

# **WEST GLOUCESTERSHIRE PRIMARY CARE TRUST**

## **COMPLAINTS SUMMARY**

**APRIL – JUNE 2005**

**TO:** West Gloucestershire Primary Care Trust  
**FROM:** Debbie Townsend  
**DATE:** 14 July 2005  
**SUBJECT:** **WEST GLOUCESTERSHIRE PRIMARY CARE TRUST COMPLAINTS SUMMARY FOR THE PERIOD 1 APRIL 2005 – 30 JUNE 2005**

## 1.0 PURPOSE

1.1 To inform the Board of complaints received against the Trust and against FHS Contractors for the period 1<sup>st</sup> April 2005 – 30<sup>th</sup> June 2005

## 2.0 INFORMATION

### 2.1 Complaints against the Trust:

25 complaints have been received or carried over from the previous quarter compared to 18 received for the same period last year, broken down by speciality as follows:

Health Visiting	0	
District Nursing	0	
Occupational Therapy	4	(2 Adult, 2 child)
Podiatry Service	8	(2 in Gloucester, 4 in Forest, 0 in Cheltenham, 2 in Stroud and 0 in Cotswolds)
Community Hospitals	3	(2 Dilke, 1 Lydney)
Out of Hours	11	
Others	0	
<b>Total</b>	<b>26</b>	

2.2 47% of complaints related to clinical concerns and 24% related to length of wait for appointments with the remaining 29% relating to various issues.

2.3 0 requests for an Independent Review Panel have been received.

2.4 10 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 72.7% this quarter with a forecast outturn from 88.7% (last year) to 72.7%

6 complaints exceeded the 23 days response time and the majority of these relate to the Out of Hours Service and the difficulties in communication with Locum GPs via Locum Agencies.

4 complaints remain outstanding and are carried forward to the next quarter

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 1<sup>st</sup> 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 healthcare which they have received.

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

As Healthcare is commissioned by the PCT and provided by the Prison Service any complaints received by prisoners about the healthcare 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 healthcare to the Healthcare Commission and the Health Service Ombudsman.

4 complaints have been received for the period 1st April 2005 – 30<sup>th</sup> June 2005:

Dental	1
Medical – Prescribing	2
Investigations i.e. Xray	1
<b>Total</b>	<b>4</b>

## 2.7 **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 2004 – 30<sup>th</sup> June 2005.

The total number of current complaints for the period 1<sup>st</sup> April 2005 – 30<sup>th</sup> June 2005 is 9.

The total number of closed complaints is 6. 12 complaints remain current and are carried forward to the second quarter.

Of the 9 total complaints for this period, 7 (78%) relate to clinical issues, 7 (78%) relate to complaints against GPs (4 in Gloucester – 57% and 3 in Forest – 43%) and 2 (22%) relate to complaints against Dentists (0 in Gloucester – and 2 in Forest – 100%).

0 complaints have been referred to a Conciliator from WGPCT but 2 have been referred from the other 2 PCTs.

3 requests for an Independent Review Panel were made to the Healthcare Commission (April - June). 1 has been rejected and 2 are awaiting consideration/investigation

## 2.8 **Complaints relating to Freedom of Information Requests**

1 complaint has been received for the period 1<sup>st</sup> April – 30<sup>th</sup> June 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 **LESSONS LEARNED FROM COMPLAINTS AND CHANGES IN PRACTICE**

The following provides information relating to lessons learned from complaints for the period 1<sup>st</sup> April 2005 – 30<sup>th</sup> June 2005:

### **OOHs:**

- 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
- Clarification regarding District Nurses OOHs contact telephone number for patients so that one telephone number is provided to access the service

## 4.0 **COMPLIMENTS**

4.1 13 Compliments have been received for this quarter:

1 relating to care at Dilke Memorial Hospital  
 3 relating to care at Lydney Hospital  
 5 relating to Podiatry Service  
 1 relating to District Nursing  
 2 relating to OOHs  
 1 relating to other services

## 5.0 PALS

5.1 The annual year end (1.4.2004 – 31.3.2005) monitoring report has been received and the following contacts have been reported.

### Issues within the Patients Experience Category:

GP Surgeries	5	Access and waiting	11
Clinical Issues	21	Safe, high quality co-ordinated care	10
Services not Available	6	Better information, communication and choice	36
Manner/attitude	5	Building relationships	3
Others	4	Clean and comfortable place to be	0
Services denied	2	Delayed appointments	12
Transport	3	Assessments	3
Discharge arrangements	6	Referrals	3
Aids & Appliances	1	Misdiagnosis	1
Advice provided	38	Communication	5
Health Records	3	Vulnerable adult	2
Concerns regarding charges	3		
		<b>Total:</b>	<b>82</b>

5.2 The first quarter (1.4.2005 – 30.6.2005) monitoring report has been received and the following contacts have been reported.

### Type of Contact/Enquiry

Asking for Information	10
Advice	11
Concern	23

**Total** **44**

**Contacts within the Patients Experience Category:**

Access and waiting 7

Safe, high quality co-ordinated care 7

Better information, communication  
and choice 28

Building relationships 2

Clean and comfortable place to be 0

**Total** **44**

**5.3 Developments:**

- The Patch Team Link Workers are slow to develop and PALS have been asked to explore this as a primary development area for WGPCT
- PALS have been asked to consider other means of support to WGPCT and for progress to be made by following up on key areas where improvements could be made and learning shared to improve the patient experience
- PALS have been asked to report any significant concerns or issues directly with WGPCT so that we can act upon any issues raised
- PALS have been asked to consider the new NHS quality standards – Standards for Better Health in on-going work
- Support has been offered to PALS regarding mechanisms for closing the loop as we require outcomes from PALS enquires/issues in order to cascade these to others along with the learning from complaints and incidents

**6.0 HEALTHCARE COMMISSION**

6.1 From 1<sup>st</sup> August 2004 the Healthcare Commission (HCC) became responsible for the second stage of the NHS Complaints Procedure - Independent Review Panel. The Healthcare Commission is an independent body established to promote improvements in healthcare through the assessment of the performance of those who provide services.

6.2 The Healthcare Commission recently reported that it had received an unprecedented number of complaints. From the 1<sup>st</sup> August 2004 – 30<sup>th</sup> April 2005 they received 7,218 cases compared to less than 3,000 under the previous Independent Review request system and these are broken down as follows:

- 1,110 cases have been resolved



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.

## **7.0 HEALTH SERVICE OMBUDSMAN**

- 7.1 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.
- 7.2 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.
- 7.3 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.

## **8.0 COMPLAINTS REFORM**

- 8.1 Further amended draft regulations are expected later in the year (July – October 2005) 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.

## **9.0 COMPLAINTS MANAGEMENT GROUP**

- 9.1 Members were updated as follows:
- 9.2 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.
- 9.3 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.
- 9.4 PALS – the new manager is to be invited to the next meeting to discuss the developing role of PALS within WGPCT.
- 9.5 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 no further investment in Podiatry was possible.

- 9.6 Foundation Trust Contract – the group agreed that more information relating to the lessons learnt etc be requested at the next GHT Contract meeting.

## **10.0 CLINICAL NEGLIGENCE AND LEGAL CLAIMS**

- 10.1 No further information to report

## **11.0 RECOMMENDATION**

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