

Compliments, Complaints and MP Enquiries Quarter 1 Report 2014/2015

Governing Body meeting

2 October 2014

Item 13g

Author(s)	Sarah Neil, Complaints Manager and Patient Experience Lead
Sponsor	Kevin Clifford, Chief Nurse
Is your report for Approval / Consideration / Noting	
Noting	
Are there any Resource Implications (including Financial, Staffing etc)?	
No	
Audit Requirement	
<u>CCG Objectives</u>	
<p>Which of the CCG's objectives does this paper support? Assurance Framework Number: AF reference 2.1 The report provides assurance that complaints that the CCG receives relating to providers are handled appropriately.</p>	
<u>Equality impact assessment</u>	
<p>Have you carried out an Equality Impact Assessment and is it attached? No If not, why not? Not relevant as this is not a new policy, process or strategy.</p>	
<u>PPE Activity</u>	
<p>How does your paper support involving patients, carers and the public? Provides assurance that feedback through complaints is acted upon.</p>	
Recommendations	
The Governing Body is asked to note the Compliments, Complaints and MP Enquiries Quarter 1 Report 2014/2015.	

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1. Introduction

NHS Sheffield Clinical Commissioning Group (CCG) receives compliments, complaints and MP enquiries about the services that it commissions and about services provided by the West and South Yorkshire and Bassetlaw Commissioning Support Unit on behalf of the CCG. Complaints relating to Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield Children's NHS Foundation Trust and Sheffield Health and Social Care NHS Foundation Trust are redirected to the Trusts to handle. The remainder are handled by NHS Sheffield CCG. Since 1 April 2013, complaints about GPs, dentists, opticians and pharmacies are handled by NHS England.

2. Compliments

Two compliments were received. One related to a quick referral by a GP practice and the subsequent treatment that the patient received at Sheffield Teaching Hospitals. The other related to the care provided and to a patient in receipt of continuing healthcare.

3. Number of complaints and MP enquiries

23 formal complaints were received during quarter 1 2014/15, an increase of 44% on the number received during quarter 1 2013/14 (16).

2 informal complaints were received during quarter 1.

9 MP enquiries were received during 2014/15, compared to 11 quarter 1 2013/14.

85% of formal complaints and MP enquiries were acknowledged within two working days.

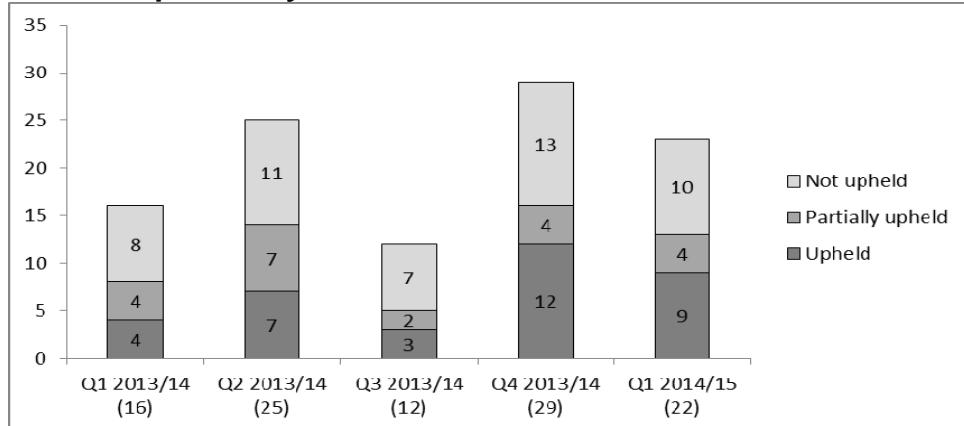
89% of MP enquiries were responded to within the 25 working day target.

74% of formal complaints were responded to within the 25 working day target.

Of the six complaints that exceeded the target, in one case we were seeking legal advice, in two cases we had requested further information from the Commissioning Support Unit, one case was a multiagency complaint necessitating a joint investigation, and in two cases the complaints related to the care packages that had been offered to patients in receipt of continuing healthcare. Complaints about offers of care are reviewed by Resource Panel and it is sometimes necessary to obtain further clinical information before a decision can be made.

In addition, we contributed to one multiagency MP enquiry for which another organisation was taking the lead.

4. Complaints by outcome



Upheled: The complainant's primary concerns were found to be correct.

Partially upheld: The complainant's primary concerns were not found to be correct, but our investigation identified some problems with the service provided.

Not upheld: The complainant's concerns were not found to be correct. Where a complaint is not upheld, we still seek to learn from the complaint, and consider what we could do differently to improve the complainant's experience.

Of the complaints received in 2013/14, 32% were upheld and 21% were partially upheld.

5. Ombudsman referrals / decisions 2014/15

6.

Complaint	Status
3408.13 Continuing healthcare process and communication with family <i>(Complaint handled and referred to Ombudsman during 2013-14).</i>	The Ombudsman chose not to investigate because the appeals process was not exhausted.
3449/13 Commissioning of hearing aids and criteria used to assess eligibility for bilateral hearing aids. <i>(Complaint handled during 2013-14 and referred to Ombudsman during 2014-15).</i>	Outcome pending.
3565/14 Decision of IFR Panel not to fund breast augmentation and commissioning of specialist plastic surgery procedures.	Outcome pending.

7. Complaints by service area

		2013-2014				2014-2015			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Commissioning	Formal complaints	0	3	4	4	10			
	Informal complaints	1	0	0	0	1			
	Formal complaints, another organisation took the lead	0	0	0	0	0			
	Total number of concerns raised	1	3	4	4	11			

Issues raised in Q1 include commissioning of IVF, mental health, transport, arthroscopy, specialist plastics procedures and the Individual Funding Request (IFR) process.

Communications	Formal complaints	0	0	0	0	0			
	Informal complaints	2	0	0	3	1			
	Formal complaints, another organisation took the lead	0	0	0	1	0			
	Total number of concerns raised	2	0	0	4	1			

Continuing Healthcare and Funded Nursing Care	Formal complaints	10	18	5	14	8			
	Informal complaints	0	0	0	1	0			
	Formal complaints, another organisation took the lead	4	0	0	2	0			
	Total number of concerns raised	14	18	5	17	8			

Continuing Healthcare Retrospectives	Formal complaints	4	0	1	6	5			
	Informal complaints	0	0	0	0	0			
	Formal complaints, another organisation took the lead	0	0	0	0	0			
	Total number of concerns raised	4	0	1	6	5			

Independent providers	Formal complaints	2	4	2	4	0			
	Informal complaints	2	1	0	0	0			
	Formal complaints, another organisation took the lead	0	1	0	0	0			
	Total number of concerns raised	4	6	2	4	0			

7.1 Commissioning and IFR

We received 10 complaints. Three were upheld and one was partially upheld.

The complaints received included the following issues:

- Three complaints related to commissioning of IVF.
- Two complaints related to commissioning of specialist plastics surgery.
- One complaint related to arthroplasty. This complaint was upheld. A patient with high BMI was referred to a provider that does not have the facilities to operate on patients with high BMI. We are reviewing the process for referring patients and following up with the patient's GP practice.
- One complaint related to patient transport. This complaint was upheld. A transport booking failed because the vehicle that was sent did not meet the patient's needs. We are working with the providers involved to establish why this happened.
- One complaint related to the Asperger Service. We explained to the complainant how to request a referral to the service.
- One complaint related to funding of treatment outside Sheffield. On 1 April 2014 patients' rights to choice of mental health provider was extended. The IFR Panel had declined a request that had been made before 1 April to refer a patient to a mental

health provider in a different area. This decision was in line with the guidance at that time and so the complaint was not upheld, but in light of the change to patients' right to choice we decided that the request should now be approved.

- Seven of the complaints related to patients for whom IFRs had been made. The complaints were primarily about the commissioning policies that the IFR panel follow, but some concerns were also raised about communication and process. One complaint about IFR was upheld and one was partially upheld. The following changes are being made:
 - IFR decision letters will specifically reference which polices the panel is referring to, with a link to the online version of the policy where possible and letters will be checked by senior members of the team.
 - When appeal letters are received the IFR team will screen them to ensure that they meet the criteria for an appeal to be heard. Where the criteria have not been met, the reasons for this will be clearly documented and communicated to the patient/clinician.
 - To improve communication, the team has recently purchased a new IT system on which the IFR panel members record the clinical rationale for their decisions. This will enable the IFR team to produce more comprehensive letters explaining the outcome to the patient and clinician.

7.2 Continuing Healthcare and Funded Nursing Care (CHC and FNC)

7.2.1 CHC and FNC appeals

We received four complaints relating to the appeals process.

The complaints received related to the following issues:

- Delays
- Poor communication, including inaccurate letters being sent and correspondence not being responded to.

The complaints were upheld.

We took the following action in response:

- We apologised for delays and poor communication and where possible took action to ensure that individual cases were processed in a timely manner.
- All staff in the team were given training on the appeals process so that staff who do not routinely work on appeals are able to answer enquiries accurately.
- Changes were made to the system for logging receipt of correspondence and ensuring that letters are responded to. The effectiveness of the new system is being monitored.

7.2.2 CHC and FNC eligibility decisions

We received two complaints relating to the process for deciding eligibility for CHC and FNC.

The complaints included the following issues:

- Poor communication, including inaccurate information given to a family member regarding whether they were entitled to see a copy of the decision support tool, family members not feeling part of the assessment process and family members not being aware that funding could change.
- Reviews not being conducted in a timely manner.

Both complaints were partially upheld.

We took the following action in response:

- We apologised for errors that had been made.
- All staff in the team were reminded of the procedure for sharing client information.

7.2.3 CHC and FNC care packages

We received two complaints about care packages.

The complaints related to the suitability of the care packages. In one case the CCG amended the offer of care.

7.3 Continuing healthcare retrospectives.

We received five complaints relating to CHC retrospective reviews.

The complaints included the following issues:

- Delays
- Administrative errors
- Poor communication including correspondence lacking clarity and letters not being responded to.
- Concerns that guidance was not being properly followed.

One complaint was upheld and one was partially upheld. The complaints that guidance was not being properly followed were not upheld, but we found that there was evidence of administrative errors, delays and poor communication.

We took the following action in response:

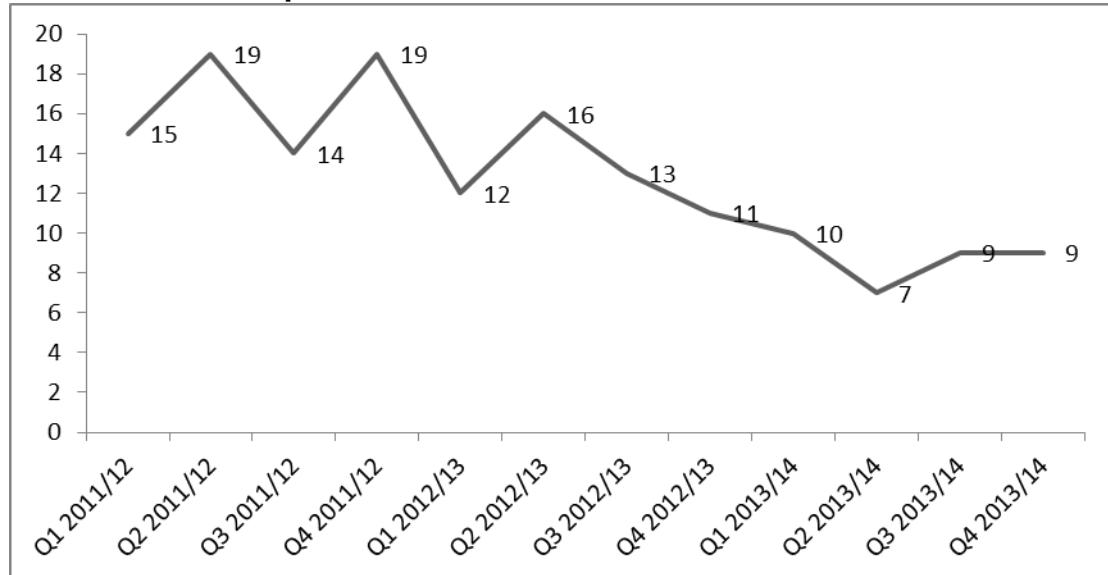
- We apologised and where possible took action to ensure that individual cases were processed in a timely manner.
- Staff were given training regarding passing complaints on to the complaints team in a timely manner.
- Improvements were made to the continuing healthcare filing and administrative systems.

8. MP enquiries

Nine MP enquiries were received. Three enquiries related to complaints that constituents had already raised directly with NHS Sheffield CCG.¹ The other enquiries included requests for information about the Minimum Practice Income Guarantee, eyesight tests, mental health services, patient transport, continuing healthcare, and commissioning of hip replacement surgery.

¹ When an MP raises concerns on behalf of a constituent who has complained to their MP but has not already lodged a complaint with NHS Sheffield CCG, the case is categorised as a complaint rather than an MP enquiry. Nine of the formal complaints described above under section 6 were raised by MPs on behalf of their constituents.

Number of MP enquiries received



9. Recommendations

The Governing Body is asked to note the Compliments, Complaints and MP Enquiries Quarter 1 Report 2014/2015.

Paper prepared by Sarah Neil, Complaints Manager and Patient Experience Lead

On behalf of Kevin Clifford, Chief Nurse

22 September 2014