



Peartree Medical Centre: Annual Complaints Report

February 2022

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 2022.
- To inform the Practice Team and the Patient Reference Groups.
- To determine any learning outcomes.

2. Background

This is the tenth 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.

This last year has seen medical services continue to be significantly disrupted by the Covid19 pandemic. This is still unabated at the time of writing this report though restrictions are starting to be lifted.

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 2022, fourteen staff 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 BST modules to complement this module. Annual face to face customer care training previously planned & cancelled in 2020 & 2021 has recently taken place with the Reception Team (January 2022).

All complaints are recorded in the Register by the Practice Manager as they occur. It is normal practice for complaints to be reviewed in the Clinical Meeting alongside Friends & Family Test (FFT) feedback and Significant Events. This facilitates an opportunity to triangulate patient

feedback from various sources to identify any concerning trends. The discussion can also take place with the majority of the team. This however has been impossible in recent times but has resumed to some extent.

During the year one patient referred her concerns to the Ombudsman but no findings against the surgery have been reported. (EK).

Clinical Meetings resumed in August 2021. At the October 2021 meeting a review of Significant Events took place and the Significant Events Reflections report was presented.

Specific patient feedback (not Friends and Family Test) was sought during the pandemic and reported separately to the GP Partners and Patient Group.

It was resolved in the Clinical meeting to recommence the FFT from November 2021. Data from the FFT is now being provided with the agenda for each meeting. This includes the patient voting scores as well as Question 2 comments.

Partnership meetings between the GP Partners and Practice Manager have continued to be held throughout the pandemic in the last twelve months. Where appropriate this has considered complaints and other patient feedback. Minutes from these discussions are recorded. (March 2021 & June 2021) Any learning outcomes for staff were shared through informal channels in the absence of a regular monthly Clinical meeting.

A direct monitoring call took place with the CQC Inspector in December 2021. A full discussion was held between the Senior GP, Practice Manager and the Inspector. A desk top review was undertaken by the Inspector and additional evidence including patient feedback was provided by the surgery.

The CQC stated that

We carried out a review of the data available to us about Peartree Medical Centre on 9 December 2021. We have not found evidence that we need to carry out an inspection or reassess our rating at this stage. This could change at any time if we receive new information. We will continue to monitor data about this service.

During 2021, the results of the National Patient Survey were published and can be viewed in detail at

<https://gp-patient.co.uk/report?practicecode=C81616>.

104 Peartree patients or 2% of our total patient population responded to the survey. The national team sent out 512 forms and the response rate was 20%.

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 anonymizes these accordingly.

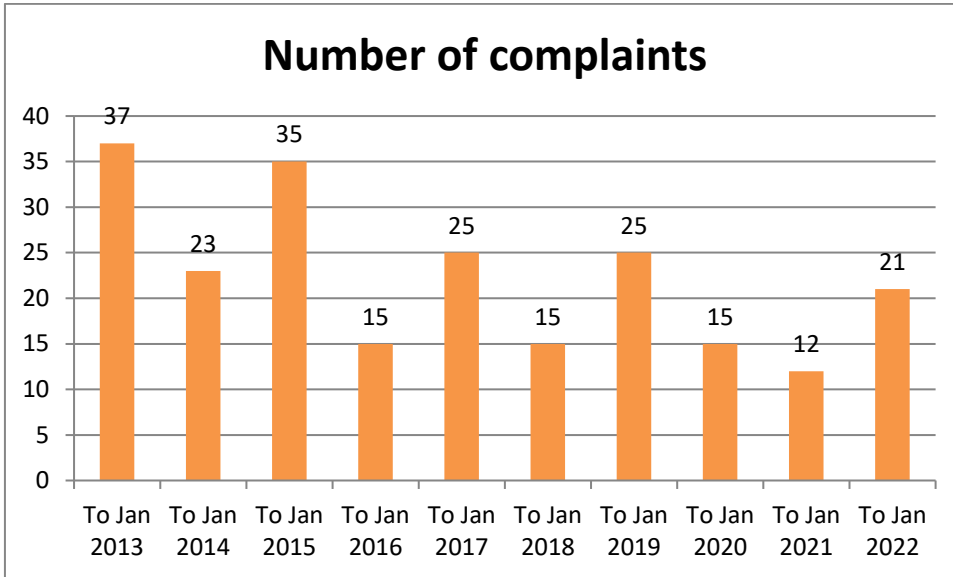
Members of our Patient Group were offered the opportunity to have a virtual or face to face meeting in 2021 but declined in favour of a continuation of the surgery Briefing Notes.

The Practice is one of only two surgeries 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. Her role has been particularly important in the pandemic reaching out to promote the vaccination programme and to promote continuing healthcare with our nurses in particular.

The main findings from this report will be published on the website; shared with some Patient Group members and with the internal team. It will be discussed in the Partnership meeting. This Annual Complaints report will be discussed in the Clinical Meeting of February 2022.

3. Number of Complaints

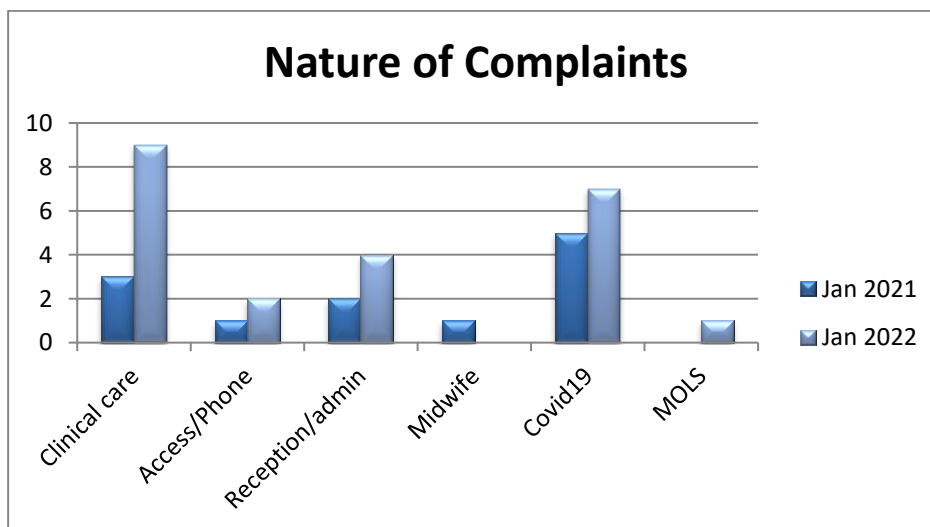
The number of individual complaints recorded by the Practice Manager in the year to 31 January 2022 (with comparative data) is as follows:-



Previously the graph had shown an encouraging trend line but there has been a noticeable stepped increase in complaints to January 2022. This is considered further below.

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 nine separate instances during the year. These are summarised and anonymised below.

Issue	Outcome
Multiple complaint including attitude of locum GP & that she was not complying with 111 "instruction" relayed by patient.	Review of care by GP Partners. Nothing of substance in the complaint. Very demanding patient who subsequently left the surgery.
Father pushing for daughter to be seen by dietician. He also chose not to buy OTC script for stomach complaint. Alleging negligence by. Locum GP who found him rude & bullying.	Parent not complying with locum GP advice per usual protocols and procedures. GP Partner authorised script due to concern that father not willing to buy OTC & child's health at risk. HCA reviewed weight.
Allegations of poor GP care by daughter.	Mother raised no concerns directly with GP Partner and GP subsequently agreed treatment with the mother.
Locum GP insisted on patient consent before agreeing to discuss with patient carer. Carer objected & alleged lack of empathy.	Locum GP followed agreed protocols. Not culpable. Advice given to carer on arranging written consent for noting on the record in the future..
Allegations of poor GP Partner care for patient bowel complaint.	GP Partner colleague arranged further specialist advice to provide extra reassurance. Patient had high expectations of what could be provided directly by primary care.
Allegations of poor GP care for mother by offspring. Mother subsequently died.	Stressful time for family. Correct care given & complaint subsequently withdrawn after death.
Allegations of poor GP care after mother referred directly to ED by GP & not addressed by GP himself.	GP Partner assessed risks of pancreatitis warranted ED visit rather than primary care. Faster path to prevent exacerbation of previous issue
Doctor from visiting service jokingly called patient a nuisance. Humour misplaced & caused offence	Referred to visiting service manager who counselled staff member and apologised to patient.
Complaint about GPs not taking pain management seriously & offering no respite.	Referral had been made but delay being seen due to CV19. Another attempt at expediting referral made but no further action possible in surgery.

All other complaints

A significant factor in these was the prevalence of Covid19 and its impact on 'normal' services.

Patients complained formally (as well as informally) about the reduction in face to face appointments & the use of an intercom to access our building. They also complained about queuing on the phone lines and reception attitude when dealing with patient concerns in the CV19 environment.

There were some relatively minor administrative errors where apologies were given.

The suspension of online services also made life more difficult for some patients and complaints ensued.

4. Friends and Family Test (FFT)

This survey was suspended for most of the year. The decision was taken to use SMS messaging and other communication channels to exclusively push the CV19 vaccination programme. It was agreed not to send any other messages in this time.

Specific patient feedback - sought during 2020 at the height of the pandemic - was felt to remain valid to inform the surgery on its services.

After discussions with the CQC Inspector in late 2021, it was resolved to recommence the FFT even though it remains suspended nationally. Early indications for the period November 2021 to January 2022 indicate an overall satisfaction rate with services exceeding pre-Covid levels. This was reported in detail to patients group members in the February 2022 Briefing Note.

5. Significant Events related to complaints

There is no direct correlation with complaints. ie a complaint did not lead to a Significant Event or vice versa.

Both recorded complaints and Significant Events emphasise the continuing need to eradicate administrative process errors as much as humanly possible.

All Significant Events are entered on the Learning from Patient Safety Incidents website.

6. NHS Choices

There was no review during the year. The surgery does not proactively advertise this feedback route. FFT (see above) is promoted as being more appropriate for our patient population.

7. Generic Learning outcomes

Despite the pandemic, the report identifies a significant amount of evidence to support a thorough assessment of patient feedback and learning outcomes for the Practice.

Learning outcomes have been considered and identified as follows:-

(i) Clinical care

There have been more complaints about clinical care than might normally be considered to be the "norm". It was also noticeable that there was a spike in the number of complaints at the end of the first three month lockdown period.

There appears little doubt that a change in normal services caused this spike and led to a greater sense of patient dissatisfaction. Other local surgeries/practices reported similar trends at the time.

Three complaints relate directly to locum GP care but there is nothing to suggest that this is a trend to cause concern.

All complaints about clinical care were subject to peer review. There is no specific trend in the complaints which were all individual and often for disparate reasons.

(ii) Access & Reception services

The pandemic forced the surgery into a greater reliance on telephony consultations. As a result of this, the GP Partners took the decision to upgrade the telephone system to improve overall functionality in 2021..

Though many of the patient population may not have the technology, video consultations have been more widely used than previously.

It is hoped that in 2022 these technological advances will improve patient experiences and assist with the surgery workloads.

(iii) Flexibility & communication

This report identifies patient concerns about the changes to services during the pandemic. Good communication to advise of changes promptly

and an aptitude to quickly & flexibly adapt services to new circumstances will continue to be important. For the foreseeable future, internal meetings will routinely consider the appropriateness of services in the prevailing environment. This may reduce complaints whilst keeping all concerned as safe as possible.

Constructive comments are invited on this document from all readers.

Mike Newbold, Practice Manager

February 2022