

Tower Hamlets Primary Care Trust

***Annual Complaints Report
2007 - 2008***

Quality & Governance Department

Circulation List

Internal

THPCT Clinical Governance & Risk Management Committee
THPCT Healthcare Governance Committee
THPCT Directors & Associate Directors (as appropriate)
THPCT PALS
THPCT Heads of Service
THPCT Communications Team

External

Complaints & Policy Unit – Healthcare Commission
POhWER ICAS

Content

1. Introduction

This is an annual report on complaints and compliments activity across the Trust during the period of April 2007 – March 2008.

2. Background

The report summarises the complaints and compliments which the PCT has received, what has been learnt from the main categories of complaints, the processes we have followed and the standards that were achieved. The report does not provide detailed descriptions of complaints but this is available if required. The PCT has a complaints team involved in the management of PCT provider and some independent contractor complaints and these are highlighted in the report.

As a provider of healthcare services the PCT employs 1200 staff providing a wide range of services to the population of Tower Hamlets in all forms of settings including home, clinics, GP Practices and hospitals. It is estimated that PCT staff deliver approximately 250,000 interventions per annum.

3. Service Delivery

3.1 *The team's role*

The team is involved in the facilitation of local resolution meetings, mediating in complex cases, supporting and advising independent contractors, providing training, collating and reporting independent contractors' complaints activity to the DoH, via the annual KO41 reporting system.

As part of the organisation's Governance structure, the role of the complaints team is to ensure that in compliance with the patient focus element of the Healthcare Standards, the PCT has systems in place that enables and empowers "patients, their relatives, and carers to register formal complaints and feedback on the quality of service" (DoH 2006).

Logging concerns: which are issues raised by service users or their relatives, as potential complaints they neither wish to be investigated nor responded to, but to be noted for future reference. Patterns of reported concerns are identified and discussed with Heads of Service.

Logging informal complaints: these are the smaller concerns brought to the attention of individual services and dealt with at service level. The complaints department collects and reports on these at the end of every quarter, in order to identify trends and support services with identifying these and preventing them from escalating into more serious complaints

Coordinating response to formal enquiries: these include enquiries from patients, their carers, MPs, councillors, and the Department of Health. The

complaints department is the organisation's central point for coordinating responses to these enquires and ensuring the deadlines set are met.

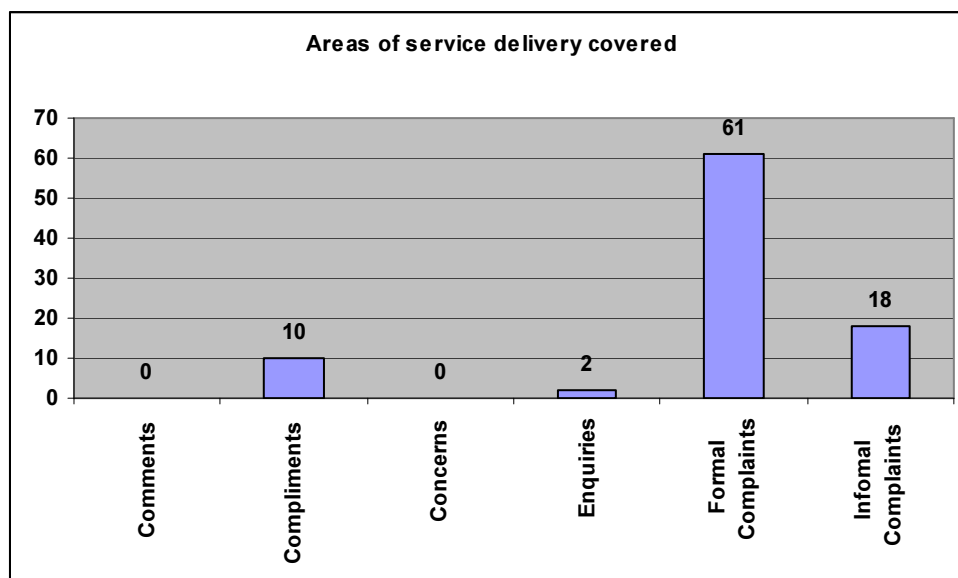
Formal complaints: Concerns raised which warrant a full investigation and response from the Chief Executive of the Trust in compliance with "The National Health Service (Complaints) Amendment Regulations 2006". These sometimes escalate further to stage 2 and 3 of the complaints process where complainants continue to remain dissatisfied. During 2007 – 2008, none of the complaints that went to stage 2 were upheld, and in the previous year, one case went to judicial review, which is stage 3, but was not upheld.

The chart below gives a breakdown of the activity of the team including the other areas of service delivery, besides formal complaints handling.

In addition to the above, the department is responsible for ensuring the organisation monitors and implements actions agreed as a result of complaints made. The department, via the Investigations Management Group reports on the quality of investigations and the implementation of actions from complaints as appropriate.

As part of its reporting agenda, the department feeds back to individual services via their local clinical governance and risk management meetings on their complaints activity. The complaints manger attends these meetings regularly to discuss, agree and receive updates on actions from complaints received.

Appendix I shows an outline of the complaints process and the approach taken to managing formal complaints within the organisation.

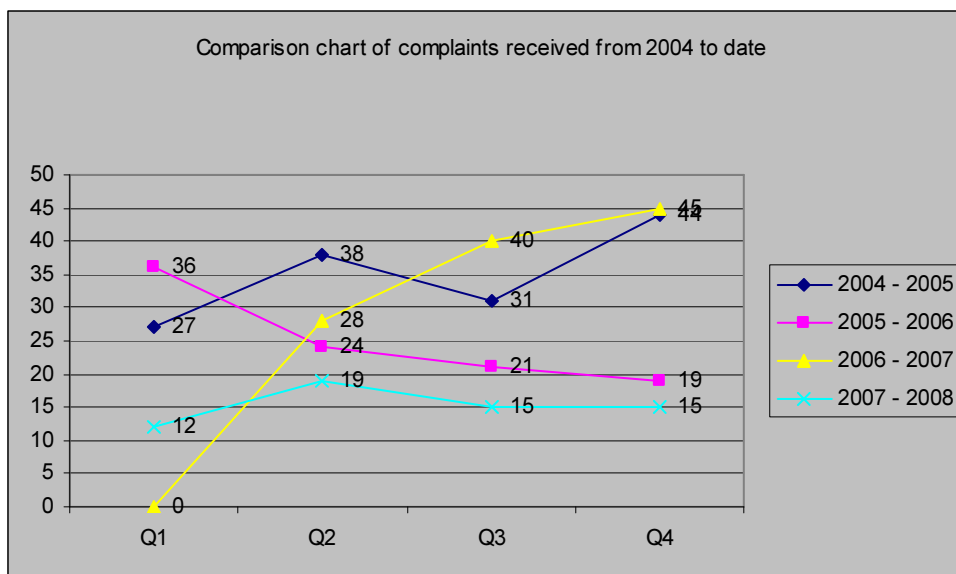


4. Complaints Activity

4.1 Number of complaints received in 06-07 and 07-08

Between April 2007 and March 2008, the PCT received a total of 61 formal complaints in comparison to 113, during the same period the year before. The PCT directly manages a small number of GP practices, whose complaints are normally included in the total numbers reported, however, service improvements in these practices has led to fewer complaints in total. Hence the significant difference in the number of complaints received this year.

The chart below shows comparison by quarter, of complaints received from 2004 to date.



Of the total number of complaints received during 2007 - 2008, 92% (56) of the complaints were acknowledged within the statutory timescale of 2 days, and 48% (29) were responded to within the statutory 25 days timescale.

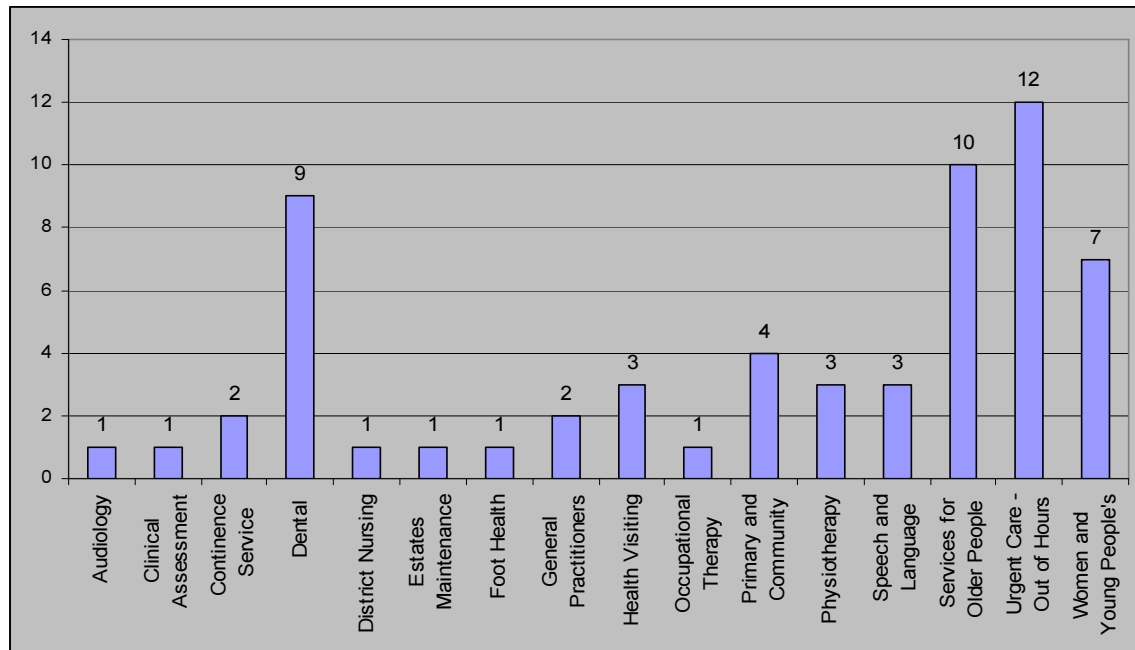
Number of complaints received	Performance against 25 days target	Performance against 2 days target
01/04/07 – 31/03/08 – 61	= 48% (29)	= 92% (56)

Some complaints were often very complex and required more than 25 days to complete a thorough and comprehensive investigation in order to provide the complainant with a full response. In other cases, multidisciplinary meetings across the acute and primary care Trusts were required to be able to achieve a clearer understanding of how the issues raised by complainants occurred.

As a result of this, a number of complaint responses were delayed beyond the statutory timescale before responses could be sent. In such cases the complainant was kept informed of the reasons for the delay and progress of the investigation.

4.2 Complaints by service provider

As can be noted from the chart below, the highest numbers of complaints were about dentistry, older people's services and the unscheduled care sections of the provider directorate. It is fair to say that all three services are the largest in the directorate and therefore it would be reasonable to expect that they had a higher number of formal complaints than the other services in the directorate.

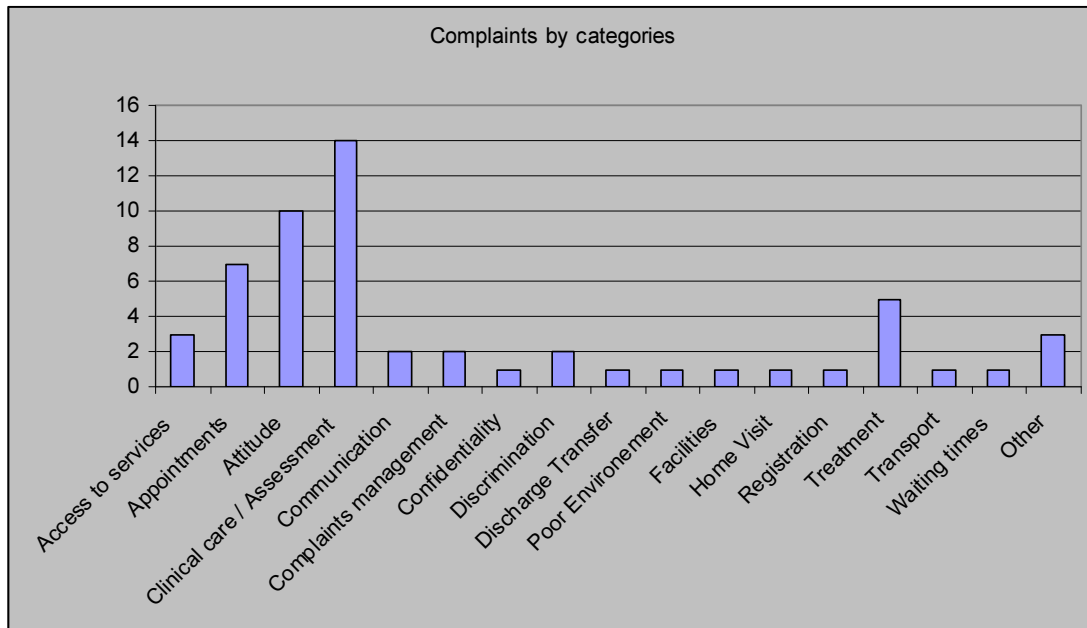


4.3 Complaints by categories

This year, the highest number of complaints received was about clinical care and assessments. In some cases, complainants had a pre-existing idea of what level of care they expected to receive and what constituted an assessment. However on arriving at the service, they would find that the service provided did not meet their expectation. Investigations did show in such cases that the level of care was adequate, and met set clinical standards, but was just different from what the patient expected, hence the formal complaint.

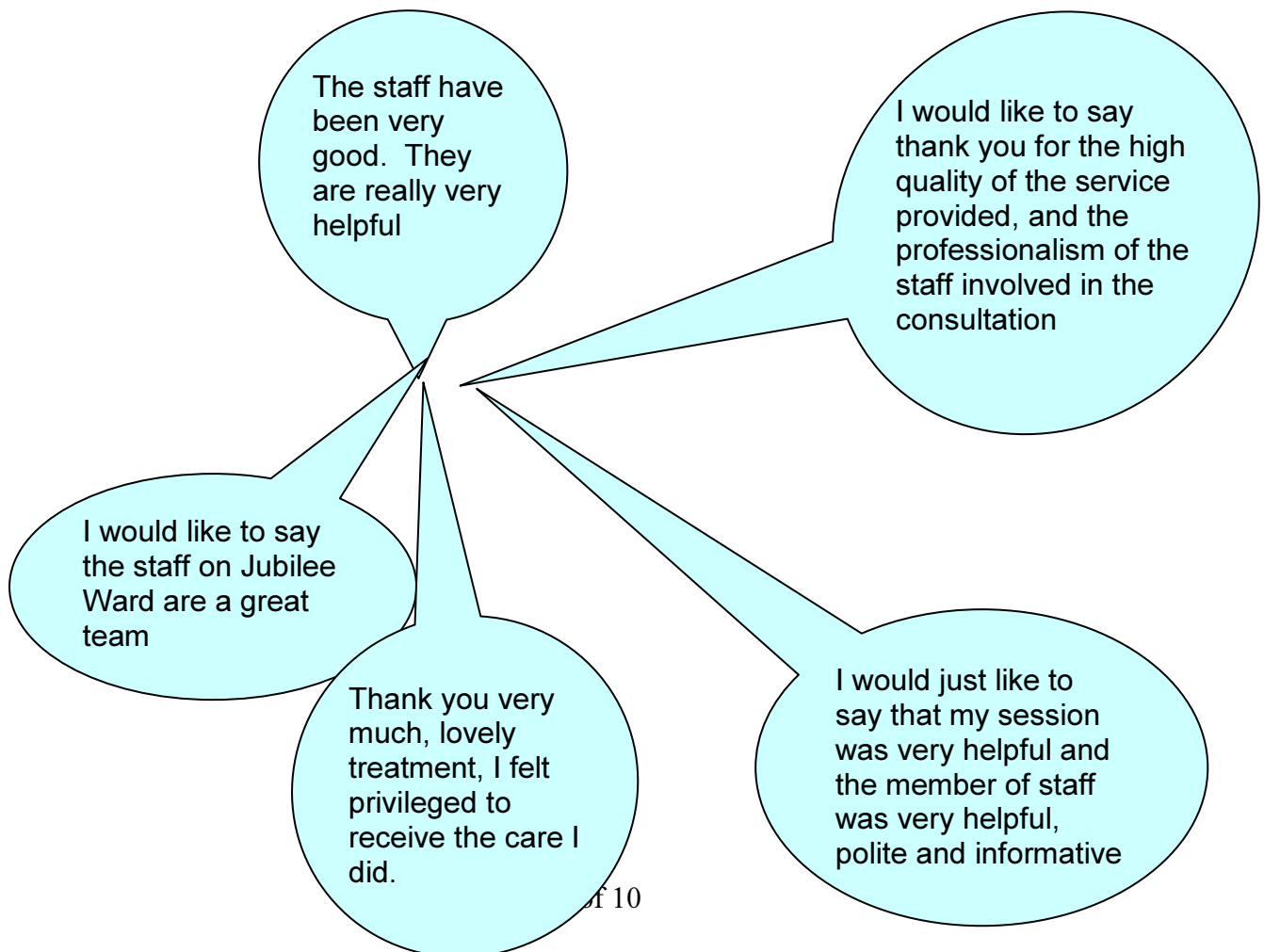
With regards to the issue of assessments, again patients had a different expectation of what assessments involved. For instance in one case, a patient complained that the Out of Hours doctor who came out on a home visit did not carry out an assessment or an examination during the visit. The investigation showed that before the doctor went out on the home visit, he had had a telephone consultation with the patient prior to visiting and therefore did not feel any further examination was necessary, but observed the presenting problem on arrival and gave advice as appropriate.

As a result of these complaints the PCT has taken measures to provide more information about what patients can expect in terms of assessment and clinical treatment.



4.4 Compliments

In a similar way to formal complaints, all compliments are formally responded to by the chief Executive of the Trust. Below are some of the compliments received in the Trust during the year.



5. Developments

- 5.1 The office of the Health Service Ombudsman has recently reviewed their system for investigating complaints and have stated in their report that part of improving the process should include 'remedying injustice'. Instructions on how public organisations should 'put things right' have been drafted as part of a three part document called the "Principles of Remedy".

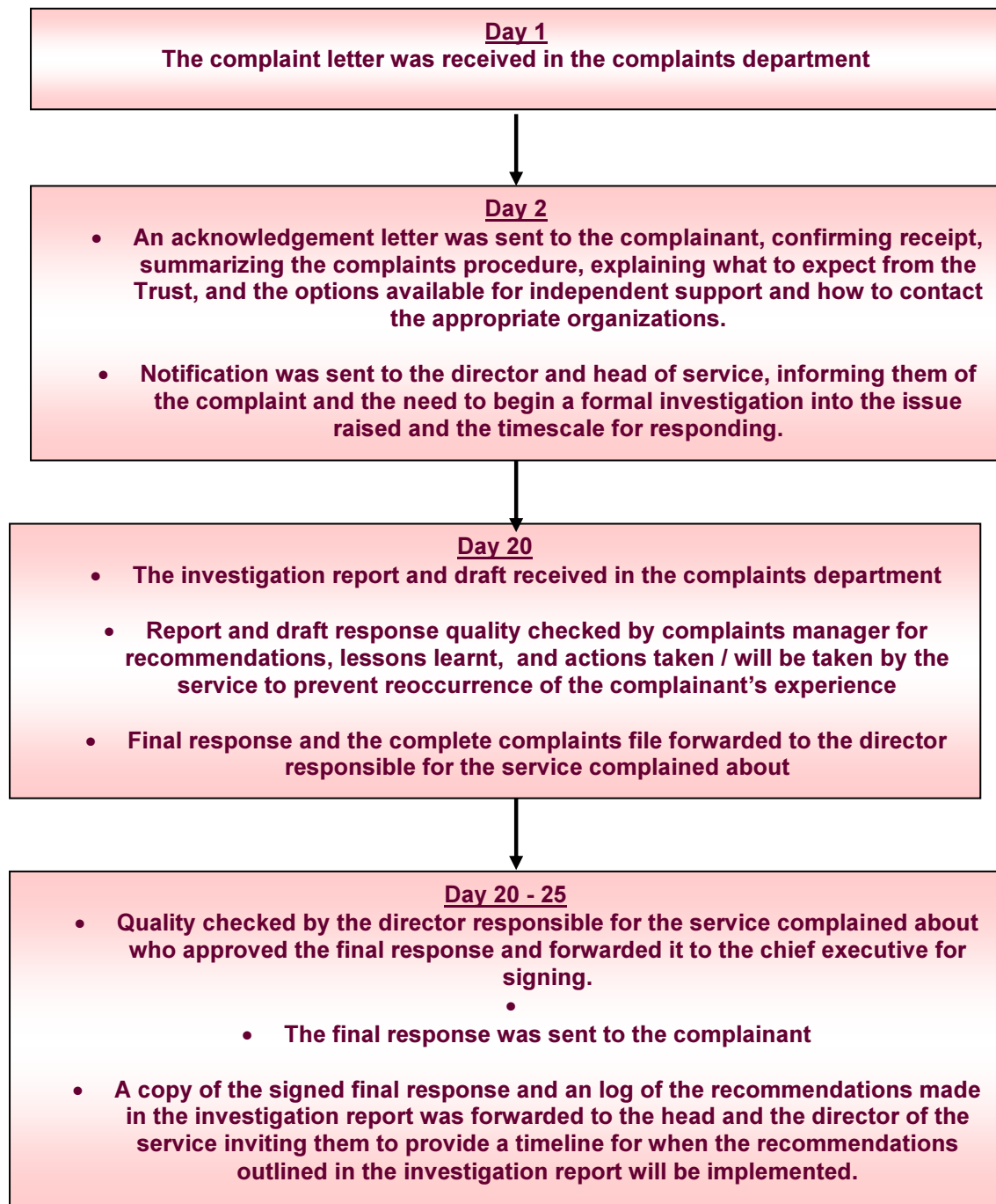
In compliance with the Principles of Remedy, the PCT is reviewing its complaints procedure to ensure the process considers how circumstances of cases have affected complainants and the appropriate principles of remedy which should apply in each case. This could range from an apology to financial compensation, but each case will be considered on its own merit.

- 5.2 The PCT will be working on enhancing working relationships between the PCT and the neighbouring health & social care organisations to formalise existing arrangements for the management of joint complaints
- 5.3 Themes arising from complaints will be appropriately included in the PCT's wider information gathering on overall patient experiences across the organisation.

Appendix I

A complaint case study

A parent wrote to the Trust to raise concerns about difficulties she experienced with arranging transport for appointments for her disabled daughter. Below is a typical flow chart of the complainants journey through the complaints process which is applied in all formal cases.



Lessons learnt

In this case, the investigation identified that the patient's experience was due to an administrative error which if not resolved could lead to a reoccurrence of the same problem in future. As a result of this, the service initiated training for its entire administrative staff in the use of the transport booking system. Since the implementation of the training there have been no further complaints about transport from service users.