

## Schedule 6 - OCCS – 1.11.2022 - 31.10.2024

Information which an ADR entity must communicate to relevant competent authority every two years

- (a) the number of disputes received by the ADR entity and the types of complaints to which the disputes relate;  
*(This is the total number including enquiries received, cases handled and disputes rejected with the subject of the dispute)*

No. enquiries received (domestic)	No. enquiries received (cross-border)	No. disputes received (domestic)	No. disputes received (cross-border)	No. disputes accepted (domestic)	No. disputes accepted (cross-border)
3759	8	3579	0	3485	0

Types of disputes:

- (b) the percentage share of alternative dispute resolution procedures which were discontinued before an outcome was reached;  
*(% which were discontinued and reasons)*

Reason	No. disputes discontinued	Percentage discontinued
Rejected for operational reasons	0	
a) the consumer has not attempted to contact the trader first	1536	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	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	
e) the consumer did not submit the disputes within the time period specified	4	<b>0.5</b>
f) dealing with the dispute would have impaired the operation of the ADR body	0	
Case withdrawn by consumer	470	<b>68%</b>
Case withdrawn by trader	0	<b>0</b>
Solution reached without ADR	0	<b>0</b>
The trader was not a member of the ADR scheme (if this is a requirement)	0	

g) other (enquired too early, not yet complained to trader, trader not member, advice call etc...	213 See below:	<b>31%</b>
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Further breakdown		
Consumer seeking clinical negligence compensation	48	
Concerns referred to the GOC – regulatory/impaired fitness to practice	16	
Complaint did not relate to optical care	3	
Complaint did not concern a GOC regulated practice or professional	110	
Other	36	
Non UK	8	<b>1%</b>

(c) the average time taken to resolve the disputes which the ADR entity has received;  
*(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)	44.5 days	
Average time taken to resolve disputes (from 'complete complaint file')	51 days	

Total average time taken to resolve disputes	38.5 days
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- (d) the rate of compliance, if known, with the outcomes of its alternative dispute resolution procedures;  
*(this is the number of traders who complied with the proposed outcome. Please provide a percentage)*

The OCCS is a mediation based service, and as such resolution are agreed by the parties. Optical practices therefore do execute/complete any agreed resolution.

- (e) any recommendations the ADR entity may have as to how any systematic or significant problems that occur frequently and lead to disputes between consumers and traders could be avoided or resolved in future;  
*(please provide a description)*

### **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

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

(g) where the ADR entity provided training to its ADR officials, details of the training it provides;

*(Please provide a list of all training undertaken by ADR officials over the past 2 years)*

Provided to CTSI in Appendix 1 [Training - History.pdf](#)

(h) an assessment the effectiveness of an alternative dispute resolution procedure offered by the ADR entity and of possible ways of improving its performance.

*(Please provide as much information as possible)*

Provided to CTSI in Appendix 2 [OCCS - Quality Monitoring.pdf](#)

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)*