

## Complaints Handling Report

### 1. Introduction

Following the publication of The Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry chaired by Robert Francis QC, the joint Nottingham and Nottinghamshire Health Scrutiny Committee have received information from a variety of sources to explore how complaints are handled and lessons learned from the issues raised.

As part of these discussions, Councillors were interested in understanding complaints from the commissioner's perspective including:

- How complaints are fed into and taken into account in the contract management and commissioning processes
- The impact on access to complaints processes as services are commissioned from an increasingly wide range of providers

The purpose of this paper is to provide the Joint Nottingham and Nottinghamshire Health Scrutiny Committee with information and detail on how complaints are managed and handled in the Nottingham City, South Nottinghamshire Clinical Commissioning Groups (CCGs) and NHS England (Derbyshire and Nottinghamshire Area Team).

### 2. Background

#### 2.1 NHS Complaints (England) Regulations 2009

All NHS commissioning and provider organisations must make arrangements for dealing with complaints about the exercise of their own functions in accordance with Regulations of 2009.

NHS commissioning organisations can also be asked to investigate complaints about their commissioned services when the patient/carer specifically requests the commissioner to handle their complaint. In such cases, the commissioner may investigate the complaint and becomes responsible for its management.

In cases where more than one provider is involved in the complaint, the NHS organisations involved agree who should lead the complaint to enable a co-ordinated response to be provided. This also includes complaints that involve both health and social care elements.

This process has been in place since 2009 and has not yet changed or been updated following changes to NHS structures or organisations.

#### 2.2 Processes in Place Pre April 2013

Until 31 March 2013, Primary Care Trusts (PCTs) were the sole commissioners for primary, secondary and community healthcare services across Nottingham City and Nottinghamshire County. This included other services such as the out-of-hours GP services and emergency and non-emergency transport services. This meant that in addition to handling complaints about the exercise of its own functions, the PCT would also manage complaints (if the complainant requested) about primary care services, secondary and community care services and any other service where the PCT was the commissioner/contractor.

### **3. Current Arrangements for Complaints Management and Handling**

#### **3.1 Commissioning Responsibilities**

Following NHS reform and restructuring, NHS commissioning arrangements in England changed from 1 April 2013 and this brought about some changes to responsibilities. PCTs were abolished and the successor bodies, CCGs and NHS England became responsible for commissioning NHS services.

Areas of CCG commissioning responsibility include:

- Urgent and emergency care (including ambulance, out of hours GP and 111 services)
- Elective hospital care
- Community health services
- Mental health
- Non-emergency patient transport
- Maternity and newborn services
- NHS Continuing Healthcare
- Infertility

Areas of NHS England commissioning responsibility include:

- Specialised and highly specialised services
- Hospital and community dental services
- Health services (excluding emergency care) and public health services for people in prisons and other custodial settings (adult prisons, young offender institutions, juvenile prisons, secure children's homes, secure training centres, immigration removal centres, police custody suites)
- Health services (excluding emergency care) for members of the armed forces and their families
- Immunisation programmes
- National screening programmes
- Primary care services (GP, dental, pharmacy and optometry)

#### **3.2 Complaints Teams within the CCGs**

##### **South Nottinghamshire**

The former Nottinghamshire County PCT Complaints Department was divided into two teams and relocated in the North and South Clinical Commissioning Groups. The south Complaints Department is hosted by NHS Nottinghamshire North and East CCG and also covers NHS Nottingham West and NHS Rushcliffe CCG

##### **Nottingham City**

The former Nottingham City PCT Complaints Department was retained by the CCG and covers NHS Nottingham City CCG.

### **3.3 Complaints Teams within NHS England**

NHS England has created a Customer Contact Centre (CCC) in Redditch which acts as the first contact point for general enquiries, complaints, and Freedom of Information requests. In addition to this and in order to provide a local complaints service, Derbyshire and Nottinghamshire Area Team has established its own complaints function with the implementation of a complaints team from October 2013. All complaints relating to those services directly commissioned by the Area Team received by the Customer Contact Centre are passed to the complaints team for local investigation and resolution.

### **3.4 Complaints Handling**

If the complaint relates to the exercise of the CCGs' own functions, for example, NHS continuing healthcare, decisions on eligibility for funding or services commissioned these complaints are managed by the relevant CCG.

In the case of large providers, lead commissioning arrangements are in place. This means that one CCG takes responsibility for overseeing standards of quality and safety on behalf of the others. These providers include Health Partnerships and CityCare Partnership (community services), Sherwood Forest Hospitals NHS Foundation Trust, Nottingham University Hospitals NHS Trust, Circle Nottingham (NHS Treatment Centre), Nottinghamshire Healthcare Trust (mental health), East Midlands Ambulance Service and Out of Hours GP services.

Within the Nottinghamshire CCGs (South and North County) this includes managing any complaints received. However, within the City CCG, complaints are not included within the lead commissioner arrangements and would be managed by the City if the patient lives there or is registered with a City GP practice.

For other large providers, such as NHS 111, oxygen and non-emergency transport, management of the complaint is led by the Clinical Commissioning Group based on where the patient lives.

In cases where the complainant has requested that the commissioner investigate and the complaint covers more than one sector of healthcare, agreement will be reached between the relevant CCG and NHS England on who should lead on complaint handling. This will be based on what area the majority or the most serious element of the complaint relates to, for example, if it is predominantly about primary care, NHS England would lead with the relevant CCG providing information.

The lead organisation would be responsible for the investigation, complaint response and any further follow up including from the Parliamentary and Health Service Ombudsman. Each respective NHS body would still be aware of any quality and safety concerns as they would be participating in the complaint response.

## **4. Learning Following Complaints**

In order to ensure that service improvements and changes take place following complaints, it is important that areas of complaint and the outcomes of investigations are fed into commissioning and contract management processes at both provider and service level. The ways in which this occurs are listed below

#### **4.1 Contractual Levers and Incentives**

The NHS Standard Contract ensures that providers demonstrate to CCG commissioners on a regular basis how complaints and other types of patient feedback have been captured and acted upon. Within the contract there is a quality schedule with nationally and locally set requirements (including complaint and patient experience indicators) and these have been updated and strengthened this year following publication of the Francis Report.

The contract also allows commissioners to incentivise quality via payment of a Commissioning for Quality and Innovation scheme (CQUIN). Information received from a variety of sources, including patient feedback and complaints is used to set indicators for providers (see 4.4 for specific examples)

At individual service level, regular reviews of quality and performance are undertaken and this includes visits to clinical areas by commissioners and review of complaints and patient experience data at these regular reviews

#### **4.2 CCG / Area Team Governance Structures**

Information from complaints and other patient feedback are converted into patient stories for presentation at CCG Governing Bodies or their subcommittees. Six monthly reports detailing complaints are received by the Quality and Risk Committee (subcommittee of the South Nottinghamshire Governing Bodies) and Quality Improvement Committee (subcommittee of the Nottingham City Governing Body). The membership of these committees includes independent and lay members and information presented is reviewed and scrutinised.

Derbyshire & Nottinghamshire Area Team responds to and investigates complaints and concerns which relate to our commissioned services in our locality. We gather, monitor and review the data and intelligence generated to enable holistic understanding of both formal complaints and patient experience. In turn this also informs and enhances performance and contract monitoring.

Where significant concerns are highlighted CCGs and the Area Team will also use the Quality Surveillance Group (QSG) to provide each other with relevant complaints information collated by practice and/or practitioner or organisation.

The CCG's have updated and revised complaints handling policies and procedures in place. These clearly set out the roles and responsibilities of respective bodies and are published and available on organisational websites. NHS England has produced an interim Complaints Policy which describes how NHS England manages, responds to and learns from complaints. This interim policy will allow time for further consultation and to incorporate any recommendations from wider reviews. A final policy is expected in April 2014.

The Patient Advice and Liaison Service (PALS) within PCTs played a pivotal role in ensuring enquirers were referred to the most appropriate place in a timely and efficient manner. Although the signposting function of PALS services was transferred to local Healthwatch, the City and South County CCGs have retained staff and expertise to support anyone ringing for advice and support and the service continues to be utilised.

Derbyshire and Nottinghamshire Area Team have commenced work to design and develop a local model for Patient Advice and Liaison Service (PALS) to support patients and the public with signposting and advice on those services commissioned by the Area Team primary care services (GP, dental, optometry and pharmacy services) plus offender and military healthcare services. This will be done in partnership with local CCGs, Healthwatch and

patients and the public. A Steering Group will be established to take this work forward from April 2014.

The City and South Nottinghamshire CCGs have established a shared learning review group where examples of complaints (and other incidents, stories etc) are shared. This enables us to understand what service improvements or actions are required and how this is used to inform the commissioning process. A newsletter is sent out on a quarterly basis to share learning.

NHS England is currently developing a Learning from Complaints Strategy. The purpose of the strategy is to provide a strategic improvement framework that will enable NHS England to learn from complaints as a form of service improvement insight thereby demonstrating accountability to patients as set out in the NHS constitution (principle 4). This Improvement Strategy applies to learning from complaints or concerns relating to primary care (GPs, dentists, pharmacists and optometrists), offender and military health services or a service directly commissioned by NHS England.

#### **4.4 Specific Examples of how Complaints have influenced Commissioning**

- Patients and GPs complained of a delay in reporting x rays from a local provider which resulted in patients attending the GP surgery being unable to access their results and plan ongoing treatment. Patients also complained of difficulty getting through to the provider to book an x ray. As a result a local CQUIN was developed for the provider to improve the timeliness of reporting and improvements have been made to booking of appointments.
- Complaint regarding long waits for a back operation. This was converted into a patient story and taken to the Governing Bodies in South Nottinghamshire and resulted in a review of all spinal waits. The result was additional investment from commissioners to reduce the waiting list. We now have no patient waiting over 52 weeks for spinal surgery.
- A patient visited his GP and did not wish to complain but told his story to the GP. The patient felt unsafe in hospital and wanted to see improvements made. As a result the patient's story resulted in changes in the local provider and commissioners worked with the provider to develop a questionnaire 'what makes you feel safe'. This was introduced as a CQUIN in this provider and another one in the area.
- Following a successful pilot in 2013/2014 by Nottingham University Hospitals NHS Trust of the Health Foundation and Patient Association Peer Review project (funded by commissioners), all providers will be participating in the new complaints management methodology via a CQUIN in 2014 / 2015
- Following patient feedback about being bored and not having enough activities when using mental health inpatient services, a CQUIN to introduce a minimum of 25 hours meaningful activity has been included in the 2014 / 2015 contract
- Nottingham City CCG noticed that there were few complaints received from care homes and introduced an advocacy service to care homes in the City to support vulnerable individuals.
- Patients complained about using a premium rate number for booking transport for hospital outpatient appointments and as a result the provider introduced a new number at a local rate.

#### **5. Conclusions**

In summary, there has been no change to the NHS Complaints Regulations 2009 and all NHS organisations must adhere to these. Complainants still have the option to ask commissioners of services to investigate their complaint if they chose to do so.

There have been changes to roles and responsibilities following the restructure of the NHS in April 2013 but as a health economy we have continued to work together, share information and cooperate to ensure that we remain patient centred and minimise the impact on patients of the new arrangements.

The experience patients have of services commissioned is key to CCGs and we actively seek this out. This is not limited to formal complaints but includes all types of feedback gathered at all stages of the patient journey so that we can use it to develop and inform commissioning decision making and actions. As can be seen, we use the contractual levers available to us to develop services and receive regular reports on provider complaints and more recently are able to scrutinise their complaints management and see improvements.

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