

**Complaints, MP Enquiries and Patient Feedback Report  
 Quarter 3 2018/2019**

Item 22n

Governing Body meeting

2 May 2019

<b>Author(s)</b>	Liz Waterfall, Complaints Manager
<b>Sponsor Director</b>	Mandy Philbin, Chief Nurse
<b>Purpose of Paper</b>	
To provide Governing Body with complaints and MP enquiries comparative data and information about themes and trends for quarter 3 2018/2019	
<b>Key Issues</b>	
<ul style="list-style-type: none"> <li>• 7 complaints were received which is a 30% decrease from quarter 2</li> <li>• 10 MP enquires were received which is a decrease of 33% from quarter 2</li> <li>• 100% MP enquiries were responded to within 25 days</li> <li>•</li> </ul>	
<b>Is your report for Approval / Consideration / Noting</b>	
Noting	
<b>Recommendations / Action Required by Governing Body</b>	
The Governing Body is asked to: note the Complaints, MP Enquiries and Patient Feedback Quarter 3 Report 2018/2019.	
<b>Governing Body Assurance Framework</b>	
<p><b>Which of the CCG's objectives does this paper support?</b>  <b>Assurance Framework Number.</b> GBAF nos 1 &amp; 2  <b>Principle Objective 1.1:</b> To improve patient experience and access to care  <b>Principle Risk:</b> Insufficient communication and engagement with patients and the public on CCG priorities and service developments, leading to loss of confidence in CCG decisions.  <b>Principle Objective 2.1:</b> To improve the quality and equality of healthcare in Sheffield  <b>Principle Risk:</b> Providers delivering poor quality care and not meeting quality targets particularly in a period of system wide organisational changes.</p>	
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>	
No	

**Have you carried out an Equality Impact Assessment and is it attached?**

Not relevant as this is not a new policy, process or strategy

***Have you involved patients, carers and the public in the preparation of the report?***

No

## **Complaints and MP Enquiries Quarter 3 Report 2018/19**

### **Governing Body meeting**

**2 May 2019**

#### **1. Introduction**

The CCG handles complaints and MP enquiries about:

- the conduct of NHS Sheffield CCG staff
- services that NHS Sheffield CCG provides, including commissioning decisions.

A complaint is an oral or written expression of dissatisfaction that requires a response. When the CCG receives a complaint relating to services commissioned by the CCG and provided by another organisation, the CCG decides whether it is appropriate for the provider to handle the complaint directly or whether the CCG should handle the complaint<sup>1</sup>. Where the CCG decides to handle the complaint the provider is asked to investigate and provide the CCG with the outcome of their investigation. The CCG then responds to the complainant.

Department of Health guidance indicates that these complaints should be included in provider rather than CCG complaints statistics. Therefore, detailed information about provider complaints is not included in this report.

#### **2. Complaints**

##### **2.1. Number of complaints received**

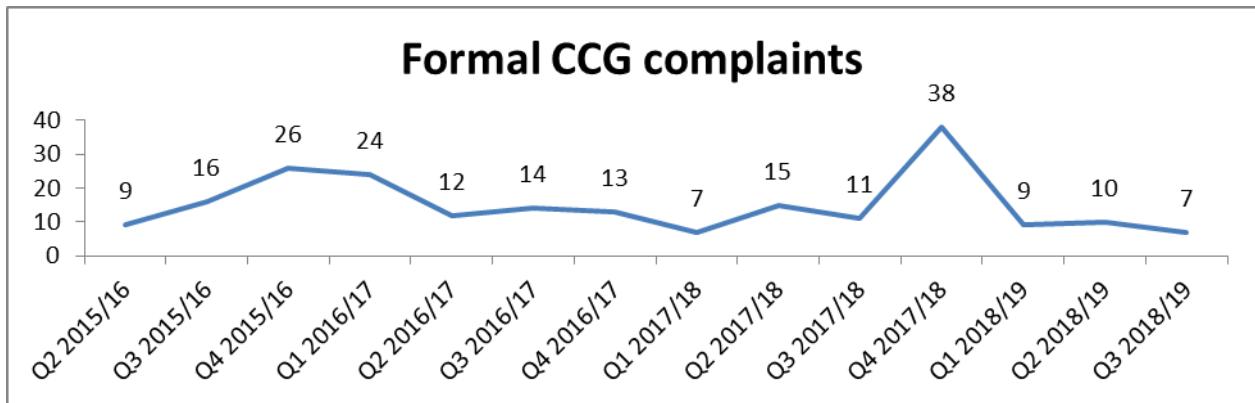
During quarter 3 the CCG:

- Handled 7 complaints about CCG services and decisions
- Dealt with 9 concerns that related to CCG services and decisions
- Received 16 complaints and 1 MP enquiry that were redirected to other organisations to respond

This is a decrease on number of complaints in quarter 2 2018/19 and is below the average number of complaints received per quarter in the CCG.

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<sup>1</sup> Factors that are taken into account include the subject and severity of the complaint, contractual breaches, pre-existing concerns relating to the provider, and the extent to which feedback from the complaint might inform commissioning decisions. The complainant must consent to their complaint being redirected to the provider to handle. The CCG considers it appropriate that, except in very exceptional circumstances, complaints relating to Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield Health and Social Care NHS Foundation Trust and Sheffield Children's NHS Foundation Trust should be handled directly by the Trusts. The Trusts have a statutory responsibility to investigate complaints effectively, and the CCG has robust processes in place for monitoring the Trusts' compliance with complaints regulations.



Graph 1: Number of complaints about CCG services and decisions

## 2.2. Timeliness of response

We aim to acknowledge complaints within 2 working days and respond within 25 working days. This timeframe can be negotiated and amended with the agreement of the complainant.

Of the 7 complaints about CCG services and decisions:

- 7 (100%) were acknowledged within two working days
- 6 (86%) were responded to within 25 days
- 1 complaint is still open awaiting legal review – see below

These figures are consistent with the previous quarter (88%) and demonstrate that improvement in response times has been maintained. However, the number of complaints received fell during this quarter, and the programme of work to improve performance and quality issues continues. This will include further training sessions with staff to target key issues and developing a range of resources to support the process.

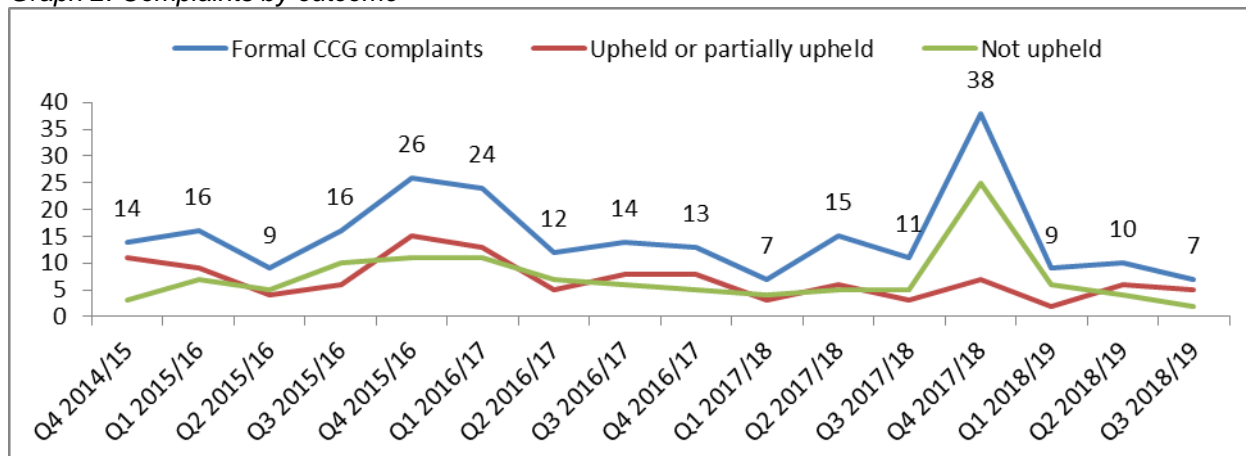
The reasons for complaint on hold were as follows:

Area	Reason complaint on hold	Mitigating factors	Actions
Continuing Healthcare	Legal advice required regarding matters relating to offer of care	Establish if offer of care represents a restriction and if this needs consideration by Court of Protection.	Holding letter sent and update from solicitor planned

Table 1: Reasons for late responses

## 2.3. Complaints by outcome

Graph 2: Complaints by outcome



Graph two, above shows the number of formal complaints received, the number that were not upheld and the number that were either upheld or partially upheld (combined).

	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19
Upheld: The complainant's primary concerns were found to be correct.	4	0	0	2	4	1
Partially upheld: The complainant's primary concerns were not found to be correct, but our investigation identified some problems with the service provided.	2	3	7	0	2	4
Not upheld: The complainant's concerns were not found to be correct. <sup>2</sup>	5	5	25	6	4	2
Unknown (complaint open or on hold).	0	0	0	0	0	0

Table 2: Complaint outcomes and open cases

## 2.4. Parliamentary and Health Service Ombudsman (PHSO)

There were no PHSO decisions during quarter 3.

<sup>2</sup> 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.

## 2.5. Complaints and concerns by service area

		2016-2017				2017-2018				2018-19		
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Commissioning and CCG policies decisions (inc POL)	Formal complaints	11	3	5	2	2	4	3	24	3	3	1
	Informal complaints and concerns	3	4	7	2	3	3	6	7	7	10	4
Continuing Healthcare, Funded Nursing Care and Personal Health Budgets	Formal complaints	11	6	7	10	3	11	8	14	6	7	6
	Informal complaints and concerns	5	8	6	0	1	4	1	3	4	7	5
Continuing Healthcare Previously Unassessed Periods of Care	Formal complaints	2	3	2	1	2	0	0	0	0	0	1
	Informal complaints and concerns	0	0	0	0		0	0	0	0	0	0

Table 3: Complaints and concerns by service area

## 2.6. Commissioning and CCG policies and decisions

We handled 1 complaint and 4 concerns. (A concern can be defined as a matter of interest, importance or anxiety). The complaint was in relation to the prescription order line and how concerns about the experience were handled. The complaint was investigated, action taken to address and apologies offered to the complainant. Among the concerns, issues related to:

- CCG's decision on gluten free prescribing
- Effects on patients on low income of changes to prescription of over the counter medicines
- Waiting time to get through on prescription order line
- Process for obtaining individual funding request for procedure

Responses providing information on these issues were sent to individuals. In the case of the prescription order line, this was due to exceptionally high activity at that time and action was taken to alert practices.

## 2.7. Continuing healthcare

We received 6 complaints and 5 concerns regarding this area. The complaints covered:

- Disagreements with the offer of care following the appeal process (2)
- Issues regarding process (4)

Elements covered included:

- Challenge to the allocation of respite care
- Clarification regarding fastrack applications for patient
- Application to appeal deemed 'out of time'
- Delay in payment process for personal health budget (external service)
- Disagreement with decision to change in financial arrangements for care package
- Disagreement with the information collected as part of a retrospective assessment for continuing healthcare.

Each complaint was reviewed and fully investigated:

- Where possible, staff made contact with the complainant to discuss their concerns in more detail
- A meeting was held in 1 case to explore further options to resolve the concerns raised
- Explanations regarding decisions made, in line with CHC policies and procedures, were provided and apologies offered.

### **3. Patient feedback surveys**

#### **3.1 Prescription Order Line (POL)**

In November 2018 the Patient Experience Team supported the Prescription Order Line Annual Survey. 112 surveys were completed (some over the phone and some in hard copy).

#### **Overview - Findings**

##### Demographics

- The majority of respondents were female 67% (75 / 112).
- The majority of respondents were White/ White British – 96% (108 / 112).
- Of those providing an age, concentration of respondents were aged between 45 and 84 years (95/107).

##### Using the service

- 72% of respondents (81/112) had used the service more than 10 times.
- 73% of respondents (82/112) used the service for prescriptions for themselves.
- 75% of respondents (84/112) would be extremely likely to recommend the service to friends and family (21% likely to recommend). No one was unlikely to recommend the service.
- 88 respondents agree that using the telephone is most convenient.

## **Participant comments**

Seventy Two respondents provided additional comments on why they would recommend the service. In the main the comments were positive, with call handlers being referred to as friendly and helpful. It was acknowledged that there were waits to get through to the service.

## **Q3 online survey**

In addition, 9 surveys commented online. Six were 'extremely likely' or 'likely' to recommend the service, three were 'extremely unlikely' to recommend the service. A positive theme in the feedback was that staff were friendly. Negative comment include wait on the line and being cut off.

## **Conclusion**

The POL service is liked by most and provides an efficient alternative to visiting the surgery or going online to request repeat prescriptions. Patients appreciate the friendliness and helpfulness of the staff. Sometimes having to wait to get through is a recognised and expected occurrence, in most cases patients know when is best to phone.

Of the comments provided, just 3% were not happy with the service.

## **Actions and next steps**

- The Patient Experience Team have shared the results/ first draft report with POL service.
- We are providing feedback to people who took part in the survey. POLs directly feedback to individuals where requested. A general report will be sent to all participants who wanted one.

## **3.2 Continuing Healthcare – patient experience**

The CHC Team are working with Healthwatch to better understand patients' and carers' experiences of the service. An action plan to implement user feedback is making strong headway with carers and families shaping the feedback document. This questionnaire is in development and the collective results of this questionnaire will be formulated in future reports.

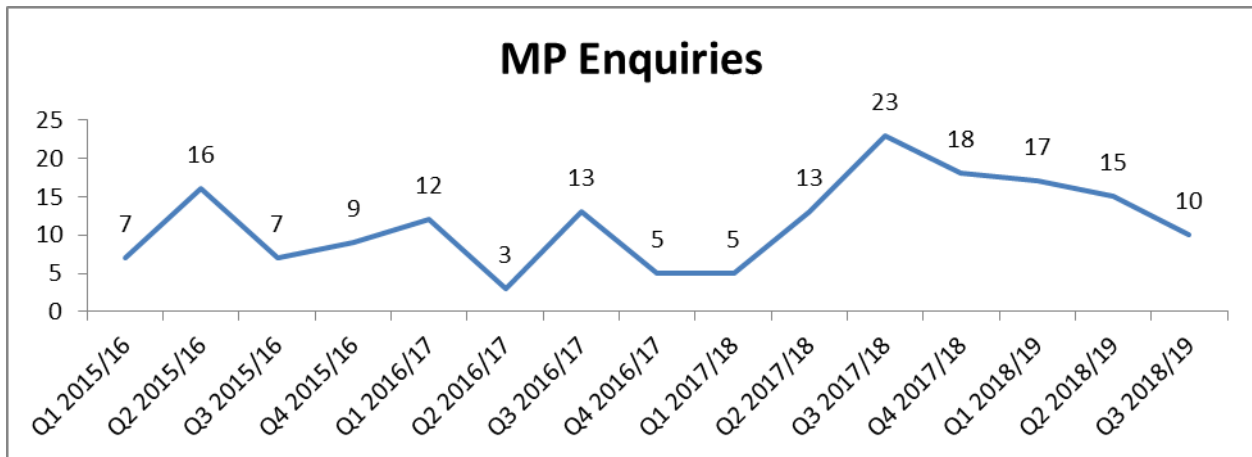
## **4. MP enquiries**

5. When an MP raises a complaint on behalf of a constituent, this is classified as a formal complaint. The CCG also responds to queries from MPs that do not meet the criteria of a formal complaint. These are classified as MP enquiries.

### **5.1. Number of MP enquiries received**

During quarter 3 we handled 10 MP enquiries in comparison to 15 in the last quarter, showing a decreasing trend over the last 4 quarters (see graph below).





Graph 3: Number of MP enquiries about CCG services and decisions

## 5.2. Timeliness of response

We aim to acknowledge MP enquiries within 2 working days and respond within 25 working days. Of the 10 MP enquiries handled during quarter 3:

- 10 (100%) were acknowledged within 2 working days
- 10 (100%) were responded to within 25 working days

## 5.3. Subjects of MP enquiries

The 10 MP enquiries received were wide ranging and included:

- Further update on dementia review, plans for patient care and CCG spending (1)
- Enquiries regarding specific services, eg, criteria for IVF and IFR (2)
- Questions relating to access to medications and devices, eg flu vaccine, vitamin D and glucose monitor (3)
- Enquiry regarding CCG policy on language disorder provision (1)
- Supporting individual constituents regarding package of care or choice of care home (2)
- Query regarding who is responsible commissioner for patient residing in Scotland (1)

## 6. Recommendations

The Governing Body is asked to note the Complaints, MP Enquiries and Patient Feedback Quarter 3 2018/19 Report.

Paper prepared by: Liz Waterfall, Complaints Manager  
 On behalf of: Mandy Philbin, Chief Nurse  
 April 2019