



Peartree Medical Centre: Annual Complaints Report

February 2019

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 2019.
- To inform the Practice Team and the Patient Reference Groups.
- To determine any learning outcomes.

2. Background

This is the seventh 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 Patient Information Point in the porch or on the website. The Practice Leaflet also explains the Complaints Procedure.

As at January 31 2019, all staff had completed the Complaints module on Blue Stream training (BST) with no staff outstanding in accordance with the agreed documented frequency for this module. Staff also complete other customer care related modules to complement this module.

All complaints are recorded in the Register by the Practice Manager as they occur. During 2018-19, the complaints register has been reviewed in the monthly Clinical Meetings held in May & October 2018. It will be considered again in February 2019. 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 Reception meetings.

In the autumn of 2018, the surgery finished as a runner up in the National Healthwatch award celebrating the NHS at 70 years of age. This award particularly focused on patient engagement and patient feedback. Nomination and other paperwork is valuable contextual information for this report.

No CQC inspection has taken place since September 2016 when the grading was 'outstanding'. This report did not identify any concerns around the handling of complaints.

During 2018, the results of the National Patient Survey were published. 83 Peartree patients or 1.67% of our total patient population responded to the survey. The national team sent out 421 forms and the response rate was 20%. We were particularly pleased to see some high scores on appointment waiting times, care by GPs and nurses and 74% 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:-

Ladies Group March 6 2018
Main Group March 22 2018
Main Group September 27 2018
Ladies Group December 11 2018

During 2018-19, 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.

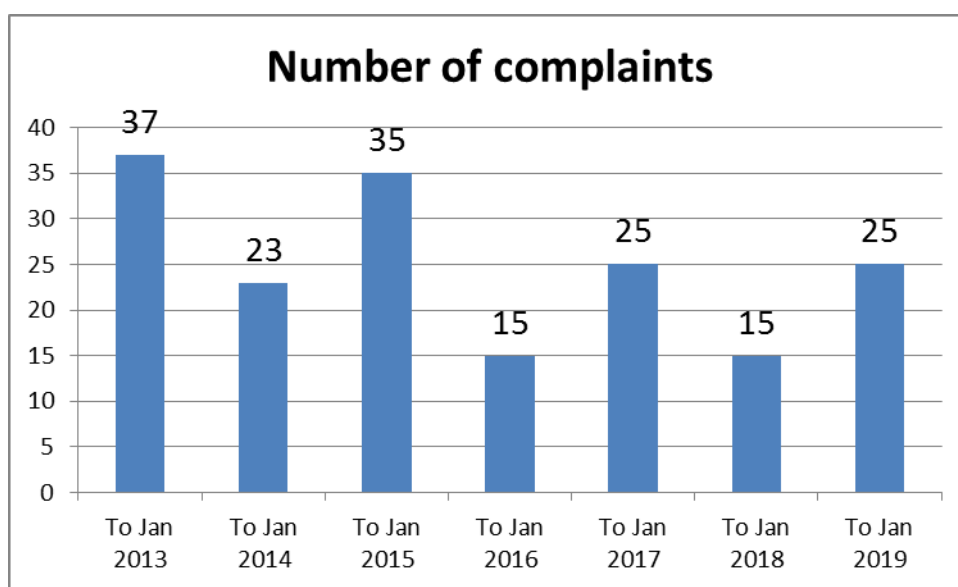
It remains somewhat difficult to solicit patient feedback through the NHS Choices website due to language & literacy barriers and also due to lack of technology. The FFT has proved to be an appropriate means of garnering patient feedback in a short, concise & understandable way from our community. We will continue to promote this as the best way to test our services.

The Practice is the only surgery in Derby with its own interpreter. The Practice interpreter has become a trusted figure within our patient community and is often used to promote engagement events or to solicit feedback from patients whose voice might otherwise not be heard.

The main findings from this report will be considered at the main Patient Group meeting scheduled for March 2019 and at the next Ladies Group which follows.

3. Number of Complaints

The number of individual complaints recorded by the Practice Manager in the year to 31 January 2019 (with comparative data) is as follows:-

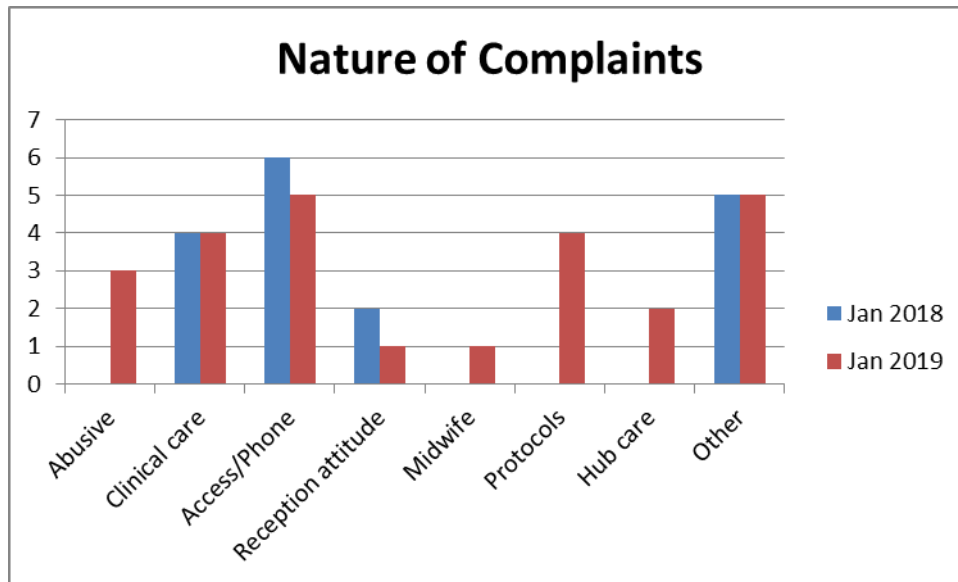


In an average week, it is estimated that there are approximately 660 direct patient contacts with clinicians in the surgery (face to face & telephone) as well as an indeterminate number of contacts with administrative staff at the Reception counter or over the phone.

For a year, therefore, there would be conservatively 34,320 individual patient contacts. Complaints made to the Practice Manager, therefore, represent 0.07% 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 may not add back to the annual total.

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 and there were three occasions where patients followed up with a complaint. They were not reinstated on the patient list.

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
Alleged clinician rude, arrogant & uncaring	Full discussion took place with patient & clinician. Learning shared.
Patient stated clinician only dealt with one of four issues that they had.	Full discussion took place with patient & clinician. Protocol with regards to one issue per appointment advised.
Patient's family very anxious for patient to be seen. Alleged housebound.	GP visited to reassure family though original stance with regard to no home visit was satisfactory. Advice given on future care.
Patient alarmed by prospect of minor surgery & consent withheld. Referred to A&E but some miscommunication subsequently before procedure undertaken at Peartree 48 hours later.	Patient delayed treatment by withholding consent but some subsequent miscommunication caused further angst.

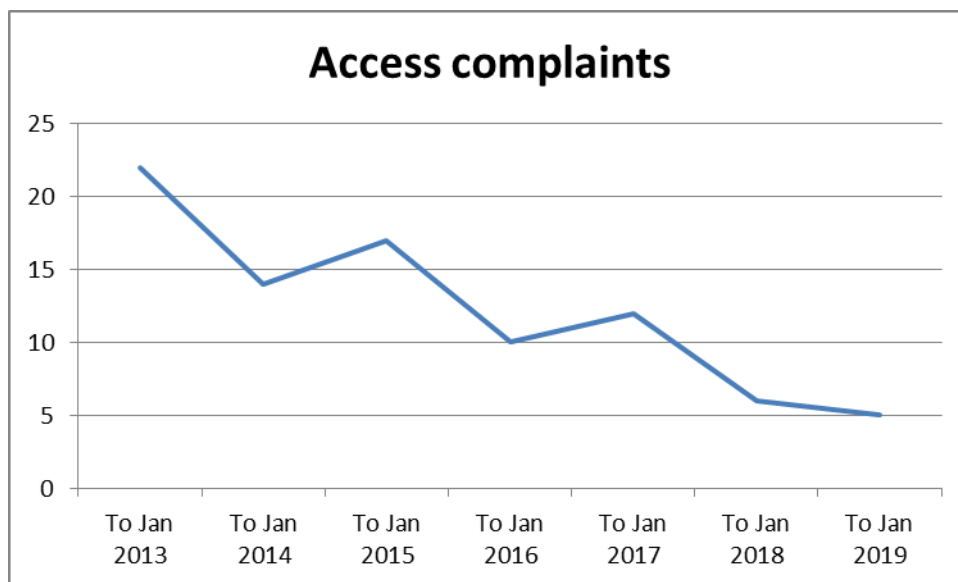
There were two further complaints where patients complained about care that they received at the Peartree hub and this was passed on expediently to hub management. Similarly midwife care received one complaint which was passed onto the relevant manager. Whilst these were not directly related to Peartree staff, they were recorded in case there was an opportunity for any additional learning.

GP Access & Telephone system:

Previous annual reports have referred to the prevalence of patient dissatisfaction with GP access and the telephone system at times. Our close liaison with Derby Health watch suggests that this is commonplace across the City.

The November 2018 Access Audit, shared with staff and patients, outlined the various initiatives which are designed to reduce and address access concerns through our holistic approach.

The data from these Annual Complaints reports over the years suggests some progress in this objective as follows:-



It would be naïve to believe that a panacea has been found to address an area of continuing concern from patients bearing in mind that these are the formal complaints only rather than the day to day grumbles that we hear. However, it does encourage Practice staff to continue to push ahead with those objectives set out in the Access Audit to try to perpetuate this trend line.

The findings in the Access Audit are not reproduced here but represent important contextual information for this report..

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.

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.

Protocols

To ensure a safe, proportionate and fair service delivery to all patients, the Practice staff follow established protocols in the delivery of care. Sometimes patients object to this stance and the following were recorded in 2018:-

Patient indicated that he would only see GPs in future for his care and would not see nurses for routine monitoring or other care within their usual competencies.
Mother demanded that child be given a different flu vaccination than that specified by the Department of Health for religious reasons.
Family of patient objected to concerns expressed by Peartree GPs about the continuing care of their family member who was suffering severe dementia. Concerns covered adequate care for the patient and the disproportionate impact on the surgery.
Patient attended Walk In Centre and was told to contact surgery to arrange pathology. Wanted a face to face appointment with GP to arrange this though this was inappropriate.

In all cases, the Practice robustly defended its stance despite the complaints. Two of the patients are no longer registered with the surgery and two have received advice on future expectations.

Other

These were briefly as follows:-

Incorrect Reception message for new cross City hub led to patient attending incorrect venue
Reception omitted to record request for GP call back
Patient had access to online record and expressing concerns about personal data access
Receptionist felt intimidated by patient and patient subsequently complained about his treatment by the same receptionist
Confusion from choose and book process for physiotherapy referral

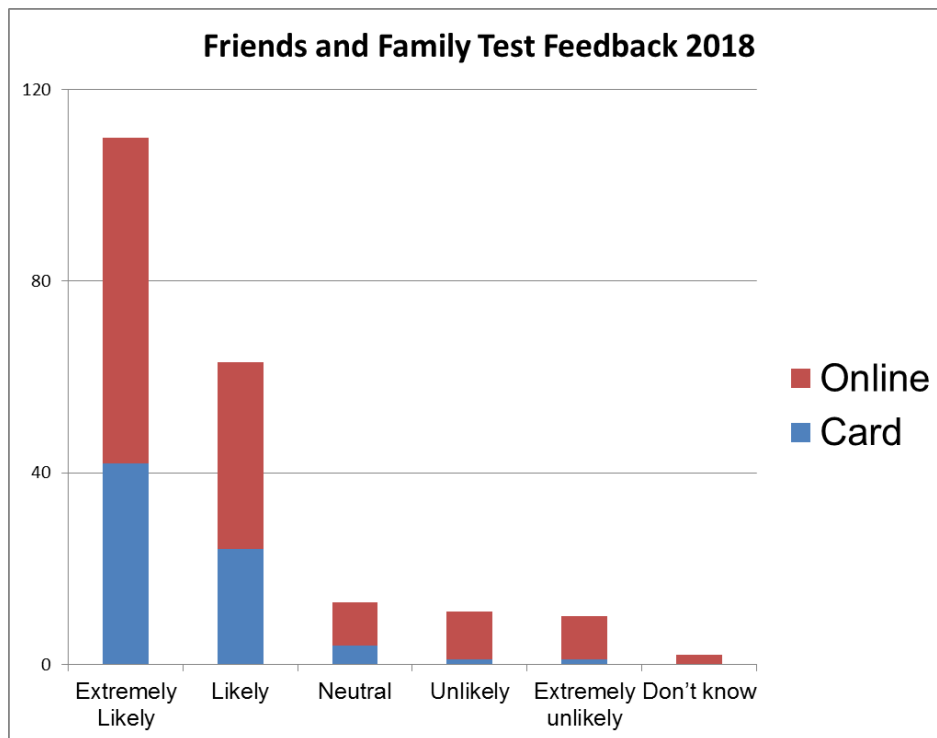
4. Friends and Family Test (FFT)

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 2018 the Diabetes during Ramadan event in the

Spring of 2018 led to a number of handwritten responses plus flu clinics are also used as a good source of feedback.

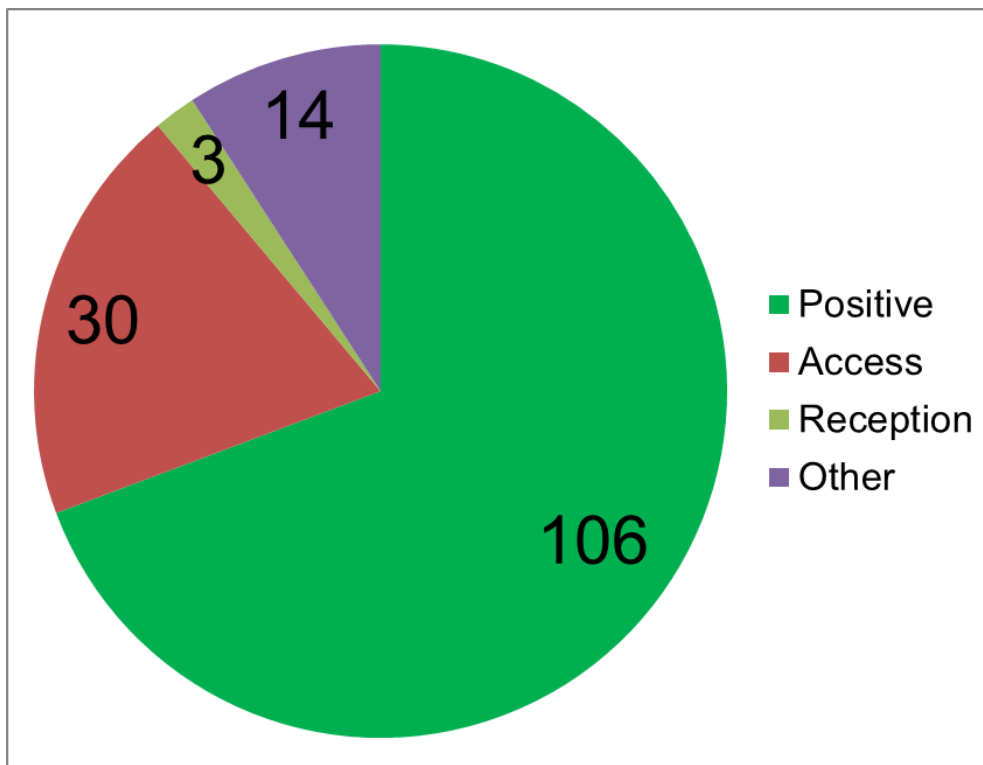
During 2018, nearly 6,000 text messages have been sent to either specific patient cohorts or those patients actually using our services in that particular week.

The results for 2018 were as follows:-



FFT data for 2018 shows that 83.0% of patients are 'likely' or 'extremely likely' to recommend services. This satisfaction level is slightly lower than 2017 but it only needs a relatively low number of patients to vote differently to skew the data.

The themes identified in Question 2 of the FFT feedback identify the following:-



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

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. NHS Choices

The latest status on the NHS Choices website records a rating of 3 stars out of a possible 5 star rating. This is based on six responses.

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).

7. 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

Traditionally this is the area of the highest numbers of patient concern.

This report endorses the various actions discussed and formulated as part of the November 2018 Access Audit.

(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.

The Practice will continue its Text Messaging Strategy commenced in 2018 to steadily ‘drip by drip’ feed important information to its patient population.

(iv) Complacency and consistency

The most important aspect from this report is that whilst there have been negative and critical comments that overall the self-assessed conclusion is that services are generally of a high quality. The surgery and its staff must guard against complacency and achieve consistently high standards in the future.

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 2019