



Peartree Medical Centre: Annual Complaints Report

March 2021

1. Purpose of this report

- To set out the number and nature of complaints made to the Practice Manager during the year to 31 January 2021.
- To inform the Practice Team and the Patient Reference Groups.
- To determine any learning outcomes.

2. Background

This is the ninth formal annual report prepared by the Practice on complaints made directly to the Practice Manager. This covers any written complaints; complaints made over the internet, by telephone, in person in the surgery, via NHSE or via the Ombudsman.

This last year has seen medical services significantly disrupted by the Covid19 pandemic which is still unabated at the time of writing this report.

The Practice has a formal complaints procedure which is available from display units in the Patient Information Point in the porch or on the website. The Practice Leaflet also explains the Complaints Procedure.

As at January 31 2021, fourteen staff had completed the Complaints module on Blue Stream training (BST) in accordance with the agreed documented frequency for this module. Staff also complete other customer care related modules to complement this module. Annual face to face customer care training scheduled for 2020 was postponed due to the pandemic. There are no current plans to re-schedule this in 2021.

All complaints are recorded in the Register by the Practice Manager as they occur. It is normal practice for complaints to be reviewed in the

Clinical Meeting alongside Friends & Family Test (FFT) feedback and Significant Events. This facilitates an opportunity to triangulate patient feedback from various sources to identify any concerning trends. The discussion can then take place with the majority of the team. However, there were no Clinical Meetings held in 2020-21 due to the pandemic.

Outcomes from the the Annual Complaints Report February 2020 & the Significant Event Reflections report September 2020 were considered at the Partnership meeting between the GP Partners and Practice Manager which recommenced in October 2020. Minutes from these discussions are recorded. Any learning outcomes for staff were shared through informal channels in the absence of a regular monthly Clinical meeting.

No CQC inspection has taken place since September 2016 when the grading was 'outstanding'. A subsequent Provider Information collection phone call with CQC was conducted in September 2019. There has been no contact with the CQC inspectorate in this twelve month period. It is likely that the five year inspection frequency due in September 2021 will be delayed.

During 2020, the results of the National Patient Survey were published and can be viewed in detail at <https://gp-patient.co.uk/report?practicecode=C81616>.

103 Peartree patients or 2% of our total patient population responded to the survey. The national team sent out 478 forms and the response rate was 22%. We were particularly pleased to see some high scores on reception service, care by GPs and nurses and 85% of the respondents stating that their overall impression of the surgery was Good. This has been at least 75% for a number of years but has peaked in 2020.

By the nature of the services that are delivered by the Practice, some of the complaints relate to confidential patient sensitive issues and therefore, the report anonymises these accordingly.

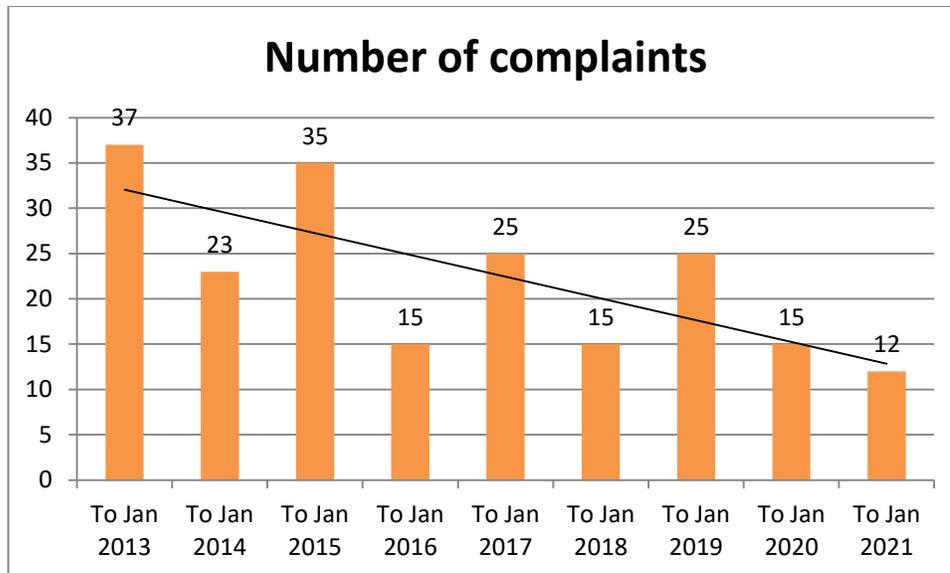
A virtual Patient Group was held in the Autumn of 2020. This has been minuted and specific patient feedback data on the surgery response to the pandemic was collated and published. This replaced the usual FFT data which was suspended during the pandemic.

The Practice is the only surgery in Derby with its own interpreter. The Practice interpreter has become a trusted figure within our patient community and is often used to promote engagement events or to solicit feedback from patients whose voice might otherwise not be heard.

The main findings from this report will be published on the website; shared with some Patient Group members and also with the internal team. It will be discussed in the Partnership meeting.

3. Number of Complaints

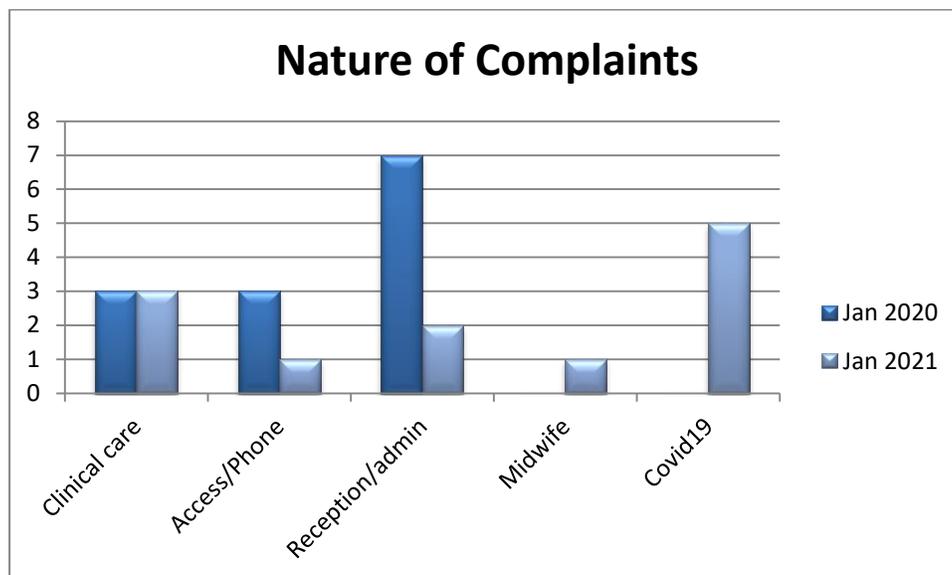
The number of individual complaints recorded by the Practice Manager in the year to 31 January 2021 (with comparative data) is as follows:-



The graph above shows an encouraging trend line over nine years though it may be unwise to draw too many conclusions in a year where it has not been “business as usual”.

Nature of Complaints

The nature of complaints fielded by the Practice Manager compared to the previous year are as follows:-



Note: Complaints can sometimes include a number of inter-related concerns. The multiple nature of each complaint is reflected above and may not add back to the annual total.

Clinical care

There were three separate instances during the year. These are summarised and anonymised below.

Issue	Outcome
Complainant expressed concerns about wound care by the HCA	Reviewed by Senior Practice Nurse and patient reassurance & advice given. Discussion with HCA also.
Complainant concerned about initial primary care for daughter as she later succumbed to serious illness	Full review by GP, his peer and also independent advisor. Awaiting final resolution with patient.
Patient complained about having to buy certain medication & therefore alleging poor care.	GP was correct to tell patient to buy medication over the counter per NHS protocols.

GP Access & Telephone system:

This has been a regular area of patient concern. It has also been discussed with our colleagues at Healthwatch who comment that it is not uncommon in primary care.

In 2020-21, virtually overnight, access switched to telephone consultations in the main with face to face consultations being very limited. The willingness of patients to visit the surgery during the pandemic also reduced. It is perhaps not surprising that there was only one formal complaint about access/phone in the year. This related to a technical glitch on the system beyond our control.

Reception attitude

There can be a direct link between complaints about Reception attitude and an inability by the team to meet the expectations of the patient. The latter may have been less of an issue during the pandemic hence the low level of complaints.

The National Patient Survey data (see above) indicates no general issues with the Reception service.

The two admin issues which led to complaints were mainly as a result of miscommunication for which apologies were given.

Midwife

This was passed onto the midwifery management for resolution. There was no direct impact on surgery staff or services.

Covid19

The last category relates to complaints that generally arose from a new way of working during the pandemic. These ranged from unrealistic service expectations during the pandemic to confusion over access arrangements to the building. The surgery responded to all situations as pragmatically as possible and responded where adjustments were required. Generally speaking patients & staff have adjusted well in a difficult and often changing landscape.

4. Friends and Family Test (FFT)

This survey was suspended during the year.

Separate surveys were conducted to seek specific patient feedback on the surgery's response to the pandemic. Reports were produced in August 2020 and November 2020 for the Patient Group and are important complementary data. These reports identified a high level of satisfaction in trying circumstances.

5. Significant Events related to complaints

There is no direct correlation with complaints. ie a complaint did not lead to a Significant Event or vice versa.

Both recorded complaints and Significant Events emphasise the continuing need to eradicate administrative process errors as much as humanly possible.

6. NHS Choices

There was one review during the year focused on Receptionist attitude.

7. Generic Learning outcomes

Despite the pandemic, the report identifies a significant amount of evidence to support a thorough assessment of patient feedback and learning outcomes for the Practice.

Learning outcomes have been considered and identified as follows:-

- (i) Access

Traditionally this has been the area of the highest numbers of patient concern.

Access has been transformed due to the pandemic and patient feedback has generally been good.

It remains to be seen once the pandemic abates if patients will be accepting of service delivery through phone calls and video calls or whether there will continue to be an expectation of face to face consultations. Necessity may be the mother of invention.

The surgery has continued to link into extra resources from the Primary Care Network which may alleviate access concerns in the future eg Social Prescriber, First Contact Physio, Extended Access.

(ii) Patient engagement

The Practice is firmly committed to a programme of patient engagement which will drive the development of services.

The virtual Patient Group & briefing information proved to be very useful. Some desktop audits have been undertaken also to continue to promote health and well being but a lot of our normal efforts have been disrupted in 2020-21.

A significant effort has been expended in promoting the vaccination programme to a perceived recalcitrant population. It is our belief that previous proactive patient engagement has delivered higher vaccination rates than might have been expected for our patient demography. This however is still ongoing.

(iii) Text messaging information strategy

This has also been suspended with the focus switching to promotion of Covid precautions and latterly the vaccination programme.

(iv) Complacency and consistency

The most important aspect from this report is that whilst there have been negative and critical comments that overall the self-assessed conclusion is that services have been appreciated by the patient community . The surgery and its staff must guard against complacency and achieve consistently high standards in the future.

Constructive comments are invited on this document from all readers.

Mike Newbold, Practice Manager

March 2021