

TO: West Gloucestershire Primary Care Trust
FROM: Debbie Townsend
DATE: 16th February 2006
SUBJECT: **WEST GLOUCESTERSHIRE PRIMARY CARE TRUST COMPLAINTS SUMMARY FOR THE PERIOD 1 APRIL 2005 – 31 DECEMBER 2005**

1.0 PURPOSE

1.1 To inform the Board of complaints received against the Trust and against FHS Contractors for the period 1st April 2005 – 31st December 2005

2.0 INFORMATION

2.1 Complaints against the Trust:

73 complaints have been received or carried over from the previous quarter compared to 38 received for the same period last year, broken down by speciality as follows:

Health Visiting	1	
District Nursing	0	
Occupational Therapy	9	(6 Adult, 3 child)
Podiatry Service	25	(11 in Gloucester, 6 in Forest, 2 in Cheltenham, 5 in Stroud and 1 in Cotswolds)
SALT	2	
Wheelchair Service	4	
Community Hospitals	9	(5 Dilke, 4 Lydney)
Out of Hours	20	
Trinity Surgery	2	
Others	1	
Total	73	

- 2.2 29% of complaints related to clinical concerns and 37% related to length of wait for appointments including waiting times for Out of Hours Service.
- 2.3 0 requests for an Independent Review Panel have been received.
- 2.4 21 complaints have been closed for this quarter.
- 2.5 **Correspondence performance**
Please see attached Annex 1

Qtr 1:

The 20 day response time target was 85.2% this quarter with a reduced forecast outturn from 88.7% (last year) to 84.9% but this is still a continued improvement from 68.85% in 2002/2003.

3 complaints exceeded the 23 days response time and this was due to 2 requiring more involved investigations and 1 due to a delay by Gloucestershire Hospitals Trust in forwarding the complaint to us.

2.6 Complaints against HM Prison Gloucester – Healthcare

West Gloucestershire Primary Care Trust became responsible for the health service provision in HM Prison Gloucester on 1st April 2005 and as such prisoners are our patients and are therefore entitled to access the same services as the rest of our population in respect of complaints and the support organisations involved in complaints e.g. PALS and Independent Complaints Advocacy Service (ICAS). The SLA between the PCT and HM Prison Gloucester establishes an arrangement for handling complaints made by prisoners regarding the health care they have received.

The HM Prison Service issued instructions in May 2005 relating to “Handling complaints about prison health care” and provided guidance relating to the various models of health care provision in prisons and the various ways in which complaints about health care should be handled in each model.

As health care is the responsibility of the PCT any complaints received by prisoners about the health care which they have received are dealt with in accordance with the SLA and the PCT’s Complaints Procedure. Prisoners who are not satisfied following local resolution may take complaints about health care to the Healthcare Commission and the Health Service Ombudsman.

24 complaints have been received for the period 1st April 2005 – 31st December 2005:

Dental	7
Medical – Prescribing	11
Medical – missed diagnosis	1
Medical – other	2

Investigations i.e. Xray	1
Others	2
Total	24

2.6 Complaints against FHS Contractors:

This is the quarterly monitoring report, which provides an overview of the total numbers and types of FHS complaints received at West Gloucestershire Primary Care Trust for the period 1st April 2005 – 31st December 2005.

The total number of current complaints for the period 1st April 2005 – 31st December 2005 is 19. This includes 7 new complaints.

The total number of closed complaints is 2. 7 complaints remain current and are carried forward to the second quarter.

Of the 19 total complaints for this period, 16 (85%) relate to clinical issues, 17 (88%) relate to complaints against GPs (9 in Gloucester – 53% and 8 in Forest – 47%) and 2 related to complaints against Dentists (2 in Forest)

7 complaints (5 GP, 1 Dental & 2 PCT) have been referred to a Conciliator. WGlos PCT – 4, C&T PCT – 1, CVPCT – 2.

6 requests (5 GP, 1 Dental) for an Independent Review Panel have been received (April 2004 – December 2005). 2 (GP) and 1 (dental) requests have been rejected at the initial preliminary screening stage with no further action being recommended to either the PCT or the practices. 1 (GP) request was returned to the PCT for Conciliation to be offered again to complainant. 2 requests are still being considered by the HCC.

2.7 Complaints relating to Freedom of Information Requests

1 complaint has been received for the period 1st April – 31st December 2005 and this related to a request for release of information under the FOI Act which was not possible as the request fell under the Data Protection Act.

3.0 COMPLAINTS FROM OTHER SOURCES

3.1 Although this is not a statutory requirement, the following information reports on the numbers of complaints/concerns raised by other people such as MPs, GPs, schools for the period 1st April 2005 – 31st December 2005 and contributes to the overall themes relating to concerns/issues raised.

	MPs	GP/Consultant	Schools	Other	Total
Podiatry Service		1		2	3

Occupational Therapy	1		1		2
Wheelchair Service	1				1
Out of Hours		2			2
GP & Hospital Services Continuing Health Care	2	7		1	10
Request for funding/support	2				2
Cross Infection & suggested use of new products					0
Digital Hearing Service (Waiting Times)	3				3
Care Homes				2	2
Total	9	10	1	5	25

4.0 LESSONS LEARNED FROM COMPLAINTS AND CHANGES IN PRACTICE

The following provides information relating to lessons learned from complaints for the period 2004/05 and 2005/2006 (to date)

4.1 2004/2005

Dilke:

- Staff training regarding A&E and hand injuries update including a staff development plan relating to Bank staff
- Call bell card issued to all patients when they ring their call bell if staff unable to deal with call immediately which confirms to patient they have heard their call request
- Leaflet has been drafted regarding responsibilities of patients, families & carers relating to behaviour and treatment and attitude towards staff

Occupational Therapy (GHT):

- As a direct result of a complaint involving discharge arrangements the OT lead for GHT is to discuss discharge coordination issues with the Trauma and Orthopaedic team

GP practice:

- As part of a discussion meeting relating to a patient who had requested an Independent Review Panel (which had been rejected by the Convenor) and random patient surveys regarding GP surgery consultations, the patient suggested that the survey forms should not to be handed out by receptionists but should be randomly selected electronically and the Convenor agreed to take this suggestion forward

Meetings/training provided:

- July 2004 - Dilke Memorial Hospital - Staff training about what and what not to include in patients records
- August 2004 - Podiatry Service Clinical Governance meeting to discuss
 1. Complaints & the procedure
 2. Trends and action taken
 3. Reporting
 4. Compliments
 5. Support available to staff
 6. Information and communication to patients.

4.2 2005/2006

- OOHs**
1. More information provided to patients at the time of their call by the OOHs call handler relating to expected time they might have to wait for Triage GP, Home visit etc
 2. Clarification regarding District Nurses OOHs contact telephone number for patients so that one telephone number is provided to access the service

GP Surgery: Update training for Practice Nurses and checks required when vaccinations are flagged as overdue on practice computer

Community Hospitals:

1. Further training for MIU staff relating to specific types of injuries presenting and when to X-ray and to refer to duty GP
2. Mentoring provided by from A&E Consultant at GHT to Nursing staff

3. Elastoplast no longer to be used for thumb spica's
4. Training to be provided relating to the importance ensuring "tip" of finger is exposed for checking circulation and colour of finger injuries

Health Visiting: Improved information to parents relating to possibility of plagiocephaly (flattened head) as parents are advised to lay their babies on their back to sleep in order to prevent cot deaths

General: Improved communication and follow up to patients and staff when staff members sustain a needle stick injury and the various blood tests which are required line with Trust protocol following these incidents

Meetings/training provided:

Heathville Road GP Surgery	Help with complaints and refresher to Complaints Team, to support & to offer and discuss suggested techniques for coping and dealing with more difficult people. Offer of ongoing help & support from PCT Complaints Manager
Trinity Road GP Surgery	New Practice Manager in post – training regarding PCT complaints procedure
Staunton GP Surgery	As part of the surgery's Protected Learning Time - help with complaints and refresher to Complaints Team, to support & to offer and discuss suggested techniques for coping and dealing with more difficult people. Offer of ongoing help & support from PCT Complaints Manager
Newent Dental Practice	New Practice Manager in post - help with complaints and refresher to Complaints Team, to support & to offer and discuss suggested techniques for coping and dealing with more difficult people. Offer of ongoing help & support from PCT Complaints Manager

5.0 COMPLIMENTS

5.1 42 Compliments have been received for this period:

- 9 relating to care at Dilke Memorial Hospital
- 3 relating to care at Lydney Hospital
- 18 relating to care by Podiatry Service
- 3 relating to care by OOHs

2 relating to care by Family Health Service Practitioners
 1 relating to care by District Nursing Service
 6 relating to others

6.0 ENGAGING WITH THE PUBLIC

- 6.1 Many of the Non-Executive Directors have been involved with patients and the public which has provided them with an opportunity to listen to concerns and issues and an opportunity to feed this back to the PCT for further consideration/action.
- 6.2 Many meetings/appeals relating to Complaints, INNf and CHC appeals have taken place involving NEDs, patients, carers and their families. Where appropriate any concerns issues raised have been fed back to the PCT in order for changes and improvements to be made. These meetings have also provided an opportunity to reassure patients that their concerns have been taken seriously and will be acted upon.
- 6.3 NEDs have also been involved in the locality patches as follows:
- North Patch - all meetings have been attended by a NED
 - South East Patch – a NED has chaired 2 meetings
 - North Forest Patch – a NED has chaired all of the meetings, sits on the Commissioning pilot meetings, has regular updates with the PCDM and has met with various local groups
 - South Forest Patch – a NED has attended Bream Health Forum
- 6.4 The Director of Performance & Corporate Development and the Director of Clinical Development are due to meet the new Chair of the PPI Forum and they will be inviting feedback from forum members regarding concerns raised

7.0 PALS

- 7.1 The first two quarters (1.4.2004 – 30.6.2005 and 1.7.2005 – 30.9.2005) monitoring reports have been received and the following contacts have been reported.

Type of Contact/Enquiry	1st Qtr Apr-Jun	2nd Qtr Jul-Sep	3rd Qtr Oct-Dec
Asking for Information	15	19	17
Advice	21	16	16
Concern	24	24	22
Total	60	59	55

8.6 The HCC has an outreach programme to engage with as many Trusts as possible and as part of this programme are arranging to visit the 10 NHS Trusts with the highest referrals to the Independent Review stage, to provide training and support to improve local handling of complaints. To improve complaints handling the HCC is:

- Developing new criteria for good complaints handling which will be used to assess trusts in their annual performance rating
- Calling on strategic health authorities to more effectively manage the way trusts in their area resolve complaints
- Provide advice on good complaints handling
- Offering training for the trusts who send them the highest number of complaints to try to achieve local resolution

8.7 Discussions are under way with the Department of Health and Health Service Ombudsman about a core standard on complaints which is to be part of the performance standard that would affect Trusts' annual ratings if they failed to meet it. The new standard which could be in place for the 2006-07 ratings would concentrate on the outcomes for patients.

9.0 HEALTH SERVICE OMBUDSMAN

9.1 The Health Service Ombudsman's (HSO) published "Making Things Better Report on the Reform of the NHS Complaints Procedure in England" and highlighted how over the last 8 years, the fragmented complaints system has continued to fail complainants.

9.2 The HSO further reported that time and again they saw examples of poor complaints handling, with some health bodies accepting recommendations for improvements but continued to handle complaints badly. Common problems were poor communication, inadequate documentation and record keeping.

9.3 The HSO submitted to the DOH in October 2005 their recommendations for developing core standards regarding complaints management and complaints handling.

9.4 When more wide reaching Regulations are drafted following the Shipman Inquiry the HSO hopes that the complaints procedure is seen to fulfil these aspirations and must be patient centred, accessible and responsive, with lessons learned from complaints playing a key role in contributing to improvements in services to patients.

10.0 COMPLAINTS REFORM

10.1 Further amended draft regulations are expected later in the year for consultation with an expected implementation from April 2006. These are expected to include recommendations from the Shipman inquiry and may also offer an opportunity to refine the regulations relating to the Healthcare Commission in the light of operational experience.

11.0 COMPLAINTS MANAGEMENT GROUP

- 11.1 Members were updated as follows:
- 11.2 Information was provided relating to the Complaints Reform, the Healthcare Commission and its current backlog, the recommendations included within the Shipman Report and the possible impact this might have on PCTs if the recommendations are accepted.
- 11.3 GPs are now asked to submit figures every 6 months on the number of complaints they receive and asked for any learning/action/change from complaints and whether the practice was willing to share this on an anonymised basis via the Share the Learning Newsletter. The majority of practices have agreed to share their learning and this has been cascaded to others via the newsletter.
- 11.4 Complaints and Action Plans were reviewed. Due to the continuing high number of Podiatry complaints received, the group decided that further information was required from the Head of the Podiatry Service on the possible consequences regarding patients' treatments if there was no further investment in Podiatry. Whilst it was felt there would be possible consequences, no information is available to support this.
- 11.5 Foundation Trust Contract – the group agreed that more information relating to the lessons learnt be requested at the next GHT Contract meeting. The Complaints Manager and Board Complaints Sponsor met with the Director responsible for complaints at GHT to discuss general complaints management and handling. The GHT contract for 2006/2007 is to include a section requiring GHT to provide information to the PCT on all complaints which are referred to the HCC and HSO and in particular where the complaints have been investigated and recommendations made.

12.0 CLINICAL NEGLIGENCE AND LEGAL CLAIMS

- 12.1 The NHS Redress Bill has been published. Under the Bill patients will no longer have to go to court to get compensation, care, apologies and investigations if something goes wrong with their NHS hospital treatment or care. The Bill gives the Secretary of State the power to establish an NHS Redress Scheme and place a duty of care on providers and commissioners of hospital services to ensure patients receive a more consistent, speedy and appropriate response to clinical negligence. The scheme will cover low money value claims, with the upper initial limit expected to be set at £20,000. Other key elements of the scheme include:
- Provision for patients to receive redress in the form of care
 - A duty on all scheme members to appoint an appropriate person responsible for learning from mistakes
 - A more proactive approach to clinical negligence, with the onus no longer on the patient to initiate a claim

- 12.2 One legal claim has been received against Lydney Hospital which has a minimum reserve figure of £1000 and a maximum of £21500. A settlement is expected shortly which has been estimated towards the lower minimum figure.
- 12.3 The NHS Litigation Authority – NHSLA has published its annual report and reported a downward trend in the number of claims being made

13.0 GENERAL MEDICAL COUNCIL

- 13.1 The GMC receives over 5,000 complaints relating to doctors each year and their powers and sanctions are linked to their responsibilities for the medical register and are therefore mainly limited to taking action on serious concerns relating to a doctor's fitness to practise. Most of the complaints received do not fall into that category and as such the GMC feel that the NHS Complaints Procedures are often best placed to look into patient's concerns.
- 13.2 From 17th October 2005 the GMC intends to refer such complaints directly to the relevant Trust to take forward under their own complaints procedures with a request that they are kept updated on the progress of the investigation and until the matter is concluded. The PCT has not to date received any referrals from the GMC

14.0 RECOMMENDATION

- 14.1 The Board is recommended to note the contents of this report.