

A CONSUMER SATISFACTION SURVEY: EFFECTS ON A COMMUNITY TEAM AND ON SERVICE PROVISION

Introduction

Assessment of consumer satisfaction is becoming recognised as an important component of medical audit (The Royal College of Psychiatrists, 1991). However, with notable exceptions (Hall and Pieri, 1992; Dagan et al., 1993) there are few published consumer satisfaction surveys about learning disabilities services. In 1992 at the time of the introduction of NHS trust status to the health component of the service, a Community Learning Disabilities Team (CLDT) carried out a consumer satisfaction survey. The team consisted of a consultant, senior registrar and registrar, a community nurse, community occupational therapist and psychologist all employed by the Health Authority and two social workers employed by Social Services. The CLDT operates in a mixed rural and urban area in the UK and functions as gatekeeper to the services of both organisations including respite and day care. Its functions have been described in a previous paper (Pollitt and Cooke 1989).

In January 1992 questionnaires were sent to all users living in their own or family homes who had contact with the CLDT in the last two years [n = 79 (adults = 46, children = 33)]. Users were asked to indicate their satisfaction against a check list of broad areas of service provision. They were also asked to explain any dissatisfaction, comment on deficiencies and give suggestions for improvements to services. A reminder letter was sent out one month later together with an invitation to attend an open discussion meeting with the team.

Results

49(62%) questionnaires were returned (36 with names and 13 anonymously) which were almost entirely completed by parents. Eight (10%) sets of parents and/or clients attended the open meeting. Overall, 166 separate services were received by the 49 respondents (a mean of 3.4 per user).

On the satisfaction check list there were 153 satisfied and 13 dissatisfied responses (see TABLE I). Only three dissatisfied responses were actually about services that the CLDT directly provided and most of the dissatisfaction was about the limited availability of a particular resource e.g. respite care, or services not within learning disability provision e.g. general medical care. The main themes of the suggestions for service improvement were in the areas of day care, respite care and recreational resources (see TABLE II).

TABLE I
Satisfaction with services -
numbers of responses to a check list of services

	Satisfied	Dissatisfied
Community nursing	32	1
Social work	20	4
Occupational therapy	3	0
Speech therapy	11	2
Physiotherapy	9	1
Psychology	4	0
Psychiatrist	27	2
Day Care - Health	5	0
Day Care - Social Services	16	1
Respite Care	22	1
Hospital treatment/assessment	4	1

N.B. The figures are as much a reflection of services to which the professional is a gatekeeper as of the professionals themselves and include expressed dissatisfaction about services not even provided by the current learning disability service.

The team's response to the survey

The survey was reassuring due to the positive feedback and because its results were in line with the team's appraisal of service deficiencies. Most discussions about the results with the team, however, focused on the dissatisfied responses and the small amount of dissatisfaction expressed towards individual team members was taken quite personally.

Criticism inappropriately directed toward the team (e.g., complaints about non psychiatric medical care) highlighted confusion about what our service provided. This was an important finding of the survey. The team was unsure how to respond to feedback about professionals such as physiotherapists and speech therapists who were part of the service but not involved in the survey and we questioned whether we should have sought feedback about them from clients. The bulk of expressed dissatisfaction was concerned with broader service issues and, therefore, it seemed appropriate to pass on the results to managers.

What was done with the results

1. *Specific causes of dissatisfaction, where they were not made anonymously, were individually followed up by members of the CLDT.*
2. *A report of results and recommendations was sent to managers occupying the three tiers of hierarchy up from the CLDT in both the Heath Trust and Social Services.*

TABLE II
Suggestions for service improvement -
numbers and content of comments from users of the service

Service	No. of comments	Main themes of suggestions for service improvement
Day care (Health and Social Services)	16	Nearer facilities Improved transport Need for Drop-in centre
Respite Care	15	More flexibility Nearer to the centres of population Integrated transport Desire for short periods minding service in the home
Recreation	8	Clubs for the learning disabled - youth, evening, weekend Sporting opportunities
Other	9	More of existing services e.g. physiotherapy, speech therapy An "information service" GPs that specialise in learning disability Non private long term residential care More co-operation between services

3. A letter was sent to all users of the CLDT thanking them for their contributions, outlining the main results of the survey and informing what had been done with the information.
4. It was agreed to hold a CLDT meeting a year after the questionnaire had been sent out to review the consequences of the report.

Consequences of the survey

Team members felt good about the positive feedback and less powerless because action had been taken. Looking back, it was a good team building exercise.

No acknowledgements of receipt of the report were received from any of the managers and on questioning managers a year later, none had a clear memory of it.

As a direct consequence of the survey an information pack about the CLDT and local resources was sent out to users. During the year following the survey a local youth club and drop-in centre were set up and the CLDT base became more established. These last three developments were recommended in the report and it is possible that by focusing the

minds of professionals and carers the survey assisted these service developments, but there is no evidence of the report affecting planning strategy.

Discussion

This was a small scale and simple survey but nevertheless took valuable clinical time and energy. The CLDT believed that it was a worthwhile project and there is some tentative evidence of real service developments as a consequence. Quite apart from the important issue of how much services can or should be needs lead, there are some general issues of process that arise from this survey.

"Consumer" in our service can include referrer and carer as well as the learning disabled person. In our survey referrers were not contacted and, more importantly, no distinction was made between the views of learning disabled users and their carers. However, obtaining valid feedback from the majority of learning disabled people requires the use of more sophisticated survey techniques including advocacy (Simons, 1992). Guidelines and standardised tools for this purpose are being developed (e.g. Dagnan et al. 1993) but their use has considerable resource implications. It is also important to consider how difficult it may be for users to criticise a monopoly service.

This survey was not done as part of the audit process but it could become part of a clinical audit cycle. In medical audit the duty for doctors to act (within resources) in response to findings is clear. In clinical audit, especially cross agency as is often the case in learning disability services, the question of how to respond to findings is an important one. In this survey two main issues arose in this context: firstly, what to do with information received about professionals who were not part of the team; secondly, how to feed information to managers.

Lastly, seeking consumer feedback puts professionals in a potentially vulnerable position. This team was fortunate as feedback had a positive effect on morale, but the potential consequence on the team of an overwhelmingly negative consumer response needs to be thought through before carrying out a survey. Clearly, consumer satisfaction surveys cannot be undertaken lightly by small groups of professionals in isolation.

Summary

A consumer satisfaction survey by a Community Learning Disabilities Team produced positive feedback as well as highlighting both common and individual concerns. The experience of doing the survey and the results had beneficial effects on the team and had an impact on local services. There are, however, important issues about how to obtain consumer comment, who to get it from and how to use it.

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