



Peartree Medical Centre: Annual Complaints Report

February 2015

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 2015.
- To inform the Practice Team and the Patient Reference Group.
- To determine any learning outcomes.

2. Background

This is the third 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 and as part of wider annual Customer Care 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 referred to the Practice Manager.

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. At the same time, the latest Significant Events, if any, are also presented so that they can be considered for any similar themes or areas of overlap.

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 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.

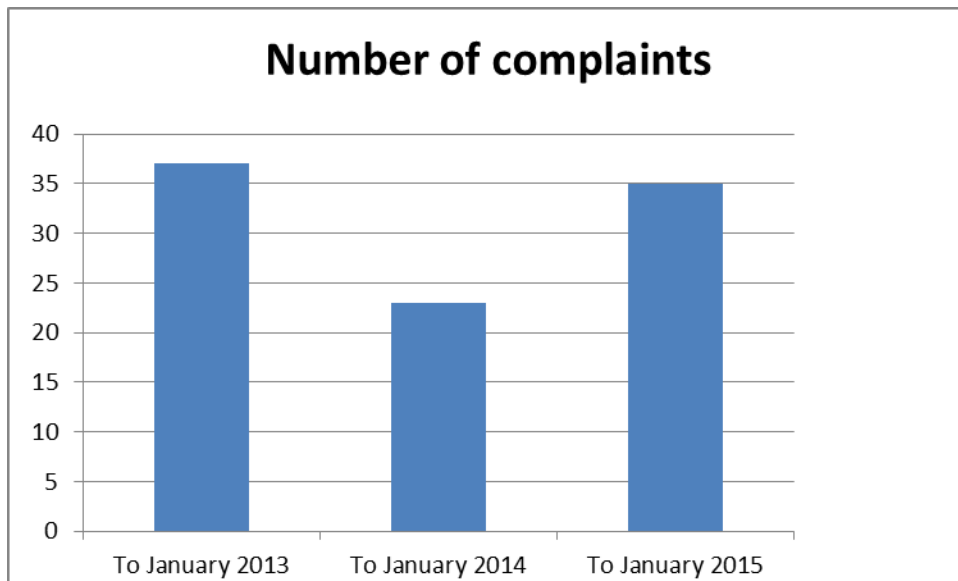
By the nature of the services that are delivered by the Practice, some of the complaints relate to confidential patient sensitive issues and therefore, the report anonymises these accordingly.

The telephone system was upgraded in February 2014 to include voicemail facilities, phone queuing and patient education messages. This has clearly impacted on the nature and number of complaints and this is considered further below.

In drafting this report, patient feedback by other routes such as previous patient surveys and the latest Friends and Family Test data has also been taken into account. Feedback from patients at the main Patient Group meeting and the Ladies Only Group has also been utilised to validate the findings. During 2014, patients have also been actively encouraged to provide feedback via NHS Choices.

3. Number of Complaints

The number of individual complaints recorded by the Practice Manager in the year to 31 January 2015 (with comparative data) is as follows:-



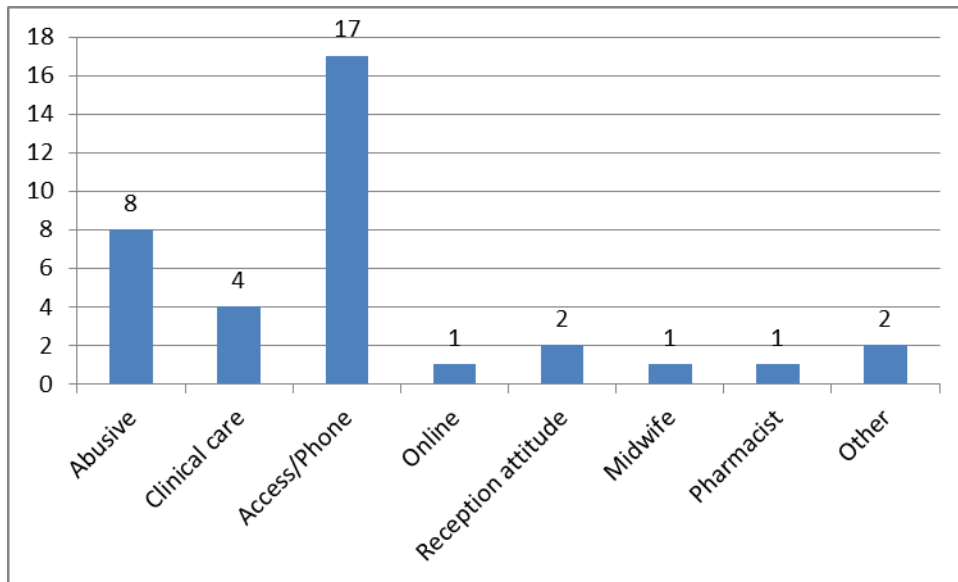
In an average week, it is estimated that there are approximately 660 direct patient contacts with clinicians in the surgery (face to face & telephone) as well as an indeterminate number of contacts with administrative staff at the Reception counter or over the phone.

For a year, therefore, there would be conservatively 34,320 individual patient contacts. Complaints made to the Practice Manager, therefore, represent 0.10% of total contacts.

Whilst still relatively small, the level of complaints has, therefore, risen during the year and the reasons for this are considered below.

4. Nature of Complaints

The nature of complaints fielded by the Practice Manager are as follows:-



Further information on each category is give below.

Abusive

During the year, the Practice has continued its robust 'zero tolerance' policy towards abusive patients and has also, robustly applied its attendance policy where patients fail to attend ('DNAs') on repeated occasions. In this paticular year, both issues have more often than not been linked.

There have been four patients during the year who have been deducted for their behaviour and/or their level of DNAs. Their initial complaints and subsequent contacts with the Practice are recorded in this total of 8 complaints.

In one case, the patient took his complaint to NHS England who independently fully endorsed the actions taken by the Practice.

Clinical care/attitude

These complaints related to the nature of the care received at the Practice and also, the perceived GP attitude towards the patient. In three of the cases, the concerns were addressed by a formal letter and in the fourth, the Practice Manager explained the position verbally.

GP Access & Telephone system:

As in previous years, the linked issue of GP access and the telephone system show the highest level of complaints. This is corroborated by FFT data up to the end of January 2015 and accords with patient feedback via the two patient groups.

There have been some initial technical issues with the new phone system which have largely been ironed out. Some of the complaints in the year relate to this.

For some patients, being offered a menu of choices has not been easy to adapt to and complaints have resulted from this.

In other cases, patients have patiently waited in the queuing system to then be told that no face to face appointment is available. This has led to further complaints.

Online appointment access

A patient had difficulty booking an online appointment. Subsequently she completed the process successfully but she alleged that the system was faulty.

This is a national computer system and no other evidence that this functionality is faulty.

Reception attitude

There were two instances of patients complaining about Receptionist attitude. This is relatively very low given the level of day to day patient contact. Complaints via the Friends & Family Test about Receptionist attitude have also been encouragingly low.

Midwife

Specific complaint about midwife care reported to midwife manager. No learning outcomes for the practice.

Pharmacist

Specific patient complaint about role of the pharmacist referred to the practice by the pharmacist concerned. Systems and processes found to be

correct and no learning outcomes for the practice.

Other

One complaint related to erroneous information being given out about blood clinic opening times and fasting instructions. An apology was given to the patient and information changed promptly.

The other complaint related to support given by the Practice to a patient in their dealings with another agency. The member of staff was given advice on how to deal with this situation in the future if similar support is provided by the SignPost events.

5. Generic Learning outcomes

Using the headings from above, these are summarised as follows:-

Abusive

The Practice takes the view that there is no need to revisit its zero tolerance policy on abuse towards its staff despite the level of complaints.

Inconsiderate patients who regularly do not attend their appointments are also hurting the ability for other patients to be seen. It is also disrespectful to the clinicians to fail to attend on so many occasions.

The robust and consistent implementation of our attendance policy has seen a dramatic reduction in DNAs thereby increasing access for all. The Practice is satisfied that this policy should continue to be applied and if this leads to persistent (and abusive) offenders being deducted who then complain, then this is seen as a largely unavoidable consequence.

Clinical care/attitude

All four cases were considered separately and the Practice is satisfied that there are no generic learning outcomes.

GP Access & Telephone system

Regular dialogue is maintained with the telephony supplier and any technical issues reported by patients with the system are routinely referred for investigation. Where appropriate, this feedback from the telephony supplier is reported to the patient. This will continue.

Where it is perceived that a patient may be struggling with using the

system, the interpreter has invited, often elderly, patients into the surgery for a demonstration. This will continue to be offered if required. Following the Ladies Only meeting in January 2015, it has also been agreed to review the menu system and the length of messages after nearly twelve months of operation.

Queue waiting times are being reviewed and within any resources available, the Practice will aspire to keep queuing down to no more than 15 minutes. A body of data on the call logging system has now accumulated since February 2014 and this will be used to target resources more appropriately at the peak periods. The Practice Manager will routinely collect waiting time data each month to test the impact of targeted resources.

The Practice understands the access conundrum and will continue to monitor this with its patient groups looking at all the various inter-related issues.

Online services

Online services have increased during the year but patient uptake remains low.

There is nothing to suggest that the online services are faulty in any way but something to keep under review as patient uptake increases in the future.

Reception attitude

Customer Care training is now a regular annual event and in 2014, Receptionists from other surgeries joined the training to share experiences and compare ideas with Peartree staff.

Reception remains a challenging environment and management support and guidance for the Reception team will continue to be critical to minimise complaint levels.

Mike Newbold, Practice Manager

February 2015