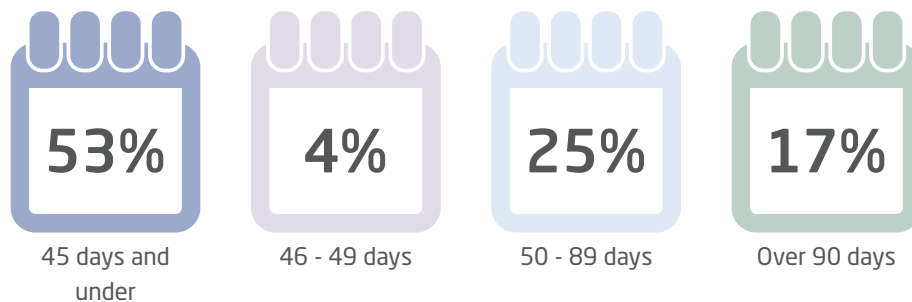
3.7.1. The average number of days to conclude enquiries/ complaint in the OCCS is 16.7 days.

Fig. 7 % of All Enquiries Concluded in 2017-18



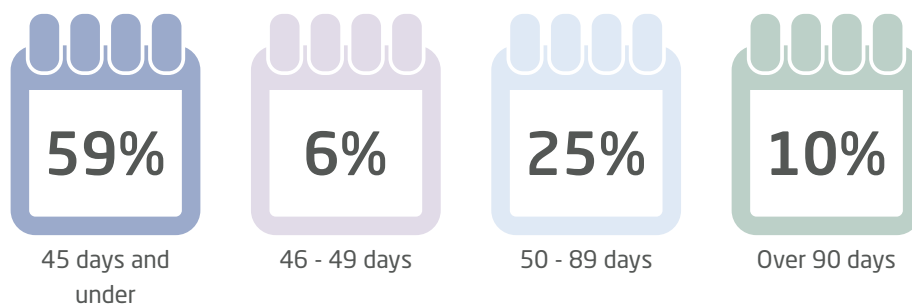
3.7.2. When considering all mediated complaints, average time period is 52.6 days, and 41 days for complaints involving consumer concerns regarding the optical care or products supplied.

Fig. 8 % of All Mediated Complaints Concluded in 2017-18



3.7.3. If we analyse complaints involving optical care and products:

Fig. 9 % of All Mediated Complaints Involving Optical Care and Products, Concluded in 2017-18



3.7.4. The timescale for mediation is calculated based on the number of days between the consumer returning the signed consent form to the OCCS through to resolution agreed and complaint archived.

3.7.5. The industry standard is 90 days from the date a complete bundle of relevant documentation is held by the mediator/resolution manager. The OCCS start date is prior to this to encourage the service and practice to engage and provide relevant information as quickly as possible. From the complainant's perspective, they have lodged the complaint and are seeking a resolution. There are often occasions where the consumer is without usable spectacles and so time is of the essence.

3.7.6. This year we have seen an increase in average number of days and also an increase in the percentage of mediations requiring more than 90 days from the consent form return to be concluded. The OCCS has not seen the same year on year increase in enquiry numbers to account for this, and therefore this is not attributable to volumes. The service has however experienced:

- An increase in complaints progressing into full mediation (i.e. resolution agreed at an early stage in the mediation). This means more complaints require the provision of records and relevant information, and then mediation interaction with the practice/head office team;
- An increase in the complexity of the complaint circumstances, including refractive surgery. Increased complexity means more input is needed by the clinical advisors and on occasions, the senior resolution team. More complex complaints are also more likely to involve more emotive circumstances or views. These can increase the resolution period;
- An increase in complaints concerning capacity and vulnerable consumers, either where representatives are appointed or the service must progress the mediation at the consumer's pace. Periods of hospitalisation, delays in communication between representatives and the consumer have an impact in the time taken to reach a resolution.

3.7.7. Having analysed the complaints taking more than 90 days to resolve, it is apparent that the following factors influence the timescales:

- Some involve issues or concerns being investigated by the GOC FTP team. The OCCS may therefore need to re-open a complaint, or stay the mediation for a particular reason. The two processes can run simultaneously, but on occasions this is not possible;
- Complaints involving multiple practices will require more time;
- Either delays in consumers responding to final proposals or the impact of long periods away from the practice by key decision makers are also factors. The OCCS noticed during the summer months or around the Christmas period, owners and managers may take extended leave travelling overseas. Unless authority to resolve a complaint and agree a resolution is delegated this will delay progress;
- Progress in mediations will also be stymied if a practice goes into administration. Communication may cease and if the business has ceased to trade and formal insolvency proceedings are underway, the mediation will end at that point. The OCCS will assist the consumer with contact details for administrators to enable them to register their status as creditors.
- The additional admin resource funded from April 2017 has allowed the service to maintain resolution rates and satisfaction ratings. This additional resource began to have a positive impact on complaint progression from August 2017.

3.7.8. The nature of complaints concerning refractive surgery (either outcome, contractual entitlement or complaint handling) means they can be more time consuming. The amount of relevant information is far greater than the majority of optical complaints. The issues do also require longer consideration, with proposals sometimes requiring further ophthalmic or optometric review which needs to be arranged and outcomes fed back into the process. We have evaluated the approach taken to the mediation of this type of complaint. A more time and cost effective approach is necessary - this involves co-ordinating mediation discussions with providers. These factors have an impact on the average length of the mediation period in this category of complaint. In turn the increase in number of these complaints impacts on the overall resolution periods.

3.8. Feedback

3.8.1. Feedback is requested from all service users – both consumer and practice. The high number of enquirers obtaining preliminary mediation has an impact on response rates, as their interaction and engagement with the service is limited, compared to those entering mediation. Feedback from multiple providers is obtained directly during feedback meetings and contact between head offices and members of the OCCS team.

3.8.2. Feedback responses during 2017-18 continue to be high, particularly for an ADR and complaint resolution service:

	%
% of consumers who would return to the practice following mediation	39
% of consumers who would use the service again	76
% of consumers who would use ADR again	80
Found OCCS easy to contact	100
Found the OCCS to be understanding	83
Found the OCCS to be helpful	82
Found the OCCS to be fair	82
Found the OCCS process to be productive	82
Found the OCCS process to be efficient	83
Would recommend the OCCS others	83

3.8.3. Narrative feedback:

<i>You were able to find out exactly what the patient wanted to resolve problem</i>	Practice
<i>We're absolutely brilliant , couldn't of asked for any more support , help or advice</i>	Consumer
<i>I get very stressed in any confrontational situation. The help from the staff meant that a solution could be found without me having to have direct contact in the situation.</i>	Consumer
<i>So easy to get questions answered. I also found the website helpful. I had always been told that I had to have a new eye test before I could have glasses made up. So many 'wrong' for me glasses were made up, I returned them but had no alternative action to take,</i>	Consumer
<i>You are powerless to affect the outcome</i>	Consumer
<i>Was not optimistic of getting a positive outcome [from mediation] but the lady who liaised with me was patient and terrific and did her best to understand the point I was making and the outcome I wished.</i>	Consumer
<i>No point in the service if it does not have any teeth</i>	Consumer
<i>This was my first experience of mediation. As a lawyer I am aware of stresses of litigation and would not lightly enter into. However, there are at least ground rules to ensure fairness which I could not identify in the mediation process. The process was not even a box ticking procedure. It did not attempt to address the issues which were in dispute</i>	Consumer
<i>You knew my misdiagnosis was evident but are powerless to affect it</i>	Consumer

Feedback Response Rates

3.8.4. During 2017-18 the OCCS has revised the feedback questions and increased the use of email and other online

response forms to encourage responses. We continue to see the use of hard copy forms (both online complaint referral and feedback) by a proportion of consumers.

- 3.8.5.** Consumer response rates have decreased this year despite efforts to improve interaction and easy access. Initial analysis suggests this is due to 'feedback fatigue' by service users and an increase in spam and promotional material. Response rates in other ADR schemes operated by Nockolds are significantly higher. These schemes include more formal written resolution agreements. These are generally disproportionate in optics, and a written summary/overview is sufficient. As parties do not have to return a signed agreement, they are not in the process of completing and returning information to OCCS, and therefore are not prompted into activity.
- 3.8.6.** The high number of corporate practices and interaction with central customer service teams means there is minimal opportunity for individual practice responses. This feedback is obtained centrally via insight and annual review meetings and ongoing interaction throughout the year.
- 3.8.7.** Having adapted the questionnaire content, this year we will investigate the potential benefits of:
- Text based surveys;
 - Basic feedback responses for enquiries concluded at a preliminary stage;
 - Personal interaction with service users on a sample basis (telephone based).
- 3.8.8.** We continue to be mindful that service users do not want to feel pestered for feedback, and in a complaint resolution setting there is a risk of reigniting concerns and dissatisfaction.

3.9. OCCS Complaints

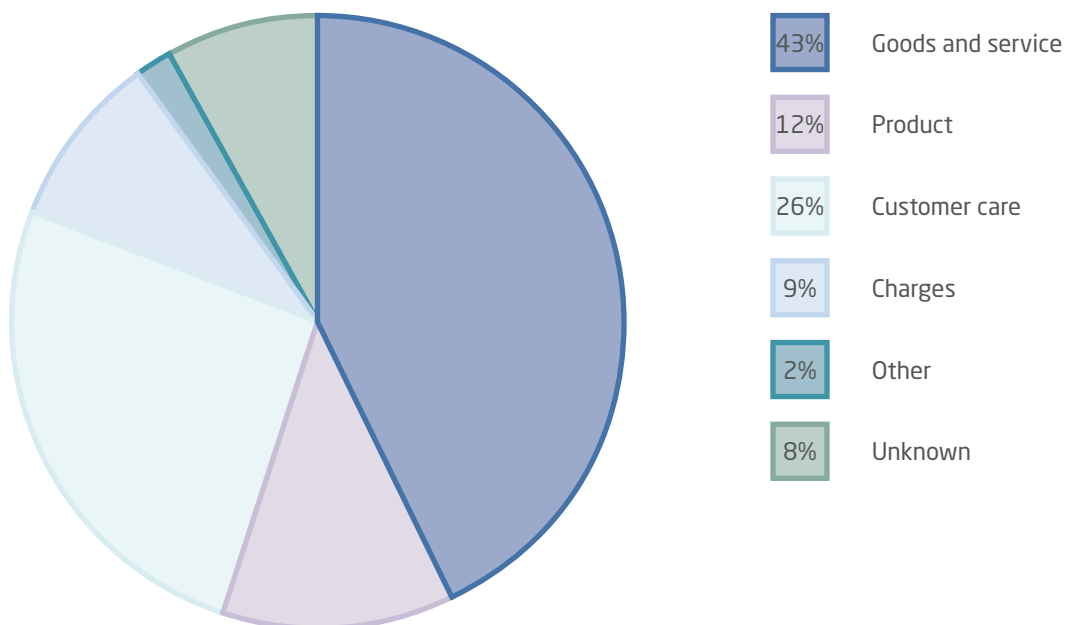
This year the OCCS has escalated two issues for review in accordance with the OCCS complaint policy. Both involved consumers who were dissatisfied with the process when their complaint was not resolved at an early stage. Having analysed both circumstances, the complainant was concerned that the OCCS could not force the practice to offer refunds (one involved a pre-owned frame damaged in reglaze, and another a dispense made up from a foreign prescription where the consumer did not return to the practice for some time as they resided outside the UK). Both concerns were reviewed by the Head of the OCCS and a detailed formal response provided.

4: Learning From Complaints



4.1. What Do Consumers Complain About?

Fig. 10 Nature of Complaint - 01/04/17 - 31/03/18 (%)

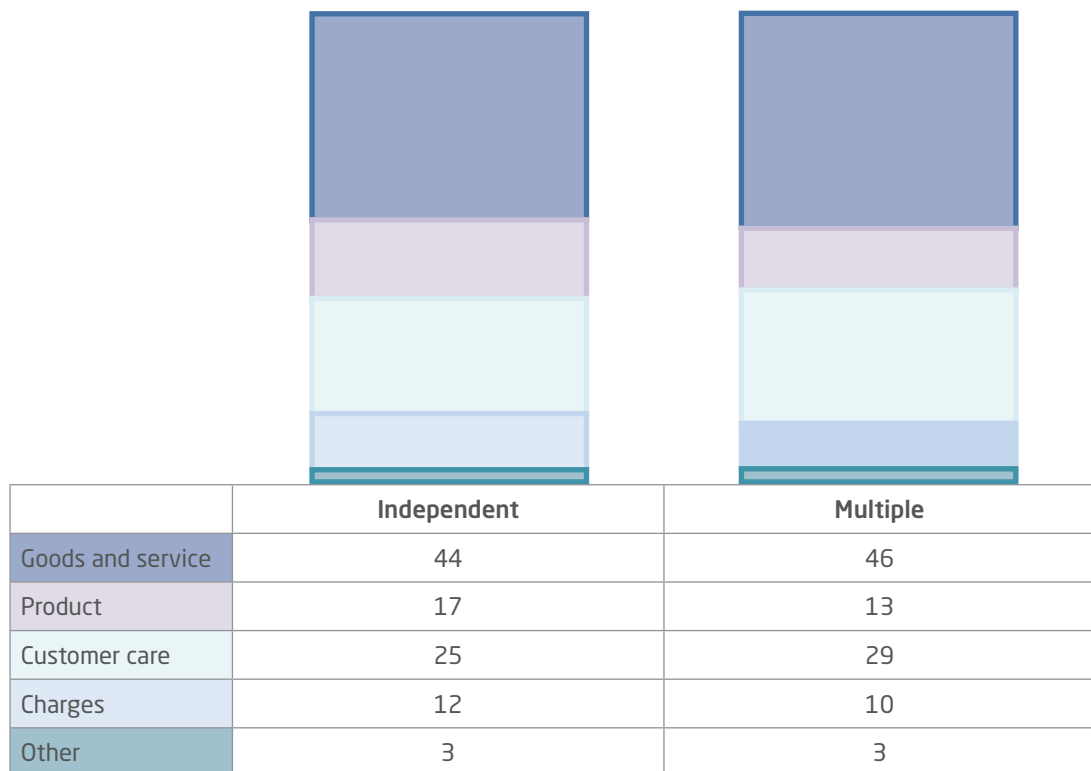


	2017-18		2017-18 % (known)	2016-17	2016-17 %
Goods and service	601	765	46.6	747	53.5
Product	164		12.7		
Customer care	369		28	462	33
Charges	121		9.4	122	9
Other	36		2.8	61	4
Unknown	119				
Total	1,410		100		

4.2. Who Do Consumers Complain About?

4.2.1. There is no variance in the type of complaints referred to the OCCS regarding independent practices and multiples.

Fig. 11 Nature of Complaint as a % Per Business Type



4.2.3. The analysis provided in section 4.2 of OCCS Annual Report 2016-17 is a useful overview of the impact of business type on consumer complaints.

4.3. Outcome

4.3.1. There is little variation in outcomes achieved when looking at different types of complaint, save those

enquiries assessed as being 'out of remit' when reviewing product complaints. Those complaints concerning purely product issues are more likely to be outside the remit of the OCCS than other categories of complaint. This is likely to be linked to the increase in enquiries assessed as outside remit as the practice are not regulated by the GOC and the issues of the complaint are not linked to a GOC registrant.

4.4. Analysis and Insight

Customer Care

4.4.1. Main concerns referred to the OCCS relating to customer care are:

	2017-18	2016-17
1	Complaint handling	Attitude
2	Delay in supply	Complaint handling
3	Attitude	Failure to deal with concerns/complaints

4.4.2. Complaints relating to customer care, the relationship between optical professional and consumer, and communication have reduced from 33% to 28%. This equates to a 21% decrease in complaints relating to customer care and complaint handling. This trend builds on a decrease seen in 2016-17. There are many factors influencing this trend:

- Impact of complaint handling and communication explicitly referenced in the GOC Practice Standards for Individual registrants, since April 2016;
- Profile of the OCCS and consistent messages on the importance of customer care and communication, which have included:
 - Profession wide insight sharing via industry publications and journals;
 - Focused CET and grass roots insight sharing which focuses on - 'It's not the act, it's how you react';
 - Engagement with multiples to share insight at professional conferences;
 - CET covering professional duty of candour.

4.4.3. We have also seen an eight-fold increase in complaints concerning the way in which practices respond to NHS voucher enquiries. Numbers remain small, however the increase is noticeable and may be an unintended consequence of budgetary controls and payment issues within the NHS England/Capita contract.

Optical Care

4.4.4. Main concerns referred to the OCCS relating to optical care are:

	2017-18	2016-17
1	Concerns regarding accuracy of the prescription	Varifocal/multifocal dispensing
2	Outcome of refractive surgery	Concerns regarding accuracy of the prescription
3	Dispensing accuracy	Prescription dispensed elsewhere

Concerns Regarding Accuracy of the Prescription

4.4.5. As you would expect, concerns regarding the perceived accuracy of prescriptions continue to remain in the most prevalent type of complaint. The refraction and prescription are core outputs of the optometric care

provided to consumers. Perceived or actual errors in prescribing are at the heart of complaints that the optometric care was not provided with reasonable care and skill.

- 4.4.6.** With 22 million sight tests in the UK, this remains an infinitesimally small percentage. Although we have seen a statistical increase, practices are largely managing those minuscule situations effectively and to the satisfaction of the consumer. Where appropriate the OCCS can be an independent voice to reassure complainants regarding the subjective nature of prescribing and the ambiguity caused by transposition.

Outcome of Refractive Surgery

- 4.4.7.** In 2016-17, the OCCS noted an increase in complaints of dissatisfaction with the outcome of refractive surgery. Refractive surgery related issues also accounted for a significant proportion of the concerns regarding complaint handling and responses to concerns raised in Customer Care complaints. In 2017-18, we have seen a further increase (247%) in referrals to the OCCS of these complaints.
- 4.4.8.** These complaints fall within the remit of the OCCS if the provider of surgery is a body corporate/business registrant of the GOC or the complaint centres around the actions of an individual registrant (normally an optometrist). We have seen an increase in complaints of this nature involving providers who are not GOC registrants, so fall outside the remit of the OCCS.
- 4.4.9.** The complaint circumstances and the details of the complaints involving Refractive Surgery are consistent with previous years. The increase is therefore attributable to awareness rather than any change in approach or practice by providers. This awareness is as a consequence of:
- Practice Standard 18 GOC, which requires individual registrants to inform a patient of the OCCS at an appropriate stage;
 - The OCCS had historically become involved in refractive surgery complaints at a late stage in the complaint process, when the patient became aware of the OCCS and the potential for mediation. We now see complainants and providers referring to the OCCS at an earlier stage. This is welcomed as mediation can be more effective if commenced shortly after a practice gives a final response to a complaint, rather than after protracted exchanges of correspondence, when positions become more entrenched.
 - The outcomes achieved from mediation since April 2014 resulting in further engagement by providers and patients.
- 4.4.10.** Refractive surgery complaints are often, by their nature, more complex or more emotive. The interaction between the patient and provider takes place over months, or even years. In many cases, the initial procedure is performed, and it may then be necessary to allow time for the outcome to settle, and/or possibly further treatment offered and undertaken.
- 4.4.11.** These more complex complaints have required more intensive mediation. The relevant information to be reviewed and assimilated by the resolution team is more voluminous. They are more likely to require optometric input from a clinical advisor. As such they can take longer to conclude. Despite this, the resolution rates for refractive surgery related complaints remain high, with the OCCS achieving 88% resolution rate.
- 4.4.12.** 16% of complaints involving charges and fees are also linked to refractive surgery, generally deposit refund processing.
- 4.4.13.** Elective procedures such as refractive and cataract surgery involve distinct complaint issues. These can concern the contractual arrangements between the patient and provider and the understanding of, or, adherence to the terms and conditions by either party. The most emotive and complex complaints in this area involve issues relating to the achieved outcome of the procedure against the patient's anticipated results, understanding of the risks/consent process from the patient's perspective or nature of the procedure performed.

4.4.14. Complaints in this area are more complex given the multi-disciplinary teams involved. Complaints involving either GOC body corporate or an individual registrant fall within the remit of the OCCS. For patients whose complaint does not concern the optometrist, they can only refer their complaint to the GOC or the OCCS where the provider is registered. Not all providers are GOC registrants and therefore there is disparity in terms of access to a tailored mediation service .

4.4.15. The OCCS does not mediate complaints that involve allegations of clinical negligence or impaired fitness to practice on the part of the ophthalmologists or the optometrists. Complaints involving allegations of negligence or impaired fitness to practice are appropriately referred by the OCCS. The service does achieve a positive impact in terms of concerns involving a breakdown in the communication within the relationship, or the loss of trust and confidence of the patient. The mediation focuses on identifying the root cause or trigger for the complaint that enables the OCCS team to explore resolutions. Given the effectiveness of the mediation process in finding pragmatic resolutions while diffusing the emotional elements, providers have increasingly referred patients to the OCCS. This has been welcomed by the service, and partly accounts for the increase in activity in this area.

4.4.16. The disparity in terms of access to a mediation scheme, (depending on corporate registrant status) and the positive impact of mediation in this area of the sector led to the Royal College of Ophthalmologists to consult with Nockolds as deliverer of the OCCS, to explore the potential need and impact of a dedicated scheme for all refractive and cataract patients. This followed the Guidance published by the Royal College of Ophthalmologists in early 2017, and Standards of Practice issued by the Optical Confederation in April 2017. Nockolds continues to consult with the sector, providers and patient representatives to understand the potential need for an Alternative Dispute Resolution scheme and to define a new pilot service for the sector. This service would be distinct from OCCS which can only mediate in complaints relating to a GOC registrant.

Dispensing Accuracy

4.4.17. As with refraction and prescription related complaints, it is to be expected that a significant proportion of the enquiries and complaints referred to the OCCS concern dispensing. We have seen a reduction in the percentage of enquiries and complaints concerning varifocal/multifocal dispensing.

4.4.18. Having highlighted this area in the past three annual reports, the OCCS has been raising awareness with the optical professions and industry. The Federation of Manufacturing Opticians and the OCCS have collaborated to create a highly interactive CET session to raise awareness of the need to adopt a holistic approach to multifocal from consulting room to collection. This session was launched at Optrafair 2018 with over a hundred registrants attending the two sessions. Plans are now in place to make this session available to local optical organisations and employers.

Products

4.4.19. Since last year, the OCCS has separately categorised enquiries and complaints relating to solely to the product. These relate to durability of the product, and ultimately when considering lenses and frames, whether they are fit for purpose.

Nature of Complaint Concerning Product Supplied (In Order)
Frames
Lens Coating
Lenses
Contact Lenses

4.4.20. A higher proportion of these complaints are outside the remit of the OCCS (15%) as:

- The suppliers are not GOC registrants or the complaints does not involve an individual registrant; or
- The complaint is historic i.e. spectacles were purchased five years ago.

Charges and Fees

4.4.21. The OCCS saw a slight increase in the number of enquiries and complaints relating to charges and fees, but the percentage remained consistent with last year. These have included:

- Charges for replacement or repairs;
- Aftercare entitlement - refractive surgery patients;
- Price changes - direct debits, monthly plans etc.;
- Consumer rights on cancelling an order;
- Clarity or misunderstandings regarding elements included within a price or scheme.

4.5. Overview and Future Trends

4.5.1. Complaints arising where a prescription issued by one practice is dispensed by another remained consistent in terms of number but an increase in other types of complaint meant this is reduced in terms of percentage of overall complaints. The OCCS continues to remind practices of the useful guidance issued by the Optical Confederation on this point.

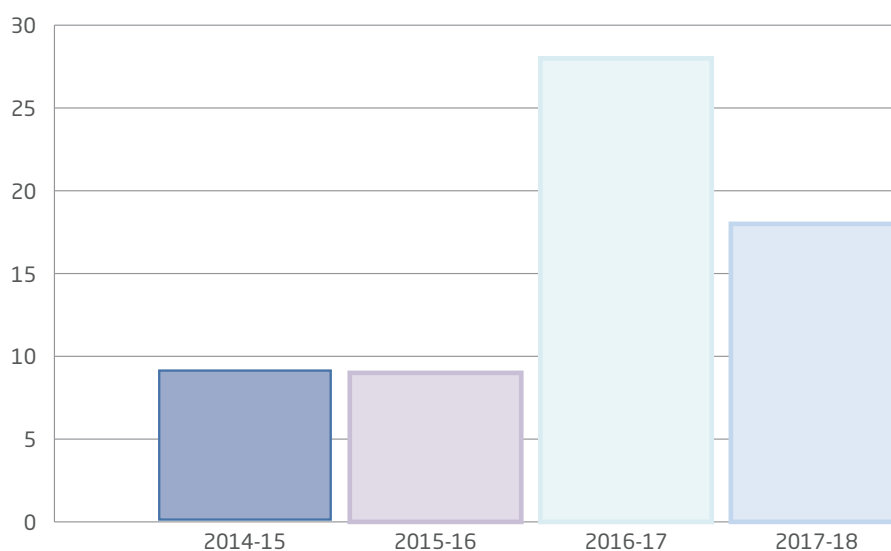
4.5.2. Contact lens related complaints remain low in number, and as experienced last year, many relate to monthly payment arrangements and provision of the contact lens specification once fitting is completed.

Areas for greater OCCS awareness and profile/Trends to be monitored during 2018-19:

Domiciliary

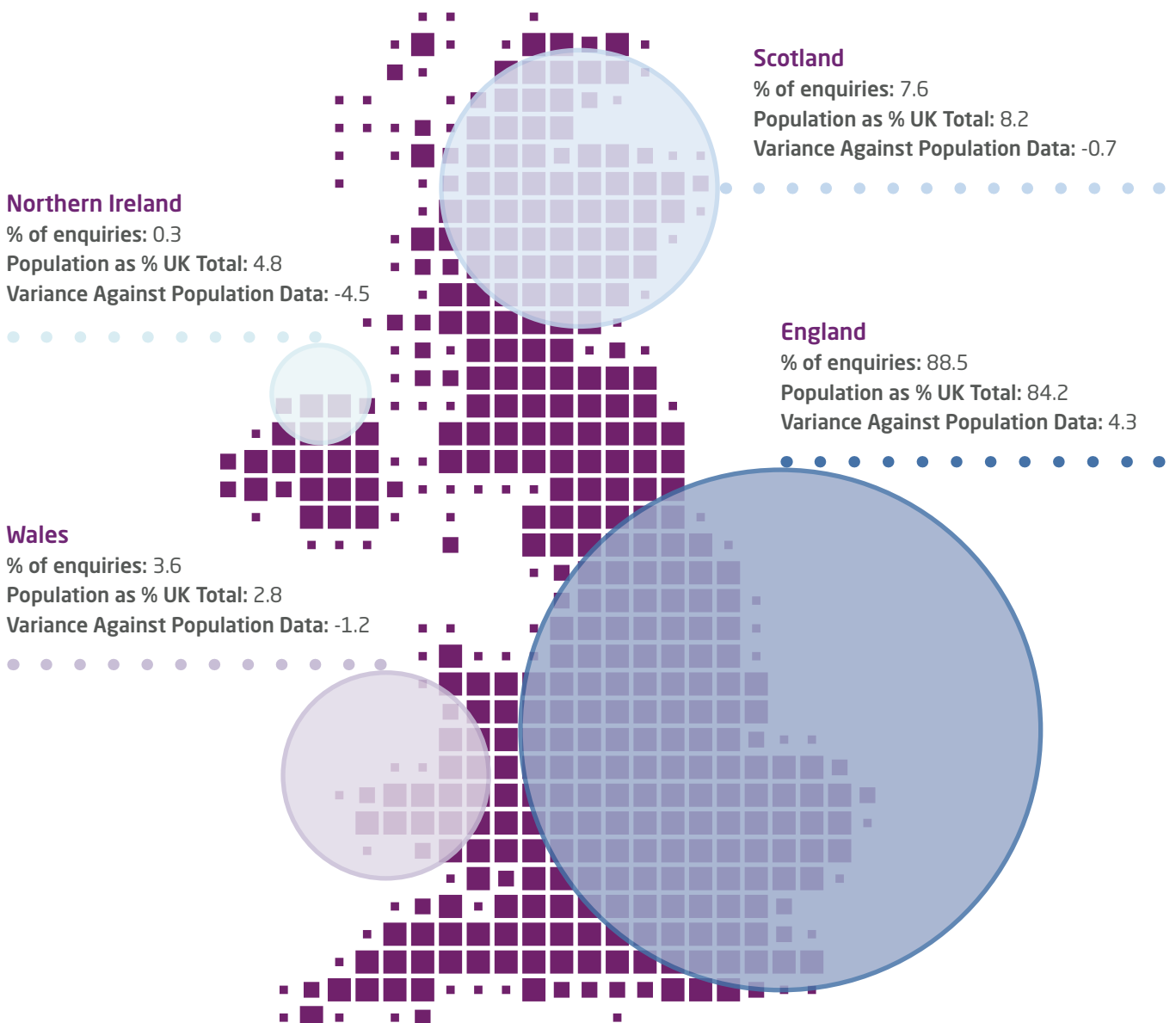
4.5.3. The OCCS has seen a decrease in the number of complaints received into the OCCS compared to last year. Whilst we welcome this decline, given the vulnerable nature of many patients in this sector we remain vigilant to ensure consumer awareness of the OCCS, and that appropriate customer care approaches are in place. The OCCS has a raised profile with the domiciliary sector including an observing role with the OC Domiciliary Eyecare Committee. During the coming year the OCCS will continue to engage and work with the providers to maintain awareness and understanding in this area.

Fig. 12 Complaints Received re Domiciliary



4.6. Geographical Overview

- 4.6.1.** The OCCS provides mediation services for consumers and practice across the UK. The service receives enquiries and referrals from all four nations. Enquiries from England continue to be slightly higher than the population proportion, but this is less than 5%. In contrast, enquiries from Northern Ireland are around 4% less than the population proportion. CET events and professional conferences have been hosted and attended in Northern Ireland. The OCCS will continue with sector and UK wide awareness raising, with particular emphasis on Northern Ireland and Wales in the year ahead.
- 4.6.2.** There are no significant differences in terms of the nature of the complaints or the outcome rates across the four nations.



4.7. EDI Overview and Comment

4.7.1. The OCCS continues to request:

- Age;
- Gender;
- Marital status;
- Sexual orientation;
- Religion;
- Ethnicity;
- Disability; and
- Gender re-assignment

consistent with the GOC's own EDI data capture.

4.7.2. Response rates increased in 2017-18 , following the trend in 2016-17. This is largely attributable to the increase use of online complaint referral forms and making the provision of this information as user friendly as possible.

4.7.3. The OCCS EDI response data indicates no significant change from 2016-17 and remains largely in alignment with general population data. We will continue to monitor the impact of our accessibility work and the use of the service by vulnerable groups.

4.7.4. An overview of the data is at Appendix 1.

5: The Impact of the OCCS



GOC	The Professions
<p>A key objective for the OCCS is to support the GOC FTP team, alongside consumers and optical professionals by providing effective and proportionate mediation for concerns that do not amount to FTP. A specific objective was defined for 2017-18 consistent with the GOC strategy aim:</p> <p>Over the past 12 months, the OCCS has made good progress on this strategic aim:</p> <ul style="list-style-type: none"> - Regular team-to-team interaction to discuss those concerns which fall within the 'grey' area between FTP and consumer complaints and to familiarise the new GOC triage personnel to ensure awareness, good understanding of the role and remit of the OCCS and to secure a constructive and effective relationship and dialogue; - Collaborative planning to define ways of working to maximise the impact of the OCCS; - Quarterly reviews between senior team members at the GOC and FTP - Monthly operation telephone conferences to discuss activity, trend insight and matters of mutual interest 	<p>FODO, AOP, ABDO, FMO, BCLA and College of Optometrists</p> <ul style="list-style-type: none"> - Worked closely with representative bodies to share insights and feedback from our case load; - Facilitating interaction between Trading Standards and the Optical Confederation on industry wide interpretation of consumer regulations; - Joined OC Domiciliary Eyecare Committee; - FMO varifocal project - created CET session to drive up standards in this key area now being rolled out nationally. <p>Corporates:</p> <ul style="list-style-type: none"> - As in previous years, the OCCS has met annually with the corporate providers of optical healthcare to share insight, benchmark and to discuss sector and individual trends; - As leadership and professional standards teams change, the OCCS has embarked on clear strategic awareness and insight sharing to maintain good operational and strategic channels of communication;


<ul style="list-style-type: none"> - Ongoing interaction between GOC Optometric advisors and the OCCS clinical advisors to explore extent to which complaint circumstances fall within the GOC regulatory framework or more suited to an OCCS mediation; - Detailed response to GOC consultations on: <ul style="list-style-type: none"> - Acceptance Criteria, which was informed by the review of the possible Ways of Working defined by the collaborative work of the two teams - Education strategic review - Working together policy review undertaken by OCCS and GOC to reflect the evolved relationship between OCCS and GOC since Nockolds' appointment in April 2014; - Hosting Council member meetings as OCCS offices to showcase what OCCS does and how this is done, and then to discuss the future needs of the OCCS service. 	<ul style="list-style-type: none"> - The OCCS has also been invited to present insight sharing sessions at corporate professional conferences. These are on a first come, first served basis, with the direct costs met by the corporate. <p>Independent Representatives:</p> <ul style="list-style-type: none"> - Continue to work closely with AIO and will be delivering CET at their conference this year. <p>Individual practitioners:</p> <ul style="list-style-type: none"> - 37 CET events - OCCS insight sharing is particularly effective though peer discussion workshops. This year saw the OCCS deliver 37 sessions reaching almost 2,000 clinicians. Many are self-funded (at cost) by Local Optical Committees or professional bodies. In line with the OCCS objective, the content has focused on: <ul style="list-style-type: none"> - 'It's Not the Act, It's How You React' communication and complaint handling; - Managing non-tolerance in varifocal dispensing (alongside improving standards of dispensing); - Duty of Candour and Complaint Management; - Contact Lens Compliance - BCLA Conference June 2017. - We have continued to maintain the OCCS profile within the Optical Press, Optician and Optometry Today by writing and contributing to articles ranging from tips on managing vulnerable consumers, consumer complaints and the impact of technology in practice. See Appendix 4 for more details - Optrafair 2017 The OCCS team presented workshop sessions at this 2017 industry conference. In addition, the service sponsored the Family Practice of the Year award at the Optician Awards 2017. This raised the profile of the service and enabled us to recognise the high standards of customer care demonstrated by the industry at this level.
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Consumers

The core activity in this area has been related to the Vulnerable Consumer Accessibility Project and developing the implementation plan and internal toolkit.

INTRODUCTION

Introduction



Nockolds ADR has been working with its stakeholders including: SeeAbility, Mind, Age UK, and Citizens Advice Bureau to improve access to its services and to look at safeguarding issues in its sector. Nockolds ADR is committed to making all of its services accessible to everyone and is continually looking at ways to make sure it does this.

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What Can We Do to Improve Accessibility to our Services?	5
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Consumer Representatives

While insight sharing focuses on practitioners and their representatives, we have continued to reach out and engage with patient and consumer representatives including:

- Trading Standards Authority on matters of policy and interpretation;
- Which? as an overview of activity in optics;
- Macular Society;
- Refractive surgery patient campaigners - to provide clarity and awareness of the OCCS role, remit and understanding of the impact of mediation.

6 2018-19 Objectives



6.1. The following objectives have been set for this year:

- 6.1.1. Share insight and analysis from OCCS activity to date.
- 6.1.2. Develop greater understanding and awareness in the domiciliary sector of the industry to ensure practitioner and consumer awareness.
- 6.1.3. Continue to support the GOC Strategy for Managing Fitness to Practise, by identifying and implementing ongoing plans to assist the FtP team to conclude FtP complaints more quickly and effectively and in the delivery of the milestones to track progress.
- 6.1.4. Continue to examine and consider ways of working that will support the introduction of Acceptance Criteria.
- 6.1.5. Continue projects and improving consumer contact pathways to increase direct enquiries with the OCCS rather than other organisations such as GOC FtP team and Citizens Advice Bureau.
- 6.1.6. Improve feedback response rates to ensure OCCS effectiveness can be quantified and monitored.
- 6.1.7. Evaluating the remit of the OCCS and the wider needs of the optical industry and patients for future development of the OCCS.

Conclusion

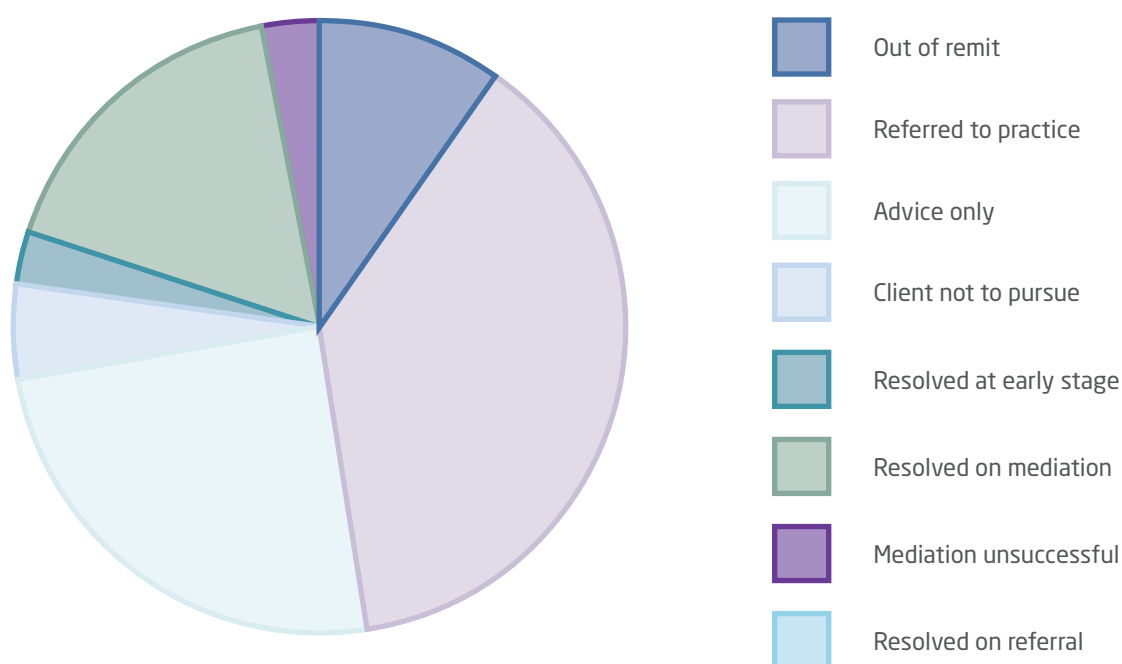


At the conclusion of 2017-18, the OCCS continues to be proud of the positive impact the service has on the sector, assisting practices in resolving and learning from complaints, and then critically developing approaches and business practices which improve the experience of consumers. This has a commercial and professional benefit for practices, and importantly encourages patients to seek and maintain good standards of optical healthcare. Clear objectives for 2018-19 will allow the service to focus on how to evolve and develop the service to meet the future needs of the professions, optical sector and consumers.

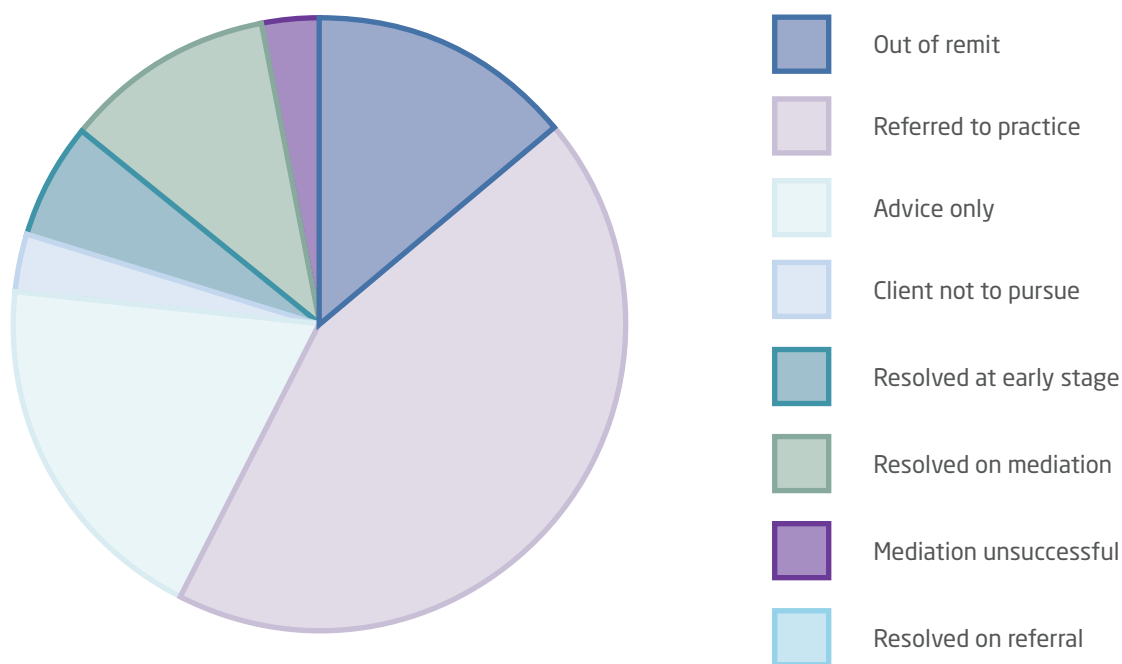
Appendix 1

Analytical Data on Outcome by Nature of Complaint

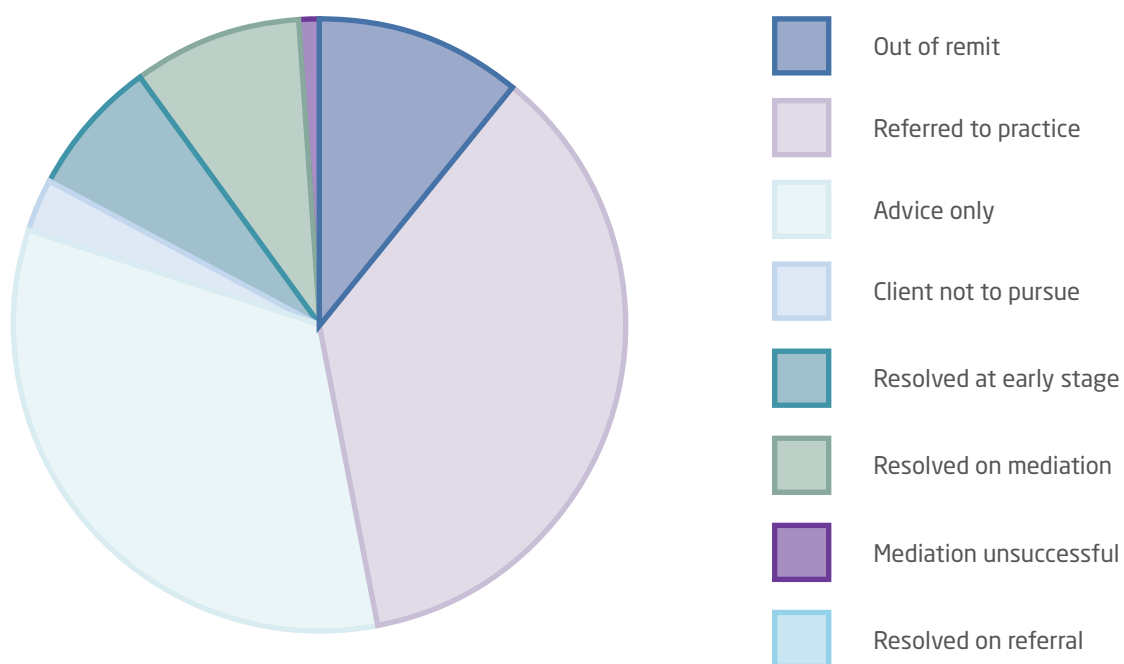
Outcome (%) of Complaints Relating to Optical Care and Product Supplied



Outcome (%) of Complaint Relating to Product Supplied



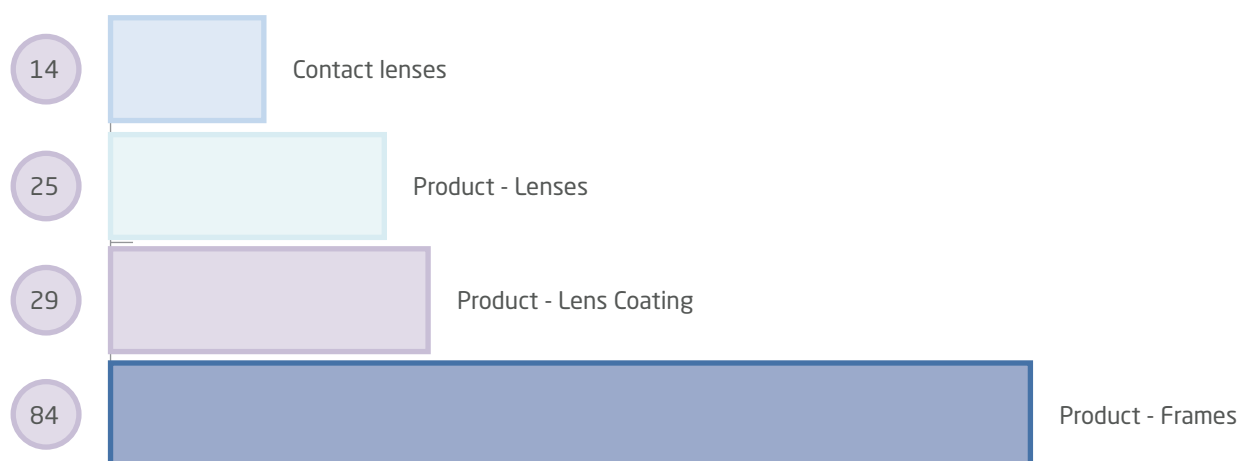
Outcome (%) of Complaint Relating to Customer Care



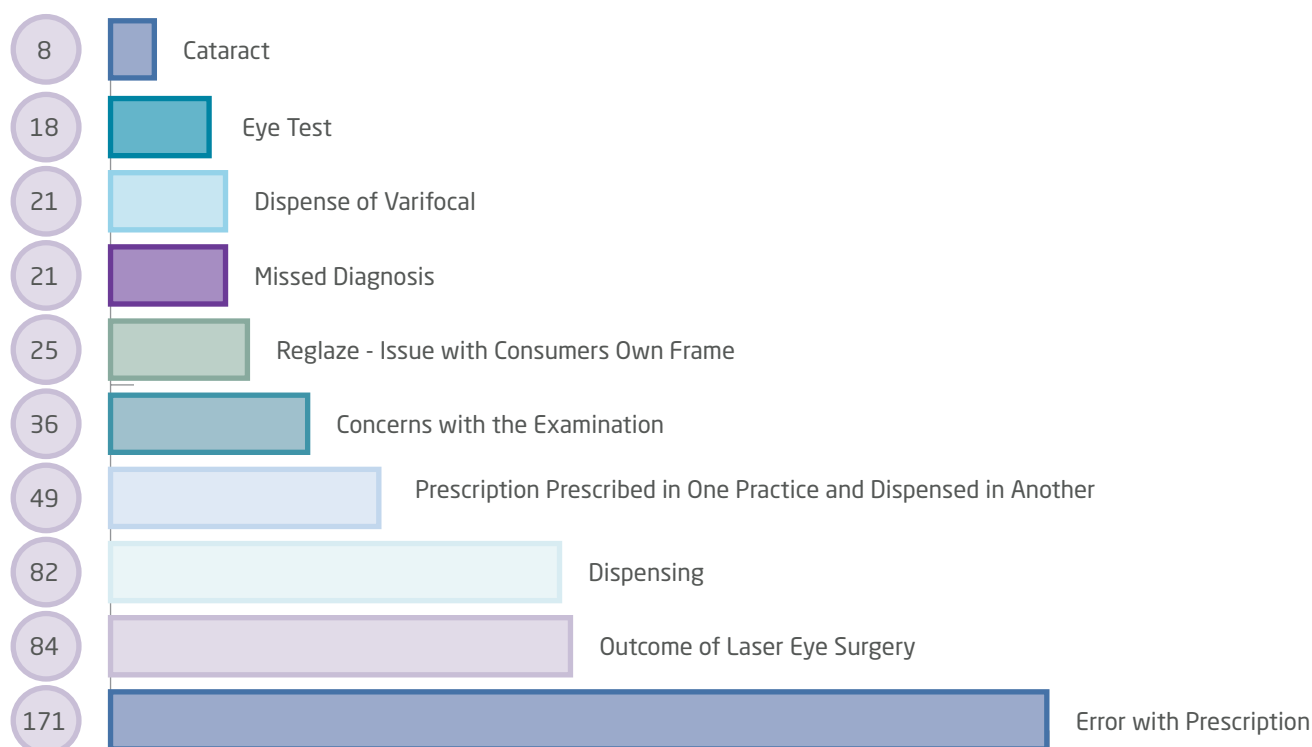
Appendix 2

Sub Category - Complaint Data

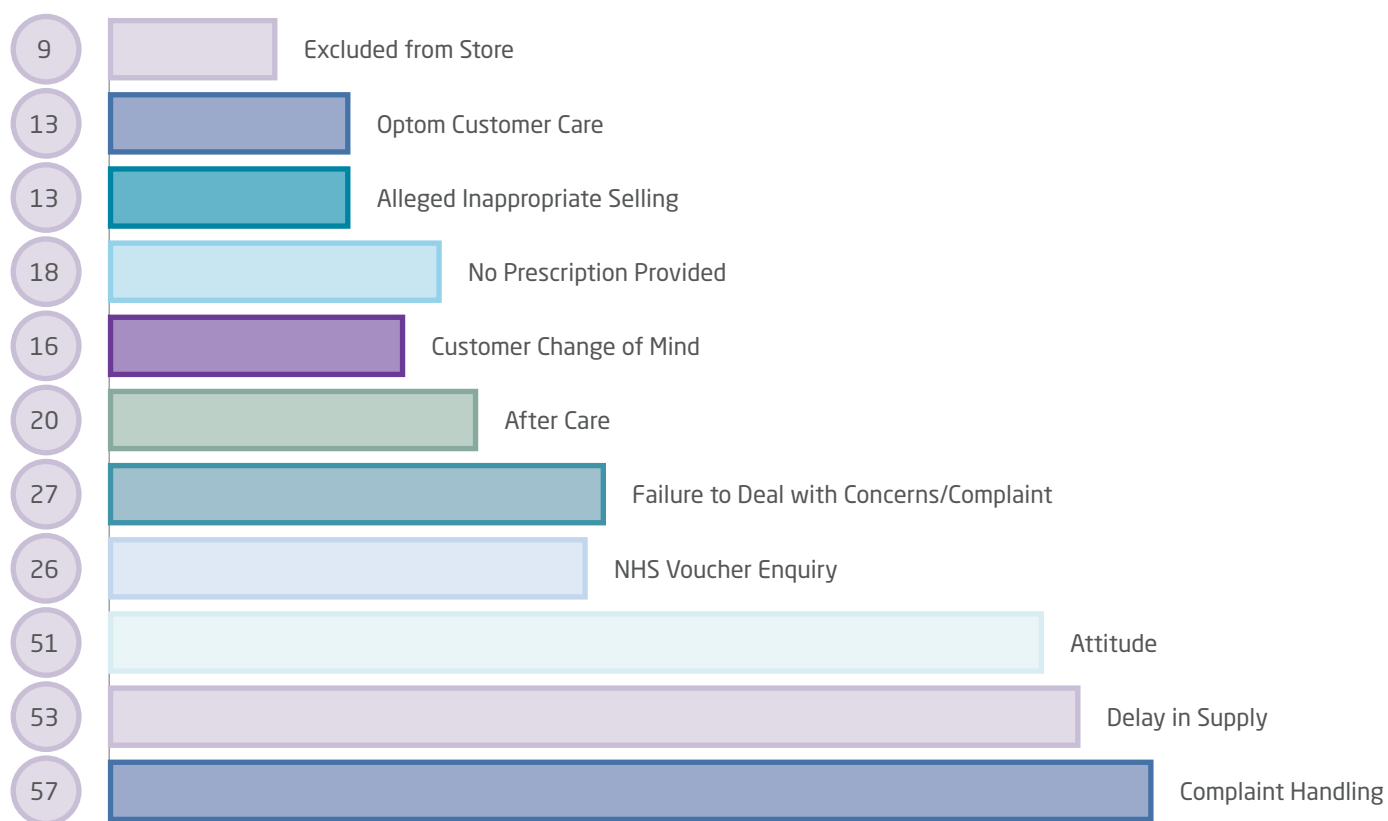
Complaints Relating to the Optical Products Supplied



Complaints Concerning the Optical Care/Service and Product Supplied



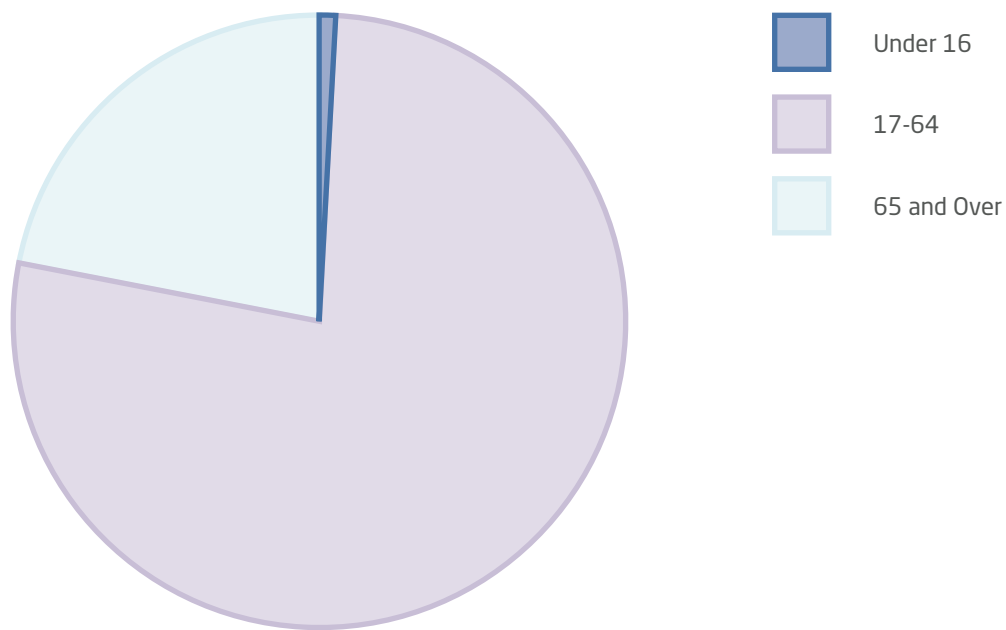
Complaints Concerning Customer Care



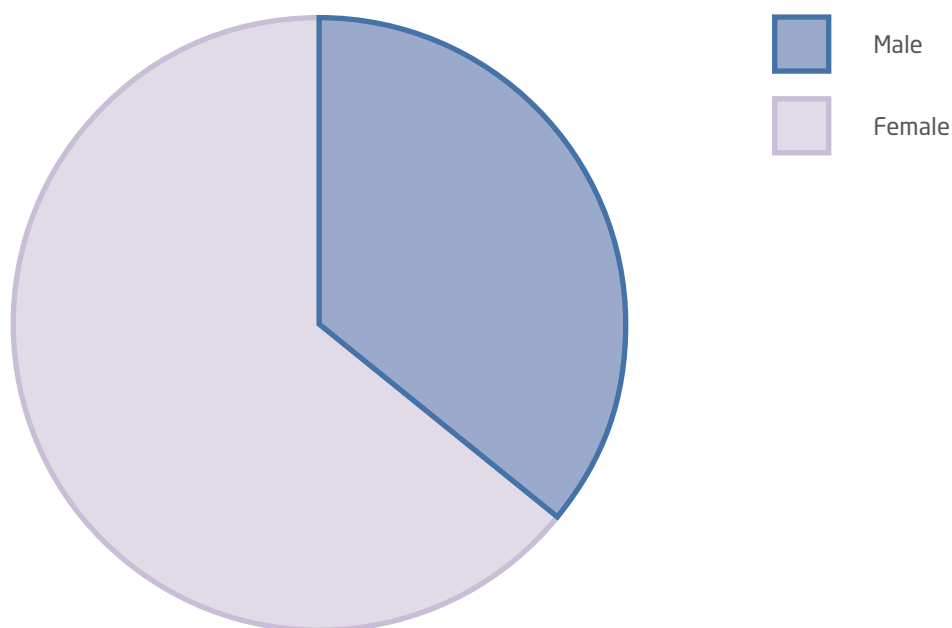
Appendix 3

Equality and Diversity Response Data

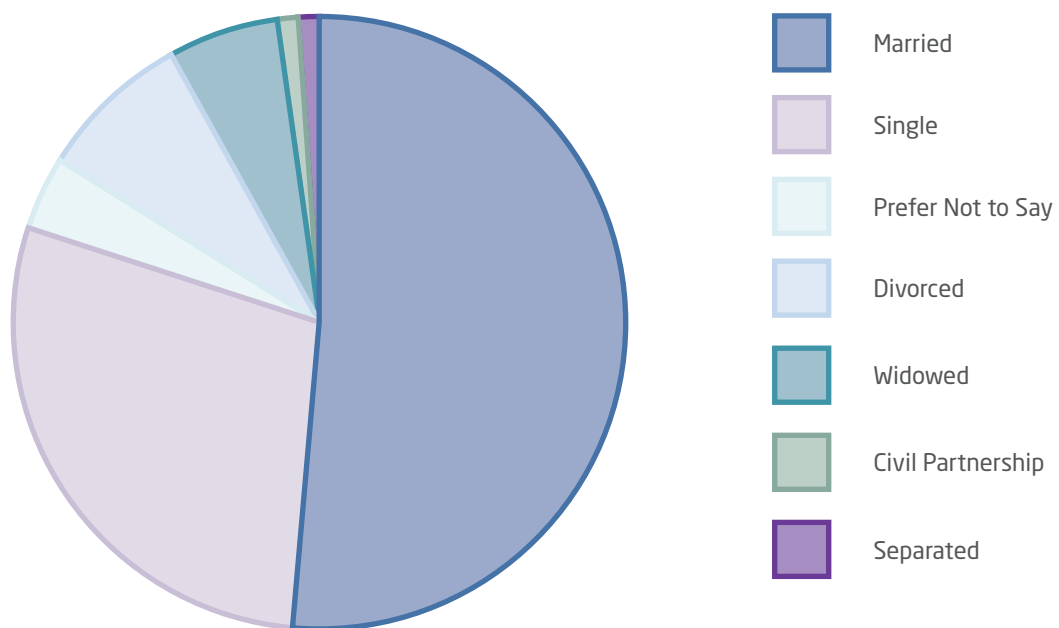
Age of Complainants (%)



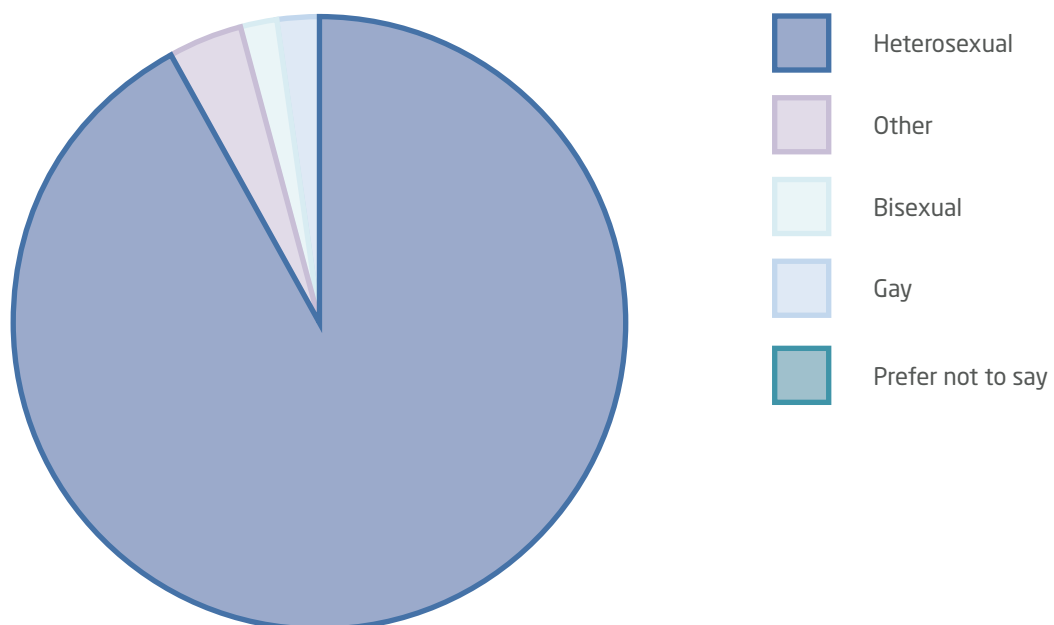
Gender of Consumer Complainants (%)



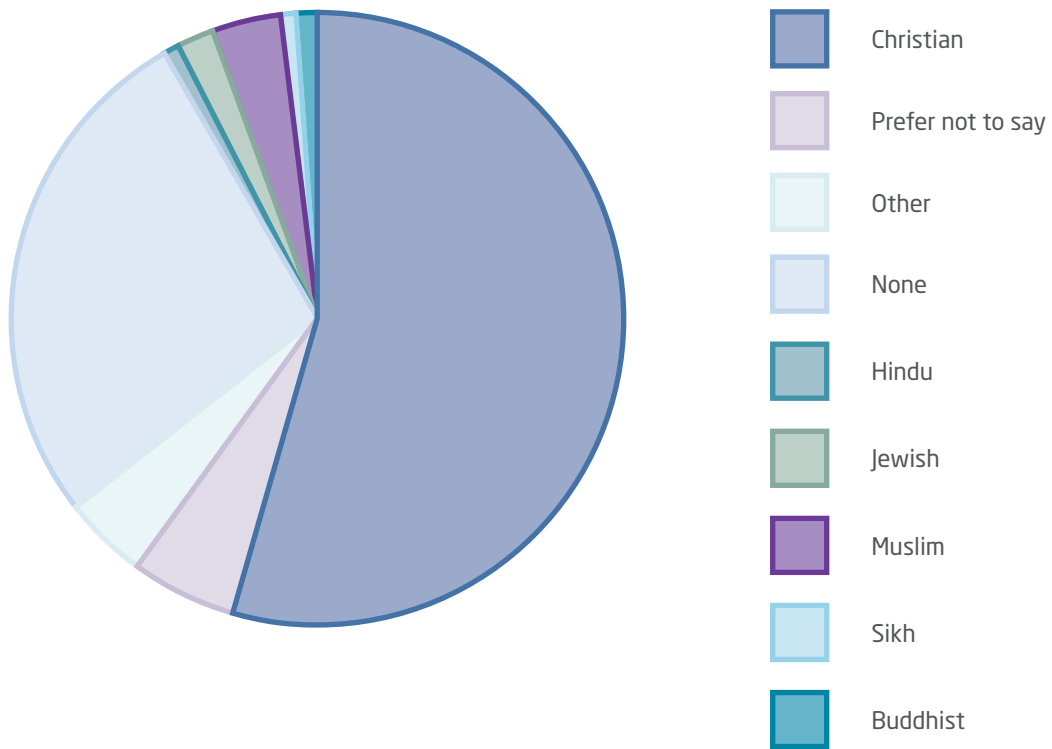
Marital Status of Complainants (%)



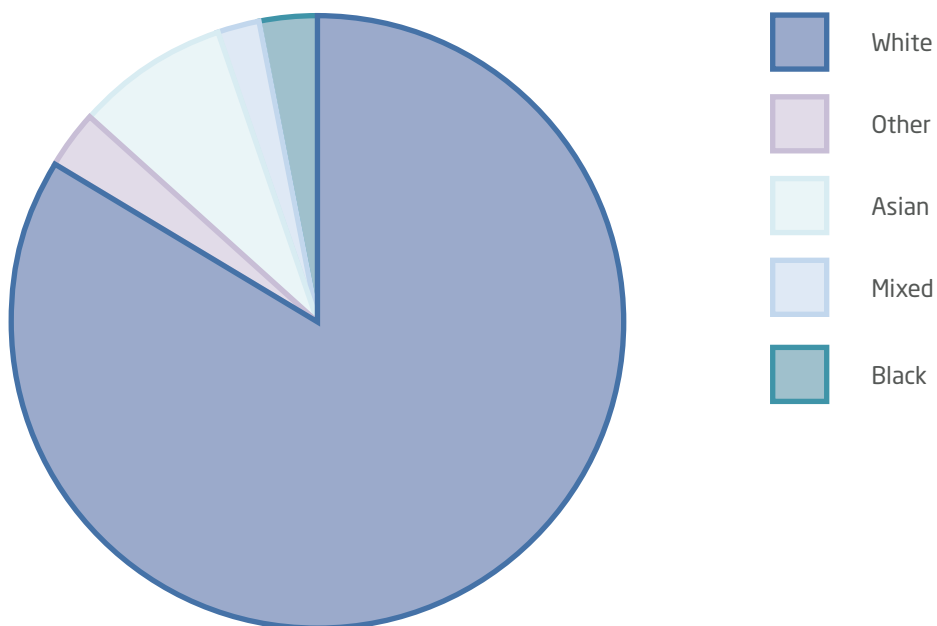
Sexual Orientation of Complainants (%)



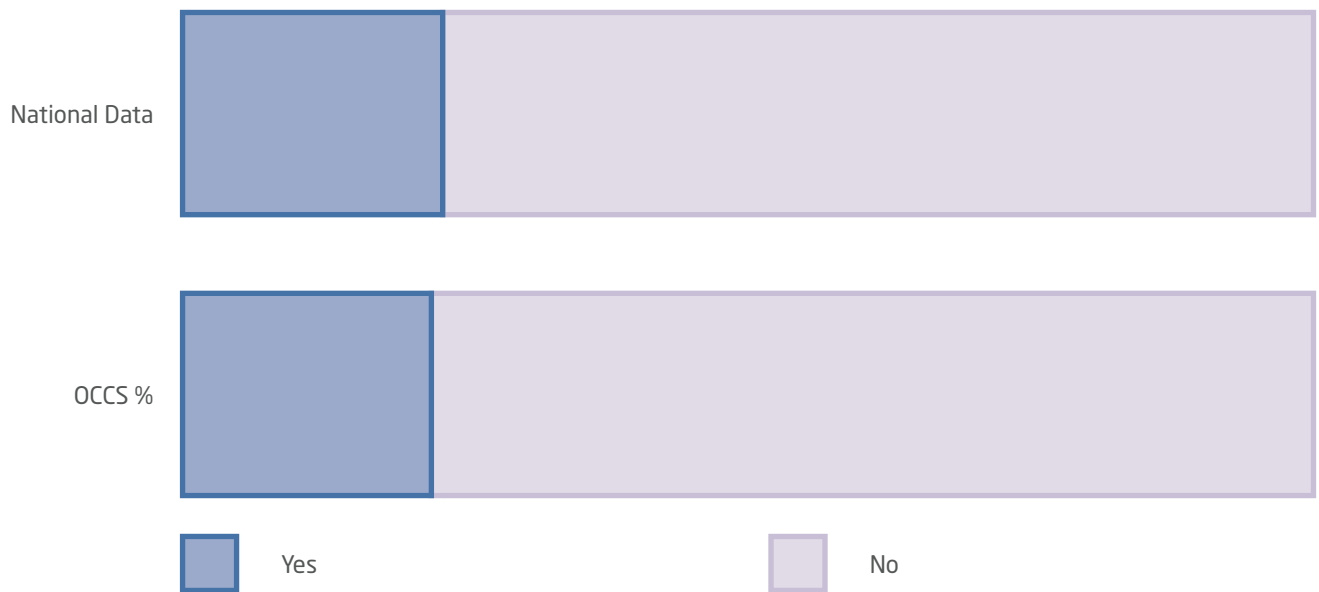
Religion of Complainants (%)



Ethnicity of Complainants (%)



% of OCCS Complainants Who Consider Themselves to Have a Disability



Appendix 4

OCCS 2017/18 Media - Raising Profile Activity

Publication/Activity	Details	Date
Optometry Today	Article: What we have learned <i>Review on 2016/17 OCCS report</i>	October 2017
Optometry Today	Article: Dealing with a Customer Complaint	November 2017
OCCS Blog	Blog: Posted supporting Road Safety Week	November 2017
Optometry Today	Article: Vulnerable Consumers <i>Focus on Dementia</i>	December 2017
Optometry Today	Article: The Technology Paradox. The impact of technology in practice	January 2018
Optometry Today	Article: Day in the life of a Resolution Manager	April 2018