



Peartree Medical Centre: Annual Complaints Report

February 2018

1. Purpose of this report

- To set out the number and nature of complaints made to the Practice Manager during the year to 31 January 2018.
- To inform the Practice Team and the Patient Reference Groups.
- To determine any learning outcomes.

2. Background

This is the sixth formal annual report prepared by the Practice on complaints made directly to the Practice Manager. This covers any written complaints; complaints made over the internet, by telephone or in person in the surgery.

The Practice has a formal complaints procedure which is available from display units in the surgery waiting room or on the website. The Practice Leaflet also explains the Complaints Procedure. All Reception staff receive formal training in the handling of complaints as part of wider annual Reception staff training. From this training, staff are encouraged to (“LESS”):-

Listen
Empathise
Summarise
Solve

If they are unable to complete all four steps, the complainant will be routinely referred to the Practice Manager.

All complaints are recorded in the Register by the Practice Manager as they occur. During 2017-18, the complaints register has been reviewed in the monthly Clinical Meetings held in January 2017 and September 2017. It will be considered again in February 2018. At the same time, the latest Significant Events and Friends and Family Test (FFT) data are presented so that they can be considered for any similar themes or areas of overlap.

If as a result of the Clinical Meeting discussion, there are learning outcomes for administrative staff, the Practice Manager & Senior Receptionist will raise these in the subsequent monthly Reception meeting.

During 2017-18, the Practice has continued to promote the Friends and Family Test (FFT). This is important complementary data for this report and is considered further below.

In September 2016, the Practice was formally inspected by the Care Quality Commission. The surgery was graded as 'outstanding' for its overall care and processes. No specific recommendations or concerns were raised around the processing of complaints and patient feedback.

During 2017, the results of the National Patient Survey were published. 79 Peartree patients or 1.65% of our total patient population responded to the survey. The national team sent out over 300 forms and the response rate was 21%. We were particularly pleased to see some high scores on appointment waiting times, care by GPs and nurses and 85% of the respondents stating that their overall impression of the surgery was Good.

By the nature of the services that are delivered by the Practice, some of the complaints relate to confidential patient sensitive issues and therefore, the report anonymises these accordingly.

Feedback from patients at the main Patient Group meeting and the Ladies Only Group has also been utilised to validate the findings. During the year, the following formal meetings have been held:-

March 2017

July 2017 (Ladies only)

October 2017

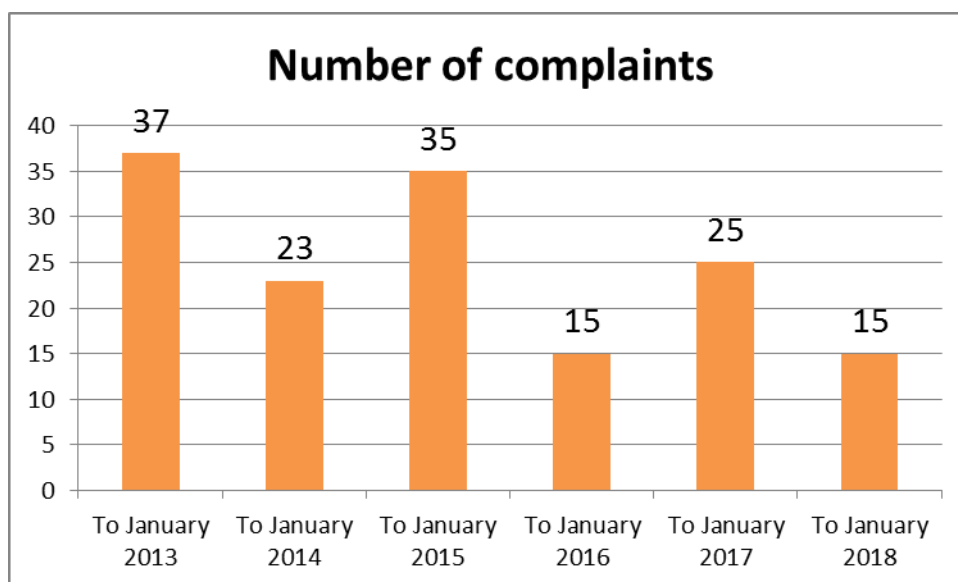
During the year, patients have also been actively encouraged to provide feedback via NHS Choices.

Literacy and language skills can be a barrier to effective communication. The Practice is the only surgery in Derby with its own interpreter. Innovative triage training took place in December 2017 for staff and this included some thought provoking sessions on communication barriers.

The main findings from this report will be considered at the main Patient Group meeting and the Ladies Group set for March 2018.

3. Number of Complaints

The number of individual complaints recorded by the Practice Manager in the year to 31 January 2018 (with comparative data) is as follows:-

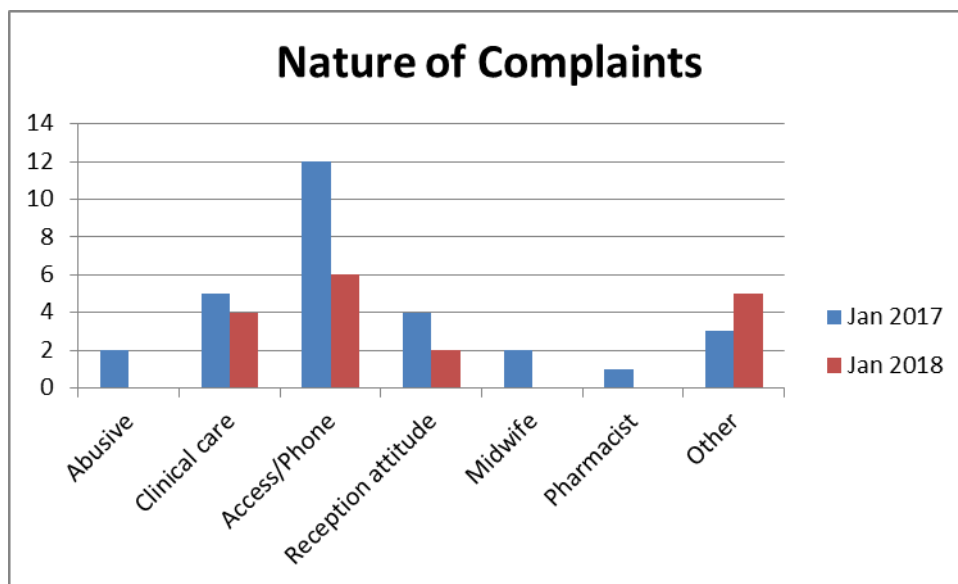


In an average week, it is estimated that there are approximately 660 direct patient contacts with clinicians in the surgery (face to face & telephone) as well as an indeterminate number of contacts with administrative staff at the Reception counter or over the phone.

For a year, therefore, there would be conservatively 34,320 individual patient contacts. Complaints made to the Practice Manager, therefore, represent 0.04% of total contacts.

Nature of Complaints

The nature of complaints fielded by the Practice Manager compared to the previous year are as follows:-



Note: Complaints can sometimes include a number of inter-related concerns. The multiple nature of each complaint is reflected above and will not add back to the 15 complaints recorded above.

Abusive

Regrettably patient behaviour towards Peartree staff can be unacceptable at times though generally this is rare. Patients have been deducted due to their behaviour in the last twelve months but unlike the previous year, this did not lead to subsequent complaints about their deduction.

The Practice will continue to operate a 'zero tolerance' approach where staff are abused or feel threatened.

Clinical care/attitude

There were four separate instances during the year. These are summarised and anonymised below.

Issue	Outcome
Parent complaint about treatment of child by locum GP.	Reassurance given by GP Partner. Learning shared with locum GP for future reference.
Complaint to the Care Co-ordinator about lack of additional patient support & referral	GP Partner independently reviewed care & supported the Care Co-ordinator actions. Explanation given to patient. Communication issue predominantly.
Patient allegations of lack of care by both GP Partners & locum GP	Patient elected to register elsewhere. Review identified unrealistic care expectations from the NHS.
Patient allegations of lack of attentive care by multiple clinicians at Peartree and the hub	Patient elected to register elsewhere. Review identified unrealistic care expectations from the NHS.

GP Access & Telephone system:

As in all previous years, the linked issue of GP access and the telephone system show the highest level of actual complaints but these are significantly lower than any previous year.

Two complaints specifically relate to days when the surgery was faced with unplanned absences of clinical staff. There was not sufficient time to employ locums and it proved difficult to meet all patient expectations particularly on telephone call backs. These had to be prioritised but led to two formal email complaints when our normal service was not provided. This happened on two days only during the twelve months and is difficult to foresee and plan for.

Two complaints related to concerns that the queuing system was not working properly on the telephone call attender. These are routinely referred to the telephone company for investigation. Generally speaking the phone system works well but it can develop 'glitches'. Surgery staff have no control over how it operates.

One complaint related to how the appointment system was not meeting the needs of the father of a young baby. A full discussion took place on how best to use our services including sharing the generic advice that we

publish on this. Reassurance was provided and the parent had a better understanding of how to interact with the surgery for the future.

The final complaint related to a commonly expressed view that there are not sufficient appointments available.

Derbyshire Carers provided on site carers assessments to identify ways to improve the health and well being of particularly vulnerable patients in 2017. These were scheduled at the rate of around six patients per month from September 2016 but in the latter part of 2017 have ceased due to changes in council funding. This has reduced our ability to engage health and social support for particularly vulnerable & elderly patients but we are hopeful of filling this void in 2018 with the new nominated partner. In the short term, this may adversely affect overall access

From 6 February 2017, the Practice engaged the services of a Clinical Pharmacist for two half days per week. The postholder will be seeing more patients directly once his qualifications are completed in March 2018. This should reduce the burden on GPs.

Management of 'Did Not Attends' continues to be handled robustly but showed a marginal increase in 2017. Wastage is still significantly lower than previous historical levels.

However, GP access based on patient expectations continues to be a significant issue and is considered further below.

Reception attitude

There can be a direct link between complaints about Reception attitude and an inability by the team to meet the expectations of the patient. It can be an area of great subjectivity too.

However, there was one instance during the year where a complaint was investigated and a letter of apology issued to the patient. It was found that staff failed to pass messages onto the Practice Manager irritating an already complex issue.

Annual Reception training continues to be held to reaffirm and refresh key messages and skills for the team.

Overall complaints about the Reception service continue to be relatively low which is mirrored by the FFT data.

Other

These were briefly as follows:-

Complaint about how the Electronic Prescription service was working. Patient wanted to collect some scripts and have the others sent electronically to her nominated pharmacist. A technical solution was identified to meet her specific needs.
Allegation made by patient that interpreter had divulged her pregnancy to family members in a previous discussion. This was not the case & the patient was offered the chance to be reassured by the interpreter.
Two complaints related to the discretionary fee levels charged by the surgery for non-NHS services. The GP Partners reflected on the comments made but did not change the fee.
A standard post-natal template letter was despatched to the wrong patient as she shared the same name with the intended recipient. There was no breach of confidentiality but the recipient found the letter upsetting for personal reasons. A full apology was offered and Reception staff advised to take greater care.

4. Friends and Family Test (FFT)

The surgery aims to have a regular flow of FFT data from patients each and every month. Responses are elicited by sending out text messages and by asking the interpreter, clinicians and Reception Team to promote the FFT. The many community based events are used as a means of testing patient opinion (eg in 2017 the Diabetes during Ramadan event in the Spring of 2017 led to a number of handwritten responses).

During the year over 3,000 text messages have been sent to either specific patient cohorts or those patients actually using our services in that particular week.

FFT data for 2017 shows that 85.0% of patients are 'likely' or 'extremely likely' to recommend services. This is derived from 180 patients responding throughout the year either using the cards (61) or the online survey (119).

This satisfaction level is slightly lower than 2016 (88.7%) but it only needs a relatively low number of patients to vote differently to skew the data.

Without specific interventions by Practice staff like text messaging and active face to face engagement, there would not be this level of feedback.

Further detailed information is shown in the Appendix.

5. Significant Events related to complaints

None of the Significant Events recorded in this twelve month period led to patient complaints or were derived from patient complaints.

6. Primary Care Web Tool (PCWT)

This is a web based audit tool which positions the surgery against its peers on a number of clinical and non-clinical indicators. If the surgery is an outlier against its peers, the extent of the difference is graded as a Level 1; Level 2 or Level 3 trigger. Level 1 is the least amount of deviation and Level 3 is the most.

The Practice has four Level 1 satisfaction triggers for patient diagnosis and access from the responses made. This is no change from 2016.

The Practice will be looking to review the new RAIDR system in 2018 to identify any further learning.

7. NHS Choices

The latest status on the NHS Choices website records a rating of 3.5 stars out of a possible 5 star rating.

The Practice encourages patients to post feedback but we do find that technology barriers often prevent this (eg something as simple as the lack of an email address or basic IT understanding).

8. Generic Learning outcomes

The report above sets out a significant amount of evidence to support a thorough assessment of patient feedback and learning outcomes for the Practice. This is current and drawn from a broad based sample - particularly the FFT & Complaints data.

Learning outcomes have been considered and identified as follows:-

(i) Access

The Briefing Notes to the Patient Groups during 2017 and for Spring 2018 set out a number of initiatives to increase GP access. It is possible that these have contributed to a much lower level of complaints about access. Access continues to be the consistent 'thorn in the side' for both patients

and the surgery but patient feedback identified through this report might suggest it is waning.

Management of DNAs and the addition of skilled staff to support the GP team can only benefit the surgery and patients alike. The surgery is committed to maximising the benefits from these initiatives.

Engagement with the successor to Derbyshire Carers is planned to provide individual support to our elderly and vulnerable patients. Without it there is an increased risk of poor patient outcomes & increased access demand.

The Practice fully understands the access conundrum and will continue to monitor this with its patient groups looking at all the various inter-related issues. There is no simple 'off the shelf' answer but the Extended Hours hub at Peartree Medical Centre has helped significantly. Over 800 of our patients (nearly 1 in 5) have used the service since May 2017.

The hub has become something of a 'cuckoo in the nest' and has needed careful management to ensure that it does not disrupt our mainstream services. The Peartree GP Partners remain committed to hosting the hub but we are particularly wary of the 'cuckoo' effect. The risks to the future operation of the hub at Peartree will include removal of future government funding or our ability to manage its impact within the surgery.

(ii) Patient engagement

The Practice is firmly committed to a programme of patient engagement which will drive the development of services. It will continue to press on with capturing patient views regularly through the various sources identified in this document.

(iii) Text messaging strategy

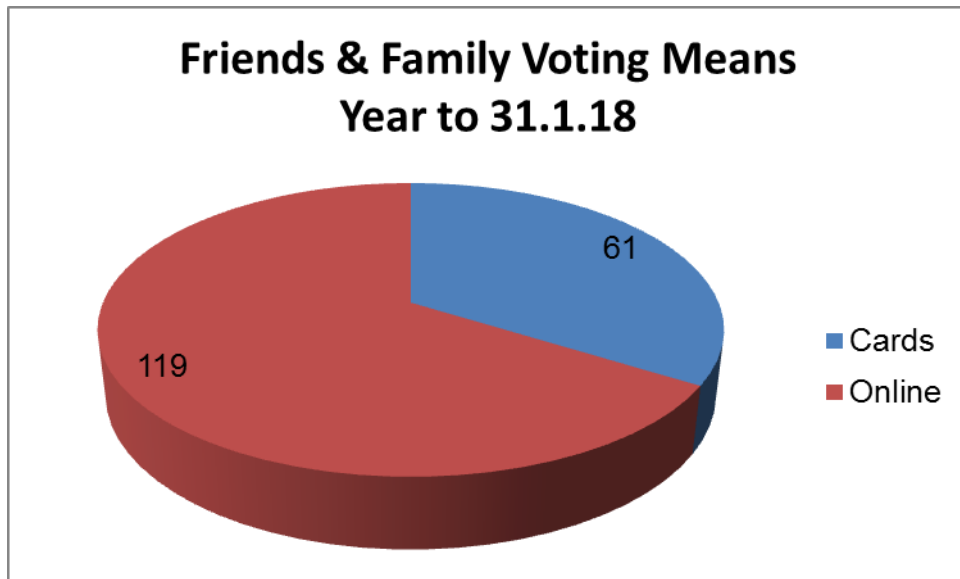
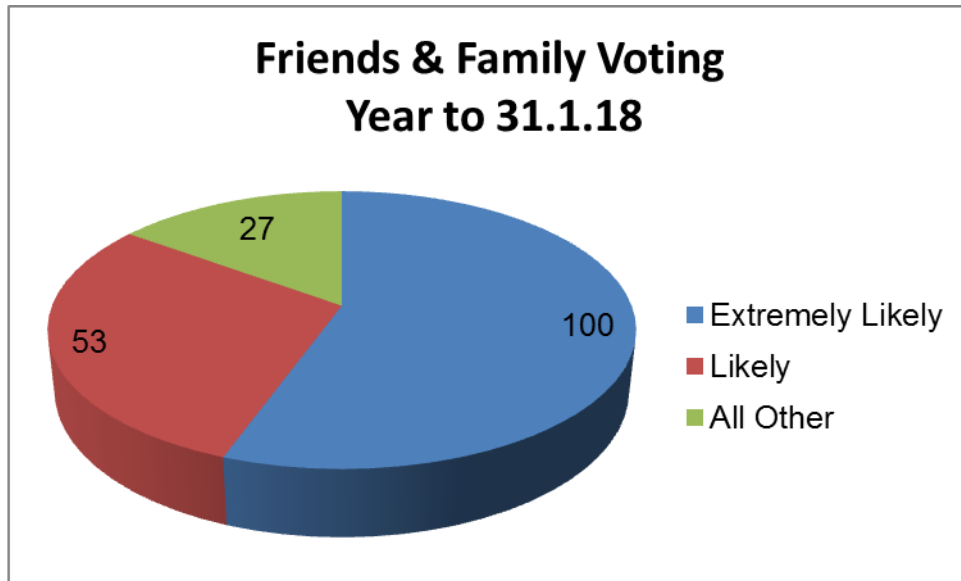
Evaluation of the responses to Question 2 of the FFT has identified a number of issues. National and local priorities have also been identified. From this it has been decided to develop a planned information strategy via SMS for patients which will cover the following key areas:-

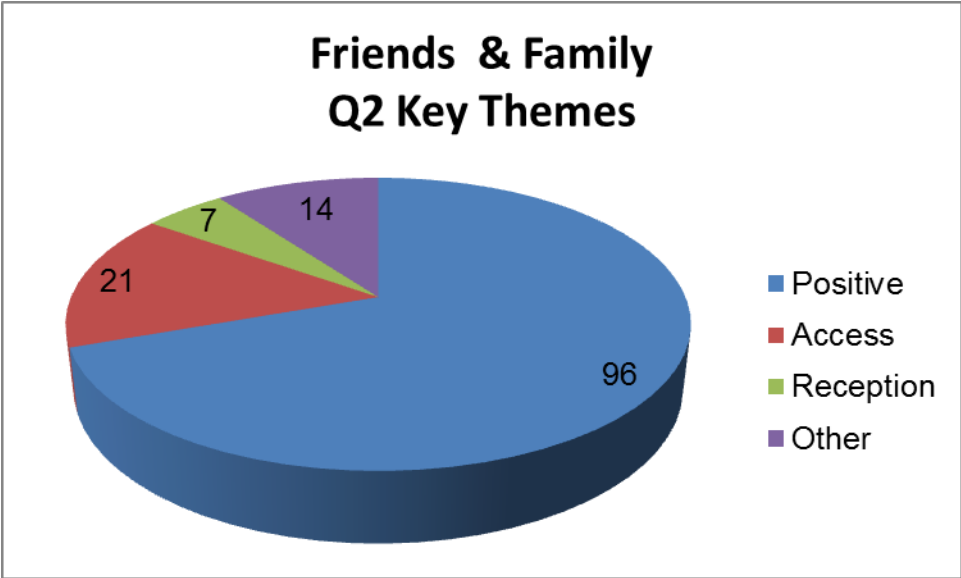
- Online Services
- Pharmacy First
- Role of the Care Co-ordinator
- Role of the Clinical Pharmacist
- Electronic Prescription Service

The Patient Groups will be asked if there are further areas that we should cover at the meetings in March.

Mike Newbold, Practice Manager

February 2018





Note: Not all respondents complete Q2.