

Health Scrutiny and Performance Sub- Panel

**Agenda Item
No. 7(b)**

DATE: 26th January 2009

National Health Service (NHS) Walsall - Complaints 1st October – 31st December 2008 - Q3

Ward(s) All

Portfolios: Councillor Barbara McCracken – Social Care, Health and Housing

Summary of report:

All NHS organisations must have processes in place to receive, investigate and respond to complaints from patients and other members of the public about health service issues. Complaints provide us with a valuable indicator of patient experience, contribute to our understanding of what it feels like to be a patient and provide us with opportunities for organisational learning within the NHS. This report deals with complaints and related activities dealt with by the NHS Walsall (Commissioner and Primary Care Independent Contractor complaints) during quarter three. The full report to NHS Walsall Board is attached at Appendix 1 to this report.

Background papers: Not applicable.

Reason for scrutiny: To provide information regarding complaints received within NHS Walsall during the period October to December 2008 (quarter 3).

Resource and legal considerations: Possible implications, to address service development arising from complaints or to ensure legal compliance. May vary, dependent upon nature of each individual complaint.

Citizen impact: May vary, dependent upon nature of each individual complaint.

Environmental impact: May vary, dependent upon nature of each individual complaint.

Performance Management: Learning from patient experience.

Equality Implications: May vary, dependent upon nature of each individual complaint.

Consultation: Not applicable.

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1. Introduction:

- 1.1. This report provides information for the identified period about complaints received by NHS Walsall for formal investigation within the NHS Complaints Procedure.
- 1.2. The Board are asked to note that since 1st April 2008 all NHS Walsall complaints reports deal exclusively with reporting complaints about NHS Walsall only, as well as complaints about Independent Contractor Primary Care Services raised via NHS Walsall.
- 1.3. Primary Care Independent Contractors include General Practitioners (GPs), Dentists, Pharmacists and Opticians. All independent contractors are responsible for the Local Resolution stage in respect of complaints raised about them. A patient who does not wish to deal direct with an Independent Contractor can ask NHS Walsall to facilitate the process, although the responsibility to respond to the complaint remains with the Independent Contractor. It should be borne in mind that complaints which have been dealt with via a direct approach to an Independent Contractor will not be reflected in this report unless the Complaints Department has been directly involved.

2. Range of Complaint and Concern handling in Quarter Three:

- 2.1. In addition to formal complaints this report also provides data regarding work dealt with by the NHS Walsall Complaints Department that relates to customer care and complaints handling, including enquiries requiring formal response, such as those from Members of Parliament, potential complaints, including complaints that have been withdrawn or abandoned prior to completion of the formal procedure, appeals raised in respect of single-patient funding requests and items raised as complaints but referred to alternative procedures.
- 2.2. As can be seen from Appendix A, 32 items were logged for quarter three. This compares to 49 items in quarter two, which is a 35% decrease. However, quarter two was notably higher than quarter one when 28 items were logged.
- 2.3. Of the items 32 items logged in quarter three, 5 (16%) were about NHS Walsall, 25 (78%) were about GP Services and 2 (6%) were about Dental Services. Appendix A and B provide a breakdown of enquiries, potential complaints and formal complaints.
- 2.4. Appendix C compares data relating to the total number of items received in quarter one against the number of items received in quarters two and three. The most notable variation is in the higher number of formal complaints in quarter two, although no obvious trends or patterns were evident to account for this.

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3. NHS Walsall Complaints and Concerns:

- 3.1. Five items were logged for quarter three for NHS Walsall and Appendix D shows a breakdown of these by category of complaint. Please note that the number of categories does not always match the number of items logged, as some items may raise more than one issue and so be logged against more than one category.
- 3.2. Appendix D indicates that concerns and enquiries raised fell within the categories of commissioning enquiries or concerns about care and treatment. However, the substance of the complaints raised were different, ranging from general enquiries about government funding, access to medical records and dental provision. There were no significant trends or patterns arising.
- 3.3. As no NHS Walsall formal complaints were investigated within the NHS Complaints Procedure, there are no compliance issues to report.

4. Independent Contractor Complaints and Concerns:

- 4.1. Appendix E shows a breakdown of items logged for Independent Contractors by category. Similarly, the number of categories does not always match the number of items logged, as some items may raise more than one issue and so may be logged against multiple categories.
- 4.2. Of 27 items raised about independent contractors 14 (52%) were about care and treatment or diagnosis issues, which is as would perhaps be expected. The Complaints Department regularly accesses advice as regards the clinical aspects of complaints from the Medical Director/Associate Medical Director, Dental Advisors and the Head of Medicines Management, particularly in order to assess the risk or seriousness of issues raised within complaints. Scrutiny of the data indicates that the complaints ranged across various issues and various Practices across the borough with no apparent trends or patterns arising.
- 4.3. There were 6 items (22%) raised about attitude of independent contractor staff, both administrative staff and clinical staff, but again, there were no obvious trends following scrutiny of complaints on a Practice-by-Practice basis.
- 4.4. NHS Walsall received two complaints via the General Medical Council (GMC), asking for clarification in regard to practitioner Fitness to Practise. NHS Walsall always carries out appropriate checks and enquiries in regard to GMC-referred complaints. Both complainants have been offered the opportunity to pursue their concerns locally via the NHS Complaints Procedure, but neither have responded.

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5. Conciliation:

- 5.1. Where a complainant is not satisfied with the response that they have received to their complaint at the Local Resolution stage, then in many cases conciliation will be offered. Complainants who choose conciliation reserve the right to approach the Healthcare Commission in the event that they remain dissatisfied following conciliation. During the period no complainants requested conciliation.

6. Healthcare Commission:

- 6.1. The Independent Review stage of the NHS Complaints Procedure rests with the Healthcare Commission (HCC). All complainants who have completed the Local Resolution stage of the NHS Complaints Procedure are entitled to approach the HCC to request an Independent Review of their complaint should they remain dissatisfied.
- 6.2. During quarter three the HCC notified NHS Walsall of 3 requests for Independent Review, 2 in relation to GP complaints and 1 for a dental complaint. All are currently ongoing.

7. Learning and Service Developments introduced in response to complaints:

- 7.1. NHS Walsall adopts the view that in managing complaints investigating managers should always consider whether the complaint highlights the possibility of learning and service improvement. Obviously many complaints are highly individual and range across a variety of different issues. Many responses are used to provide greater explanation to patients, and may highlight general improvements that the service will seek to implement, such as staff training, or updating policies and procedures. GP Practices are often proactive as regards inviting complainants to meet with them to discuss and resolve concerns, which often creates the opportunity to explain clinical decisions or address concerns about communication or staff attitude in a more personal way. One Practice was able to reassure patients about replacement of examination/treatment couches in consultation rooms as a result of complaints received.

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Appendix A

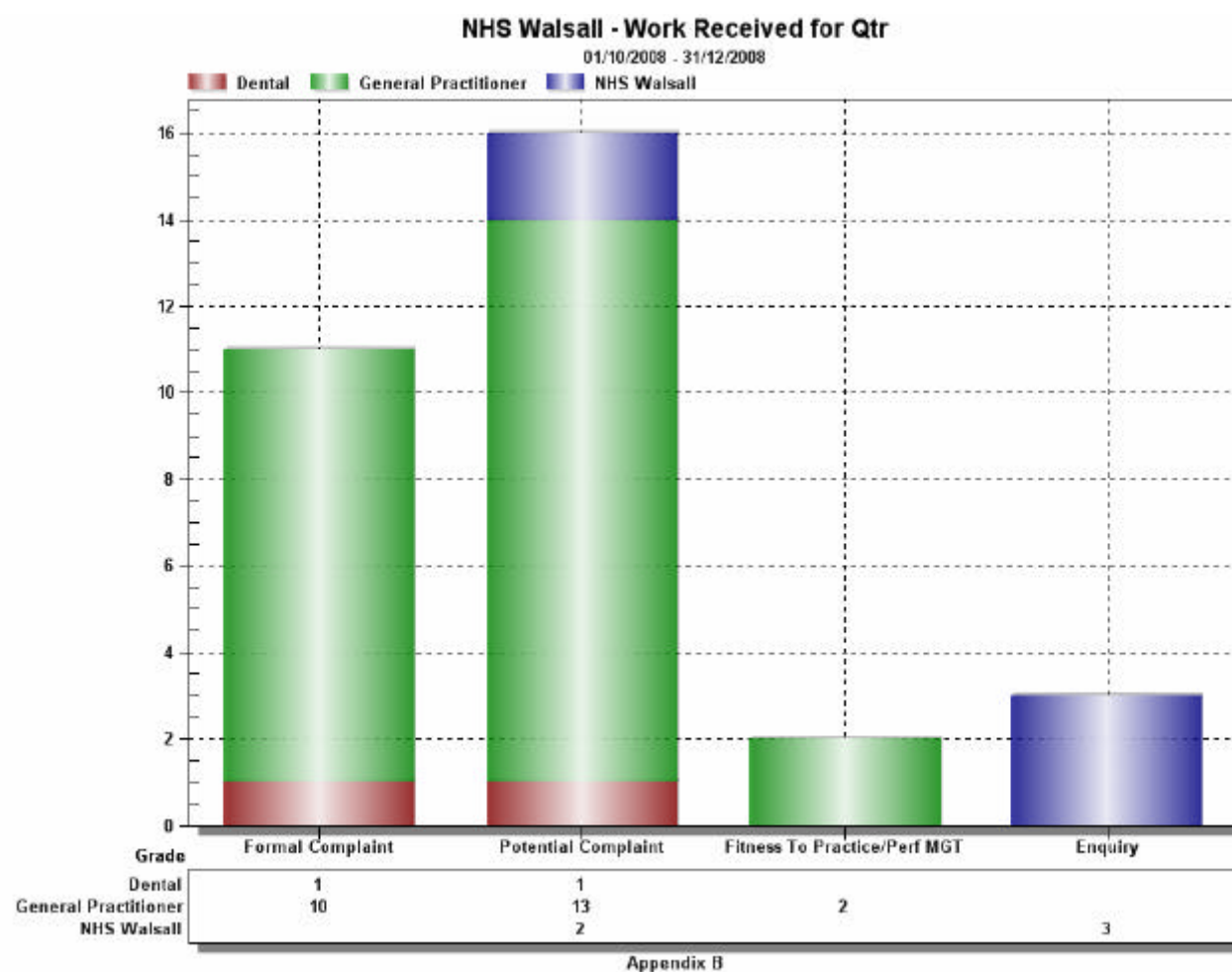
Items of complaints work received during quarters one, two and three

Item	Quarter 1	Quarter 2	Quarter 3
<i>NHS Walsall Complaints</i>			
• MP Enquiry	2	3	1
• Other Enquiry	1	2	2
• Potential Complaints	1	0	2
• Formal	2	8	0
TOTAL	6	13	5
<i>General Practitioner Complaints</i>			
• MP Enquiry	1	1	0
• Other Enquiry	0	0	0
• Potential Complaints	3	10	13
• Formal	13	16	10
• Transferred to alternative procedures	0	1	2
TOTAL	17	28	25
<i>Dental Complaints</i>			
• MP Enquiry	0	0	0
• Other Enquiry	0	0	0
• Potential Complaints	1	0	1
• Formal	3	4	1
TOTAL	4	4	2
<i>Optician Complaints</i>			
• MP Enquiry	0	0	0
• Other Enquiry	0	0	0
• Potential Complaints	1	1	0
• Formal	0	0	0
TOTAL	1	1	0
<i>Pharmacy Complaints</i>			
• MP Enquiry	0	0	0
• Other Enquiry	0	1	0
• Potential Complaints	0	0	0
• Formal	0	1	0
TOTAL	0	2	0
<i>Single Patient Funding Appeal Requests</i>	0	1	0
TOTAL	28	49	32
Quarter-on-quarter % change		+75%	-35%

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Appendix B

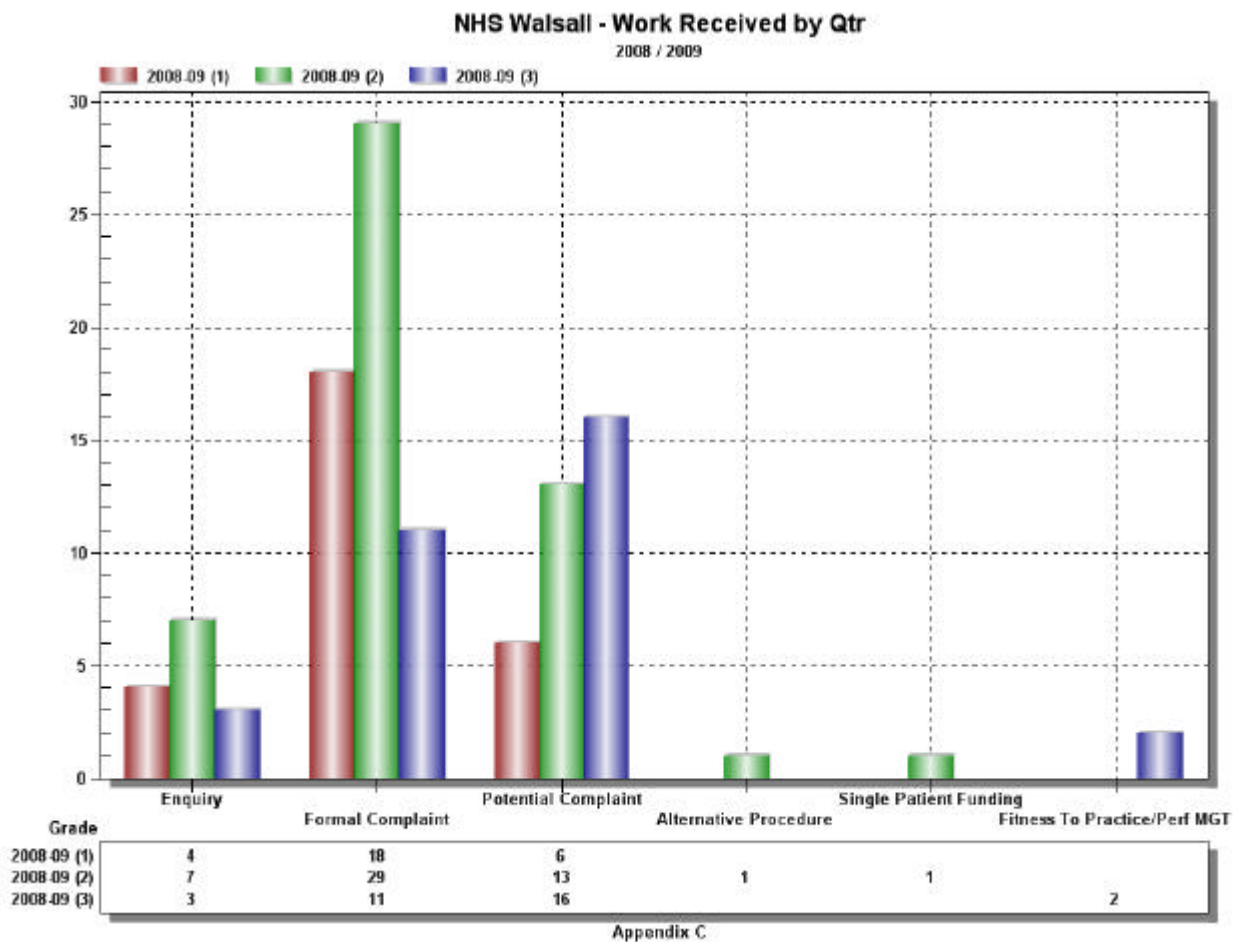
Chart to show complaints-related work received within NHS Walsall (about NHS Walsall or primary care independent contractors) during quarter three



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Appendix C

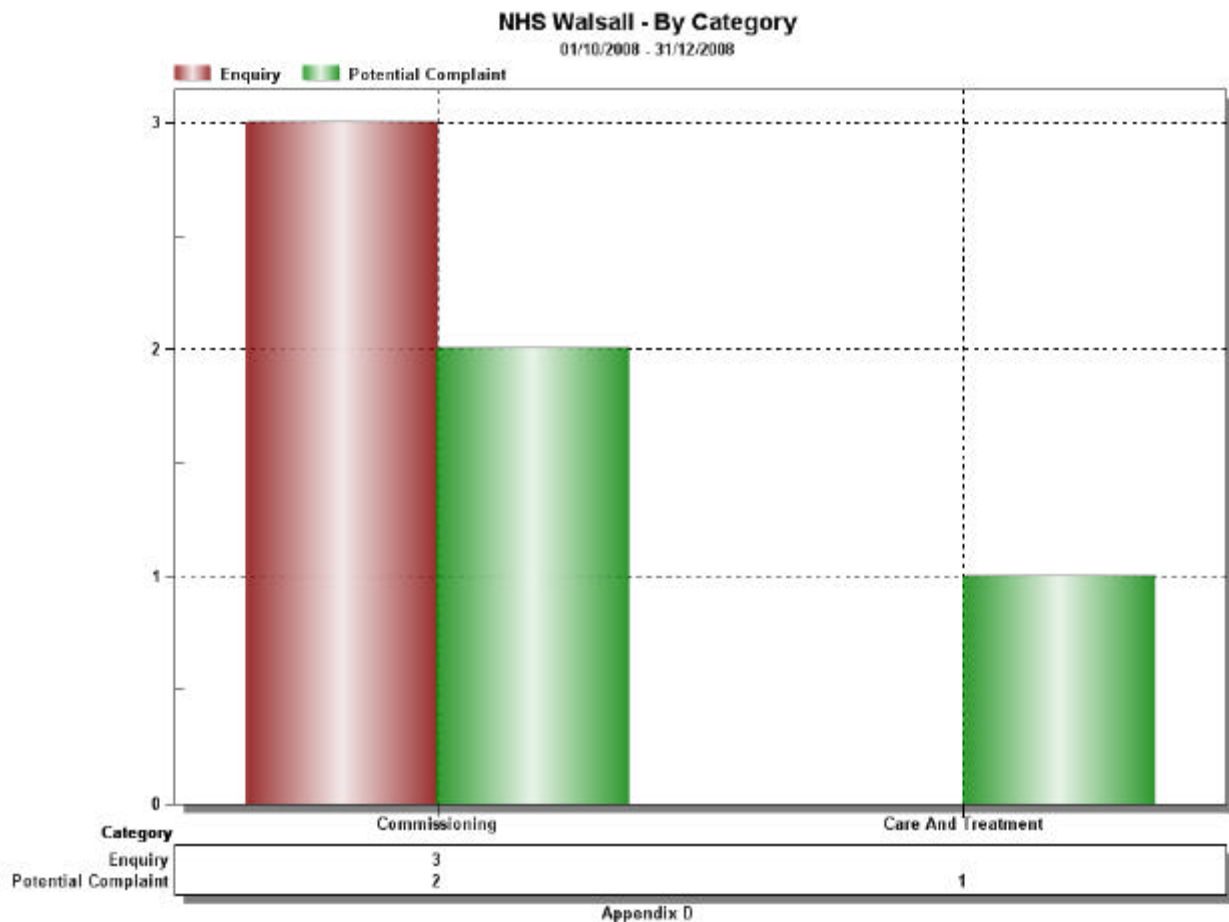
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Appendix D

Chart to show complaints-related work received about NHS Walsall during quarter three, by category



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Appendix E

Chart to show complaints-related work received about Independent Contractors during quarter three, by category

