

ICB Public Involvement and Engagement Advisory Committee

Date of meeting	18 December 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	7c
Confidential	No

Executive summary				
This report sets out Patient Experience and Complaints activity for the period August 2024 – November 2024.				
Advise, Assure or Alert				
<p>Assure the committee:</p> <ul style="list-style-type: none"> - That the ICB is investigating and responding to formal complaints and MP correspondence appropriately. <p>Advise the committee:</p> <ul style="list-style-type: none"> - That the Patient Experience Team has developed a ‘Patient Experience Index’ for General Practice to help our Primary Care team support our practices. 				
Recommendations				
<p>The Public Involvement and Engagement Advisory Committee (PIEAC) is asked to:</p> <ul style="list-style-type: none"> • Note the activity, volumes and learning reported for the period August 2024 to November 2024. • Note the development of a Patient Experience Index for General Practice. 				
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			✓	
Data privacy impact assessment completed			✓	
Report authorised by:	Sarah O'Brien, Chief Nursing Officer			

ICB Public Involvement and Engagement Advisory Committee - December 2024.

Patient Experience and Complaints

1. Introduction

1.1 This report sets out the activity of the Lancashire and South Cumbria (LSC) ICB Patient Experience Service for the period 1 August 2024 to 30 November 2024. The information for this report was extracted on 2 December 2024.

1.2 Patient Experience activity has been reported to PIEAC from the outset and includes:

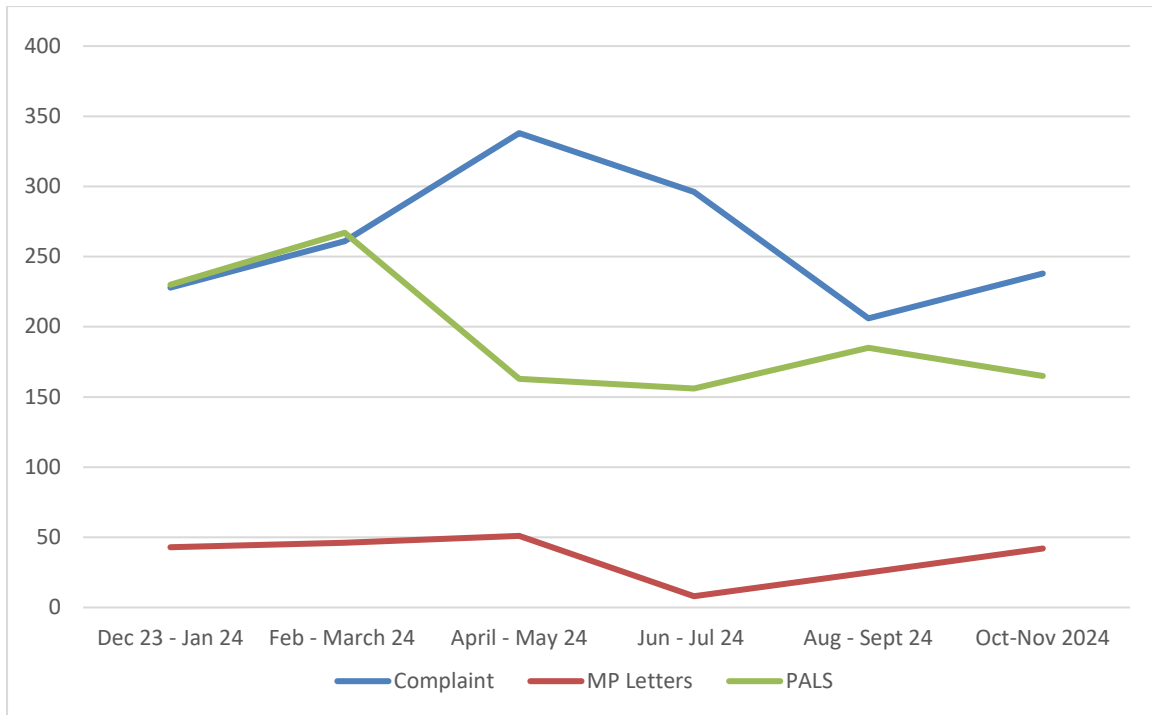
- The numbers of new contacts by type and comparisons to previous months.
- A summary of the type of complaints received and details of MP activity.
- Analysis of trends and themes emerging where identified.
- Examples of learning.

1.3 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 general correspondence from MPs that is not about a specific patient. The PALS totals reported here are those concerns we were able to resolve quickly and informally and requests for advice and information.

2. Activity

2.1 The chart 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. Due to the timing of recent meetings, this report covers four months.

Total volumes received.



2.2 Numbers of complaints showed a significant reduction in August but have increased through the autumn. Unsurprisingly, MP letters decreased in the build up to the General Election but are now rising slowly. More analysis is below.

2.3 When this data was extracted, we had 242 open cases which is a reduction of 81 compared to our last PIEAC report. This is mostly attributable to a group of complaints about linked events in a GP Practice and Pharmacy which we were able to close.

3 Analysis

Complaints

3.1 The complaints we handle can be broken down into four categories. We have reported this to PIEAC from June 2023 onwards.

Reporting Period	ICB	All Continuing Care	Age	Secondary Care Provider	Primary Care
December 2023 – January 2024	15	25		55	133
February – March 2024	17	19		76	149
April – May 2024	13	18		105	202

June – July 2024	10	14	83	189
August 2024 – September 2024	17	12	62	140
October 2024 – November 2024	34	14	70	162

3.2 The proportion of complaints about primary care has remained consistently high compared to other categories. For this period, we saw 197 about General Practice, 68 about Dentistry and 16 about Community Pharmacy. The remainder were coded as Primary Care.

Complaints about the ICB

3.3 For this period, we have taken a closer look at complaints received about the ICB. The numbers received about our **All-Age Continuing Care** service have remained consistently low with single figures being received each month from January onwards. In previous years, the main theme was delay and failure to update but they are now substantially reduced as the responsiveness of the service has improved. There were several about decision making including dissatisfaction with assessments, appeals, fast track, implementing Personal Health Budgets and retrospective reviews. A smaller group were concerned about quality-of-care delivery and three mentioned timely supply of appropriate equipment. Only two complained about staff attitude or conduct. There remains some concern about the rigour and timeliness of complaint investigations and Patient Experience Team continue to work with All-Age Continuing Care colleagues to improve this.

3.4 Turning to complaints about **other ICB functions**, these can be broken down as:

- Weight loss injections. These account for 10 formal complaints in the period and largely explain the increased number for October and November. There were also some enquiries dealt with informally. This could continue to increase.
- Other prescribing rules including requests for branded medication.
- There were three complaints about a lack of support for long COVID.
- Two referenced Autism and ADHD assessments
- Two were unhappy about our Individual Funding Request process.
- Two were about access to fertility treatment.

3.5 There was one contact from the Parliamentary and Health Service Ombudsman (PHSO) in the period who have identified a case as being suitable for their mediation process. We have agreed the ICB will participate, and we await details.

MP Correspondence

3.6 We received 67 letters in total (25 in August/September and 42 in October/November). The highest number were received from Tim Farron with nine followed by Cat Smith and Ashley Dalton who sent five each. Towards the end of

the period, we started to receive correspondence from some of our new MPs for the first time.

PALS Enquiries

3.7 PALS totals show a small increase from the number reported at the September meeting but remain lower than the totals seen in the spring of 2024.

Learning from Complaints

3.8 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
Your nominated pharmacy was changed by your GP without your knowledge or consent.	We ensured that your nominated pharmacy was amended to the correct pharmacy and asked the GP to investigate. The GP acknowledged that nominations had been changed without appropriate consent. They are currently drafting a new consent policy that outlines the procedures for obtaining, documenting, and verifying patient consent for any changes in care plans including pharmacy nominations. They have also initiated a patient engagement programme to keep the patients informed about their rights and the importance of consent in managing their care.
Your mother's MRI results picked up some unusual findings in her uterus in February 2023 however, she wasn't referred to gynaecology until August 2023.	We asked the Trust to investigate and explain the significant delay between the MRI results and referral. The Trust's investigation identified that a delay had occurred as the referral had been sent via internal post in March 2023. The referral process had not been followed as an email should have been sent in addition to the hard copy. The Trust extended their apologies for this error and advised that all gastroenterology secretaries will email all referrals immediately in addition to sending via the internal post.
You have raised significant concerns regarding the standard of care provided to your father following his discharge from	We asked the Trust to undertake an investigation of your concerns. Following this, they acknowledged that there was a

<p>hospital and the poor standard of communication you received from the clinicians involved in your care.</p>	<p>lack of clear communication with the patient's family and the care provided by the District Nurses was disjointed with a lack of structure. The Head Matron is going to feed your concerns back to the team along with the findings of the investigation and complete a 'round table' discussion so that all those involved in the patient's care can reflect on the care provided. The Head Matron will also ensure that the patient's case is shared with the bi-weekly Catheter Care MDT to identify learning and understanding across all services.</p>
<p>Your son is non-verbal, autistic and has a neurological condition called HADDS syndrome. Your son has been experiencing severe toothache for four months however, you have really struggled to get him an appointment with the special needs dental team.</p>	<p>We initially confirmed that an urgent referral to the Special Care Dentistry Referral Hub was actioned immediately. We then coordinated a multiagency investigation of the complaint. The investigation findings identified that there was a lack of continuity in communication with the patient's mother due to reduced staff resource, which meant that adequate records were not kept. The team have committed to recording all patient contact from the point of referral and saving to the patients notes. They will also raise this at locality team meetings to identify any additional learning.</p>
<p>You said that you were diagnosed as a type 1 diabetic in November 2017 but were suffering for months beforehand. Your diabetic nurse recently reviewed your medical records with you and found a letter containing blood results which showed high glucose levels in May 2017. You were shocked to discover you were living a dangerously unhealthy life well before your diagnosis.</p>	<p>We asked the Trust to investigate your concerns regarding the missed diagnosis. The Trust acknowledged that they appear to have missed the findings of a raised glucose level which should have resulted in further blood tests and follow-up with the patient's GP. The Trust has advised that there is now an electronic computer system for the reporting of bloods and paper blood reports are no longer sent to the Emergency Department. This system also identifies who has reviewed the blood result and what action has been taken.</p>
<p>You said that there have been several incidents where incorrect information has been recorded on your NHS app. You have received letters and scan results for different patients, and it has failed to</p>	<p>We contacted the surgery and asked whether the matter had been raised with Information Governance in consideration of the concerns raised. The practice confirmed that the error had occurred during the</p>

<p>recognise your married name. This has meant that you have struggled to book appointments or receive results following tests.</p>	<p>process of digitising paper records from their previous surgery. They have conducted a thorough review with their administration team and have recorded the incident as a 'Significant Event' to ensure they learn from it to prevent future occurrences. The practice have offered their assurance that there has been no unauthorised access to the patient's medical records and that the errors have now been amended to record the correct information.</p>
<p>You said that the current waiting times for autism assessments within the Lancashire area are unacceptable and are causing your son further distress.</p>	<p>We acknowledged that the waiting times are currently too long and confirmed that the ICB are implementing changes to reduce these waits. We are developing a new integrated neurodevelopmental pathway which will encompass ASD and ADHD assessments. We also ensured that current support options were highlighted to mum and confirmed that as an interim solution, the ICB were working with providers including LSCFT to implement waiting list initiatives to support children on the current waiting lists.</p>

4. National Complaints Data

4.1. Each year, all NHS Responsible Bodies complete and submit a return (known as KO41) to the Department of Health and Social Care. This is reported by ICB, Trust and GP and Dental Practice each year and results for 2023/24 were published in October 2024. This showed that both our ICB and ICS are outliers. The numbers about GPs and Dentistry handled by the ICB were the second highest in England and showed a vast increase compared to the period prior to delegation in July 2023 when this was managed by NHSE. This is consistent with numbers reported to PIEAC over the period and is being explored with the NW Region of NHSE.

4.2 Looking at all complaints received over the last three years, our Hospital and Community are down 2.6% and our GP and Dental are up 18%. If we go even further back and take the last, full pre COVID year of 2018/19 as a baseline then our Hospital and Community are down 28% and GP and Dental are up 54%. This is not in line with the national picture which showed a modest increase in both categories over the three-year period.

5. Patient Experience Index

5.1 Our Patient Experience Team have developed a new dashboard which is held on the Aristotle business intelligence portal. The aim was to bring together five existing sources of Patient Experience data to provide a more rounded view of how it feels to receive General Practice services in our geography.

5.2 This was presented to the Primary Care Quality Group in November 2024 and was well received. A summary of the slides is appended to this report for information.

6. Recommendations.

6.1 PIEAC is asked to:

- Note the activity, volumes and learning reported for the period August 2024 to November 2024.
- Note the development of a Patient Experience Index for General Practice.

Appendix – Patient Experience Index in General Practice

Patient Experience

Development of a Patient Experience Index in General Practice

Public Involvement and Engagement Advisory Committee
13 December 2024

1

Background and Overview

- There are a range of existing sources of patient experience data about GP Practices. Set out below.
- These are all directly from patients rather than through inspection, audit or professional concerns.

Source	Current tool/dashboard
1. KO41 B Practice Complaints	NHSE Excel spreadsheet
2. ICB Complaints	Manual extract from Ulysses
3. GP Friends and Family Test	New Aristotle GP FFT Dashboard
4. GP Patient Survey	NHS Analysis Tool
5. www.nhs.uk reviews	NHSE dashboard

2

Development of the Dashboard

- Done jointly with MLCSU
- Works alongside Primary Care information to inform programme of proactive and reactive visits and support to Practices.
- Complaints handling is one of the elements of support that can be offered.
- Data is all collected at Practice Level but can be aggregated up by PCN, Place or System.
- Used to identify inconsistencies or variations. Further enquiries may be needed.

3

Next Steps

- Bring together five indicators as a single dashboard held on the Aristotle system.
- Add in weighted complaints measures by patient population.
- Establish routine process or automation for extracting www.nhs.uk reviews and Ulysses data into the report.
- Compare with other data held by Primary Care and Medicines Management teams to identify priorities.

4



**Lancashire and
South Cumbria**
Integrated Care Board

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