
OCCS - Schedule 5 Report

The Alternative Dispute Resolution for Consumer Disputes (Competent Authorities and Information) Regulations 2015, require you to supply the competent authority (Chartered Trading Standards Institute) with your Schedule 5 (annual) and Schedule 6 (biennial) reports when they are due.

The Schedule 5 report must be supplied every year (including when you also supply your biennial report) and must be made available on your website as per the legislation. The Schedule 5 report must be supplied to the competent authority and uploaded onto the website within a month of the anniversary of your date of approval as an approved ADR body.

The Schedule 6 report must be supplied biennially and is not required to be available on your website, only sent to the competent authority. The years that you supply the biennial report, you still must supply an annual report in addition. The Schedule 6 report must be supplied to the competent authority within a month of the anniversary of your approval date. The information (data) (as per section 11.3 of the legislation) is to cover the whole (totals) of the 2-year reporting period.

All details of what must be included in the reports can be found below.

This is the minimum data required for reporting, but any other or extra data supplied would be much appreciated for further insight.

As of 1st January 2021, there have been several amendments made to the legislation due to Brexit. It is no longer a requirement of the legislation to handle cross-border disputes and report on these disputes. However, if you continue to handle cross-border disputes, we would ask that you supply any information in relation to these cases.

Additionally, if your ADR scheme's outcome is binding on either party, please provide us with the percentage of whether the outcome was ruled in the consumer or trader's favour at the end of the Schedule 5 and Schedule 6 report.

Schedule 5 – OCCS 1/11/2023 to 31/10/2024

Information to be included in an ADR entity's annual activity report

- (a) the number of domestic disputes the ADR entity has received;
(This is the total number including enquiries received, cases handled and disputes rejected)

No. enquiries received (domestic)	No. enquiries received (cross-border)	No. disputes received (domestic)	No. disputes received (cross-border)	No. disputes accepted (continued to case) (domestic)	No. disputes accepted (continued to case) (cross-border)
1860	8	1860	0	1766	0

- (b) the types of complaints to which the domestic disputes and cross-border disputes relate;
(please state as many different types as required)

Types of disputes:

- Please see Appendix 1 – Nature of Complaint analysis

- (c) a description of any systematic or significant problems that occur frequently and lead to disputes between consumers and traders of which the ADR entity has become aware due to its operations as an ADR entity;
(please provide description)

The OCCS publishes a detailed annual report which is also presented to the General Optical Council (the regulator of the optical profession).

A copy is available at [OCCS Annual Report 2023-24 - Agile and Effective Complaint Resolution](#) (pages 13 – 17)

This details the trends and issues explored within the complaint mediation and resolution by the OCCS.

Key trends noted:

- Complaints relating to domiciliary services more than doubled this year from 42 to 98.
- Complaints where allegation of misdiagnosis is the substantive concern continue to fall - now almost half the level of 21/22

- (d) any recommendations the ADR entity may have as to how the problems referred to in paragraph (c) could be avoided or resolved in future, in order to raise traders' standards and to facilitate the exchange of information and best practices;
(please provide as much information as possible)

The OCCS recommendation and insight is set out in the annual report at pages 16 & 17:

OVERALL INSIGHTS

Communication in Clinical Complaints

The root cause and primary issue in clinical related complaints has consistently been communication and misaligned understanding of the risk, need for treatment or referral and counselling consumers to aid understanding and the clinical progression of the condition. This once again demonstrates the need and benefits of developing professional confidence and expertise in this area which minimises unnecessary patient anxiety and professional resilience—a cornerstone of OCCS CPD provision.

One area to note is the emerging trend of complaints relating to interpretation of OCT scans. It is essential that registrants keep their skills up to date in this area of clinical practice. This is particularly important for mobile or locum practitioners who may use different models of OCT on a regular basis. It is a registrant's accountability to make sure they are competent in the analysis of their OCT scans.

Domiciliary eye healthcare

Domiciliary complaints have more than doubled this year from 42 to 98. In recent years, the OCCS has identified the importance of accessibility to eye healthcare and to complaint pathways for vulnerable consumer groups. The OCCS has previously highlighted the need for transparent and effective customer care in domiciliary settings. These concerns around potentially vulnerable patients illustrate why this sector must be vigilant in all areas of practice and conduct. A doubling of complaints should be alarming for all who work in this important area of practice. This year the most significant sub sector within domiciliary complaints relates to delay in supply or more concerningly non supply. We are currently dealing with one provider with multiple issues around non supply and keeping the GOC informed of our progress in this matter.

Data suggests consumers complaining of pressure to buy is more prevalent in this area of the sector with allegations of overselling being the substantive issue in three cases (OCCS only recorded 23 for entire industry). Domiciliary complaints represent just 2.6% of total complaints but 13% of the allegations of overselling. Given the vulnerable nature of the patient base and our work in raising awareness in the domiciliary sector, this is of continued frustration to the OCCS. Whilst this is an empirically low number, the sense or perception of overselling is an undertone in many of the domiciliary concerns we deal with. From the appearance of domiciliary providers 'doorstepping' consumers to have an eye examination, through a perception of overselling expensive product, delayed or non supply to the reluctance to refund when problems occur it is easy to see why families raise concerns in this arena. Whilst there is no doubt the majority of practitioners in this area are committed to

delivering great, and essential, service there remains a significant risk that some outliers create a negative impression to society. The OCCS continues to work closely with the key stakeholders in this area and continue to provide CPD to this sector to try and raise awareness and standards

- (e) the number of disputes which the ADR entity has refused to deal with, and the percentage share of the grounds set in paragraph 13 of Schedule 3 on which the ADR entity has declined to consider such disputes;
(please provide a breakdown of reasons and a total number)

Total no. of disputes rejected	9
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Reason	No. rejected	Percentage of rejected
a) the consumer has not attempted to contact the trader first	505	The OCCS does not consider these enquiries to be rejected. The OCCS supports local resolution by assisting the consumer to return to the practice and raise or progress their complaint effectively. Less than 5% then return to the OCCS for full resolution having exhausted the local complaint process.
b) the dispute was frivolous or vexatious	0	
c) the dispute had been previously considered by another ADR body or the court	0	
d) the value fell below the monetary value	0 – OCCS does not have a financial de minimis	
e) the consumer did not submit the disputes within the time period specified	4	4%
f) dealing with the dispute would have impaired the operation of the ADR body	0	
g) other (enquired too early, not yet complained to trader, trader not member, advice call etc...)	88 See below:	88%

g) Further breakdown		
Consumer seeking clinical negligence compensation	14	14%
Concerns referred to the GOC – regulatory/impaired fitness to practice	6	6%
Complaint did not relate to optical care	3	3%
Complaint did not concern a GOC regulated practice or professional	50	50%
Other	15	15%
	88	
Non UK	8	8%

- (f) the percentage of alternative dispute resolution procedures which were discontinued for operational reasons and, if known, the reasons for discontinuation;
(please provide as many reasons as required)

	No. discontinued	Percentage of discontinued
Discontinued for operational reasons	0	0%

Reasons for discontinuation:

- (g) the average time taken to resolve domestic disputes and cross-border disputes;
(please provide the average time from receipt of complaint to closure, AND the average time from complete complaint file to closure)

	Domestic	Cross-border
Average time taken to resolve disputes (from receipt of complaint)	75 days	-
Average time taken to resolve disputes (from 'complete complaint file')	63 days The OCCS measures timescales from receipt of the Agreement to Mediate from the consumer, so this data represents an extended period as the 'complaint file' would be complete once information and records are received from the practice	-

Total average time taken to resolve disputes	63 days
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- (h) the rate of compliance, if known, with the outcomes the alternative dispute resolution procedures (amongst your members, or those you provide ADR for)
(this is the number of traders who complied with the proposed outcome. Please provide a percentage)

100%

(i) This point has been removed in amendments on 1 January 2021

Please add any additional information or data you think might be useful or interesting at the bottom of this report.

(any extra data provided is useful)