

BOARD PAPER - NHS ENGLAND

Title: Quarter 2 complaints report

Clearance: Bill McCarthy, National Director: Policy

Purpose of paper:

- To update the Board on complaints and customer contacts received by NHS England in quarter 2.

Key issues and recommendations:

The Board is asked to note the performance and themes from complaints and customer contact received in Q2 and plans for further improvement.

Actions required by Board Members:

- To note the themes from complaints received during quarter 2 and plans to develop the learning from these complaints.
- To note the current performance around handling complaints and customer contacts and plans for further improvement.

Quarter 2 complaints

1. Purpose

This report is to inform the Board about complaints and customer contact received by NHS England during quarter 2 (Q2).

2. Background

NHS England receives complaints from patients relating to directly provided or commissioned services. NHS England also receives a high volume of enquiries and requests for information from members of the public through the customer contact centre.

3. Performance levels

During Q2 our customer contact operation has significantly improved its performance over quarter 1 (Q1). Backlogs of activity have been cleared and as a result both performance and customer satisfaction have improved. There remains a need for further improvement, particularly, to reduce complaint resolution times, increase the quality of responses, improve patient satisfaction and demonstrate the link between patient feedback and service improvement.

- **Complaints**

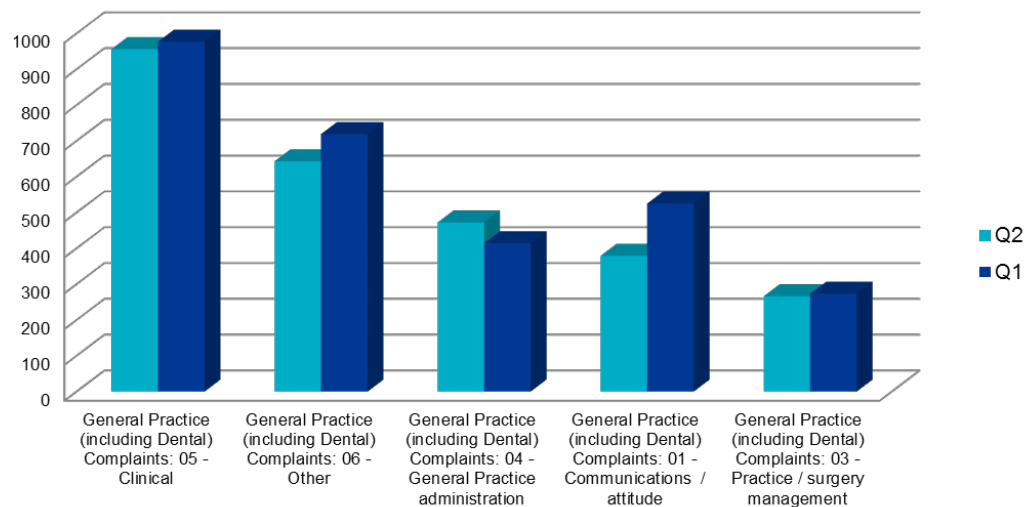
NHS England has continued to receive approximately 350 new complaints per week in Q2. The back-log of complaints waiting for investigation, which developed in Q1, has been cleared.

As the complaints which were in the back-log are investigated and work through to resolution it is reflected in an increase in the average handling time to resolve a complaint. This increased from 27 working days in Q1 to 39 working days in Q2.

In Q2, complaints continued to be dominated by primary care with 60% of complaints relating to general practice and 17% to dentistry. The top 5 causes of complaints about primary care are shown in Figure 1.

Developing and embedding our approaches to ensure complaints data, along with other sources of feedback and intelligence, is considered, understood and reflected in future commissioning is a key part of our strategy about learning from complaints. Localising the handling of complaints has been beneficial in this respect by increasing local intelligence about quality and performance.

Figure 1 – causes of complaint about primary care



Category definitions: All categories relate to primary care, based on the complainants account.

1. **Clinical:** Complaint about clinical care and advice e.g. alleged mis-diagnosis of condition.
2. **Other:** e.g. Building is in a poor condition.
3. **General Practice administration:** e.g. Patient is unable to get an appointment.
4. **Communications/ Attitude:** e.g. Doctor/Receptionist/Dentist was rude.
5. **Practice surgery Management:** e.g. Waiting times.

- **Legacy complaints**

In addition to new complaints, NHS England received, in Q1, circa 900 legacy 'live' complaints that were previously being handled by former NHS organisations. Some of these cases were very complex and challenging to resolve with some already several years old when they were handed over to us. At 25/11/13 there remained 86 of these legacy cases to be resolved.

- **General enquiries**

The number of general enquiries received increased 12% in Q2 compared with Q1. 76% of those enquiries were resolved at first contact with enquiries being resolved in an average of 3 working days. Common enquiries themes included:

- Access to primary care;
- Dental charges;
- De-registration of patients and violent patient schemes;
- Access to treatment, medication and funding policy.

- **Freedom of information requests**

The volume of freedom of information requests received was up 17% in Q2 at 673 requests. 78% of these requests were responded to within the statutory target of 20 working days. This is a significant

improvement on the 51% responded to within 20 working days during Q1.

The common themes of requests during Q2 were:

- How money was spent. Particularly around spending on telephony and IT equipment;
- The structure of the organisation, roles and post-holders;
- Patient safety data;
- Primary care activity data.

- **Customer satisfaction**

Customer satisfaction is sampled on weekly basis. There has been a marked improvement over the levels of satisfaction seen in Q1. In Q2:

- 58% were happy with the outcome of their complaint or enquiry;
- 75% were satisfied with the quality of the service they received;
- 83% were likely to recommend us to family and friends.

Initial discussions have been held with DH and CQC on how we can measure the experience of complaining. There is in principle agreement that a consistent approach to measurement across hospitals and primary care would be helpful.

4. **Further improvement**

The Clywd-Hart review of NHS complaint handling has now been published. Although principally directed at hospital complaints, the report serves to strengthen the picture of good practice alongside other recent reports from the Ombudsman, Healthwatch England and Robert Francis. We are engaging with external partner organisations such as the Patients Association, Healthwatch England and the Ombudsman, to consider how best to take forward our approach to complaints and patient feedback in response.

There is already a significant programme of further improvement work which has commenced and will continue over the next 12 months to maximise the performance of our current operating model for complaints and customer contact. During November a rapid process improvement workshop was held with operational colleagues working across NHS England and an internal audit review of the current operation was conducted by Deloitte. From these pieces of work the current areas of focus for improvement are:

- case management IT system – addressing the deficiencies of the current system, particularly around reporting, by moving to a customer relationship management system;

- quality management framework – strengthening the policy, processes, supporting procedures, training and quality assurance to ensure a consistent, quality service across the whole organisation; and
- ensuring that the insight given by patient feedback and complaints is demonstrably learned from by the organisation;

Recommendations

5. The Board is asked:
 - To note the themes from complaints received during quarter 2 and plans to develop the learning from these complaints.
 - To note the current performance around handling complaints and customer contacts and plans for further improvement.

Bill McCarthy

National Director: Policy

December 2013