



Peartree Medical Centre: Annual Complaints Report

February 2020

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 2020.
- To inform the Practice Team and the Patient Reference Groups.
- To determine any learning outcomes.

2. Background

This is the eighth 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, in person in the surgery, via NHSE or via the Ombudsman.

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 2020, all staff bar one new starter had completed the Complaints module on Blue Stream training (BST) in accordance with the agreed documented frequency for this module. Staff also complete other customer care related modules to complement this module and were last trained face to face on Customer Care Training in July 2019. This training is scheduled most years.

All complaints are recorded in the Register by the Practice Manager as they occur. During 2019-20, the complaints register has been reviewed in the monthly Clinical Meetings held in February 2019, September 2019 and January 2020. At the same time, the latest Significant Events and Friends and Family Test (FFT) data are presented so that they can be considered and triangulated with 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.

No CQC inspection has taken place since September 2016 when the grading was 'outstanding'. However, the Provider Information collection phone call with CQC was conducted in September 2019. There are no specific issues arising from this phone call to consider in this report.

During 2019, the results of the National Patient Survey were published. 97 Peartree patients or 1.97% of our total patient population responded to the survey. The national team sent out 465 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 75% of the respondents stating that their overall impression of the surgery was Good. This has now held steady for a number of years at this level.

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:-

Main Group March 14 2019

Ladies Group July 2 2019

Main Group October 3 2019

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. During 2019, 98 FFT cards have been completed following specific promotions and 132 online responses received from 4000 text messages sent.

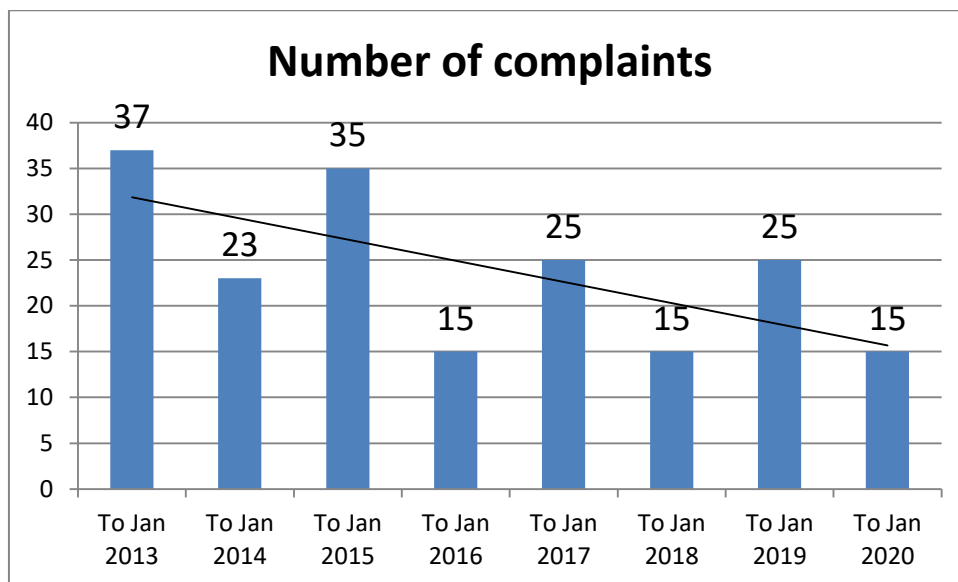
The Practice is the only surgery in Derby with its own interpreter. The

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 2020 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 2020 (with comparative data) is as follows:-



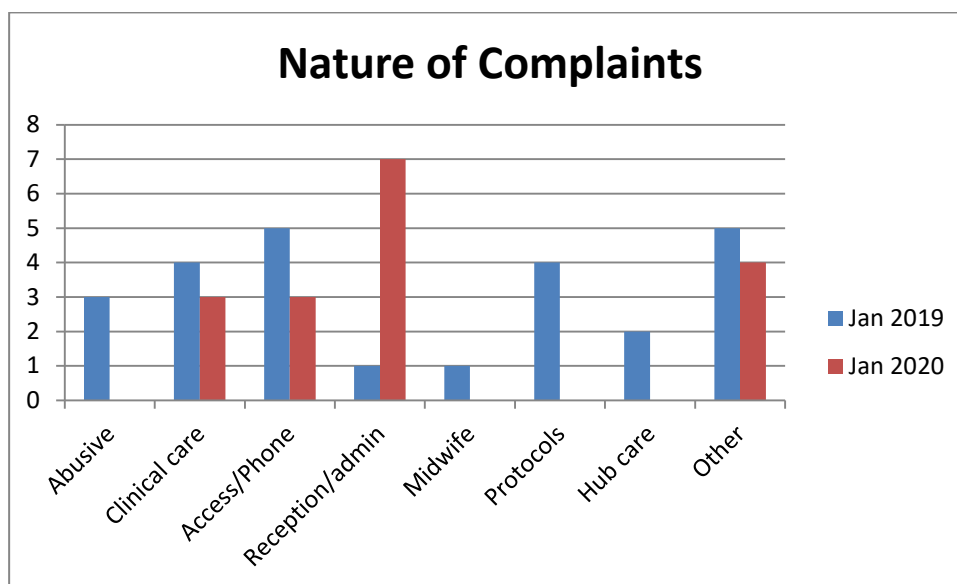
In an average week, it is estimated that there are approximately 660 direct patient contacts with clinicians in the surgery (face to face & telephone) as well as an indeterminate number of contacts with administrative staff at the Reception counter or over the phone.

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.

The graph above shows an encouraging trend line over eight years.

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.

Clinical care

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

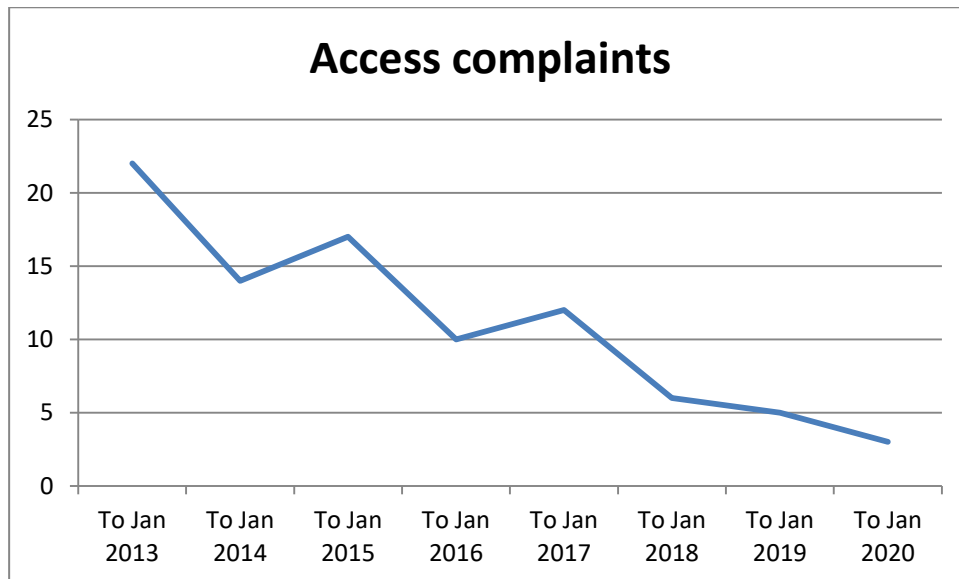
Issue	Outcome
Allegation that GP locum provided cursory examination. Compounded by some confusion over collection of subsequent script and delay caused by IT issue.	GP denied allegation – independently substantiated by clinical record. Some learning around communication about script. No compromise of safe care.
Formal complaint via RDH about care of deceased patient by family	Care self-assessed retrospectively by both GPs. Full response drafted. No compromise of care in surgery. Main concerns targeted at RDH secondary care.
Complaint about clinical care sent via NHSE.	Full response independently reviewed by NHSE clinician. Endorsed actions of the surgery.

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 continued close liaison with Derby Healthwatch 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 current contextual information for this report.

The FFT data below shows that Access remains a fairly significant issue for the FFT respondents though it may not lead to formal complaints.

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 continues to be relatively low which is mirrored by the FFT data (see below).

In view of the year on year rise in complaints about Reception, a careful analysis of any behavioural trends has been undertaken and will be fed into planned reception training. Some of the complaints start from a human mistake made by the team which can never be fully eradicated.

Other

These were briefly as follows:-

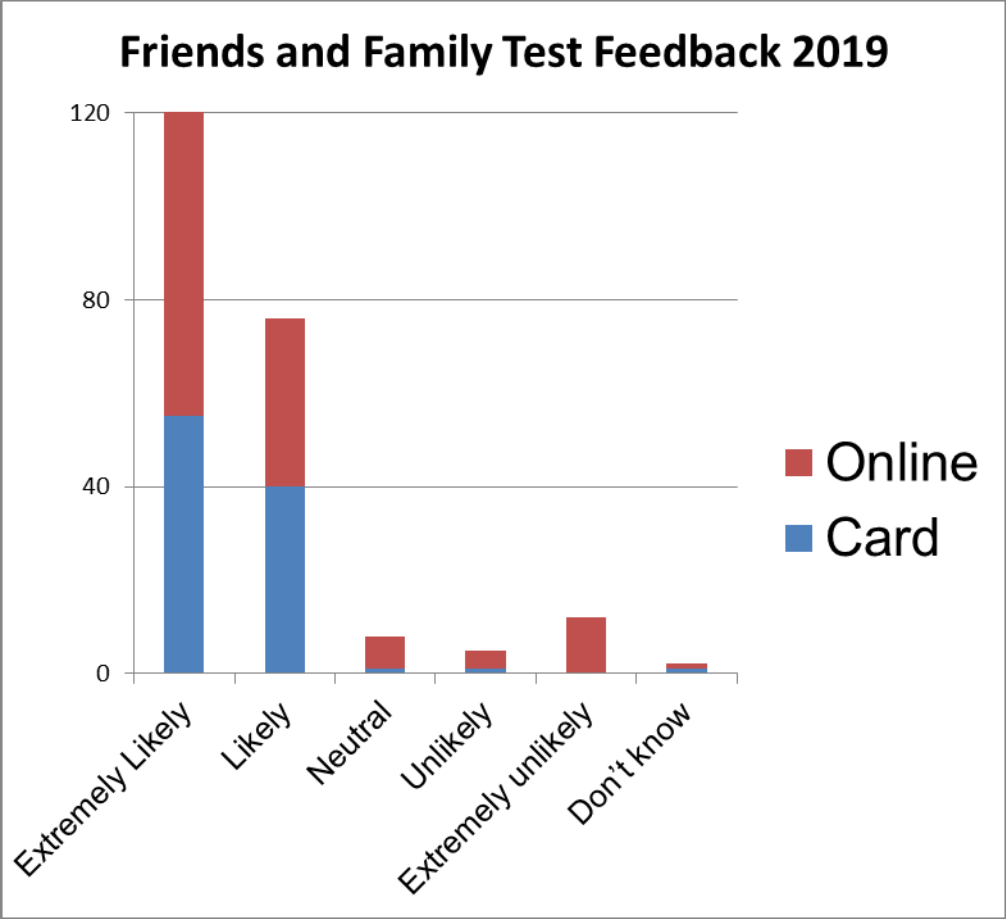
Confidential blood result given to the wrong patient
Complaint that preference for a specific clinician appointment not met
Complaint about NHS not funding medication & objections raised to how this was communicated by the Practice Nurse
Complaint that GP reprimanded a patient for booking face to face appointment for a minor issue after bank holiday

4. Friends and Family Test (FFT)

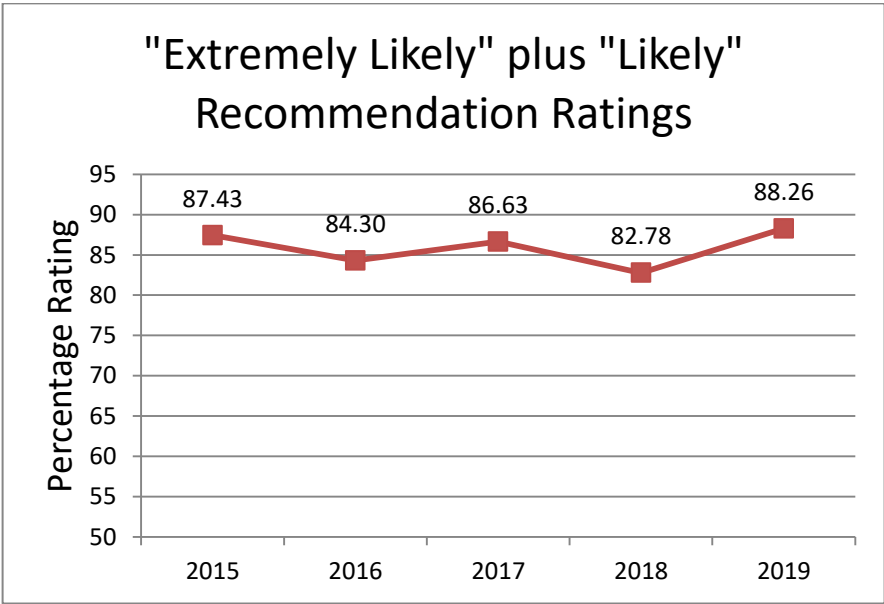
The surgery aims to have a regular flow of FFT data from patients each and every month. Responses are elicited by sending out text messages and by asking the interpreter, clinicians and Reception Team to promote the FFT. The many community based events are used as a means of testing patient opinion and flu clinics are a good source of feedback.

During 2019, 4,000 text messages have been sent to either specific patient cohorts or those patients actually using our services in that particular week.

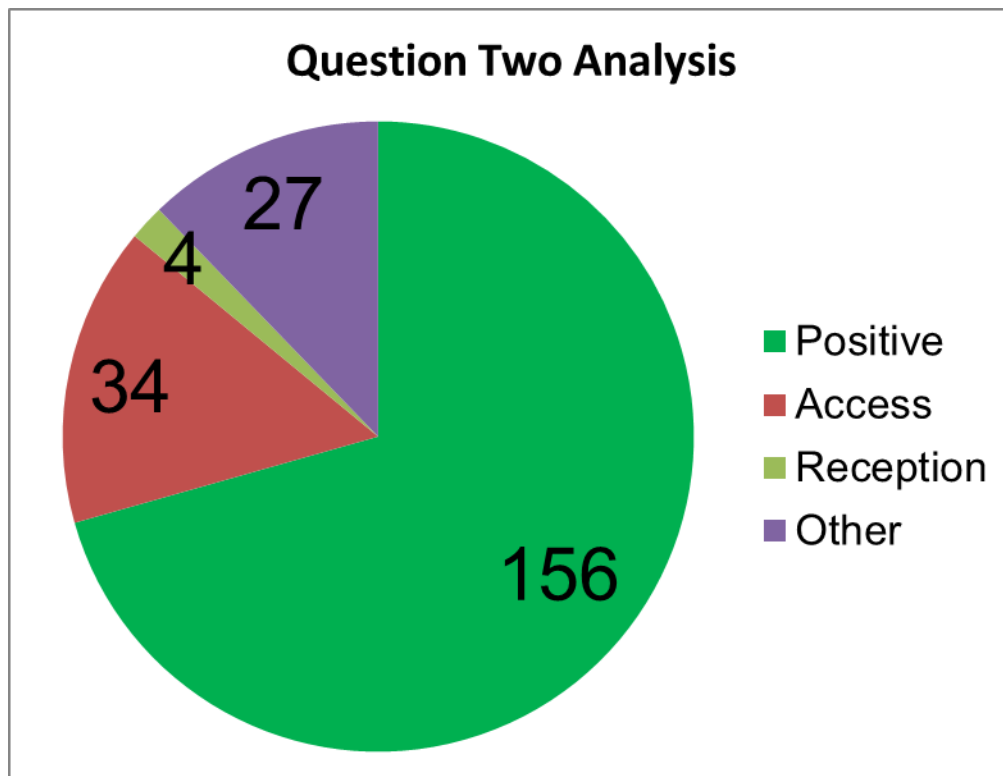
The results for 2019 were as follows:-



FFT data for 2019 shows that 88.0% of patients are 'likely' or 'extremely likely' to recommend services. The trend is as follows:-



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

Two of the Significant Events in 2019 related to the actions of Reception staff and therefore link in to the comments above. One related to issuing a blood form with the wrong patient details and another to confusion over prioritising wound care for a patient.

6. NHS Choices

There are three responses shown currently on NHS Choices – two excellent & one poor. The latter has an explanatory paragraph relating to these comments. 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).

All our efforts remain focused on servicing two separate Patient Groups and eliciting feedback from FFT.

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.

The report suggests that whilst access is not ‘solved’ that some progress is being made. The findings of the 2018 Access Audit have been reviewed again and remain current. The Practice will continue to focus on these.

Since the Audit was written, there have been three positive developments.

There is now access to the Primary Care Network Social Prescriber who will look at reducing the attendance of our ‘frequent flyers’ and will also support the work of our Care Co-ordinator. She is scheduled to start with us in February 2020.

The work of Derbyshire Carers has continued after a lull caused by budget uncertainty. The Care Co-ordinator continues to liaise closely with DCA.

The Practice has appointed its own Pharmacist and she is starting to see patients thereby reducing the burden on GPs for issues such as medication reviews.

(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. The 2019 strategy is part completed and will be finalised by 31 March 2020. A re-evaluation of key messages will take place in due course with the Patient Groups.

- (iv) The report has identified areas of concern in Reception administration and key messages will be reaffirmed with key staff including any new starters.
- (v) 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 their meetings in due course.

Mike Newbold, Practice Manager

February 2020