Building on Success:
Consumer satisfaction with public services
Checklist for Scottish Public Services

We believe that public service in Scotland can build on their success. There are small changes that we think each service could make, that would have measurable effects on consumer satisfaction:

1. Look for new and better ways to give consumers high quality information, including clear service rights, so that they know what to expect from services.

2. Don’t over-promise. Set out clearly and publicly the core service standards of what you deliver and what you do not.

3. Measure and report on consumer satisfaction, in a consistent and systematic way.

4. Review the accessibility, availability and acceptability of your services. Try to see your service from the perspective of disadvantaged groups such as those who have low levels of education, who do not speak English or disabled people.

5. Use new technology where appropriate but remember when relying on Internet services not all consumers will be able to access this technology.

6. Use consumer complaints as a strategic source of information to improve services.

7. Take every opportunity to bring public service values to life in the day-to-day running of the service.

8. Train front line staff in consumer services, to ensure that consumers feel that they are being treated with respect.

9. Encourage staff to see consumers as active partners, bringing their skills and knowledge, rather than passive recipients.

10. Listen to the voice of consumers, by building a dialogue with people using public service.

11. Decide, with consumers, what participation strategy fits your service, and make it work.

12. Recognise and reward success when consumer service improves!
Introduction

People deserve and expect public services that are of the highest possible quality...The interests of the pupil, the patient, the passenger and the victim of crime will always come first.

Scottish Executive, 2003

Scotland’s public services are changing. Services are being encouraged to offer a personalized service rather than delivering ‘one size to fit all’. To make our contribution to efforts to fast forward public service renewal, we have brought together all of our evidence on consumers’ experience of public services, including new findings from a satisfaction survey. Real change can be made when organisations start by listening to what people want and comparing this to how they experience services.

Vision for Public Service Reform

• Putting customer needs first.
• Commitment to a customer service culture.
• Getting it right first time for the customer.
• A choice of ways to access services and information.
• Accessibility of services to all groups.
• Challenging barriers to better service delivery.
• Data sharing and convergence in technical standards.
• Sharing and celebrating best practice.
• Joint delivery and joint procurement.
• Use of new technology where it delivers improved service.

Open Scotland, 2005

The Scottish Executive and Scottish local government are committed to reforming public services: they want public services that are designed and delivered around the needs of individuals and their communities (Open Scotland, 2005). The Scottish Consumer Council shares this aim. We believe that our public services can do even better than they currently are if they build on their success to make sure that every service, and everyone working in the public sector, is focused on consumers.

But real change isn’t made by grand policy statements; people like teachers, GPs, social workers, police officers and library and sports centre managers have to translate this grand vision into practical action to improve services on the ground. This is our contribution to the process of reforming public services, aimed at those who can make a real difference to services on the ground.

By pulling together our research on consumers’ views we have highlighted the key drivers in improving public services and the small changes that can make a big difference. But this isn’t a ‘how to’ document, we have highlighted good practice where our research has identified it but it can only be a starting point for services aiming to become more consumer focused.
What do we mean by public services?

Some years ago it was relatively easy to define public services. Public services were services provided by central or local government: universal health care and education, social services, postal services and transport. Today that definition looks a little dated. With PPP schools and hospitals, subcontracted cleaners, laboratory technicians and security firms, a public service is not necessarily one provided by a public body, increasingly it may be provided by a private or voluntary organisation. But it is still funded out of public money, and that is what makes it a public service – a service provided to the people of Scotland that is paid for out of the public purse.

In a consumer-focused public service, it is not the nature of the supplier that matters but the quality of the service provided. In many cases, smaller, community-based, organisations are better at identifying and meeting the needs of local people than the complexity of government allows. Local knowledge, direct experience, empathy and trust enable them to be innovative and effective in meeting local needs. A plurality of suppliers allows those with the overall responsibility of guaranteeing that public services are delivered to fund innovative local solutions. It gives them the flexibility to reward what works and replace what doesn’t.

We may hear criticisms of public services, but it is important to differentiate this from public service. While people sometimes experience systems that let them down, most people view public servants positively, and appreciate what they do.

What do we mean by satisfaction?

Carrying out satisfaction surveys immediately begs the question – what is satisfaction? Satisfaction is an ambiguous concept and will vary from person to person; two people receiving the same service may well give it different satisfaction rates. This is because it is not just the quality of the service that determines the satisfaction of the consumer but also what they expect to receive: low expectations can lead to high satisfaction, people feel lucky that they didn’t experience the poor service they expected; on the other hand, high expectations can lead to low satisfaction as people are disappointed with the service they receive. Managing these expectations, both low and high, is a key component of providing a service that will be viewed positively. Services have high satisfaction rates when the consumers’ experience of service provision matches their expectations.

Using consumer satisfaction surveys

Our satisfaction survey, reported here for the first time, shows a complex picture of satisfaction with public services, with some services having low satisfaction rates among the general population but much higher levels among those who actually use the service.

There has been increasing interest in using surveys to measure satisfaction with public services. The Cabinet Office has been leading the way for England and Wales in creating satisfaction measures. Unlike current statutory performance indicators, these surveys provide policy makers with the ‘Big Picture’ and may help to show trends in service improvement if conducted over time.
However, satisfaction surveys can be criticised for lacking the ability to provide in-depth knowledge of consumer satisfaction. It is also argued that they can provide an overly rosy picture of satisfaction with public services (SCC, 2002).

This suggestion is backed up by much of our qualitative research with people who have difficulty accessing services or who have experienced problems getting their needs met. Some people feel alienated by public services and believe that they lack control over how they are delivered. We have found that when people have tried to get involved, they’re not sure of who or what to turn to, think that they are unheard, and often feel unable to change anything. We believe that more can be done to achieve excellent public services.

At present most Councils carry out some type of consumer satisfaction research but there are large variations in how this data is collected and in the reported satisfaction rates (Audit Scotland, 2005). Audit Scotland is currently exploring the possibility of measuring consumer satisfaction across Scotland. SCC is supportive of this development however, we would caution against a simplistic approach, this is not an easy or cheap option and considerable work will be required to ensure that the measurement tool collects enough data to allow for meaningful comparisons and explanations of difference.

**A note on language**
Throughout this report we have used a range of terms to describe people:
- **Non-users** are people identified in our most recent survey as not using a service within the last 12 months;
- **Users** are people identified in our most recent survey as having used a service within the last 12 months;
- **Consumers** are a wider group than just those who have recently used a service. The term consumer also includes people who are eligible to use a service but who currently aren’t due to barriers and people who could reasonably be expected to use a service in the future.

This distinction is important as in many cases services may be listening to users but not addressing the needs of the wider range of consumers.
What do we know about satisfaction with public services?

In late 2005, the Scottish Consumer Council commissioned TNS System Three to conduct research among the Scottish population on satisfaction with public services.¹

Satisfaction with public services varied from 27% who were satisfied with social services to 85% satisfied with GP services. However, that is only half of the story. In every case, people who had used the service were more likely to report that they were satisfied than non-users (full results can be found at the end of this report).

In this research we used the following definitions of social class:

<table>
<thead>
<tr>
<th>Social Class</th>
<th>Description</th>
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<tbody>
<tr>
<td>AB</td>
<td>Professional, managerial and technical occupations</td>
</tr>
<tr>
<td>C1</td>
<td>Skilled non-manual occupations</td>
</tr>
<tr>
<td>C2</td>
<td>Skilled manual occupations</td>
</tr>
<tr>
<td>DE</td>
<td>Partly skilled and unskilled occupations</td>
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</tbody>
</table>

Chart 1: Overall satisfaction with public services

Health

The most commonly used service that we asked about was the GP with 80% having made a visit to a GP within the previous 12 months. Men were less likely than women to have visited a GP in the previous 12 months. Those from social class DE were more likely to have used hospital services than others.

¹ A sample of 939 adults aged 16 and over was interviewed in-home in 42 constituencies throughout Scotland over the period 24 November to 1 December 2005. To ensure that the sample was representative of the adult population in terms of age, sex and social class, it was weighted to match population estimates from the National Readership Survey of January-December 2004.
Health services were found to have the highest levels of satisfaction, with 85% reporting that they were satisfied with GP services and 69% with hospital services.

Within health services, more people who used services reported being satisfied than those who didn’t:
- 86% of those who used GP services reported being satisfied compared to 77% of non-users;
- 81% of those who had visited a hospital or hospital clinic in the previous 12 months reported being satisfied with the service compared to 62% of non-users.

**Education**
Within education, primary schools were found to have higher satisfaction rates than secondary schools. Just under half the respondents (49%) in our survey were satisfied with primary schools compared with 38% for secondary schools.

People with children using schools were more likely to report that they were satisfied with the services than non-users:
- 91% of those with children in primary school reported being satisfied with the service compared to 39% of non-users;
- 79% of those with children in secondary schools reported being satisfied compared with 32% of non-users.

**Library services**
Thirty-seven per cent had used council library services in the year prior to the survey being carried out.

Men were less likely than women to use council library services. Those in social class AB and those between the ages of 35 and 44 were most likely to use libraries. Sixty per cent reported satisfaction with council library services.

- Those in social classes C2 and DE are least satisfied with library services.
- Those over 70 are least satisfied with library services.

Libraries were found to have the highest levels of user satisfaction of all services with 93% of users satisfied. There was a vast difference between users and non-users, with only 41% of non-users stating that they were satisfied.

**Police**
Just under a quarter of people had contacted the police within the 12 months prior to the survey (23%). Those aged 35-44 were most likely to have contacted the police.
In total, 56% reported being satisfied with the police service. Among those who had contacted the police the number of satisfied users was 67%, compared with 52% of non-users. Police services have the second lowest satisfaction rate among users; however this may be due to the reason for contact with the police (for example, being arrested) rather than poor customer service.

**Sports and leisure facilities**

Just under a third of people had used council sports or leisure facilities in the 12 months prior to the survey (32%). Those aged between 16 and 44 years old were more likely to have used sports or leisure facilities.

Male users are less satisfied with leisure and sport services than female users.

In general, 53% of people were satisfied with these services. Again service users reported higher satisfaction rates, with 84% of users describing themselves as satisfied compared with 38% of non-users.

Those in social class DE were least likely to have used sport and leisure services and were also the least satisfied with them.

**Social Services**

Only 13% of people reported that they had used social services within the 12 months before the survey. People from social class DE were more likely to have used social services than others in the year prior to the survey.

Those aged 65 and over were most likely to have had contact with social services.

In total, 27% of people reported being satisfied with social services. However, satisfaction rates rose markedly among service users with 66% reporting that they were satisfied with the service compared with 22% of non-users.

Users between the ages of 40 and 49 are least likely to be satisfied with social services.

Social services have the lowest level of reported satisfaction among users, however, as with police services, this may be due to the type of intervention rather than poor customer service.

**Differences between satisfaction of users and non-users**

Our research found that in every case, users were significantly more likely to report that they were satisfied with a service than non-users (see chart 2):
The largest differences found were in primary schools and libraries were satisfaction rates for users and non-users differed by 52 percentage points.

Our research on satisfaction with buses found similar differences between users and non-users. It showed that most users were satisfied with the reliability, journey time, clarity of timetables, comfort of journeys and safety. For those not using buses, their perception of their local bus service was consistently lower for these factors.

A New Route: Views of local bus services in Scotland (2000)

The differences in satisfaction rates between users and non-users suggests that there are three interlinked issues:

- Are non-users failing to use services because they have a poor perception of them? In which case, services (like sport and leisure facilities) need to work on how they are perceived.
- Are non-users opting out of using services in favour of private provision which better meets their needs such as using a car rather than taking public transport? In which case, services need to improve service provision to suit wider range of needs.
- Is access to some services, like council libraries, easier for some than others? In which case, service providers need to explore how to make their service more accessible.

Non-users perception of services may also be affected by the media - the old adage that good news doesn’t sell newspapers appears particularly true in the case of public services. Proactive media strategies focusing on the positive impact of public services may go some way to reverse the poor perception of some services.
Service in Scotland – comparing public and private sectors

In a separate survey on service in Scotland we compared value for money, customer service and complaints across a variety of public and private services.

Local council services were rated the lowest amongst all services, public and private, in terms of:
- Value for money – with 27% of people saying that they were poor, very poor or terrible.
- Customer service – with 24% of people saying that it was poor, very poor or terrible.

People who took part in this survey rated local council services worse than trains, postal services and insurance companies (full results can be found at the end of this report).

What drives consumer satisfaction in the public sector?

Research can also tell us a lot about what drives satisfaction with public services. A Cabinet Office/MORI poll was able to identify the factors that lead to satisfaction in public services (see chart 3).

What this means is that if each of the five drivers are in place, the majority of users are likely to report that they are satisfied with the service. It may not be possible to get 100% satisfaction rates but it is possible to improve them with some relatively simple changes.

These drivers apply to people already using services, but as our research shows, satisfaction may be affected by consumers’ ability to access services. Timeliness, as identified by the Cabinet Office poll, is one aspect of what we would call access.

Chart 3: Drivers of satisfaction in the public sector

The Cabinet Office research on drivers of satisfaction explored how current users’ experience was influenced by these factors. As such, the model fails to include any information on how consumers are involved in planning services. We believe that only by listening to consumers can services accurately plan their services around their needs.

Based on our own research and that carried out by the Cabinet Office we therefore suggest that there are six ‘keys’ to unlocking consumer satisfaction with public services. The next section discusses each of these in more detail.
The Six Keys to Unlocking Consumer Satisfaction

As our survey found, users are generally positive about public services. But in our other work with consumers of public services, we often hear stories about poor service and dissatisfaction. In most cases these difficulties come down to a lack of responsiveness to the needs of consumers.

SCC would like Scottish public services to focus more closely on the needs of consumers. These don’t have to be big changes, some are cultural shifts within public sector organisations, others are procedural changes to how services are planned and carried out.

The Six Keys to Unlocking Satisfaction

1. Information...about services
2. Information...about standards
3. Access
4. Putting things right
5. Professionalism and staff attitude
6. Listening to consumers

Information...about services

An interesting finding from our satisfaction survey is the low satisfaction rates of those in social class AB, who were the least satisfied users of primary schools, hospitals and police services. This higher rate of dissatisfaction may be explained by higher expectations. The way services meet, or fail to meet, expectations is a key factor in whether or not people are satisfied. Better information about what they can expect from services can help to ensure that expectations better match people’s experiences.

I didn’t know about it (out of hours services). Where’s the information telling me where to go?

Consumers also need good quality information in order to get the most out of public services, but too often this is produced in a way inaccessible to the majority of consumers. We often hear of people struggling to access information because it contains too much jargon or is too text heavy. Disabled people often have specific difficulties accessing information, for example, they may need large print, Braille or audio versions.

The A-list for information:

- Accurate, up-to-date, useful and practical;
- Accessible in language, format and tone;
- Adaptable for individual needs and circumstances;
- Available at different levels of detail at different times;
- Aligned and consistent with other sources of information.
SCC believes strongly in accessible information. Health Rights Information Scotland and the Scottish Accessible Information Forum (SAIF) are both based at the SCC. SAIF has produced a checklist for making information accessible. While this checklist is designed with the needs of disabled people in mind, it can be used by any service that is trying to make their information accessible to the public.

### Making information accessible

- Produce all information in plain language and a minimum type size of 12 point.
- On request, provide information in alternative formats such as large print, audio tape, Braille, or an easy-to-understand version.
- Use interpreters for people who need to communicate in a sign language or other community language.
- Design and develop your web site in a way which makes it accessible for disabled people.
- Provide your service in a flexible way, where appropriate using home visits, telephones, the internet or different opening hours.
- Ensure that your premises are fully accessible to people with mobility or sensory impairments.
- Provide publicity materials which tell disabled people what you can or cannot do.
- Have good working relationships with other appropriate service providers and suitable referral arrangements.
- Provide your staff with disability equality training. A key barrier for disabled people is negative attitudes towards them.
- Get regular and organised feedback from disabled people about the accessibility of your service.
- Involve disabled people in service planning and training delivery.

Scottish Accessible Information Forum [www.saifscotland.org.uk](http://www.saifscotland.org.uk)

### Information...about standards

Managing expectations is an important component of improving satisfaction with any service. People need information about what targets services are using to measure quality and whether these are being met. Promising too much can raise expectations among consumers and can lead to disappointment when these expectations are not met.

### The NHS and You

Health Rights Information Scotland produces a number of publications for consumers of health services about their rights.

*The NHS and You* includes information on what consumers can expect from the NHS, how standards are met, national targets for waiting lists and what the NHS expects from consumers.

In 2004, we carried out focus groups with members of the general public to gather their views of the type of performance information they received from their local council (*How do you rate your council?* SCC, 2004). People told us that they wanted public authorities to be honest about their performance; they wanted to see councils provide a more balanced account of their performance, openly acknowledging instances where it has not been of a satisfactory standard. They were acutely aware of the use of ‘spin’ in publications and press releases and preferred an open and honest approach. They understood that there were reasons why services might not be meeting standards but resented these being hidden from them.
On the other hand, public services need to get better at celebrating success. Our education outcomes are regularly among the highest in international league tables.

Inspection reports are a key way consumers can find out whether their school, care home or hospital is meeting the national standards. Most inspectorates view their information as a way of ensuring public confidence in the services but too often the information is not provided in a way accessible for consumers.

As we discussed in the introduction, national performance indicators are not designed to meet the needs of consumers. Much store is placed in indicators that act as a proxy for consumer satisfactions.

We would prefer to see information gathered and published on the real views of consumers and properly measured satisfaction rates, which can be used to make valid comparisons across local authority or health board areas.

### Checklist for accessible public performance reporting

1. Write in plain English with minimal use of jargon.
2. Include comparative information from across Scotland.
3. Give a context and explanation.
4. Give honest explanations if targets have not been met.
5. Use colour and graphic illustrations to make the information easier to understand.
6. If appropriate, provide information in minority languages or Braille.
7. Avoid including too much information.
8. Present information on the basis of lifestyle or life events.
9. Use images and photographs portraying a racial mix.
10. Provide a single contact point for further information.
11. Give readers the opportunity to provide feedback.
12. Distribution to all residents in a service area.
13. Use pro-active methods of communication to supplement written material.
15. Use free local media including radio and television.

From *How Do You Rate Your Council?*, SCC, 2004
Access

It doesn’t matter how good a service is if those who need it are unable to access it. We define access as being composed of three elements: accessibility, availability and acceptability.

The Three Aspects of Access

1. **Accessibility**
   - Geography and location
   - Transport
   - Physical barriers
   - Cost
2. **Availability**
   - Appointment systems and waiting times
   - Opening hours
3. **Acceptability**
   - Communication
   - Language or culture
   - Privacy and confidentiality
   - Attitudes

Our research suggests that more can be done to ensure access to public services for all consumers.

In relation to availability, the initial wait is not an issue for some services. Those using open access services like libraries or sports facilities are not likely to be affected by long waits. In health and social services, on the other hand, waiting times are likely to have a profound effect on consumers’ satisfaction.

When you feel you’ve got to come to the school you are made to feel welcome… Just come up if something is bothering you and you would be made welcome.\(^b\)

In our work on access to primary health services we found low levels of satisfaction with waiting times for getting a GP appointment; average waiting times were often found to be considerably longer than the 48-hour target which NHS Scotland was working towards at the time. During these focus groups, people also reported experiencing long waits in a waiting room when they had an appointment.\(^3\)

Services should review their availability by considering:
- How long consumers have to wait initially;
- How long it takes overall to provide the service to them; and
- The number of times a consumer had to contact you before accessing a service.

They think because we’re travelling people you’ve no status in life - that it doesn’t matter.\(^a\)

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\(^3\) SCC (2001) Access to primary care services in Scotland Glasgow: SCC
Another aspect of access is being treated fairly by public services, not being left with the feeling that someone else might well have got a better service than you did. People’s sense of fairness is thought to be one factor that can affect their satisfaction. If they feel that they are not getting the same benefits or quality of experience as others, they may feel dissatisfied. Similarly the amount of time and effort they have to put into receiving any benefit may affect their satisfaction.\(^4\)

Our research with disabled consumers and those from minority ethnic communities shows us how important this is. In our work on interpretation and translation services for people who do not speak English, we found repeated concerns that those consumers were not receiving the same services as others because of their language barriers.

Our research into access to primary care services for disabled people did find examples of good practice.\(^5\)

SCC believes that our public services are getting better at providing a fair service but more work still needs to be done.

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**Checklist for improving access for disabled people**

1. Work out what you need to do: carry out a needs assessment focusing on those who might experience barriers to access.
2. Consult with disadvantaged consumers: to find out what they think of your service.
3. Find out what other help is available: many councils and health boards will have advisers who specialise in providing equal access for disabled people or those with communication needs.
4. Remember the needs of different groups.
5. Remember there are a range of solutions: there is no one answer, but creative thinking, like using different premises, may help.
6. Keep the process going: improving access is not a one-off, it needs to be embedded into processes. There is always more you could do.
7. Train your staff: for example in equality awareness.
8. Provide feedback: tell consumers what you have done so they know things are getting better.

Based on *Bridging the Gap* (SCC, 2005)

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One of the core aspects of the Scottish Executive’s vision for public sector reform, and one way of improving access, is to make better use of new technology. Public services can use technology to provide a better, more customised service; both in how they collect, store and access information and in how they communicate with consumers. Many people value the convenience of Internet-based services.

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\(^5\) SCC (2005) *Bridging the Gap: Improving access to primary healthcare services for disabled people* Glasgow: SCC
Appropriate use of technology can have a dramatic effect on costs, freeing up resources to spend elsewhere. They can also speed up the amount of time it takes to access a service. Our research on data-sharing in the NHS found overwhelming support from consumers for the idea of core health information being available to health professionals electronically. They saw benefits of making care quicker, safer and more effective. However, they also wanted to be reassured about security of information and confidentiality.6

Our work on public access to the Internet found that the Digital Divide still exists with marked disparity among socio-economic groups regarding access to the Internet and the confidence to use it. Technology can have a transformative effect on public services, but it needs to be underpinned by a consumer perspective, and a commitment to provide support and build the skills of disadvantaged consumers.7

Putting things right

Many people will judge their experience of public services on the basis of the outcome. For example, in education this might mean pupil report cards or in health it might mean a successful operation or course of treatment. But even in the best service things go wrong sometimes. How that is handled is one of the key drivers of satisfaction.

Complaints
‘any expression of dissatisfaction that needs a response’.

The public sector should embrace complaints and learn from them. Too often service providers are defensive when people complain but a proper system for dealing with problems can help to turn a dissatisfied consumer into a satisfied one.

We define complaints as ‘any expression of dissatisfaction that needs a response’. This wide definition is useful as it catches a broad spectrum of comments and complaints. It also reflects the fact that most complainers don’t know how to categorise their concern or complaint.

They just want to sweep it under the carpet you know they don’t want it to go any further … sometimes you know they just sort of try to appease you and sweep things under the carpet a bit.4

Complaints are a way of making services more responsive. They provide essential feedback and all organisations should analyse their complaints data to help design service improvements. There are also clear benefits to tackling problems as early as possible, stopping the situation from escalating and reducing the cost of dealing with a more serious complaint further down the line.

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6 SCC (2005) Health Online
The ‘gratitude factor’

Complaining about public services may be more difficult for consumers, who may not want to affect their relationship with their family doctor, or head teacher. The so-called ‘gratitude factor’ can prevent people making a complaint in a public service setting which they would be more willing to make in the private sector – it may be easier to complain about poor hygiene standards in a restaurant than in a hospital. Public services need to embrace complaints to reassure users that they or their family will not be adversely affected if they make a complaint.

The gratitude factor is one barrier to consumers making complaints but there are other reasons why low levels of complaints in public services may not necessarily mean high levels of satisfaction. Work by OFT on psychology of consumer detriment shows that people won’t complain if they have low expectations of the outcome. Consumers can be fatalistic about services, believing that nothing will change if they make a complaint or criticise a service (Lunt et al, 2006).

Our ‘Service in Scotland’ survey found that services with the highest records on value for money and customer service (that is supermarkets and banks) also had among the highest levels of complaints. Train companies have the lowest number of complaints made but were among worst when ranked on both value for money and customer service. Similarly, local councils were ranked worst at value for money and customer service but were ranked in the middle of the number of consumer complaints made.

A low number of complaints may have more to do with poor customer service than the indicator of satisfaction that it is often taken as. These findings support the theory of ‘fatalism’; it seems it is not a poor experience that determines whether a consumer will make a complaint so much as the belief that something will change.

Service in Scotland survey findings

- 44% wanted to make a complaint about local council services, only 29% had done so.
- 27% wanted to make a complaint about central government office or department, only 13% had done so.
- 32% wanted to make a complaint about health services, only 17% had done so.

Public services need to overcome consumers’ fatalism and the ‘gratitude factor’ if they are to reap the rewards of an effective complaints system. Having a positive attitude to complaints and producing consumer friendly complaints information may help to increase consumers’ belief that services are responsive to their concerns.

Despite allegations of a ‘compensation culture’ developing, the National Consumer Council found that people are surprisingly forgiving. They want quick action, an admission that the organisation has done something wrong, a genuine apology and a guarantee that the same thing won’t happen to someone else.
Professionalism and staff attitude

People like public services; they speak about empathy, compassion, warmth, the human touch and respect. People appreciate the time taken to listen and respond to people’s needs. Our survey found relatively high levels of satisfaction with public services amongst users. The negatives we hear about public services tend to be expressed when the service offered isn’t behaving like a ‘public’ service at all, when services are remote and cold rather than responsive and personalised.

Public servants like teachers, social workers, doctors and nurses need to be technically competent, but technical competence by itself is no longer enough. We need professionals who are responsive to the needs of consumers as individuals and who develop relationships built on respect. Such skills and attitudes can be embedded within technical competencies through education, training and continuous professional development. We would like to see more emphasis on training staff in customer service.

Often, the positive opinion of public services is based on what service managers might consider to be the little things. Talk to people about getting housing benefit, getting an NHS dentist, registering for a doctor, how they are treated by the school receptionist, and they will say that the starting point is getting the little things right.

Things that annoy consumers most (from Service in Scotland)

1. Being left on hold for long periods when you telephone
2. Telephone voice activated or routing systems
3. Arrogant or condescending customer service attitudes
4. Telephone staff who are not competent to help you
5. Staff who fail to do what they say they will do
6. Staff who are unwilling to take responsibility
7. Standardised responses which fail to address individual situations
8. Misleading or dishonest information
9. Compensation /apologies that appear very inadequate
In 2004, an independent Policy Commission on Public Services, set up by the NCC, consulted staff and consumers in primary health, social services, secondary education and urban regeneration. A consistent range of values emerged, described as FORCE.

As the number and diversity of ‘public sector’ providers increases, it is important that each service and member of staff understands these shared values.

Public sector values:
- Fair
- Open
- Responsive
- Collaborative
- Efficient and effective.

**Listening to consumers**

Consumers of public service are rarely able to change their service providers, so giving them a voice and listening to their views is one way public sector organisations can get feedback on how well they are doing.

There are many ways of doing this, for example, through satisfaction surveys, consultations and user panels. We use the idea of a ‘participation tree’ which covers seven different types of consumer participation.

I think all parents of children in the school should be able to have a voice, they should be able to go along and say what they’ve got to say instead of it being behind closed doors.

This approach differs from a traditional ‘ladder of participation’ which suggests a hierarchy, with full control by consumers at the top. Some services, such as GPs, want input, but consumers are never going to want to help run the surgery. Instead we suggest that above basic involvement strategies (information giving and gathering, complaints systems and consultation) public services have a number of options to increase consumer participation, public services need to choose which one is appropriate for their service. To enjoy the fruits of participation, you need to be clear which branch is your branch!
At the base of the tree are the essentials of listening to consumers views:

- **Information giving**: publishing information on the existing services and structures of decision making; for example, information sheets, a helpline, service directories, or regular media information slots.
- **Gathering information**: getting people’s views on existing services and listening to their views on their wider needs and concerns; for example, surveys, focus groups or attending community meetings.
- **Complaints procedures**: giving people an opportunity to voice complaints gives valuable feedback on how well the service is performing and stops problems from escalating.
- **Consultation**: asking people to comment on a particular plan or proposal; for example, school closures, new opening times or moving towards community-based health services.
All public services should use these four essential components to listen to consumers views. We do not believe that these are ‘optional extras’ in the delivery of public services, they are the basics that must be carried out to ensure services meet the needs of consumers.

Above the tree trunk are three options for a deeper level of involvement with consumers:

- **Involvement in policy development and decision-making:** getting consumer or community involvement directly within the management of the organisation; for example, a user panel set up or consumer representatives on committees.
- **Joint working:** Working with consumers or local people on an equal basis to develop joint projects or new forms of services; for example, a new school handbook, or initiating a new project like a library providing childcare.
- **Community or consumer control:** the service provides a grant or enters into a service agreement with a consumer or community organisation to develop their own initiative; for example, a grant may be given to local parents to set up a helpline, or for a community to run its own advice shop.\(^8\)

\[\text{As an individual, you could go and you would get fobbed off but surely if there was a group of people saying, as a voice, that this is unacceptable… you would maybe get more clout.}\(^9\]

**Stepping stones to improved consumer participation**

Consumer participation cannot be viewed as an add-on to existing work. It must be integral to the ethos of the organisation, built into the culture and responsive to both consumers needs and to those of the organisation. If consumer participation is to make a difference it has to be more than just a collection of projects and experiments. It has to be part of the core set of beliefs of the agency, central to its mission statement and actions.

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The stepping stones provide a strategy for public services that want to improve the level of consumer participation:

1. **Set a vision:** Identify a vision of consumer participation to which the organization is committed. The policy should lay out the concepts and principles that have to be developed.
2. **Steering and developing the strategy:** Set up a steering group with a range of members, including consumers to help develop the strategy.
3. **Audit current practice:** Review current practice on participation within the service. Map skills, experience and activities.
4. **Development and support activities:** Build on existing work. At all levels identify what needs done and who will be responsible for it. Provide training to staff as needed.
5. **Monitoring, evaluation and feedback:** Monitor structures for regularly reporting the work done. Evaluate progress towards targets. Be open about successes and failures and use that information to plan future strategies.
6. **Next phase of planning:** Use all that has been learned to plan for the next phase of participation activities (SCC, 1999).

**Mobilising and motivating consumers**

Despite good practice and innovative schemes, we often hear allegations of user apathy when people and policy makers are discussing participation strategies. Often public council meetings are poorly attended, few people put themselves forward to be School Board members and the general feeling is that people are not interested in getting involved.

According to the last census, around 43% of the adult population of Scotland took part in some form of volunteering activity, unpaid, to help others in the past year, with a quarter of that figure taking place in the public sector. Given these figures it is difficult to describe the Scottish population as apathetic.

Research by the National Consumer Council (*User Power*, NCC, 2004) found that confidence is the single most important resource consumers of public service need in order to participate. Time constraints can effect people’s initial decision to participate but once they start to get involved time is of much less concern - people make the time to participate. By tackling barriers, such as lack of confidence, and capitalising on people’s motivations by stressing the impact on services and the community, public services could increase the number of people who actively participate in them.

**How to improve participation**

1. **Build resources** – focus on giving consumers the skills and confidence to take part.
2. **Mobilise** people – make sure people are asked to take part, don’t assume they will without a personal invitation.
3. **Strengthen motivations** – appeal to people’s individual motivations like learning something new, and their collectivistic motivations like giving something back to the community.

*User Power*, NCC, 2004
And finally…

SCC has been carrying out research and policy development in the public sector since the mid-1970s. We have brought together our more recent work to articulate our vision for public services.

What we have found is that consumers’ experience of public services, their expectations and their level of satisfaction varies considerably between and within services. We can only understand why this is by listening to consumers and feeding back what we learn to develop even better services.

We hope that this work, and the good practice we have been able to identify, will help those working in public services to build on their success.

References

Audit Scotland (2005) *Improving customer service through better customer contact* Edinburgh: Audit Scotland


NHS Scotland (2005) *The NHS and You: What you can expect from us, what we expect from you* Glasgow: SCC


Scottish Consumer Council (1999) *Designed to Involve: Public involvement in the new primary care structures* Glasgow: SCC


Scottish Consumer Council (2001) *Access to Primary Care Services in Scotland* Glasgow: SCC


Scottish Consumer Council (2005) *Bridging the Gap: Improving access to primary healthcare services for disabled people* Glasgow: SCC


Scottish Consumer Council (2005) *In the Shadows: Emergency out-of-hours social work services in Scotland* Glasgow: SCC

Scottish Consumer Council (2005) *Is Anybody Listening: The user perspective on interpretation and translation services for minority ethnic communities* Glasgow: SCC

Scottish Consumer Council (2005) *Making the Difference: research on parents’ views of Scottish Executive proposals to improve parental involvement and representation in schools* Glasgow: SCC

References for quotes

Throughout this paper we have used direct quotes from consumers to illustrate the points we are making. These quotes come from our research.

a. Access to primary health care: Report of the focus groups held with members of the public (2001)

b. Making the Difference: Research on parents’ views of Scottish Executive proposals to improve parental involvement and representation in schools (2005)


d. Complaints in Education (provisional title, due for publication May 2006)

e. Is Anybody Listening? : The user perspective on interpretation and translation services for minority ethnic communities (2005)
### Table 1: Satisfaction with public services in Scotland

<table>
<thead>
<tr>
<th>Service</th>
<th>Overall percentage satisfied</th>
<th>Percentage of users satisfied</th>
<th>Percentage of non-users satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP services</td>
<td>85%</td>
<td>86%</td>
<td>77%</td>
</tr>
<tr>
<td>Hospital services</td>
<td>69%</td>
<td>81%</td>
<td>62%</td>
</tr>
<tr>
<td>Primary schools</td>
<td>49%</td>
<td>91%</td>
<td>39%</td>
</tr>
<tr>
<td>Secondary schools</td>
<td>38%</td>
<td>79%</td>
<td>32%</td>
</tr>
<tr>
<td>Libraries</td>
<td>60%</td>
<td>93%</td>
<td>41%</td>
</tr>
<tr>
<td>Police</td>
<td>56%</td>
<td>67%</td>
<td>52%</td>
</tr>
<tr>
<td>Sport and Leisure facilities</td>
<td>53%</td>
<td>84%</td>
<td>38%</td>
</tr>
<tr>
<td>Social services</td>
<td>27%</td>
<td>66%</td>
<td>22%</td>
</tr>
</tbody>
</table>

Sample size = 939

### Table 2: Percentage of people reporting ‘customer service’ and ‘value for money’ as terrible, very poor indeed or poor against number of complaints made

<table>
<thead>
<tr>
<th>Service</th>
<th>Value for money (1 = highest ranked, 9 = lowest ranked)</th>
<th>Customer service (1 = highest ranked, 9 = lowest ranked)</th>
<th>Percentage of consumers who have complained (1 = lowest number, 9 = highest number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supermarkets</td>
<td>2% (1&lt;sup&gt;st&lt;/sup&gt;)</td>
<td>3% (1&lt;sup&gt;st&lt;/sup&gt;)</td>
<td>36% (7&lt;sup&gt;th&lt;/sup&gt;)</td>
</tr>
<tr>
<td>Telephone or mobile provider</td>
<td>9% (2&lt;sup&gt;nd&lt;/sup&gt;)</td>
<td>9% (3&lt;sup&gt;rd&lt;/sup&gt;)</td>
<td>34% (6&lt;sup&gt;th&lt;/sup&gt;)</td>
</tr>
<tr>
<td>Holiday companies / Airlines</td>
<td>13% (3&lt;sup&gt;rd&lt;/sup&gt;)</td>
<td>12% (4&lt;sup&gt;th&lt;/sup&gt;)</td>
<td>18% (3&lt;sup&gt;rd&lt;/sup&gt;)</td>
</tr>
<tr>
<td>Banks</td>
<td>10% (4&lt;sup&gt;th&lt;/sup&gt;)</td>
<td>9% (3&lt;sup&gt;rd&lt;/sup&gt;)</td>
<td>39% (8&lt;sup&gt;th&lt;/sup&gt;)</td>
</tr>
<tr>
<td>Insurance companies</td>
<td>15% (5&lt;sup&gt;th&lt;/sup&gt;)</td>
<td>14% (5&lt;sup&gt;th&lt;/sup&gt;)</td>
<td>21% (4&lt;sup&gt;th&lt;/sup&gt;)</td>
</tr>
<tr>
<td>Local bus services</td>
<td>17% (6&lt;sup&gt;th&lt;/sup&gt;)</td>
<td>15% (7&lt;sup&gt;th&lt;/sup&gt;)</td>
<td>15% (2&lt;sup&gt;nd&lt;/sup&gt;)</td>
</tr>
<tr>
<td>Train companies</td>
<td>18% (7&lt;sup&gt;th&lt;/sup&gt;)</td>
<td>15% (7&lt;sup&gt;th&lt;/sup&gt;)</td>
<td>14% (1&lt;sup&gt;st&lt;/sup&gt;)</td>
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<tr>
<td>Postal services / Power supplier</td>
<td>21% (8&lt;sup&gt;th&lt;/sup&gt;)</td>
<td>21% (8&lt;sup&gt;th&lt;/sup&gt;)</td>
<td>41% (9&lt;sup&gt;th&lt;/sup&gt;)</td>
</tr>
<tr>
<td>Local council</td>
<td>27% (9&lt;sup&gt;th&lt;/sup&gt;)</td>
<td>24% (9&lt;sup&gt;th&lt;/sup&gt;)</td>
<td>29% (5&lt;sup&gt;th&lt;/sup&gt;)</td>
</tr>
</tbody>
</table>

Sample size = 549
The Scottish Consumer Council

This Briefing Paper was written by Jennifer Wallace, Policy Manager with assistance from Andrew Pulford, Researcher.

The purpose of the Scottish Consumer Council is to make all consumers matter. For more information on what we are doing visit our web site at www.scotconsumer.org.uk. The web site gives free access to all our reports, campaigns and policy work in progress. SCC reports in printed formats are available from our office at the address below. We are often able to make our publications available in alternative formats.

Please contact us for details
Scottish Consumer Council, Royal Exchange House, 100 Queen Street, Glasgow G1 3DN
Tel:0141 226 5261 email: scc@scotconsumer.org.uk