



Peartree Medical Centre: Annual Complaints Report

February 2013

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 2013.
- To inform the Practice Team and the Patient Reference Group.
- To determine any new learning outcomes.

2. Background

This is the first 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 staff receive formal training in the handling of complaints and as part of wider Customer Care training.

Discussions with the Patient Reference Group in February 2013 led to a formal action to prepare this report to determine any new learning outcomes to inform the work of the Group.

All complaints are recorded in the Register by the Practice Manager as they occur. Every six months – or more frequently if the issue were to warrant it – a summary of all the complaints are presented to the monthly Clinical Meeting for discussion and action by all Clinical Staff. If as a result of this discussion, there are learning outcomes for administrative staff, the Practice Manager will raise these in the subsequent monthly Reception meeting.

The Practice has recently self assessed its processes for the purpose of registration with the Care Quality Commission and has declared itself compliant with those outcomes directly or indirectly related to complaints and patient feedback.

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.

The appointment system was changed in August 2012. It therefore makes sense to look at the six months either side of this event for this first formal report.

3. Number of Complaints

The number of individual complaints recorded by the Practice Manager in the year to 31 January 2013 is as follows:-

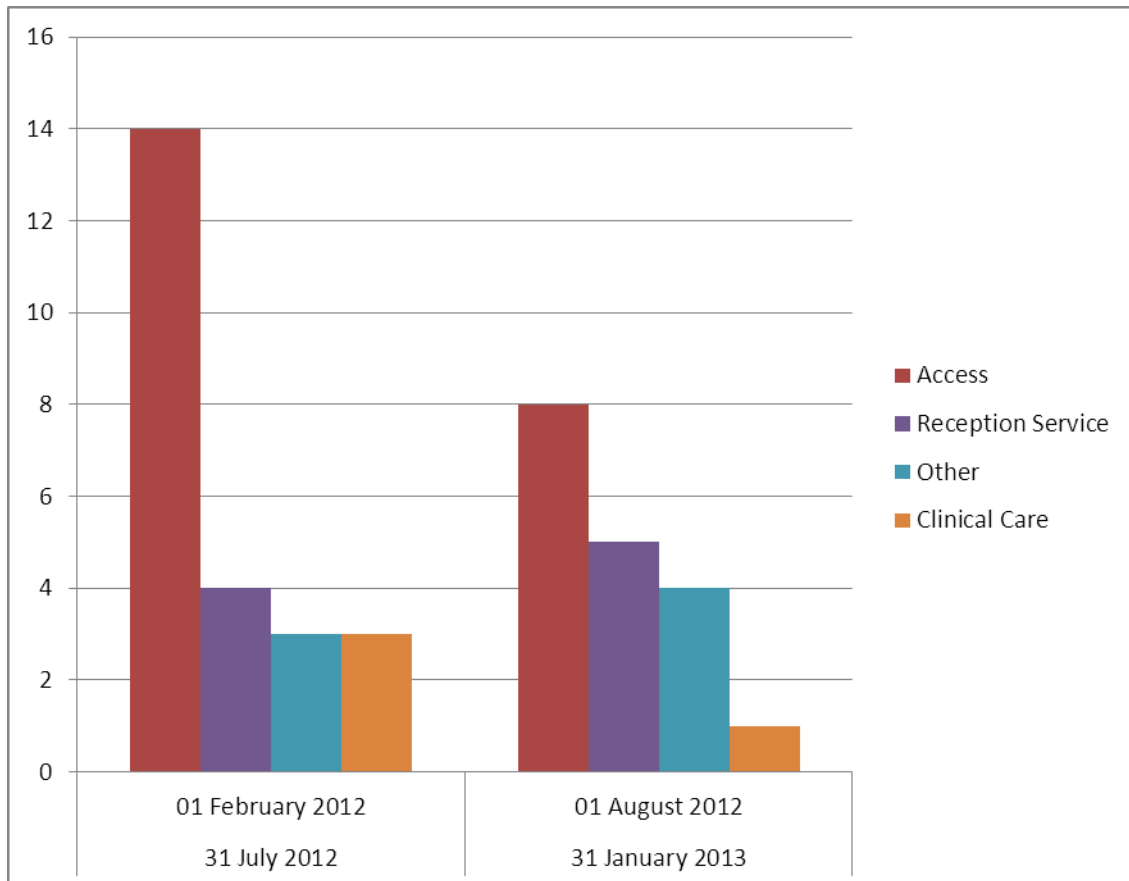
From	To	Total
01 February 2012	31 July 2012	19
01 August 2012	31 January 2013	<u>18</u>
Annual total		<u>37</u>

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 six month period, therefore, there would be conservatively 17,160 individual patient contacts. Complaints made to the Practice Manager in a six month period, therefore, represent 0.1% of total contacts.

4. Nature of Complaints

Complaints can relate to a single specific issue but more frequently, a complainant may raise a number of inter-related issues. Where this is the case, the multiple nature of these complaints are included in the data below.



The four categories shown are as follows:-

Access: complaints about telephone access or access to GPs.

Reception service These relate mainly to the way that patients perceive that they were spoken to by Reception staff either in person or on the telephone.

Other: these small number of complaints are varied and include management response, procedure for late arrival, medical report production, telephone triage arrangements & dangerous patient driving when leaving the surgery car park.

Clinical care: Self-explanatory.

5. Learning outcomes

Access to GPs & telephone access

Practice staff and members of the Patient Reference Group will not be surprised to read that during the twelve month period, complaints about access represent the most numerous complaints. This replicates the broad outcomes of the 2011 and 2012 Patient Surveys.

There is little doubt that appropriate access to medical services remains a challenge for both the Practice and its patient community through education, communication and the best use of scarce resources.

It is encouraging that after the appointment system was changed in August 2012 that complaints about access have reduced in the following six months. This is a trend that the Practice would like to build on through the 2013 Action Plan.

A new telephone system is currently ranked for funding based on a prioritisation exercise agreed with the Patient Reference Group.

Reception service

The experience of the last twelve months points to complaints about the Reception service being linked to other issues, most notably access. If a patient does not receive the 'right' answer to the access request, it appears that it is a short step to criticise the Receptionist and her attitude.

Customer Care training was provided to the Reception Team as part of the 2012 Action Plan and this will be further developed in 2013. The Reception Team remain the first point of contact with patients and "getting it right" at the outset remains paramount.

Other

These are specific in nature and there are not felt to be learning outcomes that can be applied in many other circumstances.

Clinical care

Where clinical lessons can be learned, these have been shared with the Clinical Team.

Mike Newbold, Practice Manager

February 2013