

Patient Advice and Complaints Team (PACT)

Annual Report

1 April 2014 to 31 March 2015

Bracknell & Ascot CCG

Slough CCG

Windsor, Ascot & Maidenhead CCG

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Executive Summary

1.0 Purpose

The purpose of this report is to give an overview of all Patient Advice and Liaison Service (PALS) and Complaints contacts for the year 1 April 2014 to 31 March 2015.

This report examines the complaints received by the three Clinical Commissioning Groups (CCGs) in the east of Berkshire during the financial year 2014/15. The organisation has a statutory duty to respond to complaints from users of its services and of the services it commissions, and to record and report under the Local Authority Social Services and National Health Service Complaints {England} Regulations 2009:

- The number of complaints
- The number that were well-founded (upheld)
- The number referred to the Parliamentary and Health Service Ombudsman
- The subject matter of importance arising from the complaints or handling thereof
- Action taken, or being taken, to improve services as a result of the complaints received.

This report provides assurance that the CCGs are systematically recording the formal complaints and concerns raised through PALS, noting trends in complaints and taking action to address concerns raised by users of its services.

1.1 Objectives and 'making a difference'

A key objective of the organisation is the willingness to change, improve and evolve in response to complaints. The lessons learned and trends identified through monitoring data collected through complaints plays a key role in improving the quality of care received by patients and is a priority for the CCGs.

There are processes in place to ensure South, Central and West Commissioning Support Unit; formerly Central Southern Commissioning Support Unit (Central Southern) captures the relevant PALS & Complaints information required for CCG reporting.

1.2 Compliance with response targets

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 set out the rights of complainants and the expectations to investigate and respond in an appropriate and timely manner. The CCGs monitor compliance with these requirements by measuring:

- Performance of acknowledgement of complaints within three working days, against a target of 100%.

The CCGs in the east of Berkshire achieved 97.8% against this target for 2014/15 (table one, page five).

- Performance against agreed timescale for final response:

The CCGs have chosen to maintain a target of full written response, sent from the Chief Officer within 25 working days of receipt of complaint. Complaints received via MPs are handled in line with the NHS

complaints regulations, also signed by the Chief Officer of the three CCGs within 25 working days (table one, page five).

1.3 Complaints referred to the Parliamentary and Health Service Ombudsman (PHSO)

All complainants are advised of their right to approach the PHSO if they are dissatisfied with their response. The CCGs were made aware of two new referrals to the PHSO in 2014/15. All referrals to the PHSO are reviewed to identify learning and improvement by the CCGs (section 3.0, page 11).

1.4 “Well founded” complaints

It is a requirement of the complaints regulations that CCGs set out in their annual report the number of complaints which the CCG decided were well founded during the financial year.

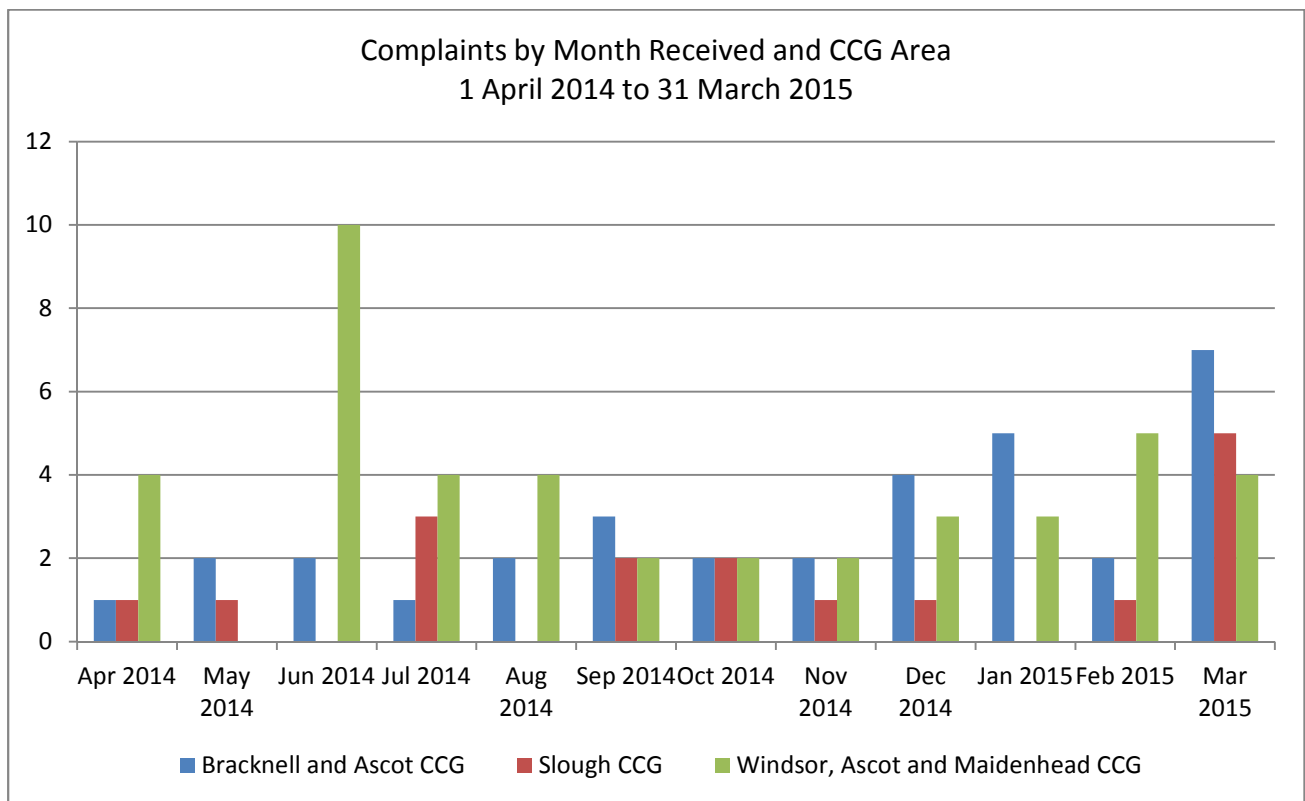
There were 14 complaints upheld in the financial year 2014/15 (table four, page nine).

2.0 Complaints

2.1 Complaints Activity 2014/15

There were a total 93 formal complaints received, of which 45 were raised in MP letters and handled formally (table one, page five).

Chart one – Complaints received by month and CCG – 2014/15



2.2 Complaints Handling

Table one – breakdown of complaints handling in 2014/15

CCG	Total Contacts	Ack within 3 working days	Closed within 25 working days	Closed over 25 working days	Remain open
Bracknell & Ascot					
Complaints	11	11	4	6	1
MP Letters	22	22	14	5	3
CCG Total	33	33	18	11	4
Slough					
Complaints	14	13	10	2	2
MP Letters	3	2	1	2	0
CCG Total	17	15	11	4	2
Windsor, Ascot & Maidenhead					
Complaints	23	23	12	6	5
MP Letters	20	20	8	10	2
CCG Total	43	43	20	16	7
Grand Total	93	91	49	31	13

Of the 93 complaints received, two complaints were not acknowledged within the three working day KPI timescale. This was due to the Complaints Team not being passed the complaint correspondence in the first instance, causing a delay in the process.

31 complaints did not meet the response target of 25 working days, often by just a few days. This was due to the complexity of the complaints; or waiting for a response from the provider organisation or internal service, such as the Individual Funding Request (IFR) Team and Continuing Healthcare (CHC) Service. All complainants were kept informed of progress throughout the process in line the 2009 regulations.

At the time of producing this annual report, 13 complaints remain open. Of these 13 complaints, six relate to CHC and are under investigation. Three of these CHC complaints are currently within the 25 working day timescale, and three complaints have recently breached.

Two complaints concern the IFR Team, of which one case has recently breached the response timescale whilst further information is being sought. The second complaint is under investigation and within timescale.

Two complaints regarding our commissioned services were received in January 2015 and have breached the 25 working day timescale whilst the Complaints Team await provider input. This information has been regularly chased to ensure this is received as soon as possible.

Input has recently been received for two complaints regarding commissioned services and the responses are currently being drafted for the CCGs. The Complaints Team are waiting for authority to act in order to progress with the investigation of the final open complaint.

In all cases where a response has breached the 25 working day timescale the complainants have been kept informed of progress and received an apology for the delay.

Table two – Complaints outcomes (closed cases)

	Bracknell and Ascot CCG	Slough CCG	Windsor, Ascot and Maidenhead CCG	Total
Local Resolution	2	0	2	4
Not Upheld	8	3	12	23
Partially Upheld	1	1	3	5
Upheld	6	2	6	14
Not pursued by complainant	2	2	3	7
Explanation Given	4	2	4	10
Funding Provided	0	0	1	1
No Further Action	0	2	1	3
Referred to other organisation	6	3	4	13
Total	29	15	36	80

Table three – Complaints by service line

	Bracknell and Ascot CCG	Slough CCG	Windsor, Ascot and Maidenhead CCG	Total
Acute Dietetics	1	0	0	1
Acute Services	6	4	4	14
Benefits	1	0	0	1
Commissioning	2	2	3	7
Community Neuro Rehab	1	0	0	1
Continuing Care	8	4	18	30
Corporate/Policy	0	1	1	2
Dermatology	1	0	0	1
Drug & Alcohol Services	1	0	0	1
Estates	0	0	1	1
General Practice	3	1	3	7
Hearing & Balance Services	1	0	0	1
IFR	2	2	6	10
Immunisation	1	0	0	1
IVF	1	0	0	1
Mental Health	0	0	3	3
Midwifery	1	1	1	3
Mobility Service	1	0	0	1
Non-Emergency Helpline	0	0	1	1
Out of Hours GP	0	0	1	1
Phlebotomy	1	0	0	1
Physiotherapy - Rehab	0	0	1	1
Support Services	1	0	0	1
Transport	0	1	0	1
Walk in Centre	0	1	0	1
Total	33	17	43	93

2.3 Complaints Themes

Chart two, page eight, highlights the top subject matter for the three CCGs in the east of Berkshire. There were 36 complaints regarding CCG ‘financial and policy issues’ and 14 complaints regarding ‘management and administration’. The majority of these cases related to CHC.

12 complaints concerned ‘care and treatment’. These complaints related to a number of NHS services and there no identified themes, although it is noted five complaints concerned treatment provided by Heatherwood and Wexham Park NHS Trust, now Frimley Health NHS Foundation Trust.

Chart two - Complaints by primary subject

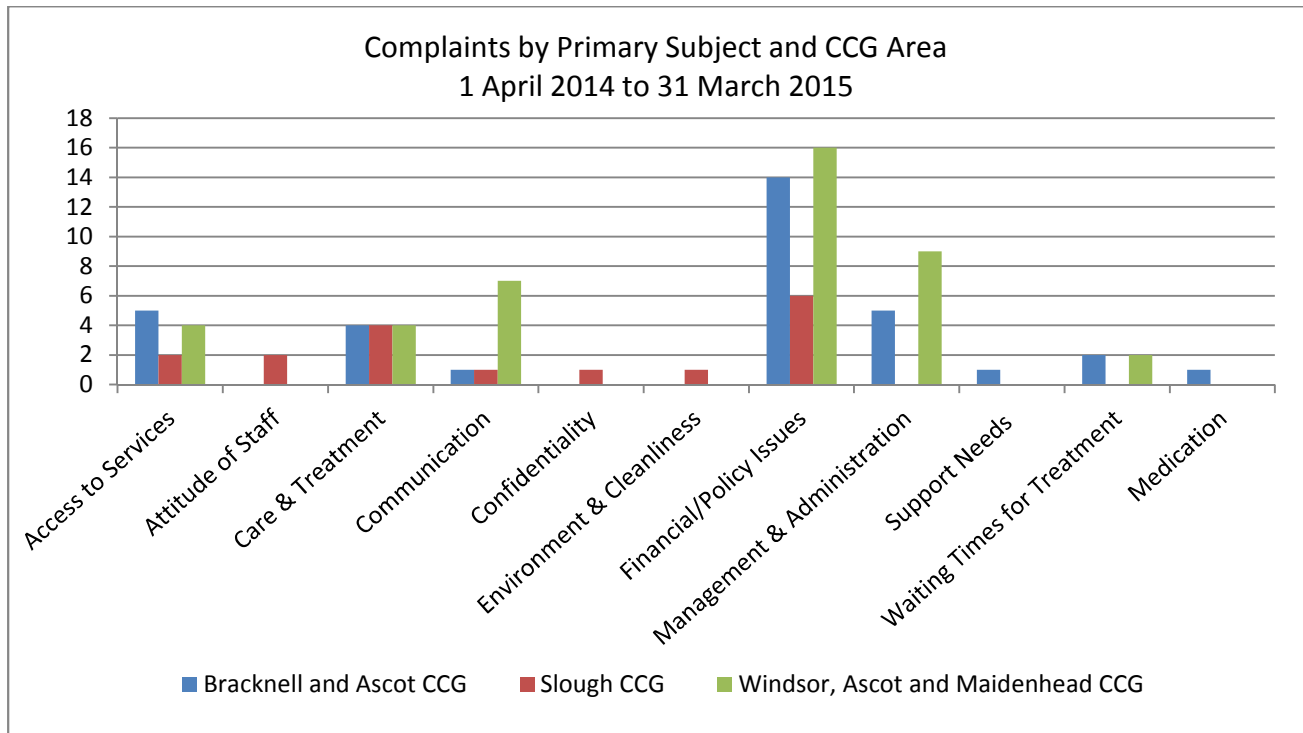
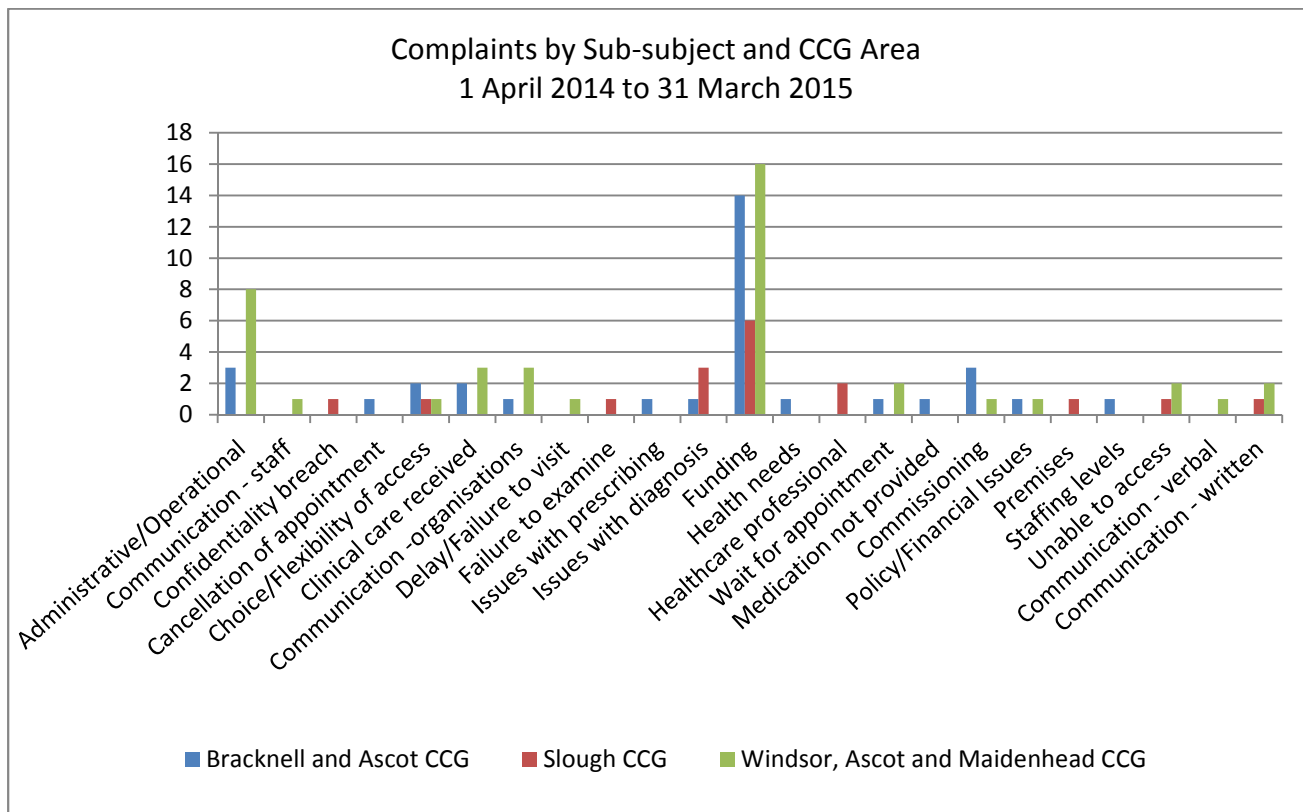


Chart three – Complaints by sub-subject



2.4 Learning and improvement

Table four below provides examples of learning and improvement following complaints received by the CCGs in the east of Berkshire.

Table four – Actions taken following upheld complaints

Service Line	Issues	Actions to Improve Services
Acute Services	Bracknell patient could not be directly referred for a CT scan. The GP was obliged to refer the patient to a consultant first, who in turn would refer for the scan. The complaint advised this restriction had caused an unnecessary delay to the patient.	CCG response recognised the delay on this occasion and explained the reason for this process. The response confirmed this pathway is continually reviewed in line with NICE guidance and patient feedback.
Acute Services	Patient attended Wexham Park Hospital for surgery, as instructed within the appointment letter. However, there was no bed available and the letter had omitted the advice that patients must call on the morning of their operation to check a bed is allocated to them. Patient requests reimbursement for her relative's petrol and loss of earnings that day, and measures put in place to prevent this happening to others.	HWWP response provided an apology for the admin error. They enclosed a goodwill cheque to cover the patient's costs and advised all letters will now provide advice to patients about calling ahead of their surgery to check bed availability. The response also confirmed the patient's surgery has been rescheduled.
Commissioning	Information Governance (IG) issue reported concerning the reception desk at a local Marie Stopes clinic.	The IG Team investigated this complaint with Marie Stopes. The response confirmed the learning outcomes and changes made to their clinic's operational procedures and laptop to ensure the security of patient data and their property.
Continuing Healthcare	The length of time taken to progress a CHC retrospective claim.	CCG response explained the process and volume of cases received, apologising for the delay whilst the CHC service ensured cases are processed in line with the DH guidance.
Continuing Healthcare	The length of time taken for CHC to process and make payment following a retrospective claim (approximately 22 months).	CCG response apologised for the time taken to progress the CHC case and payment. Response explained the current demand on the CHC Service which has had an impact on their ability to progress claims. Response informed that administrative changes had been made to improve the service for future patients.

Continuing Healthcare	Lack of communication to the family regarding a CHC case, and an IG breach.	CCG response apologises for the IG breach, confirming it has been reported. Two patients had been mixed up. Response also apologises for the poor communication to the patient's family and confirmed the case will be looked at again.
Continuing Healthcare	Concern that a CHC appeal had been rejected, and a letter sent via recorded delivery had not been responded to.	CCG response advised an administrative error meant the CHC case had not been processed correctly, so the case would go back to appeal for reconsideration. Response confirmed a new Administrator had been recruited to prevent further errors.
Continuing Healthcare	The length of time taken to progress a CHC retrospective claim.	CCG response explained the process and volume of cases received, apologising for the delay whilst the CHC Service ensured cases are processed in line with the DH guidance. Response apologised for a communication error where the claimant had been informed all the necessary documentation had been received and it was later identified further documentation was required, causing additional delay.
Continuing Healthcare	Patient in need of 24 hour specialist nursing has been trying to obtain CHC for a year.	CCG response apologised for the time taken to do this assessment but confirmed CHC funding had now been agreed and this would be back paid for the patient.
Continuing Healthcare	Original CHC application submitted in April 2010 with no response.	CCG response advised the CHC case notes had been misfiled and despite a search of the filing system this information could not be located. CHC has reported the incident to the IG Lead who is currently investigating. Response advised CHC would be reconsidered if the documentation could be resubmitted.
Continuing Healthcare	The length of time taken to progress a CHC claim, one year after the patient's assessment.	CCG response provided an apology and explanation for the delay. Information was provided about the current progress made on the CHC case and that priority will be given due to the waiting time experienced.
Mobility Service	Patient has waited one year for an electric wheelchair following paralysis.	CCG response confirmed the Mobility Service has contacted the patient to arrange an assessment within a few weeks. If patient meets the eligibility

		criteria she will receive an electric wheelchair much sooner than originally indicated. Response acknowledged the waiting time, advising BHFT are working with commissioners to reduce this.
Phlebotomy	Patients receiving their blood tests in their GP Surgery do not receive the same efficient service as those attending hospital.	CCG response advised this will be considered within the commissioning plans for 2015/16. The CCGs wish to address the variation in service to offer patients a pin prick test as close to home as possible, to improve patient experience and ensure best value for money when purchasing the required equipment.
Support Services	Patient is CHC funded to receive two carers per home visit, but routinely the agency only provides one carer. The patient's non-trained wife is then expected to assist.	CCG response confirmed CHC were aware of the issue and had made alternative arrangements with another care provider. They liaised with the patient's wife to ensure the package was appropriate.

3.0 Parliamentary and Health Service Ombudsman (PHSO)

Two complaints were referred to the PHSO (in Quarter 1 and Quarter 2) within the financial year 2014/15. The first case concerned Continuing Healthcare and was not upheld by the PHSO following their review. The second case related to declined funding via the IFR process which was not investigated by the PHSO and closed.

In all cases, the CCGs within the east of Berkshire, supported by the Complaints Team, worked to ensure all complainants received a full, clear and open response to their concerns, with an assurance of learning and improvement.

4.0 Patient Advice and Liaison Service (PALS)

4.1 PALS Contacts

PALS received a total of 844 enquiries countywide in the financial year 2014/15 of which a total of 484 can be assigned to the three CCGs in the east of Berkshire.

Chart four – PALS contacts by financial quarter

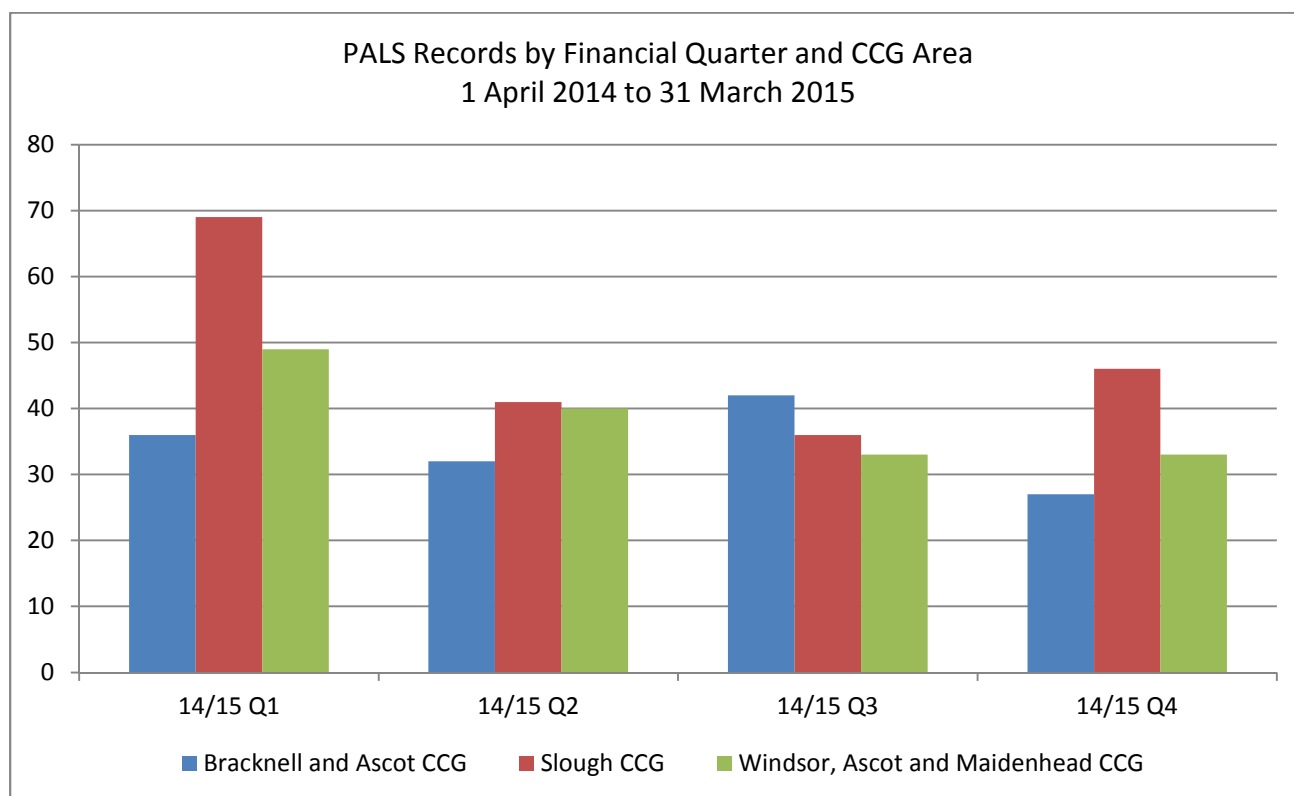
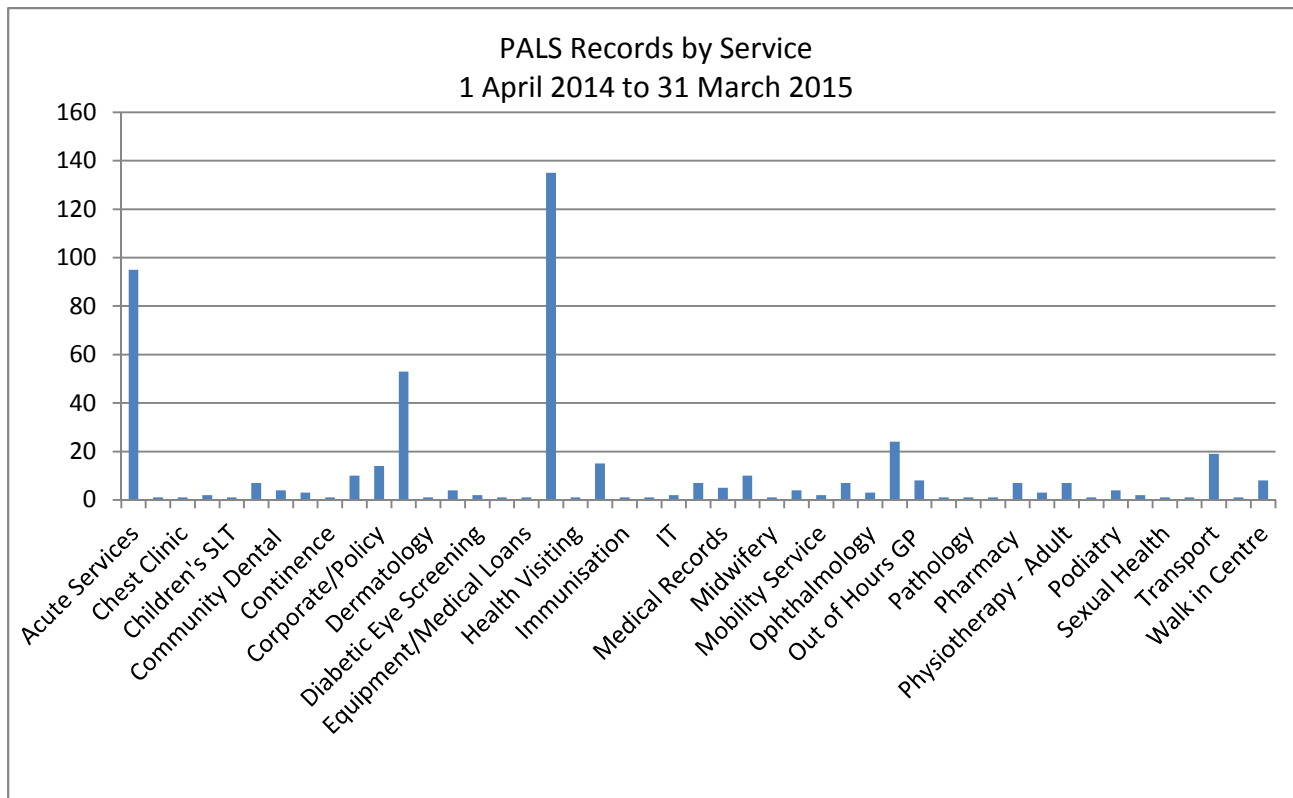


Chart five – PALS contacts by service line



42.8% of the PALS enquiries received related to an NHS primary care service (i.e. GP, dentist, pharmacy and optician). Basic enquiries for local information, advice and signposting were handled by the PALS Team directly; however these services are commissioned by NHS England therefore complex PALS enquiries and formal complaints were all referred to their national contact centre to address.

4.2 PALS Themes

All contacts to PALS are categorised into subjects and sub-subjects to help identify any emerging themes which may require action by the CCGs.

Table five – PALS contacts by subject

	Bracknell and Ascot CCG	Slough CCG	Windsor, Ascot and Maidenhead CCG	Total
Abuse	0	0	1	1
Access to services	12	17	17	46
Attitude of staff	7	10	7	24
Care & treatment	22	26	20	68
Communication	3	2	2	7
Confidentiality	1	2	0	3
Discharge arrangements	0	1	2	3
Discrimination/Cultural issues	0	1	0	1
Financial/Policy issues	16	16	16	48
Information request	43	74	63	180
Management & administration	3	6	1	10
Medical records	2	6	2	10
Patient's property & valuables	0	1	0	1
Support needs	1	1	3	5
Transport	11	2	3	16
Wait for diagnostic	2	0	1	3
Wait for appointments	9	13	11	33
Wait for treatment	5	14	6	25
Total	137	192	155	484

Table six – PALS contacts further broken down into sub-subjects

	Bracknell and Ascot CCG	Slough CCG	Windsor, Ascot and Maidenhead CCG	Total
Advocacy needs	1	0	0	1
Choose & Book	1	0	0	1
Eligibility	3	0	1	4
Finding a local service	6	12	19	37
Freedom of Information	2	1	3	6
Entitlement for UK residents	1	0	1	2
Information - how to complain	14	26	13	53
IVF	4	1	1	6
Public Health campaigns	2	1	0	3
Requesting clinical info	0	1	2	3
Summary Care Records	0	1	0	1
Travel expenses	5	1	0	6
Access to records	0	4	1	5
Administrative staff	0	7	2	9
Administrative/Operational	1	6	1	8
Benefits needs	1	1	0	2
Cancellation of appointment	2	1	2	5

Charged inappropriately	0	0	1	1
Charging issues	4	3	4	11
Choice & Flexibility of access	1	5	8	14
Clinical care received	12	15	15	42
Communication-other orgs	2	2	0	4
Continuing Care	0	0	1	1
Delay/Failure to visit	0	1	0	1
Delays/Cancellations	0	1	0	1
Diagnosis	4	2	1	7
Did not arrive	0	1	1	2
Discharge planning	0	1	1	2
Entitlement to NHS services	0	0	2	2
Equipment needs	0	1	1	2
Failure to issue results	0	0	1	1
Failure to prescribe	4	3	1	8
Failure to refer	1	1	1	3
Failure to diagnose	1	1	2	4
Enquiry re confidentiality	1	2	0	3
General info request	18	33	25	76
Healthcare professional	7	3	5	15
Inaccurate records	0	1	0	1
Inappropriate discharge	0	0	1	1
Length of wait for treatment	5	11	6	22
Long wait for appointment	7	12	9	28
Lost property	0	1	0	1
Needs interpretation	0	1	0	1
Transport not booked	3	0	0	3
Commissioning	5	6	7	18
Policy/Financial issues	1	0	0	1
Poor dental treatment	0	1	0	1
Poorly fitting dentures	0	2	0	2
Priorities Committee/CRC	3	6	3	12
Queue in waiting room	0	2	0	2
Refused to transport patient	0	0	1	1
Social Care needs	0	0	2	2
Unable to access	10	11	6	27
Unavailability of records	2	0	0	2
Verbal abuse	0	0	1	1
Communication - verbal	0	0	2	2
Waiting time for results	1	0	1	2
Waiting time for test	1	0	0	1
Communication - written	1	0	0	1
Total	137	192	155	484

4.3 Areas of concern raised by PALS enquirers

There were no major themes identified by PALS across the east of Berkshire for the year 2014/15 requiring urgent attention from the CCGs. The trends in PALS enquiries were in line with the last financial year 2013/14 and included:

GP and NHS dental services:

- Registering with a local practice
- Difficulties in accessing an appointment
- How to make a complaint.

As previously mentioned, complex enquiries relating to primary care services were redirected (with the enquirer's consent) to NHS England, as the responsible commissioner.

Acute services:

- How to make a complaint
- How to access the breast screening service/make an appointment for a mammogram
- Concerns regarding accessing appointments in the eye clinic (RBFT)
- Concerns regarding waiting times for an appointment

Commissioning

- PALS regularly receive invitations to engagement events and general information requests addressed to the CCGs. This correspondence is redirected to the relevant CCG members for response.
- Enquiries regarding funding policies and the IFR process.