

ICB Public Involvement and Engagement Advisory Committee

Date of meeting	26 June 2024
Title of paper	Complaints and Patient Experience
Presented by	David Brewin, Head of Patient Experience
Author	David Brewin, Head of Patient Experience
Agenda item	3c
Confidential	No

Executive summary

This report sets out Patient Experience and Complaints activity for the period February 2024 – May 2024, requests approval of the Complaints Annual Report for 2023/24, highlights future work to collate patient experience data about general practice and notes the agreement of a revised Lancashire and South Cumbria (LSC) Integrated Care Board (ICB) Complaint Policy.

The activity information was previously reported as part of the Insight Report received by this committee. The Annual Report is appended to this report and a link is provided to the new policy.

Advise, Assure or Alert

Assure the committee:

- That the ICB is investigating and responding to formal complaints and MP correspondence appropriately.

Advise the committee:

- That the ICB Complaint Policy has been revised and published.
- That work is planned to collate Patient Experience data across general practice in LSC at practice level.

Recommendations

The Public Involvement and Engagement Advisory Committee (PIEAC) is asked to:

- Note the activity, volumes and learning reported for the period February 2024-May 2024.
- Approve the 2023/24 Complaints Annual report for submission to the Department of Health and Social Care.
- Note that a revised and updated Complaints Policy has been agreed and published.
- Agree to receive the results of the collated Patient Experience data for general practice at a future meeting.

Which Strategic Objective/s does the report contribute to

Tick

1	Improve quality, including safety, clinical outcomes, and patient experience	✓
2	To equalise opportunities and clinical outcomes across the area	
3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	
4	Meet financial targets and deliver improved productivity	
5	Meet national and locally determined performance standards and targets	
6	To develop and implement ambitious, deliverable strategies	

Implications

	Yes	No	N/A	Comments
Associated risks			✓	
Are associated risks detailed on the ICB Risk Register?			✓	
Financial Implications		✓		

Where paper has been discussed (list other committees/forums that have discussed this paper)

Meeting	Date	Outcomes

Conflicts of interest associated with this report

Not applicable

Impact assessments

	Yes	No	N/A	Comments
Quality impact assessment completed			✓	
Equality impact assessment completed	✓			On the revised complaint policy.
Data privacy impact assessment completed			✓	

Report authorised by:

Sarah O'Brien, Chief Nursing Officer

ICB Public Involvement and Engagement Advisory Committee- 26 June 2024

Patient Experience and Complaints

1. Introduction

1.1 This report sets out the activity of the LSC ICB Patient Experience service for the period 1 February 2024 to 31 May 2024. Previous PIEAC meetings have received the equivalent information for the period ending 31 January 2024. Approval for the Annual Complaint Report for 2023/24 is sought and this is included as an appendix. Also highlighted are a revised ICB Complaint Policy and a piece of work planned for autumn 2024 to bring together different sources of patient experience data relating to general practice.

1.2 The complaints included in this report are those handled in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 where the ICB is treated as the 'Responsible Body'. They are a combination of complaints about the actions and omissions of the ICB itself and our commissioned providers. Letters from MPs are made up of complaints from constituents, other queries raised by constituents but not handled as complaints and correspondence from MPs themselves typically about funding or strategy or other local health and care topics. The PALS service is the 'front door' to the complaints team and resolves concerns quickly and informally where possible.

1.3 Patient Experience activity has been reported to PIEAC from the outset. This section has been revised and can be further adapted if it will benefit the Committee. This report includes:

- The numbers of new contacts by type and comparisons to previous months.
- A summary of the type of complaints received and details of MP activity.
- Analysis of trends and themes emerging where identified.
- Examples of learning.

1.4 The information for this report was extracted on 17 June 2024.

2. Activity

- The table below records the number of contacts by type for each two-month period over the last year extracted from the 'Ulysses' case management system. Each PIEAC meeting will receive details of incoming volumes for a rolling 12-month period.

Total volumes received.

Type	June – July 2023	August – September 2023	October – November 2023	December 2023 – January 2024	February – March 2024	April – May 2024
Complaint	142	284	275	228	261	338
MP Letter	61	51	40	43	46	51
PALS Enquiry	255	317	287	231	267	163

- Numbers of complaints received rose through the four months covered by this report. Total volumes for April and May were substantially higher than any other reporting period over the last year. To cope with this demand, we have changed how we handle complaints with a larger proportion now being ‘passed to provider’ rather than managed directly. This is a discretionary power afforded to commissioning organisations.
- We closed 747 cases during the period comprised of 620 complaints and 127 MP letters. This is an increase in cases closed compared to December and January and above our annual average. At the February meeting of PIEAC we reported 369 open cases. When this data was extracted on 17 June 2024, we had 311 open complaint and MP cases.

3 Analysis

Complaints

- The complaints we handle can be broken down into four categories. We first reported this to the June 2023 meeting of PIEAC and those numbers are included to allow comparison.

Reporting Period	ICB	All Continuing Care	Age	Secondary Care Provider	Primary Care
April - May 2023	12	10		45	6
June – July 2023	17	16		50	59
August – September 2023	23	12		62	187
October – November 2023	14	19		90	152
December 2023 – January 2024	15	25		55	133
February – March 2024	17	19		76	149

April – May 2024	13	18	105	202
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- Primary care complaints are mostly about General Practice and Dentistry. There were 95 Dental complaints (56 in February and March, 39 in April and May) and 178 general practice complaints (84 in February and March, 94 in April and May). Dentistry complaints continue to be mostly about access with general practice complaints showing more variation. We had a significant increase in Pharmacy complaints in April and May, but these are several linked complaints rather than indicating an emerging theme. Secondary care complaints also show a significant increase.
- We have received two contacts from the Parliamentary and Health Service Ombudsman (PHSO) about cases we have handled. Both are now closed and will not proceed to a formal investigation. formation

MP Correspondence

- We received a total of 97 letters. This has remained steady across the last year. We anticipate this will reduce through the general election period but then increase as the new intake of MPs pick up constituency casework. Letters were spread across a range of topics. Notably, there were 10 about Continuing Healthcare. The most active MP was Tim Farron who wrote to us 27 times. Two other MPs recorded double figures (Simon Fell, 15 and Ashley Dalton,12).

PALS Enquiries

- PALS totals have reduced substantially in April and May, and we expect this to continue as we have stopped providing a general advice and information service and this offer has been removed from the ICB website.

Learning from Complaints

- When a complaint is fully or partially upheld, we identify learning and include it in our response. This could be additional actions to resolve individual complaints or broader service improvements. These examples could be about LSC ICB or a commissioned provider. Examples of learning from this period are:

You Said	We Did
The standard of communication I received from a number of clinicians before and after my laparoscopy was poor. I was not	We raised your concerns with the Trust. The Trust reviewed your concerns and confirmed that the consultant gynaecologist has changed his current practice to ensure he sees his patients after the theatre list

<p>listened to, and my treatment was not fully explained.</p>	<p>where possible. The Trust also arranged for you to see a different gynaecologist for a second opinion to provide a further opportunity to discuss and resolve your concerns in person.</p>
<p>My GP's complaints procedure was unsatisfactory and confusing. The staff didn't appear to understand it.</p>	<p>We shared your concerns with the practice who identified that internal updates to their Complaints Policy had not been published on their website and this was rectified. The practice also assured you that all staff had received training on the policy and that copies would be made available at each reception station.</p>
<p>My GP left me for five days with a chest infection and refused to treat me, so I had to go to the walk-in centre.</p>	<p>We asked our Medical Complaints Advisor to undertake a review of your concerns alongside the Practice's response. They noted that although the decision not to prescribe antibiotics was appropriate the consultation notes should have provided a contemporaneous account of the consultation and the decisions made. The GP was therefore asked to reflect on the feedback of the review to identify learning and improve the quality of record keeping.</p>
<p>I have disputed that there has been an overpayment of my Personal Health Budget.</p>	<p>The CHC Team have agreed to carry out a full review to establish whether you should have been eligible for CHC from an earlier date. CHC staff have now been provided with training in how to undertake the new PHB process, which is being monitored to ensure there are no delays.</p>
<p>I am concerned about the removal of nurses from my child's school. Invaluable skills and support are being lost to the detriment of the children.</p>	<p>An agreement has been reached to review the current service offer against the previous specification to ensure the service meets the needs of the children.</p>
<p>The standard of communication from my GP when I got my test results was poor. I wanted some additional support, so I fully understood them.</p>	<p>The practice has confirmed that an alert has now been set up on your record to ensure that contact is made by a clinician to discuss test results.</p>
<p>I am not happy about the waiting time to access an appointment with the gastroenterology department. I've already</p>	<p>We asked the Trust whether the appointment could be expedited in consideration of the delays incurred. The Trust advised that they contacted you with</p>

been waiting but have gone to the back of the queue.

an appointment date and that a triage system had recently been put in place to support with the backlog.

4 Annual Report

4.1 All NHS organisations with a duty to handle complaints are required to submit an Annual Report to the Department of Health and Social Care (DHSC) each year. The appended document fulfils that for the Lancashire and South Cumbria Integrated Care Board (ICB) for the year 2023/24. PIEAC is asked for approval.

5 ICB Complaint Policy

5.1 An updated Complaint Policy has been agreed by the March 2024 meeting of the ICB Quality Committee and ratified by our Board. The revised document underwent an Equality Impact Assessment for the first time. The policy is now published on our website and can be viewed at:

[LSCICB_Corp01_Complaints_Policy_V2.pdf \(healthierlsc.co.uk\)](#)

6 Patient Experience of General Practice

6.1 The May 2024 ICB Primary Care Quality Group received a presentation about Patient Experience and Complaints including a commitment to carry out an exercise to collate data at practice level in autumn 2024 for the year 2023/24.

6.2 This will be made up of complaints handled by the ICB, complaints handled directly by practices, results of the national Satisfaction Survey, FFT data and postings on national websites. The results will be reported to a future meeting of PIEAC.

7 Recommendations

7.1 PIEAC is asked to:

- Note the activity, volumes and learning reported for the period February 2024-May 2024.
- Approve the Complaints Annual report for submission to the Department of Health and Social Care.
- Note that a revised and updated Complaints Policy has been agreed and published.
- Agree to receive the results of the collated Patient Experience data for general practice at a future meeting.

David Brewin, Head of Patient Experience

17 June 2024

1. Introduction

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 require that each ‘Responsible Body’ produces an Annual Complaints Report and sends it to the Department of Health and Social Care. Regulation 18 sets out what the report must cover. This report satisfies those requirements for NHS Lancashire and South Cumbria (LSC) Integrated Care Board (ICB).

2. Complaints and MP Letters – Background and Introduction

All patients or their representatives who are dissatisfied with a service funded or provided by the NHS have a right to complain. LSC ICB welcomes complaints as an opportunity to learn and improve and we encourage our residents to complain when are unhappy with the service, care, or treatment they receive. Some complaints to the ICB are about something we have done or a decision we have made. Others will be about the services that we commission for our population.

People who use NHS services in our local hospitals, primary care practices or in their own homes can choose to make a complaint to the ICB rather than the provider. The role of commissioners is covered in the 2009 Regulations and is reinforced by national guidance. On 1 July 2023, our duties were extended to include complaints about primary care (General Practice, dentistry, community pharmacy and ophthalmology) made to commissioners. This led to considerable increases in incoming volumes as set out in this report. We have a published Complaint Policy which supports us in managing complaints well, learning and using findings to improve. It commits to being accessible, open, and transparent. A new policy was approved in March 2024 and is published on our website. The Patient Experience section explains how to complain by telephone, post, email, or an online form.

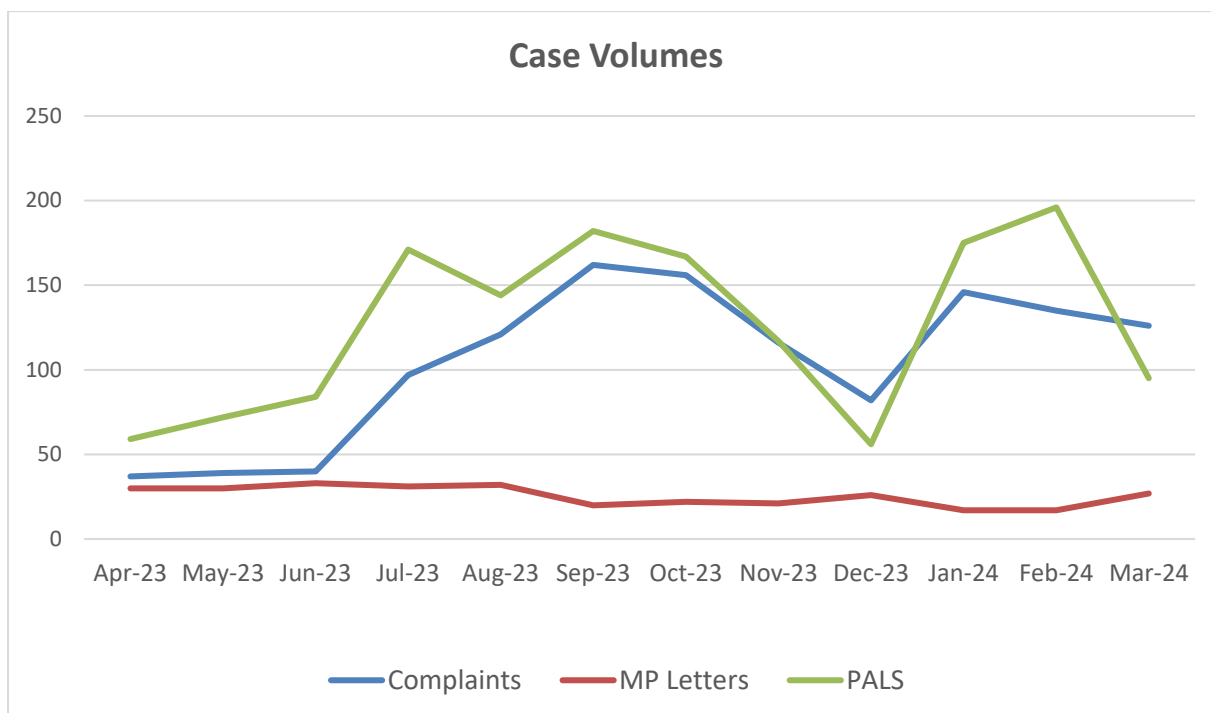
We also receive correspondence from our local MPs. This comes in three types. Firstly, enquiries that come directly from MPs about any aspect of local health policy, funding, or services. They are responded to in a letter with the information and explanations requested. Secondly, some constituents approach their MP with an enquiry or concern about the NHS and these are forwarded to the ICB for us to respond. Thirdly, our residents make formal complaints through their MPs. We treat these in the same way as a complaint directly from a patient and they are investigated and responded to in line with the legislation.

3. Complaints

The number of complaints and MP letters received during 2023/24 by quarter was:

Quarter	Complaints	MP Letters
Quarter One	116	93
Quarter Two	380	83
Quarter Three	354	69
Quarter Four	406	64
Total for ICB	1256	309

The breakdown by month can be shown as a graph.



This is a substantial considerable increase from the totals recorded for 2022/23. We also have access to the historical data for LSC dating back to 2016/17 which shows a year-on-year increase in both complaints and PALS. MP activity shows more variation with both increases and decreases over the period.

Total Complaints and MP Letters 1 July 2022 – 31 March 2023.	Total Complaints and MP Letters 2022/23 Full Year Equivalent	Total Complaints and MP Letters 2023/24
582	776	1565

The delegation of primary care cases resulted in much higher volumes. The average number of complaints received by the ICB each month during the first year of operation (1 July 2022 to 30 June 2023) was 41. For the period 1 July 2023 to 31 March 2024 this more than trebled to an average of 127. Complaints received can be broken down into four categories. Some complaints span several organisations but for this report we have selected the main category recorded.

Date	ICB	All Age Continuing Care	Secondary Care Provider	Primary Care
2023/24	101	95	402	658

4. Complaint and MP Outcomes

In total we closed 1444 Complaints and MP letters during 2023/24. Some are closed for administrative reasons such as being unable to get consent to continue, withdrawn by the complainant or passed to another organisation to investigate. There were 609 cases with a recorded outcome. Of these, 277 (45%) were not upheld and 332 (55%) were either fully or partly upheld. Regulations require that we report the number of complaints that are 'well founded' in the Annual Report. This is a small increase in the proportion of complaints upheld compared to 2022/23. For these purposes, we consider that complaints that are fully or partly upheld meet that definition. This decision is made by each complaint handler with support from their manager and recorded on the complaint file.

Outcome of Complaints	Number
Complaint Not Upheld	227 (45%)
Complaint Partially Upheld	198 (33%)
Complaint Upheld	134 (22%)
Totals	132

When compared to 2022/23, there was a significant decrease in the proportion of complaints upheld – from 51% to 22%. The 2023/24 percentages are broadly in line with the last national published data.

5. Patient Advice and Liaison Service

Our Patient Advice and Liaison Service (PALS) has two functions. It is the ‘front door’ to our complaints team and allows us to resolve complaints quickly and informally where we can. It is also a confidential, help and advice service for patients, their families, and unpaid carers. Our PALS team received a total of 1495 enquiries in 2023/24 up from 657 in 2022/23. This included supporting the ICB with patient and public enquiries about changes to local primary care services such as closure of practices, procurement exercises or dentists not continuing with NHS work. In April 2024, we made the decision to stop providing a full PALS offer as we had to prioritise our statutory duty to respond to the greatly increased numbers of complaints.

6. Learning from Complaints

Lancashire and South Cumbria ICB views complaints as an opportunity to learn and improve. When we resolve a case, we always try to identify tangible changes because of a complaint. This could be a change for that individual patient or a wider improvement to a service. We share it with complainants as part of the response letter and it is held on the complaint file. The learning could either be for LSC ICB or for a commissioned provider organisation. During 2024/25 we plan more work to capture and implement learning from dissatisfied patients.

Learning from complaints is reported in a ‘You Said, We Did’ format to each meeting of our Public Involvement and Engagement Advisory Committee which is a sub-committee of the Board.

7. The Parliamentary and Health Service Ombudsmen (PHSO)

The NHS complaints process in England has two stages. The first is ‘local resolution’ and includes our response, any meetings we hold with complainants and cases that are reopened and considered a second time. When local resolution ends, every complainant can approach the PHSO to request a review of how a complaint was handled. The PHSO will then decide whether to consider the case.

During the year we received six contacts from PHSO requesting documents or case details. All are now closed. In one instance, we were asked to provide an additional apology as an alternative to a full investigation.

8. Patient Experience Team

2023/24 was a year of change for our Patient Experience Team who handle complaints, MP letters and PALS enquiries. On formation of the ICB, a small group of staff were aligned to this function. From 1 July 2023 they were joined by colleagues from Midlands and Lancashire Commissioning Support Unit and NHS England. From the outset, we adopted a model of a single, integrated team, one front door, all data held on the same case management system, aligned processes where possible and combined reports. Our staff now handle all types of complaint case.

9. Summary

This report is a short summary of activity and outcomes for 2023/24. More work is planned for 2024/25 to focus on learning, improving quality and working with complainants to move from sending responses to genuine resolution of the complaints we receive. We also plan to

better understand complaints and Patient Experience across our system and make improvements in partnership with our providers.