

# The citizen and trust in the (trustworthy) state

Rob Brown

## Appendixes

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## Appendix 1 Glossary

Citizen	As used in this thesis – all people who come into contact with the state whether individually or on groups (communities, organisations etc) and irrespective of technical legal status.
State	As used in this thesis – any activity or function funded by public resources.
Citizen/state ‘zone of interaction’	As used in this thesis - the citizen’s lived experience of any contact with a state activity or function.
Connectivity	As used in this thesis - the analysis of the emotional and social connections people feel in their relationships with others.
Agency	As used in this thesis - the analysis of the roles and activities people contribute to a relationship.
Reciprocity	The interplay of actions between participants in an interaction, including both positive and negative reciprocity.
Public Value	The school of public policy analysis that focuses on what is achieved by state activity.
Public value relational model	The conceptualization of the citizen/state relationship that underpins the thesis, emphasising the role of the citizen in the co-creation of public value.
NPM	New Public Management. Commonly refers to the range of private sector management techniques imported into the public sector.
DAR	Dialogic Action Research. A particular form of action research that seeks deeper deliberative understanding from participants.
PAR	Participatory Action Research. The form of action research that emphasises the need to engage people affected by a problem in its solution.
PFI	Private Finance Initiative. A form of contracting out for major public assets.
PPP	Public Private Partnership. A form of contracting out for major public service contracts.
Civic Society	The realm of private economic and social activity separate to that of the state.
Big Society	The initiative of the UK coalition government to enlist greater efforts of civic society in the face of state austerity.

## Appendix 2. Ethical approval



Faculty of Health & Life  
Sciences  
Glenside Campus  
Blackberry Hill  
Stapleton  
Bristol BS16 1DD

Tel: 0117 328 1170

Our ref: JW/lt

24 July 2013

Rob Brown  
68 York Road  
Montpelier  
Bristol  
BS6 5QF

Dear Rob

Application number: HLS/13/06/84

Application title: Co-production, power and trust

Thank you for re-submitting your application to the Faculty Research Ethics Committee. This was considered by the Committee and based on the information provided was given ethical approval to proceed

If these conditions include providing further information please do not proceed with your research until you have full approval from the committee. You must notify the Faculty Research Ethics Committee in advance if you wish to make any significant amendments to the original application.

If you have to terminate your research before completion, please inform the Faculty Research Ethics Committee within 14 days, indicating the reasons.

Please notify the Faculty Research Ethics Committee if there are any serious events or developments in the research that have an ethical dimension.

Any changes to the study protocol, which have an ethical dimension, will need to be approved by the Faculty Research Ethics Committee. You should send details of any such amendments to the committee with an explanation of the reason for the proposed changes. Any changes approved by an external research ethics committee must also be communicated to the relevant UWE committee.

Please note that all information sheets and consent forms should be on UWE headed paper.

Please be advised that as principal investigator you are responsible for the secure storage and destruction of data at the end of the specified period.

Please note: The University Research Ethics Committee (UREC) is required to monitor and audit the ethical conduct of research involving human participants, data and tissue conducted by academic staff, students and researchers. Your project may be selected for audit from the research projects submitted to and approved by the UREC and its committees.

We wish you well with your research.

Yours sincerely

*Julie Woodley*

Dr Julie Woodley

Chair

Faculty Research Ethics Committee

c.c Paul Hoggett

David Evans



University of the West of England, Bristol

### **Research into improving cooperation and trust between service users and staff in [insert name]**

#### **Information sheet and consent form for potential participants in the research**

#### **An invitation to participate in an research study**

You are being invited to participate in a research study. Before you decide to take part it is important you understand the nature of the research and what it will involve. This document describes the process and what will be expected of you, and asks for your written consent to participation.

If you are happy to proceed on the basis of the information below please sign and return the consent form at the back of this information sheet to Rob Brown, the researcher responsible for this project, using the stamped and addressed envelope enclosed. Alternatively you can hand the form into [insert name of project sponsor] who will pass it on to Rob. If you have any questions, or would like more information on the background to this study, then please contact Rob using the contact details below.

#### **The aim and objectives of the research**

The aim of the research is to explore ways of improving cooperation and trust between service users and staff of [partnering body] in the delivery of the [insert name] service. The study involves groups of service users and front-line staff coming together to discuss how well the relationship works, and what actions might improve it.

The research process will require you attending one two hour meeting once a week for a period of 4 weeks, in the course of which you will be asked to:

- Complete a questionnaire designed to gain your views on the nature of relationship in the delivery of [service name], and what factors you feel are most important to achieving better cooperation and trust. This questionnaire will be repeated at the end of the process, to assess the extent to which your views have changed.
- Participate in two 'focus' groups with other [service provider staff/service users] to share your experiences and views on the relationship between users and providers of the service. There will be approximately 8 – 12 other [service users/staff] in this group and each focus group will last for about 2 hours.
- Participate in two larger structured workshops in which both staff and service user groups will be asked to discuss their views on the level of trust between them, and if possible agree practical steps for improving trust and co-operation. These two workshops will also last for approximately 2 hours each.

All meetings will be facilitated by the researcher, who will ensure that discussions are open, and that all get the chance to participate. The only requirement of participants is that they agree to treat other participants with respect and courtesy, and not to talk about or attribute comments made within the group discussions outside of those sessions.

## **Who is involved in the research?**

The research project is being carried out by Rob Brown as part of a doctoral study being done with the University of the West of England, Bristol (UWE). Rob's supervisors at UWE are Professor Paul Hoggett and Professor David Evans.

The research is being carried out in partnership with [partnering bodies name], The recommendations from the research group will be reported to [insert name] who is the senior sponsor for this initiative. In addition [named person] from [partnering body] will be assisting with the facilitation of each workshop, and with the subsequent implementation of the results.

## **Is participation voluntary?**

Participation is voluntary and you will be asked to sign the consent form below permitting information to be collected. You are free to change your mind at any point in the research process and withdraw, without giving a reason, however information you have provided up to that point will still be available to the project.

All participants will be reimbursed any out of pocket travel expenses, and service users will receive an additional honorarium £10 at the conclusion of each workshop in recognition of their donation of time. The [partnering organisation] has agreed that staff participating in the exercise will be doing so in work time.

## **How will information from meetings and workshops be recorded, and kept private and anonymous**

The research project has been subject to ethical approval through the Faculty of Health and Life Sciences Ethics Sub-Committee at the University of the West of England, Bristol.

Each workshop will be video and audio recorded and the discussion transcribed to ensure accuracy of reporting, and subsequent analysis. Key issues or points of agreement from each workshop will be noted in the course of each meeting and agreed with participants at the conclusion of each individual session.

All discussion at the workshops will be conducted on the basis of anonymity. The identity of participants will be protected by the substitution of a code in place of names in the reporting of survey results and the transcriptions of the discussion, and the video recording will only be accessible to the researcher, his supervisors and the transcriber (and will be destroyed at the conclusion of the research). However you should recognise that other participants in the research may be able to guess the origins of some comments and information.

You will be offered the opportunity to check and comment on the draft report on the research, including checking the way issues of confidentiality and anonymity have been handled.

## **What will be the outcome of the research?**

A draft report will be written on the basis of the research process, and feedback on the report from process participants will be included in the final report. It is hoped that the final report will form the basis for a number of published articles and will contribute to a doctoral thesis.

Finally the research will also revise the research method itself so others can use it.

Researcher contact details:

Rob Brown. [robert12.brown@uwe.ac.uk](mailto:robert12.brown@uwe.ac.uk), 07767 400 335

### **Concerns and complaints procedure**

If you have any issues or concerns or complaints about the research, please contact Rob Brown in the first instance. In the unlikely event that you have any issues with the research that you are unable to resolve with the research team, please contact Professor Paul Hoggett [paulhoggett@uwe.ac.uk](mailto:paulhoggett@uwe.ac.uk) to report any issues of concern.





University of the West of England, Bristol

Consent form for participating in a research project investigating ways of improving trust and co-operation between service users and providers in [insert name]

**Research lead:** Mr Rob Brown, School of Health and Life Sciences, University of the West of England.

I have received written information on the proposed research into the means for improving trust and co-operation between service users and providers in [insert name].	<b>YES / NO</b> (please circle)
I understand that my participation in the evaluation is voluntary and that I may choose to withdraw at any time.	<b>YES / NO</b> (please circle)
I understand that all other participants must be treated with respect and courtesy, and that I must not divulge or attribute statements made in the course of discussions outside of these sessions.	<b>YES / NO</b> (please circle)
I understand that each workshop session will be audio recorded, and that anonymised information will be collated to product a draft and then final report and may be published in a national journal and other places.	<b>YES / NO</b> (please circle)
I also understand that each workshop session will be video recorded in order to confirm the identity of speakers and capture non-verbal communication, and that this evidence may also be anonymised and published.	<b>YES / NO</b> (please circle)
I would like to receive a draft of the final report to allow me to check that information cannot be attributed to me in a way with which I am not happy	<b>YES / NO</b> (please circle)

I agree to participate in the research study **YES / NO** (please circle)

I agree to being audio-recorded **YES / NO** (please circle)

I agree to being video recorded **YES / NO** (please circle)

Name (please print) .....

Signature ..... Date .....

## Appendix 4. Housing benefit case study user survey questionnaire

### **Word draft**

### **Questionnaire – Cooperation and trust between staff and service users of [named service]**

### **Service user form**

Thank you for agreeing to participate in this research project looking at ways of improving the cooperation and trust between staff and service users of [named service]. The research process will take the form of a dialogue between representatives of service users and frontline staff of [named service], discussing where there are blockages to cooperation and trust, and the options for enhancing the relationship in the delivery of the service. These options could take many forms, including for example changes to the nature of activities, the roles that people perform, how they communicate or how information is shared. The anticipated result is a service that produces better results for both staff and service users.

To help inform this process we would be grateful if you would complete this brief questionnaire. It is designed to assess your views on the nature of the cooperation and trust between staff and service users of [named service]. It should take you no more than 15 – 20 minutes to complete and will be conducted twice, firstly at the start of the research process and then again at the end. The results will help assess whether your views have changed in the course of the exercise. A similar questionnaire is being completed by the staff of the service to assess their views on the cooperation and trust in the delivery of the service.

The assessments and comments you provide will be anonymised and aggregated with those of other service users of [named service] participating in this research before being reported back to the wider research group. However you should be aware that whilst comments will be unattributed in all documents, it is the nature of the process that strongly held views are likely to provoke discussion, and in a small group it may be possible for others to infer the source of comments.

If you wish to discuss any of the questions either before or after completion of the form then please ring Rob Brown the researcher responsible for facilitating the research process on 07767 400 335 and he will arrange to talk through your questions and comments.

**Section 1 – personal information and general attitude to trust in people and government.**

Name

Gender

Ethnic background

Employment status, and occupations (both paid and voluntary)

On a scale of 1 – 7 (where 1 means complete distrust, and 7 represents absolute trust) generally speaking, would you say that most people can be trusted or that you cannot be too careful in dealing with people?<sup>1</sup>

On a scale of 1 – 7 (where 1 means complete distrust, and 7 represents absolute trust) do you think people should trust the institutions of the state and the people that work for them, or is it important for citizens to monitor them all the time?

**Section 2 – your views on the current relationship with the staff of [named service]?**

On a scale of 1 – 7 (where 1 means complete distrust, and 7 represents absolute trust) to what extent would you say you trusted the staff of [named service] to do the 'right thing'?

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<sup>1</sup> The format of these questions is taken from a related study 'Public Confidence in Government: Trust and Responsiveness' (2008) conducted by Tyler Schario and David Konisky from the Institute of Public Policy at University of Missouri.

Are there any particular aspects of the service that you feel help to create more trust than others?

On a scale of 1 – 7 (where 1 means complete distrust, and 7 represents absolute trust) to what extent would you say that you were trusted by the staff of [named service] to do the right thing?

Are there any particular aspects of the service where you feel more trusted than in others?

On a scale of 1 – 7 (where 1 means a complete lack of co-operation and 7 represents excellent co-operation) how good would you say is the spirit of co-operation between the staff and service users of [named service]?

**Section 3 - What is important to you in cooperating with, and trusting, the providers of [named service]?**

Thinking about the last few times you have used [named service], have there been particular events that have improved your trust in the service and those that provide it?

Thinking about the last few times you have used [named service], have there been particular events that have damaged your trust in the service and those that provide it?

From your experience are there any actions the staff of [named service] could take that would remove distrust, or encourage you to think they will co-operate more in the provision of the service?

From your experience do you think there are any actions that you could take personally that would encourage the staff of [named service] to trust you more, or cooperate with you more in the provision of the service?



University of the West of England, Bristol. October16

**Research into improving cooperation and trust between patients and staff in the services provided by the [sponsoring] GP Surgery**

**Information sheet and consent form for potential participants in the research**

**1. An invitation to participate in a research study**

You are being invited to participate in a research study sponsored by the[ sponsoring surgery] . The aim of the study is to explore ways of improving cooperation and trust between patients and staff of the Surgery in all aspects of the service. Before you decide to take part, it is important you understand the nature of the research and what it will involve. This document describes the process and what will be expected of you, and asks for your written consent to participation.

If you are happy to proceed based on the information below please sign and return the consent form at the back of this information sheet. The forms should be returned to [names contact] at the [sponsoring surgery]. If you have any questions, or would like more information on the background to this study, then please contact the researcher Rob Brown who will be pleased to discuss the study with you (contact details below).

**2. The nature and objectives of the research**

The study brings together a group of patients and staff to discuss how well the relationship is working, and what actions might improve it. It is hoped this process will both lead to improvements in the service, and contribute to a wider academic study of the role of trust in public services.

The research process will require you completing a short questionnaire and attending two meetings (each of two hours and likely to be in successive weeks). These are explained in more detail below:

- The questionnaire should take about 30 minutes to complete and is designed to gain your views on the strengths and weaknesses of the current co-operation between patients and staff at the practice. This questionnaire will be repeated at the end of the process, to assess the extent to which your views have changed.
- The staff and patient groups will then meet separately for an initial discussion of the results of their questionnaire, and to be briefed on the views of the other group. The workshop will last for about 2 hours.
- The final 'dialogue' session brings both groups together to share their perspectives and to discuss possible practical steps for improving trust and co-operation. This workshop will also last for approximately 2 hours.

All meetings will be facilitated by the researcher, who will ensure that discussions are open, and that all get the chance to participate. The only requirement of participants is that they agree to treat other participants with respect and courtesy, and not to talk about or attribute comments made within the group discussions outside of those sessions.

### **3. Who is involved in the research?**

The research project is being carried out by Rob Brown as part of a doctoral study being done with the University of the West of England, Bristol (UWE). Rob's supervisors at UWE are Professor David Evans, Dr Simon Thompson and Dr Andy Gibson. The research is being carried out in partnership with the [Sponsoring Surgery], The recommendations from the research group will be reported to the senior management of the practice. In addition [named contact] from the Surgery will also be assisting with the facilitation of each workshop, and with the subsequent implementation of the results.

#### **Is participation voluntary?**

Participation is voluntary and you will be asked to sign the consent form below permitting information to be collected. You are free to change your mind at any point in the research process and withdraw, without giving a reason, however information you have provided up to that point will still be available to the project.

#### **How will information from meetings and workshops be recorded, and kept private and anonymous**

The research project has been subject to ethical approval through the Faculty of Health and Life Sciences Ethics Sub-Committee at the University of the West of England, Bristol.

Each workshop will be video and audio recorded and the discussion transcribed to ensure accuracy of reporting, and subsequent analysis. Key issues or points of agreement from each workshop will be noted on a flipchart in the course of each meeting and agreed with participants at the conclusion of each individual session.

All contributions to the questionnaire and discussions at the workshops will be conducted on the basis of anonymity. The identity of participants will be protected by the substitution of a coded identifier in place of names in the reporting of results and the transcriptions of the discussion, and the video recording will only be accessible to the researcher, his supervisors and the transcriber (and will be destroyed at the conclusion of the research). However you should recognise that other participants in the research may be able to guess the origins of some comments and information.

You will be offered the opportunity to check and comment on the draft report on the research, including checking the way issues of confidentiality and anonymity have been handled.

#### **What will be the outcome of the research?**

A draft report will be written on the basis of the research process, and feedback on the report from process participants will be included in the final report. It is hoped that the final report will form the basis for a number of published articles and will contribute to a doctoral thesis.

Finally the research will also revise the research method itself so others can use it.

#### **Research contact details**

Researcher details:

Rob Brown  
68 York Road  
Montpelier  
Bristol

BS6 5QF  
Email: [robert12.brown@uwe.ac.uk](mailto:robert12.brown@uwe.ac.uk),  
Tel; 07767 400 335

### Surgery contact details

[contact name and address of surgery]

### Concerns and complaints procedure

If you have any issues or concerns or complaints about the research, please contact Rob Brown in the first instance. In the unlikely event that you have any issues with the research that you are unable to resolve with the research team, please contact Professor David Evans [David9.Evans@uwe.ac.uk](mailto:David9.Evans@uwe.ac.uk) to report any issues of concern.



University of the West of England, Bristol

Consent form for participating in a research project investigating ways of improving trust and co-operation between patients and staff at [sponsoring surgery].

**Research lead:** Mr Rob Brown, School of Health and Life Sciences, University of the West of England.

I have received written information on the proposed research into the means for improving trust and co-operation between patients and staff at the [Sponsoring Surgery]	<b>YES / NO</b> (please circle)
I understand that my participation in the evaluation is voluntary and that I may choose to withdraw at any time.	<b>YES / NO</b> (please circle)
I understand that all other participants must be treated with respect and courtesy, and that I must not divulge or attribute statements made in the course of discussions outside of these sessions.	<b>YES / NO</b> (please circle)
I understand that each workshop session will be audio recorded, and that anonymised information will be collated to product a draft and then final report and may be published in a national journal and other places.	<b>YES / NO</b> (please circle)
I also understand that each workshop session will be video recorded in order to confirm the identity of speakers and capture non-verbal	<b>YES / NO</b> (please

communication, and that this evidence may also be anonymised and published.	circle)
I would like to receive a draft of the final report to allow me to check that information cannot be attributed to me in a way with which I am not happy	<b>YES / NO</b> (please circle)

I agree to participate in the research study **YES / NO** (please circle)

I agree to being audio-recorded **YES / NO** (please circle)

I agree to being video recorded **YES / NO** (please circle)

Name (please print) .....

Signature ..... Date .....



Appendix 6. GP surgery case study patient survey questionnaire

## Introduction

### **Purpose of survey**

Thank you for agreeing to participate in this research project looking at ways of improving the cooperation and trust between patients and staff of the [Sponsoring Surgery]. The research involves patient and staff representatives working together to identify practical opportunities for improving patient/staff collaboration. The issues identified could take many forms, including for example changes to the way things are done or how information is shared.

### **How to complete the questionnaire**

To start the research we are asking all participants to complete this brief questionnaire. It is designed to assess your views on the current relationship between staff and patients - both how it works in practice and then in respect of some specific issues relevant to trust. It should about 30 - 40 minutes to complete and will be conducted twice, firstly at the start of the research process and then again at the end. All questions ask for a score to enable comparison, *but the most important thing we are looking for are your comments on the reason for the score in questions 4 - 15.*

### **Anonymity**

The assessments and comments you provide will be anonymized and collected together with those of other patients for an initial discussion before being shared with the staff group. However, you should be aware that whilst comments will be unattributed in all documents, it is the nature of the process that strongly held views are likely to provoke discussion, and in a small group it may be possible for others to guess the source of comments.

### **Questions**

If you have any questions about the survey process then please contact [contact name ], or if you wish to discuss any of the questions either before or after completion of the form then please email Rob Brown the researcher responsible for facilitating the research process (robnpbrown@gmail.com) and he will arrange to talk through your questions and comments.

## 1. Contact details and general Questions

### 1. Please provide the following contact information

Name

Email Address

Phone Number

\* 2. On a scale of 1 – 7 (where 1 means complete distrust, and 7 represents absolute trust) normally speaking to what extent would you say that that most people can be trusted most of the time?

1 Complete distrust      2      3      4      5      6      7 Absolute trust

\* 3. On a scale of 1 – 7 (where 1 means complete distrust, and 7 represents absolute trust) normally speaking to what extent do you think people can trust the institutions of the state and the people that work for them?

1 Complete distrust      2      3      4      5      6      7 Absolute trust

## Opportunities for better cooperation and trust

\* 4. On a scale of 1 – 7 (where 1 means a complete lack of co-operation and 7 represents excellent co-operation) how good would you say is the spirit of co-operation between the staff and patients of the [SponsoringSurgery?]

1 Poor cooperation    2    3    4    5    6    7 Excellent cooperation

4 (a) Are there any specific aspects of the service where you feel the co-operation of patients and staff could be improved, or good practice that could be applied more generally?

\* 5. On a scale of 1 – 7 (where 1 means complete distrust, and 7 represents absolute trust) to what extent would you say you trusted the staff of the [SponsoringSurgery?] to do the 'right thing'?

1 complete trust    2    3    4    5    6    7 Absolute trust

5 (a) Are there any specific aspects of the service where you feel patients' trust in staff could be improved, or good practice that could be applied more generally?

\* 6. On a scale of 1 – 7 (where 1 means complete distrust, and 7 represents absolute trust) to what extent would you say that you were trusted by the staff of the [SponsoringSurgery?] to do the 'right thing'?

1 Complete  
distrust

2

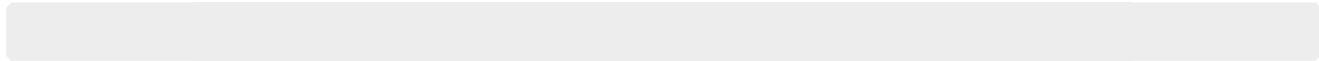
3

4

5

6

7 Absolute  
trust



6 (a) Are there any specific aspects of the service where you feel the trust of staff in patients could be improved, or good practice that could be applied more generally?



## Relational questions

\* 7. On a scale of 1 – 7 (where 1 means complete dissatisfaction, and 7 represents absolute satisfaction) to what extent do you feel valued by the service?

1 Complete dissatisfaction      2      3      4      5      6      7 Absolute satisfaction

7 (a) Please briefly list any positives or concerns you think are relevant to this question.

\* 8. On a scale of 1 – 7 (where 1 means complete dissatisfaction, and 7 represents absolute satisfaction) to what extent do you think this service does everything it can to be fair in the way it treats you and others?

1 Complete dissatisfaction      2      3      4      5      6      7 Absolute satisfaction

8 (a) Please briefly list any positives or concerns you think are relevant to this question.

\* 9. On a scale of 1 – 7 (where 1 means complete dissatisfaction, and 7 represents absolute satisfaction) to what extent do you feel you have a voice in the nature of the service you receive?

1 Complete dissatisfaction      2      3      4      5      6      7 Absolute satisfaction

9 (a) Please briefly list any positives or concerns you think are relevant to this question.

\* 10. On a scale of 1 – 7 (where 1 means complete dissatisfaction, and 7 represents absolute satisfaction) to what extent do you feel that there is someone within the surgery to whom you can turn to 'get things done'?

1 Complete dissatisfaction

2

3

4

5

6

7 Absolute satisfaction

10 (a) Please briefly list any positives or concerns you think are relevant to this question.

\* 11. On a scale of 1 – 7 (where 1 means complete dissatisfaction, and 7 represents absolute satisfaction) to what extent do you feel that this service fully understands your individual needs?

1 Complete dissatisfaction

2

3

4

5

6

7 Absolute satisfaction

11 (a) Please briefly list any positives or concerns you think are relevant to this question.

\* 12. On a scale of 1 – 7 (where 1 means complete dissatisfaction, and 7 represents absolute satisfaction) to what extent do you feel fully informed about the service you receive from the surgery?

1 Complete dissatisfaction

2

3

4

5

6

7 Absolute satisfaction

12 (a) Please briefly list any positives or concerns you think are relevant to this question.

\* 13. On a scale of 1 – 7 (where 1 means complete dissatisfaction, and 7 represents absolute satisfaction) to what extent would you say you are happy with the way the service is delivered?

1 Complete dissatisfaction      2      3      4      5      6

13 (a) Please briefly list any positives or concerns you think are relevant to this question.

\* 14. On a scale of 1 – 7 (where 1 means complete dissatisfaction, and 7 represents absolute satisfaction) to what extent do you think the service would 'put things right' if there had been a mistake?

1 Complete dissatisfaction      2      3      4      5      6

14 (a) Please briefly list any positives or concerns you think are relevant to this question.

\* 15. What are the most important practical changes you would personally make to improve staff/patient trust and cooperation?



## Appendix 7. Draft article submitted to Public Policy and Administration

Article redacted for copyright reasons.