



Thurrock
Clinical Commissioning Group

Complaints Annual Report

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1 Introduction

- 1.1 The CCG complies with the Local Authority, Social Services and National Health Service Complaints (England) Regulations 2009 (“the regulations”), which took effect on 1st April 2009, as clarified by the Department of Health in January 2010.
- 1.2 The CCG Complaints Policy has been written in accordance with the regulations and provides guidance to staff on how to address and respond to complaints and was updated in October 2016, coming into effect operationally during November 2016, and due for review in November 2018. The policy has been followed during the year by staff dealing with complaints.
- 1.3 A complaint may be made by a service user or any person affected by or likely to be affected by the action, omission or decision of the NHS body, independent provider or local authority that is the subject of the complaint. Consequently, complainants will generally be existing or former users of services that are commissioned by the CCG. Someone wishing to make a complaint about a healthcare related matter has the choice (and right) of making a complaint to either the organisation providing the service or the commissioner of that service. Where a complaint involves more than one commissioner or provider organisation (a multi-agency complaint), all parties will be asked to agree which organisation will lead on the investigation and response.
- 1.4 In line with NHS Digital reporting requirements, CCGs do not record complaints on the national reporting template KO41a regarding services provided by NHS Trusts who have individual responsibility for recording complaints against their services. The CCG is ensuring that Provider organisations are including the complaints within their national return, and consequently they are ‘non-reportable’ for the CCG. However, all ‘complaints’ handled by the CCG are recorded on our complaints log.

2 Identifying Trends and Learning Lessons from Complaints

- 2.1 The five main complaint subject matters seen in 2018/2019 was Access to Treatment or Drugs, Communication, Patient Care, Trust Administration & Values and Behaviours.

Access to Treatment or Drugs

- 2.2 Complaints relating to Access to Treatment were largely related to prescribing decisions and access to medications. As a result, the Quality & Patient Safety Committee have asked the Head of Medicines Management to present a paper on prescribing patterns to the Committee for assurance that appropriate decisions are made and actions taken to ensure patients and the public are aware of local and national guidance.

- 2.3 A trend arising from Access to Treatment complaints identified that patients were not aware of prescribing arrangements for specialist medicines. Where multiple complaints were received in relation to a specific medication, the CCG provided GPs with a letter template to use to make patients aware of reasons why the medication is not prescribed in Primary Care, following NHS England guidance. This is a slight change in procedure to enhance existing processes.
- 2.4 An increase in medication and prescribing complaints has led to closer working with the Medicines Management Team. Additionally, the CCG has received an increasing number of enquiries of this nature which are acknowledged and forwarded to the Medicines Management Team to look into.
- 2.5 As a lesson from this, the Medicines Management section of the CCG website has also been updated to make the role of the CCG Medicines Optimisation Team clearer, so that patients understand that the CCG does not make clinical decisions.
- 2.6 An increase in complaints cited as 'Individual Funding Request' (IFR) has led to a closer working relationship with the IFR Team and a better understanding of the IFR application process. Complainants had been raising concerns regarding an IFR decision, however, investigation of the issues raised found that the complainant was disappointed about the outcome of the IFR screening process.
- 2.7 Training has been provided to the Complaints Team in particular on the initial screening process for applications in order to identify whether the application is eligible for Panel review and the subsequent process to be followed if an IFR was assessed by a panel. Additionally, improved complaint feedback to the IFR team now assists in monitoring patient expectation delivered by consultants re: IFR/medication, particularly within the Acute services.
- 2.8 In the case of the patient raising a complaint because her appointment was cancelled as a British Sign Language interpreter was not available to accompany her, the CCG's Quality Team were alerted to a potential issue and the provider was advised of the processes for providing an interpreter, which is a national requirement and part of the CCG Contract with Providers. The patient was provided with a new appointment, accompanied by an interpreter and Providers made aware of the correct process to be followed in the future to avoid this happening again.

Communication

- 2.9 A number of complaint subjects related to a lack of adequate communication within Provider organisations whereby a poor patient experience resulted from the patient and/or family not being adequately informed about situations, options available, procedure and possible diagnosis or next steps. There were no generic lessons to be learnt from these complaints. However, the CCG has been working with Providers on individual issues and the Providers have given assurance that the matters will be addressed with staff through their internal processes.

Patient Care

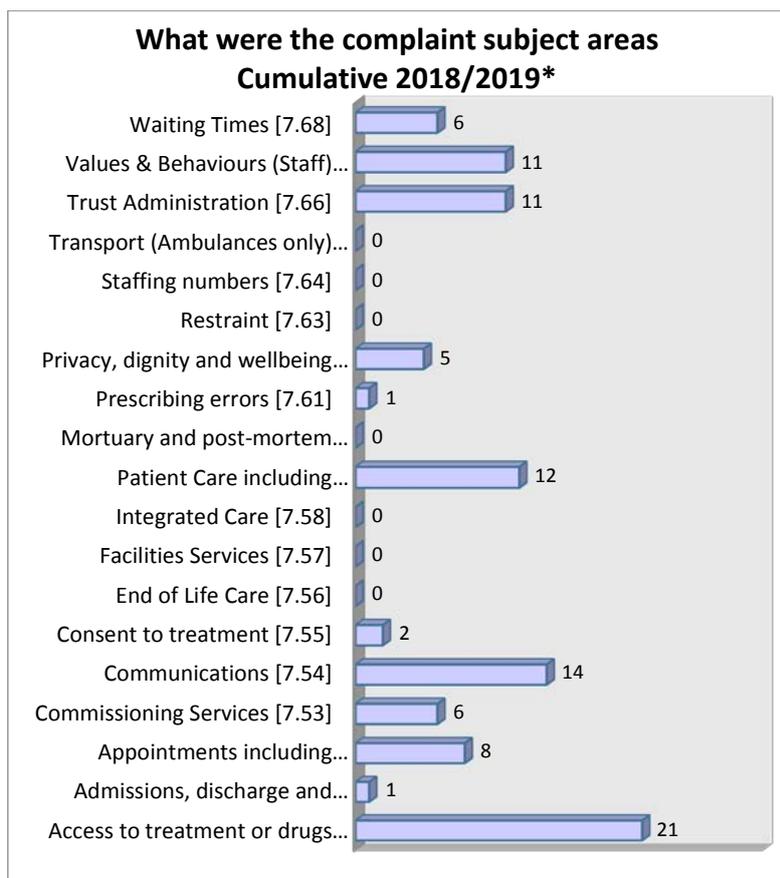
- 2.10 Where concerns were brought to the attention of the CCG regarding a possible mix up of test results and diagnosis, the Serious Incident Team were asked to review the information provided; a serious incident was not identified. With the agreement of the complainant, the CCG arranged for an independent clinical review of the scan and the findings were shared with the complainant. The CCG has worked with the Provider to resolve a poor patient experience in this instance and encourage the Provider to determine whether any lessons could be implemented going forward.

Trust Administration

- 2.11 Trust Administration complaints have included concerns with difficulty contacting services and processes not being followed, in these instances the CCG has assisted to resolve the issues raised and make staff aware of the importance of record keeping, following due process and keeping relevant people and line management informed.

Values and Behaviours

- 2.12 Concerns were raised by a patient around the level of dignity and respect experienced whilst undergoing a procedure. This matter was raised with the Provider during a contract management meeting and assurance sought that correct procedures would be followed in future to ensure patient dignity is respected.
- 2.13 In addition to complainants raising concerns regarding values and behaviours, it is the role of the CCG to ensure that responses to complaints from Providers are appropriate. In a particular response, the CCG felt that the tone of a Provider response letter could be improved upon. The response was discussed during a contract meeting and the Provider suggested that their complaint responses were reviewed by the CCG prior to being sent to complainants. This ensured that the complainant received an appropriate response and was satisfied with the final outcome.
- 2.14 The full breakdown of complaint subject matters for 2018/2019 is as follows:



* Individual complaints may involve multiple agencies, services or subjects.

Lessons from other subject areas

2.15 A general review of complaints and where there could be trends or learning also noted:

- Learning and trends from MSK and Ultrasound complaints is picked up through contract management meetings and better relationships.
- Due to the small number of Provider complaints received, no one specific Provider was identified as an outlier in terms of the number of complaints received.
- There has been an increase in professional to professional complaints received by the Complaints Team which fall outside of the NHS Complaints Regulations. This has identified the need for a clear pathway for professionals to be able to raise concerns and this is currently being developed with the Provider.

Advocacy Services

2.16 The CCG has seen an increase in patients using advocacy services which has led to the CCG Complaints Team strengthening relationships with POhWER, the NHS Complaints Advocacy in Thurrock.

- 2.17 In the past year, the CCG has also been contacted by a number of patients/carers who have presented with complex complaints across multiple services. This has resulted in direct referrals by the CCG to advocacy services on behalf of the complainant.
- 2.18 Should a patient or carer with English language difficulties wish to make a complaint to the CCG, consideration will be given for an interpreter or translation service. Consideration will also be given to deaf patients who require BSL interpreters and visually impaired patients who require braille or large text.

Actions take to strengthen complaints processes

- 2.19 Weekly Complaints meetings have been reintroduced between senior staff members, Associate Director of Corporate Governance (Company Secretary), Complaints Manager and the Complaints Lead, providing the opportunity to review new complaints, the progression of active complaints and escalate issues where necessary. To ensure the best use of staff time, meetings are arranged as 'drop in' sessions as per the requirements of on-going complaints.
- 2.20 The Complaints Team continue to assess whether any 'lessons' can be learned from either the complaint or the way in which it was handled. Lessons are communicated via the quarterly complaints reports, via team meetings, external communications, and letters to Providers or direct meetings with staff.
- 2.21 CCG staff members have been made aware that the Complaints Team should be the main point of contact for complainants to ensure a consistent approach in handling complaints.
- 2.22 Patient learning to be shared with GP's is shared via the fortnightly CCG Primary Care Newsletter and the Clinical Engagement Group.
- 2.23 System learning will be shared at Board meetings.
- 2.24 Complaint learning is triangulated via Quality Visits, overseen by the Quality Team.

3 Overview of Complaints during 2018/19

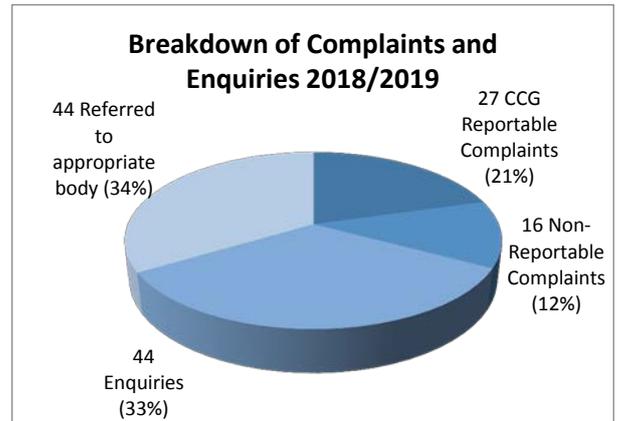
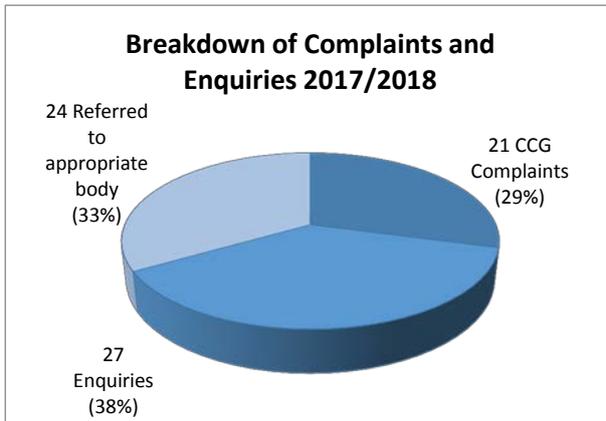
- 3.1 NHS Thurrock CCG receive complaints from a number of sources i.e. Patients, patient representatives, carers and family members, Members of Parliament, Councillors, colleagues from other CCGs, and the Voluntary Sector.
- 3.2 The CCG received complaints regarding the services it commissions from:
- North East London Foundation Trust (NELFT)
 - Essex Partnership NHS Foundation Trust (EPUT)
 - East of England Ambulance Services Trust (EoEAST)
 - Basildon and Thurrock Hospitals NHS Foundation Trust (BTUH)
 - Southend University Hospital NHS Foundation Trust (SUHT)
 - Out of Hours Services (IC24)

- Connect Health (CH) (MSK Services)
 - Lakeside Medical Diagnostics (LMD) (Ultrasound Services)
 - Brentwood Community Hospital
 - GP Surgeries
 - Care Homes
- 3.3 In addition, the CCG also receives complaints about the commissioning decisions it makes and the way in which it operates.
- 3.4 The CCG (as stated above in paragraph 1.3), investigates and addresses complaints regarding CCG processes, in relation to the services where the CCG is the 'lead commissioner' and in some cases of multi-agency complaints. Where the CCG is not the 'lead commissioner' (the complainant still has the right to complain to their 'local' CCG) Thurrock CCG asks the 'lead commissioner' to lead on the complaint wherever possible.
- 3.5 Five complaints were carried forward from the previous financial year into 2018/19. The total number of new complaints during the 2018/19 financial year was 43 compared to 21 in 2017/2018 and 31 during 2016/17. There has been a significant rise in access to treatment complaints in 2018/19 which has contributed to the higher number of complaints received.
- 3.6 Complaints regarding GP Practices are automatically referred to NHS England. However, the CCG will log these as 'enquiries' in order to maintain a record of those complaints referred to NHS England and also to identify any particular trends that are then notified to the Primary Care Team to support the development of Primary Care. Complaints that can be investigated by other bodies are also referred on appropriately for example where another CCG is the lead Commissioner. There are some exceptions where the complainant has requested the CCG to investigate.
- 3.7 Furthermore, the Complaints Lead has implemented the 'local resolution' element of the Complaints Policy whereby the CCG endeavours to resolve an 'issue' quickly before it escalates into a complaint.
- 3.8 During 2018/19, 44 complaints were referred to another relevant body which is significantly higher than 24 in 2017/2018.
- 3.9 Additionally, 44 enquiries were resolved through local resolution (this uses an approach similar to that of the Patient Advice and Liaison (PALS) department) compared to 27 in 2017/2018. All complaints, referrals and enquiries have been reported to the Quality & Patient Safety Committee and Audit Committee as part of the Complaints reporting process.

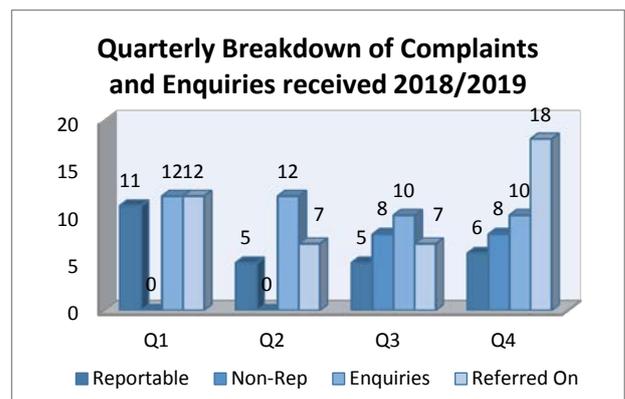
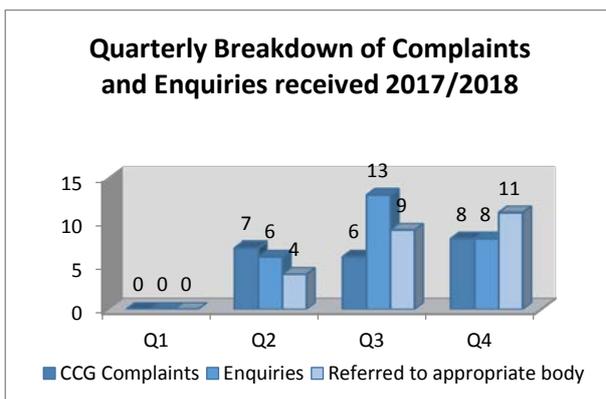
3.10 Complaints and enquiries are received via the dedicated email account thurrockccgcomplaints@nhs.net, via telephone, via letter and in some cases personally. Each contact with the CCG requires the Complaints Officer to record key details of the complainant as well as their concern or complaint. This is then assessed to determine whether the issues raised are a complaint or an enquiry and whether the CCG is required to investigate the matter or refer it to another appropriate body. The complaints log is updated in all cases and the categorisation of complaints is discussed at the weekly complaints meeting.

3.11 The CCG (in most cases) will be required to obtain consent from a complainant and will write to the complainant to acknowledge their complaint / concern and how it will be addressed. Investigating the complaint / concern requires contact with other bodies and/or departments of the CCG to ascertain the facts of the complaint and provide evidence to the complainant regarding the situation in hand and how it has been addressed. Depending on the complexity of complaints and the organisations involved, the CCG would normally send multiple correspondences to other organisations as well as updating the complainant and in most cases will need to chase other organisations for their responses.

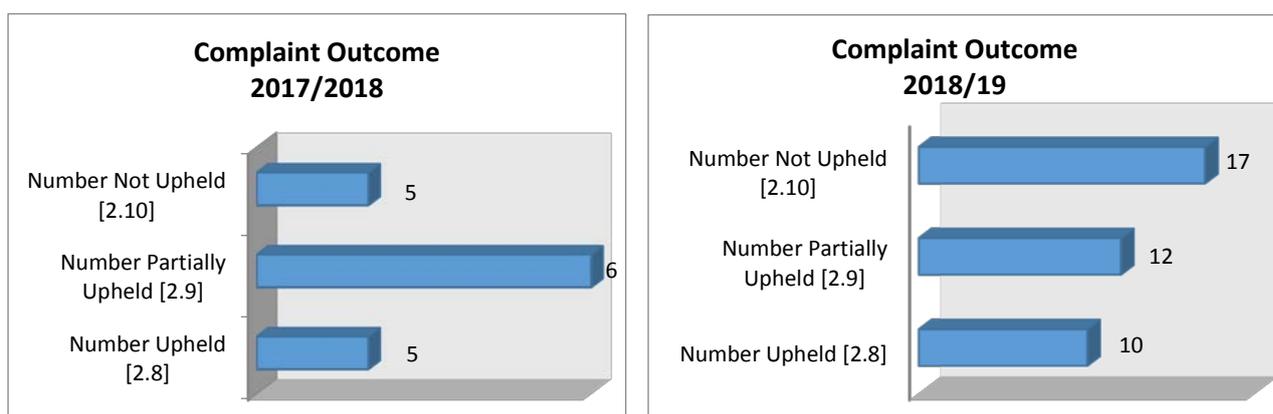
3.12 The following charts show the breakdown of complaints and enquiries during 2017/2018 and 2018/2019.



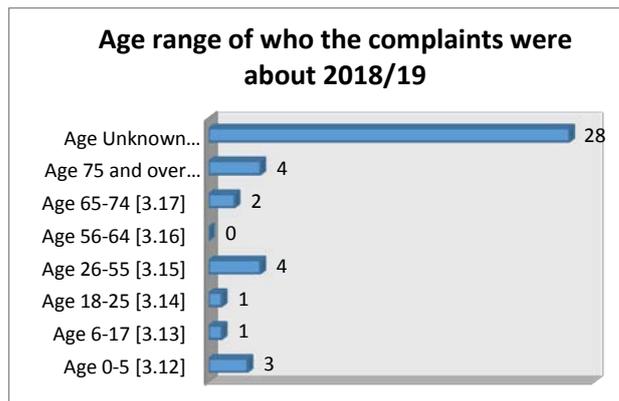
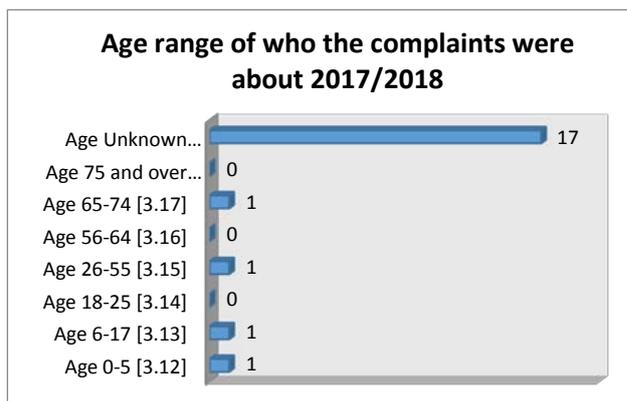
3.13 The following charts show the breakdown of complaints and enquiries by quarter during 2017/2018 and 2018/2019.



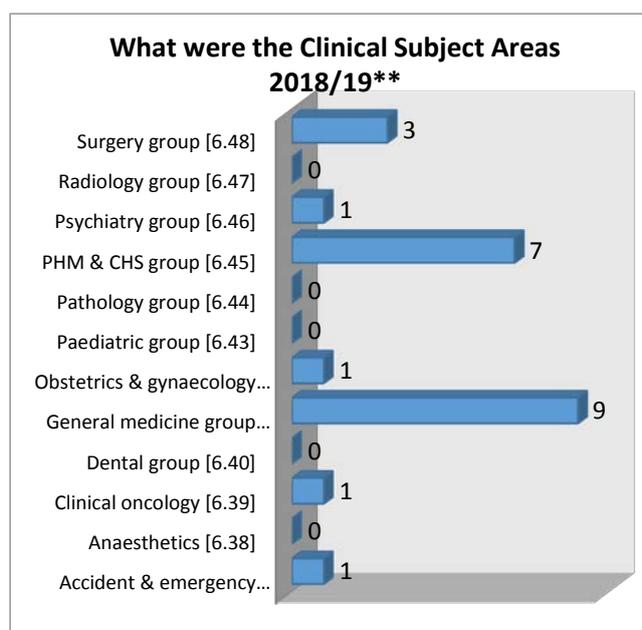
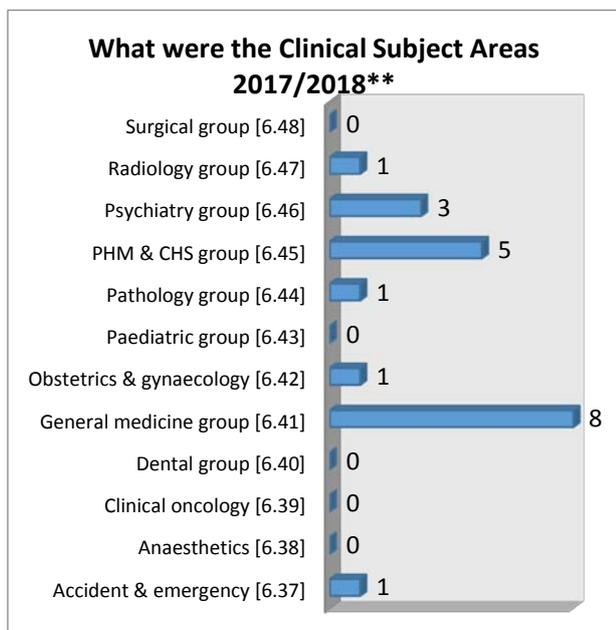
- 3.14 Appendix 1 provides a detailed breakdown of the complaints and enquiries received by the CCG.
- 3.15 The CCG is required to report complaints to NHS Digital, using a standard format of classifying complaints. Included in this is the legal requirement to report upon the outcome of closed complaints (this will include complaints brought forward from the previous year, but closed in-year and will exclude any complaints that had not been resolved by 31st March 2019). The following charts show the outcome of complaints that were closed in 2017/18 compared to those closed in 2018/2019.



- 3.16 There has been an increase in the number of complaints that have been upheld in 2018/19. A number of these outcomes were as a result of complaints regarding access to treatments, investigation showed that in fact prescribing was in line with CCG guidelines but did not meet patient expectation.
- 3.17 In 2018/2019 four complaints were included in quarterly reporting data but not investigated because consent was not received.
- 3.18 Five complaints were received about services from EPUT for which the CCG are the lead commissioner. Learning from these complaints is triangulated into quality visits to EPUT services.
- 3.19 At the end of the financial year, the CCG had five open complaints that were carried forward into quarter one 2019/20.
- 3.20 For the majority of complaints, the age of the individual subject of the complaint was unknown, although it was noted that complaints were received regarding patients/individuals of all age groups throughout the year.

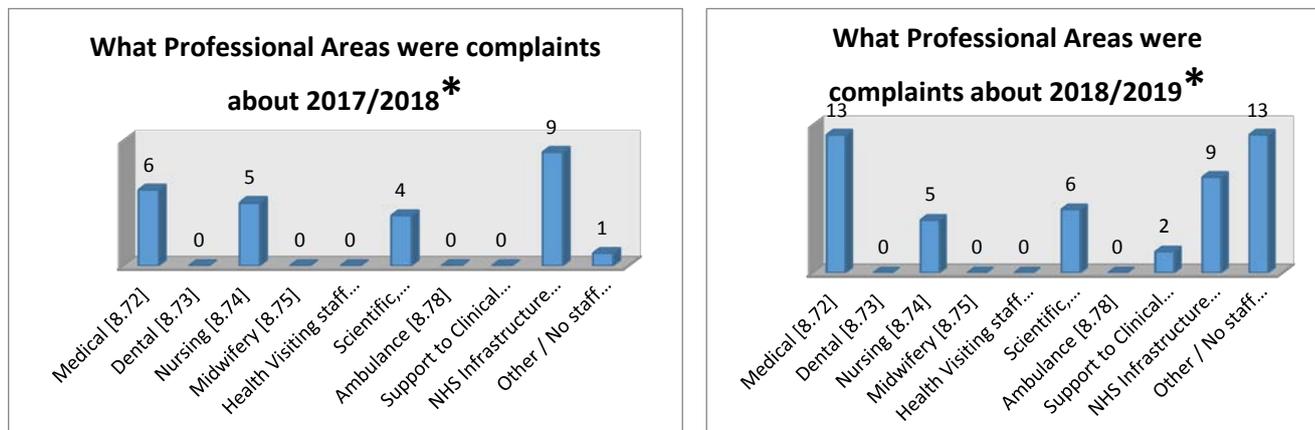


- 3.21 Whilst it is a requirement from NHS Digital to report on age ranges, this information is volunteered by the patient and not routinely requested by Thurrock CCG as part of the complaints process.
- 3.22 Analysis of information on ages that has been volunteered by complainants has not produced any useful data on complaint trends, largely because the number of complaints we do not know this information.
- 3.23 The clinical subject areas of complaints were largely General Medicine and PHM & CHS (Population Health Management and Community Health Service) groups which is reflective of complaints received in 2017/2018.
- 3.24 PHM & CHS groups include Out of Hours GP and Community Ophthalmology services.
- 3.25 The General Medicine Group subject area includes Acute, General and Specialist Medicines.



****Not all complaints relate to clinical services.**

3.26 The following chart shows the professional areas that complaints were about.



3.27 Complaints can be about more than one professional area. In addition, some complaints may be about an area not included within the NHS Digital classifications, for example, in 2018/2019 nine complaints were received about commissioning or funding decisions which fell under the 'other/no staff involved category'.

3.28 There has been an increase in medical professional/consultant led service complaints including complaints regarding consultant prescribing and patient care.

3.29 NHS Infrastructure includes complaints affecting clerical and administrative functions, for example difficulties in contacting the service.

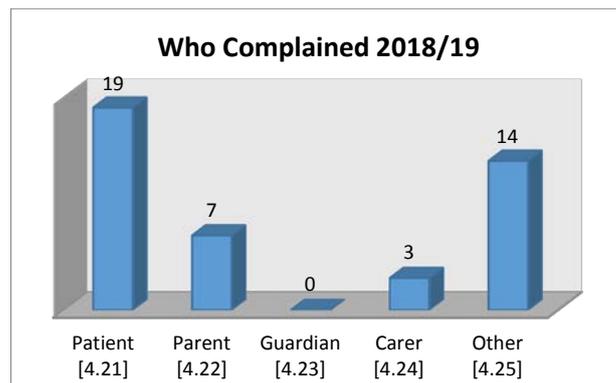
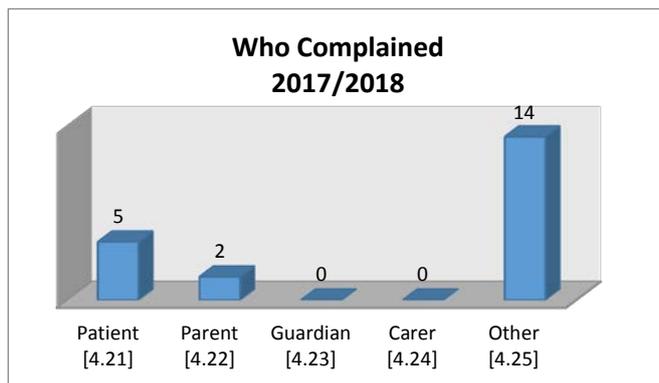
3.30 The 'Other/No staff involved' category includes commissioning decisions.

3.31 It should be noted that Thurrock CCG does not commission Dental or Health Visiting services.

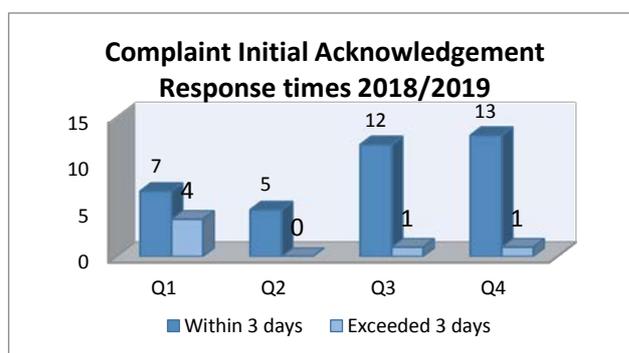
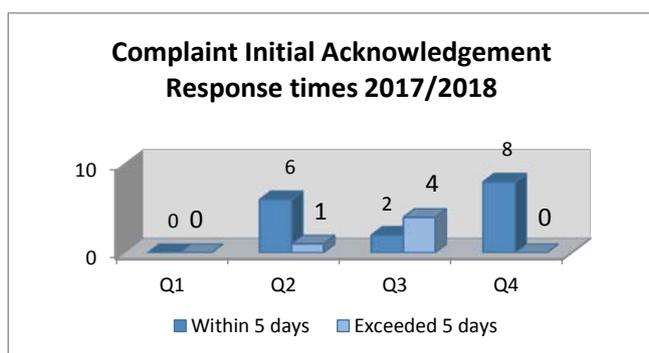
4 Processing Complaints

4.1 All complaints have been processed in accordance with the CCG Complaints Policy. Once a complaint is received it is entered onto the 'active' complaints register and an 'acknowledgement' letter is sent to the complainant (within the statutory requirement of 3 days from the date of receipt). Where applicable consent is sought to discuss patient details with other parties whether it be the patient representative (who may be complaining on their behalf) or third parties, who may have been involved in or who can assist in the investigation of the complaint. The following chart shows the range of people who complained.

4.2 Complainants ranged from patients themselves, to parents, carers and relatives / friends / MP's (other). This included within the 'other category' (categories defined by NHS England) were other family members, other NHS and local councillors.

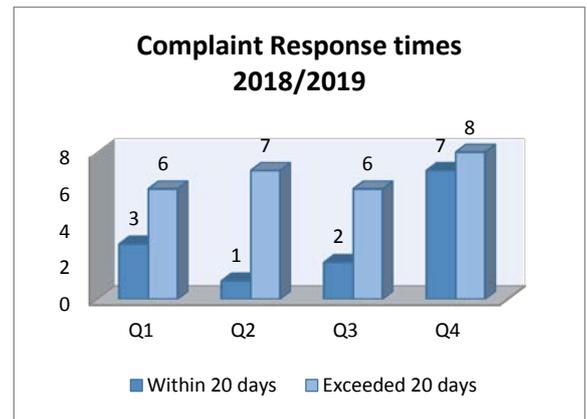
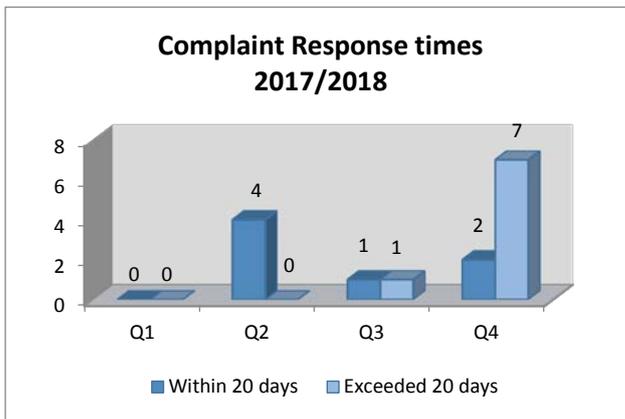


- 4.3 There were an increased number of patients directly complaining to the CCG compared to 2017/2018.
- 4.4 'Other' complainants include Advocacy Services and MP's. The Team has responded to increasing numbers of advocacy complaints by developing very good relationships with the POhWER Advocacy service who assist patients with the complaints process.
- 4.5 Although there is no statutory target for complaints resolution (the regulations require a timescale to be identified for each complaint at the outset), the CCG policy is to resolve complaints within 20 days.
- 4.6 The complainant is informed of progress with the complaint and a final letter explaining the outcome of the complaint is issued. All complainants are informed of the complaint process and who they can escalate the complaint to if they are not satisfied with the outcome (i.e. the Parliamentary and Health Service Ombudsman).
- 4.7 The NHS Complaints Regulations 2009 state that complaints must be acknowledged no later than 3 working days after the day on which an organisation receives the notification. Data for 2018/2019 reflects this timescale. The following tables show how the CCG has complied with the target response and resolution timescales.



- 4.8 As the chart above shows, there were four complaints that were not acknowledged within the target response time at the end of Q1; issues were identified that affected the initial acknowledgement of complaints, as follows:

- Initial contact made with the complainant by telephone within 3 days to clarify concerns and followed up with acknowledgement letter.
- Clarification required whether concerns should be dealt with as formal complaint or enquiry.
- Initially treated as an enquiry, but difficult to resolve so progressed to formal complaint.



4.9 Of the 40 complaints closed in 2018/2019, 13 complaints (32.5%) were processed within 20 days as per the Complaints Policy. Those not processed within the target time (27), took longer for the following reasons:

- An extended period awaiting confirmation of consent
- Multi-agency, difficulties in co-ordinating responses
- Delays due to Provider policy response times exceeding 20 days
- Delays generally from Providers responding
- Complex complaints
- Response returned to Provider for clarification
- Provider had not advised that complaint had been closed.
- Delays in receiving consent to share information
- Delays in identifying responsible organisation
- Confusion over who actually provided and commissioned the service

4.10 A breakdown of complaint response times is as follows:



- 4.11 At the end of Q3, additional administrative support was recruited to the Complaints Team which has had a positive impact on improving complaint acknowledgement and response times.
- 4.12 During 2018/19 Thurrock CCG did not have any complaints investigated by the Parliamentary Health Service Ombudsman PHSO.

5 Reporting Complaints

- 5.1 Quarterly complaints reports are presented to the Quality & Patient Safety Committee and the Audit Committee to ensure that there is proper scrutiny of complaints and so that CCG Officers are kept informed regarding the level of complaints and how they are being handled.
- 5.2 Quarterly returns are also made to NHS Digital on an anonymised basis. These are using a prescribed format, which has been incorporated into the complaints log so that reporting is efficient. NHS Digital returns for 2018/2019 have been submitted within the required timescales.
- 5.3 This annual report will also be presented to the CCG Board and published on the CCG website to ensure transparency and openness.

6 Annual Review of Complaints

- 6.1 The complaints process is reviewed annually by the Associate Director of Corporate Governance (Company Secretary). The following actions are being taken as a result of the annual review:
- Complaints Lead and reception staff attended training to develop skills for complaints.
 - Continue to improve on learning lessons.
 - Filing of complaints documentation and file structure still to be fully implemented, this will be progressed with admin support.
 - Team meetings used to convey messages relating to complaints.
- 6.2 An independent review of complaints is planned to be carried out by the PPI Lay Member and has been scheduled, to be reported in the next quarterly complaints report.

Appendix 1

CONFIDENTIAL Summary of 2018/2019 Complaints Received

SECTION REMOVED TO PROTECT CONFIDENTIALITY

Note: (R) Indicates TCCG Reportable Complaints / (NR) Indicates Non Reportable Complaints

Summary of 2018/2019 Enquiries and Informal resolutions

Brief outline of enquiry / involvement	No
Prescribing	10
Referral	7
Policy/procedures	6
Clinical Care	4
Commissioning Decision	3
Request for Information	3
EPUT	2
Individual Funding Request	2
Access for Hearing Impaired	1
Administration	1
Appointments	1
Assisted Conception	1
Communication	1
GP Enquiry	1
Vaccine	1

Note: (R) Indicates TCCG Reportable Complaints / (NR) Indicates Non Reportable Complaints

Summary of 2018/2019 Complaints referred on to other organisations

Brief outline of complaint / Involvement	No
Referred to NHS England regarding GP complaints	20
Referred to NELFT	5
Referred to Inclusion	1
Referred to BTUH	4
Referred to BBCCG	4
Referred to Thurrock Hub	1
Referral to GP Practice	1
Referred to EPUT	5
Referred to Mid Essex CCG	1
Referred to Thurrock Council	1
Referred to SUHT	1

Note: (R) Indicates TCCG Reportable Complaints / (NR) Indicates Non Reportable Complaints