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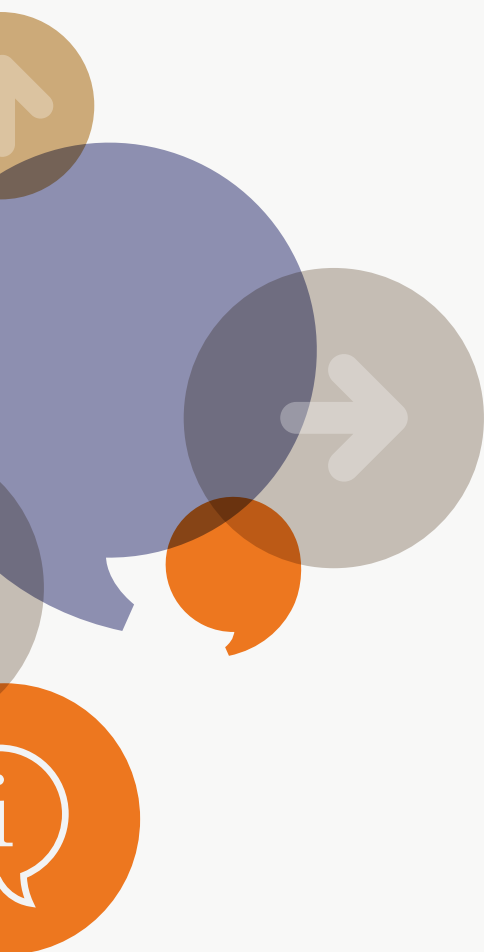


An opportunity to improve General practice complaint handling across England: a thematic review



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Foreword

The Parliamentary and Health Service Ombudsman makes final decisions on complaints that have not been resolved by the NHS in England and UK government departments and some UK public organisations. We use our casework to shine a light on service failures and share this insight to help others improve public services and complaint handling. We want to use our own experience of investigating complaints about GP practices to help the NHS support general practice to do better.



We have pooled evidence from our casework with intelligence gathered by the Care Quality Commission, NHS England and Healthwatch England to review how well GP practices in England are handling concerns and complaints when things go wrong.

In 2014-15 the Parliamentary and Health Service Ombudsman completed 3,274 NHS investigations (79% of all investigations), and of these we upheld or partly upheld 1,229 investigations (37%). In the same year, the Parliamentary and Health Service Ombudsman received 5,086 complaint enquiries about general practice. 696 (14%) of these enquiries were investigated and 32% were upheld. This is at the lower end of our uphold rate - we uphold 44% of cases about acute trusts and 33% of mental health, social care and learning disability trusts.

 **We appreciate many of the difficulties general practices face in getting this right.** 

From looking closely at these investigations, as well as cases from the Care Quality Commission and NHS England, we found that the quality of general practice complaint handling paints a mixed picture. Our review found 55% of general practices were doing a good job – dealing with complaints swiftly, taking them seriously and being open and honest. This is good news. But 45% of practices were falling short – failing to acknowledge mistakes, not providing proper apologies and not following guidance on handling complaints.

Most people have far more contact with their GP practice than with any other NHS service, and they are often an individual's link in to other NHS services. That's why getting complaint handling right in general practice is so important – it has the potential to make a difference to everybody who uses the NHS. I hope this work helps GPs.

Our review has identified five areas where there is most scope for improvement. These include:

- developing a listening culture
- being clear about what is expected of practices
- ensuring professional values
- apologies and being open and honest
- sharing learning from complaints

With co-ordinated action, we believe our shared commitments and recommendations around: education and training, sharing and acting on what has been learned, and communication will lead to general practices being able to improve individuals' experience of complaining.

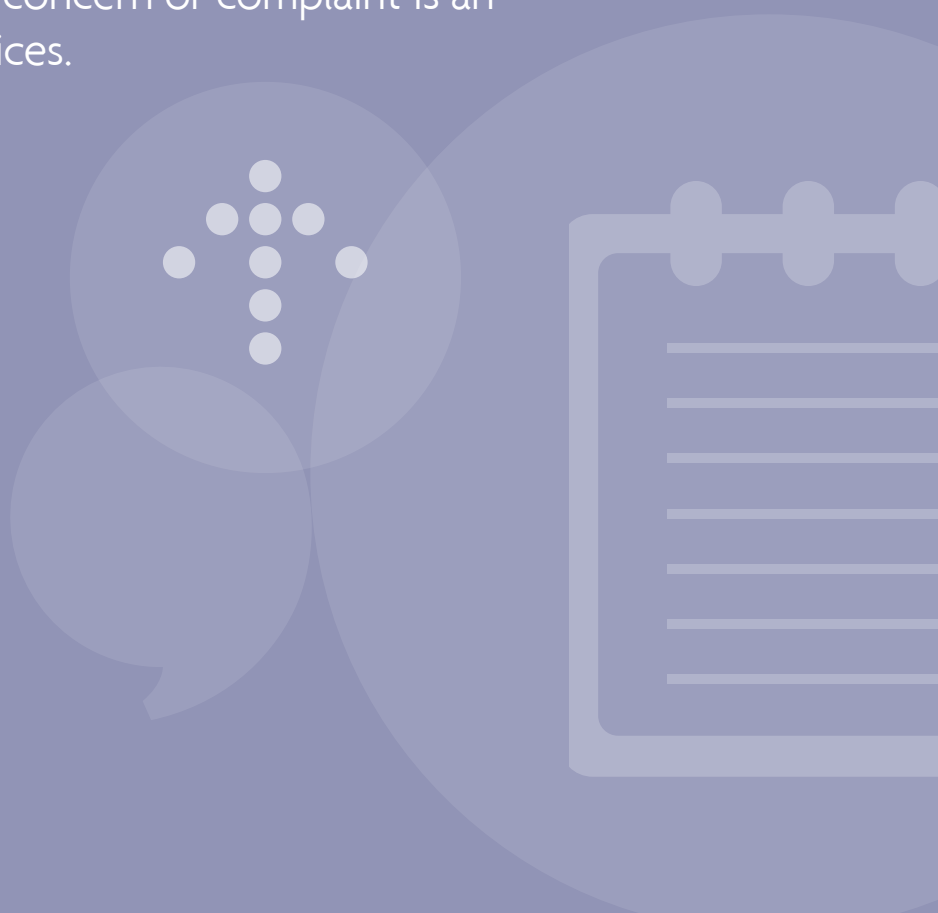
We appreciate many of the difficulties general practices face in getting this right. This is why we have worked together to consider what our four organisations can do to help improve the quality of complaint handling in general practice. For example, we are delighted that NHS England is leading work to ensure high quality and relevant training for primary care complaint handlers.

We are proud to have worked with the Care Quality Commission, NHS England and Healthwatch England on this review. Together, we can support practices to listen, respond and act to improve services for all.

Dame Julie Mellor DBE
Chair and Ombudsman, Parliamentary and Health Service Ombudsman
March 2016

Executive summary

Complaints matter – to individuals, to health and social care services and to the four organisations involved in conducting this review into the quality of general practice complaint handling. They matter to people who use the services, who deserve an explanation when things go wrong and want to know that steps have been taken to prevent the same mistakes from happening again. They matter to health and social care organisations, because every concern or complaint is an opportunity to improve services.





General practice forms 90% of all NHS interactions with the general public. While satisfaction with general practice services was recently rated higher than other NHS services, it's the lowest score since the survey started in 1983.¹ Workforce issues, the growing need and rising expectations of an older population, with more complex healthcare needs, are creating demand pressures on general practice.² Therefore, how will practices make sure that, amongst other things, pressures do not translate into a poorer patient experience?

The key to improving satisfaction levels is being responsive to feedback. What are practices doing to encourage feedback and concerns to make sure improvements in care and patient experience are made possible? Driven by the scale of the challenges general practice is facing and a genuine, shared desire across all four organisations to help, our review provides some in-depth insights into what's working well and where there are areas for improvement. This includes examples of good and poor practice and top tips for general practices on complaint handling.

For the first time, we have collectively reviewed our intelligence to look at a representative sample of 137 closed complaint cases from November 2014 to November 2015, to identify ways that the quality of complaint handling within general practice can be improved. Overall, we found that the quality of complaint handling was highly variable; over half of the cases were either good (46%) or outstanding (9%). However, over a third required improvement (36%) and a tenth were inadequate (10%).

There are five areas where we believe general practice has the most scope for improvement:

1. Listening culture: ask for feedback

Practices need to do more to encourage feedback, concerns and complaints, and to reassure people that their care will not be compromised if they complain. Our review found that some practices are falling short of providing basic information about how to complain including signposting to sources of support.

2. Regulations: make sure practice staff understand what is expected of them

Practices need to do more to understand statutory duties. Our review found that some practices have a poor understanding of their statutory duties to comply with basic requirements contained within the Department of Health complaints regulations (2009). In some cases, practices are removing patients from their lists without following regulations, which raises patient safety concerns.

¹ The Kings Fund (2016), *Public satisfaction with the NHS in 2015*.

² Nuffield Trust (2015), *Is General Practice in Crisis?*

3. Values: be professional

Practices need to do more to make sure there is a professional approach to complaint handling. In some cases a failure to do this has resulted in poorly led local resolution meetings and patients are not always kept up to date about their complaints in a timely manner.

4. Attitude: apologise where appropriate and be open and honest when things go wrong

Practices don't always provide apologies and when they are given, they sometimes appear insincere. Practices need to be open and honest and communicate clearly to help individuals understand what happened. A third of cases in our review lacked adequate explanations and many others contained factual inaccuracies or no acknowledgement of mistakes, despite the introduction of the Duty of Candour, which requires openness.

5. Learning: listen, respond and share

To prevent the same issue happening to someone else, general practices need to learn from mistakes and share this with other practices. General practices also need to share what has been learned with their patients. However, Care Quality Commission inspectors found that practices do not routinely consider themes emerging from different sources of feedback. Sometimes Clinical Commissioning Groups (CCGs) miss opportunities to share what has been learned across general practice.

We recognise that there are some genuine reasons why general practice might find it more challenging to manage complaints. For example, practices handle few complaints and do not have access to the same support as other healthcare professionals would in a hospital setting.

This is why we have worked alongside GPs, practice managers and other key decision makers to develop some solutions in three areas:

1. **Education and training:** there is a need to support GPs through education before and after they qualify. NHS England is committed to exploring training options more broadly for those working within general practice.
2. **Sharing what has been learned:** CCGs and local medical committees could share how practices have dealt with complaints with other practices in the area. Time should also be provided for staff in practices to review feedback from patients to improve the service provided. Likewise, individual staff appraisals are an opportunity to reflect on learning from a concern or complaint raised.
3. **Communication:** an apology is not about accepting blame but an important part of providing closure; we believe the defence unions, such as the Medical Defence Union or the Medical Protection Society have an important role in encouraging apologies. Similarly, clarification of the regulations from NHS England and the Department of Health in an accessible format for practices is welcomed.

To improve satisfaction levels, all practices will need to adopt a strong learning attitude. Until feedback, concerns and complaints are regularly welcomed and better use is made of them, practices will not be able to improve care, which includes people's experience of the service.

Improvements are not the responsibility of just one organisation or one set of professionals; they require a collective effort. With the introduction of new care models and the scaling up of GP practices, we have the opportunity to re-think how complaints are managed in the future.

Introduction

The purpose of our review was to look at the quality of GP practice complaint handling, identify good practice and ways that the quality could be improved. Our aim was to provide a snapshot into the quality of complaint handling across England and to work with GPs, practice managers and decision makers to identify what improvements might be required.





Our review aimed to:

- set out where practices were performing well and where they were falling short of what was required;
- understand how practices were using what they had learned from complaints to improve services and patient experience;
- review how practices were performing against *My expectations* more generally – a framework for raising concerns and complaints;
- consider what the future of complaint handling might look like in general practice in the context of new care models and the scaling up of general practice.

We were also keen to consider what each of the four organisations involved could learn from the review to better support general practice in managing complaints.

Landscape

Over the past three years, a number of reports about the NHS complaints system have been published.³ Criticism has focused on variation in the quality of complaint handling and issues around attitude such as defensiveness or complaints not being taken seriously. However, criticisms have also focused on cultural issues such as people who use the service (and staff) not always feeling supported to give feedback, raise concerns or complain.

Work force problems, the growing need and rising expectations of an older population, with more complex health care needs, are all contributing to growing pressures within general practice.⁴ While satisfaction with GP services was recently rated higher than other NHS services, it's the lowest score since the survey started in 1983.⁵ Being responsive to patients is going to be crucial if practices are to ensure improved satisfaction levels and that new ways of working are successful. This will require good management of feedback, concerns and complaints.

³ Health Select Committee (2015), *Complaints and Raising Concerns*.

Right Honourable Ann Clwyd MP and Professor Tricia Hart (2013), *A Review of the NHS Hospitals Complaints System Putting Patients Back in the Picture*.

Robert Francis QC (2013), *Public Inquiry into the Mid Staffordshire NHS Foundation Trust*.

Robert Francis QC (2015), *Freedom to Speak Up, An independent review into creating an open and honest reporting culture in the NHS*.

⁴ Nuffield Trust (2015), *Is General Practice in Crisis?*

⁵ The Kings Fund (2016), *Public satisfaction with the NHS in 2015*.

While satisfaction with GP services was recently rated higher than other NHS services, it's the lowest score since the survey started in 1983

GP practices face some unique challenges that make it harder for them to manage concerns and complaints effectively:

- **Practices will deal with relatively few complaints** - annually the average GP practice receives 8.5 complaints.⁶
- **Practices do not have access to specialised teams to support them** - in hospital trusts there is usually a specialist complaints team trained to handle and investigate complaints, Patient Advice and Liaison Services who are able to offer confidential advice, support and information to individuals, and hospital chaplaincy who are able to provide emotional support.
- **Practices can have a more personal relationship with their patients** – GPs told us that this can make complaints feel more personal for practice staff and makes it harder to respond objectively.

- **Practices are small to medium sized businesses which work in close knit teams** – GPs told us that the person investigating and responding to the complaint often has a close relationship with the person being complained about. This makes it hard to investigate and respond and can be perceived as a conflict of interest by the person complaining.

The Health Select Committee stated that the number of complaints about a provider could indicate an open and positive culture towards complaint handling rather than failures in service.⁷ However, there are some practices that don't receive a single complaint; in 2014-15, 12% of GP and dental practices had not received any written complaints in the previous 12 months; this compares with 30% the previous year.^{8,9} It is unclear why we don't see more complaints from general practice.

In 2014-15, the Health and Social Care Information Centre (HSCIC) recorded 67,012 complaints about general practice.¹⁰ Roughly 20% of these were investigated by NHS England. 5,086 complaint enquiries reached the Parliamentary and Health Service Ombudsman and of these, 696 (14%) were investigated. Of the 696 complaints investigated by the Parliamentary and Health Service ombudsman, 32% were upheld.

⁶ Health and Social Care Information Centre (2015), *Data on Written Complaints in the NHS 2014 – 2015*.

⁷ Health Select Committee (2015), *Complaints and Raising Concerns*.

⁸ Health and Social Care Information Centre (2014), *Data on Written Complaints in the NHS, 2013 – 2014*, Health and Social Care Information Centre (2015), *Data on Written Complaints in the NHS 2014 – 2015*.

⁹ 2013- 2014 was the first year that this data was collected from individual practices; previously, data was collected via the Primary Care Trust. The response rate was 77% for GPs and 43% for dentists.

¹⁰ Health and Social Care Information Centre (2015), *Data on Written Complaints in the NHS 2014 – 2015*.

About feedback and complaints management within general practice

Feedback, concerns or complaints all contain valuable insights into how a practice can improve its service or how patient experience can be improved. Many issues can be resolved without a complaint – a conversation with the patient between a doctor or practice staff may help to resolve matters quickly and easily.





The NHS Constitution¹¹ and the NHS Complaints Regulations¹² state that if an individual feels they have been let down by the care or treatment they have received, they have a right to complain. Individuals have a right to complain on behalf of another individual, provided they have been given permission to do so by that person.

What is a complaint?

A complaint or concern is an expression of dissatisfaction, either verbal or written, and whether justified or not, requires a response and or redress. A practice that is responsive to feedback and concerns can often prevent issues from becoming a complaint.

What can people expect when they raise a concern or make a complaint?

People should feel confident to raise a concern or make a complaint. They should feel making the complaint was simple and that they were listened to and understood. Most of all, they should feel that complaining made a difference and feel confident to make a complaint in the future. This is outlined in *My expectations*¹³, a framework for raising concerns and complaints. All health and social care providers will be assessed against the 'I statements' in *My expectations*, and set out on page 14. This forms part of the Care Quality Commission's assessment of how organisations are listening, responding and acting on concerns and complaints.

Similarly, the General Medical Council (GMC), which sets standards to help to protect patients and improve medical education and practice in the UK states that '*patients who complain about the care or treatment they have received have a right to expect a prompt, open, constructive and honest response including an explanation and, if appropriate, an apology*'.¹⁴ People can expect an apology to include what happened, what can be done to deal with any harm caused and what will be done to prevent someone else being harmed.

For an explanation of the NHS complaints journey see Annex B on page 64.

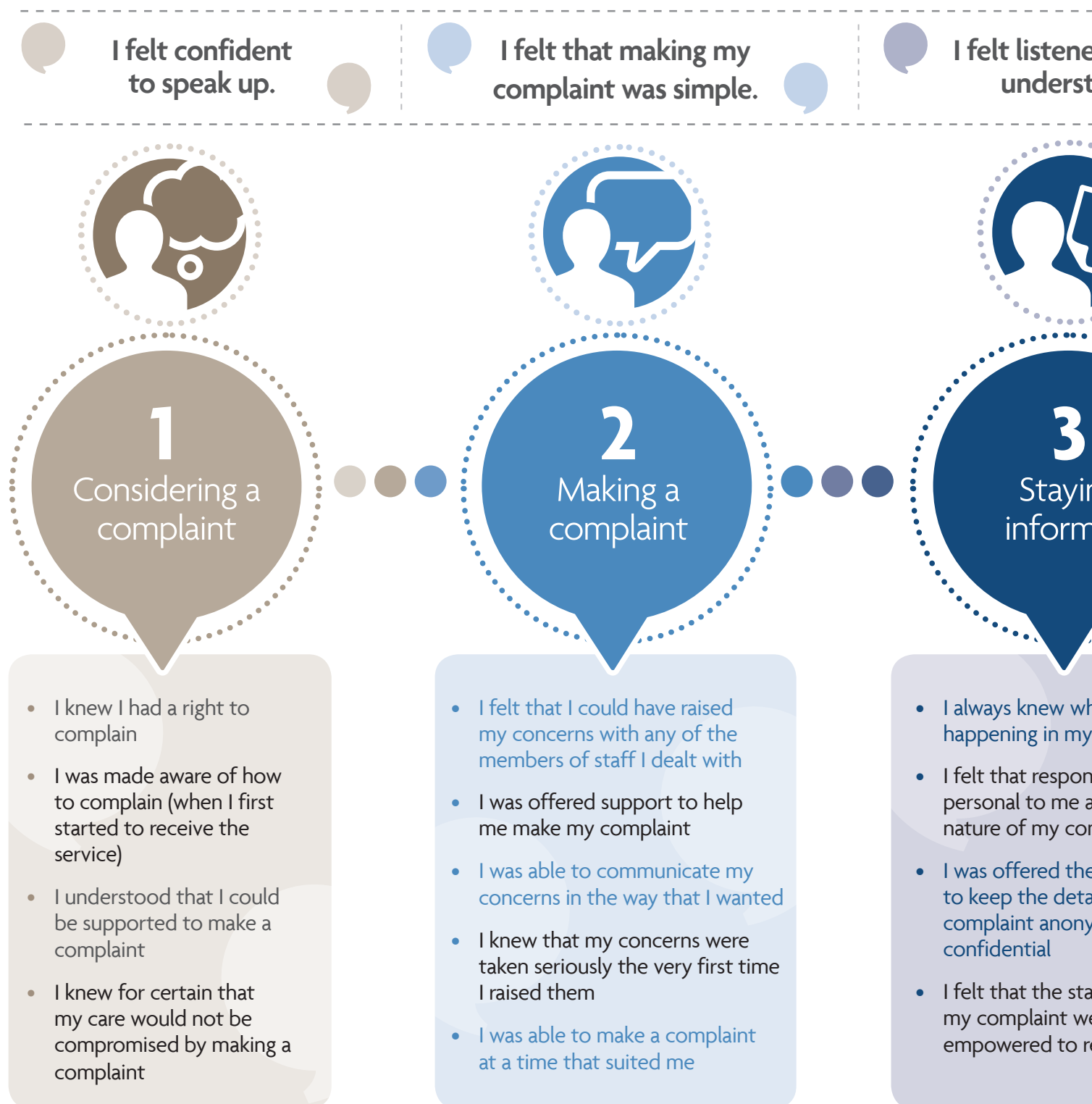
¹¹ *The NHS Constitution*, (2015) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/480482/NHS_Constitution_WEB.pdf

¹² The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

¹³ Parliamentary Health Service Ombudsman, Local Government Ombudsman, Healthwatch England (2014), *My expectations*.

¹⁴ General Medical Council, *Good Medical Practice* (2015).

A user-led vision for raising concerns and complaints (from *My expectations*)





Our approach

To develop a snapshot into the quality of complaint handling within general practice in 2014-15, we undertook a qualitative review of casework and other evidence.



Random sampling

NHS England, the Care Quality Commission and the Parliamentary and Health Service Ombudsman each took a random sample of casework evidence for review. The cases represented a geographic spread across England. The Parliamentary and Health Service Ombudsman and NHS England each reviewed 50 cases and the Care Quality Commission reviewed 37 cases.

We developed a series of questions to carry out a consistent review of casework across our three organisations (Annex A)

We looked at 137 closed complaint cases from November 2014 to November 2015 about GP practices across England, to evaluate the quality of complaint handling. Whilst the number of complaints we looked at was small, some important lessons can be learned when considered alongside other information.

We conducted research to better understand people's experiences

Healthwatch England surveyed its local Healthwatch network to understand individuals' experience of complaining to their general practice. 31 out of 152 local Healthwatch responded and provided evidence on complaints services in their own areas. To understand the public's attitude to complaining,¹⁵ we conducted a literature review on complaint handling more generally and identified results related to general practice from a Parliamentary and Health Service Ombudsman survey of over 4,200 respondents.

We held workshops to test our findings with GPs, practice managers and decision makers

We wanted to explore what our findings meant at a practice level and what ideas people had for driving improvements in the quality of complaint handling across general practice.



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¹⁵ Parliamentary and Health Service Ombudsman (2015), *What People think about complaining*.

The case review: a profile of the 137 cases we examined

Before we discuss the themes from our findings, it is important to note where the majority of complaints took place, what they were about and who investigated them.

Most complaints arose in the consultation room, followed by the reception area.

Other concerns included issues with out-of-hours or home visits, telephone communication, access to medical records and governance or policy issues.

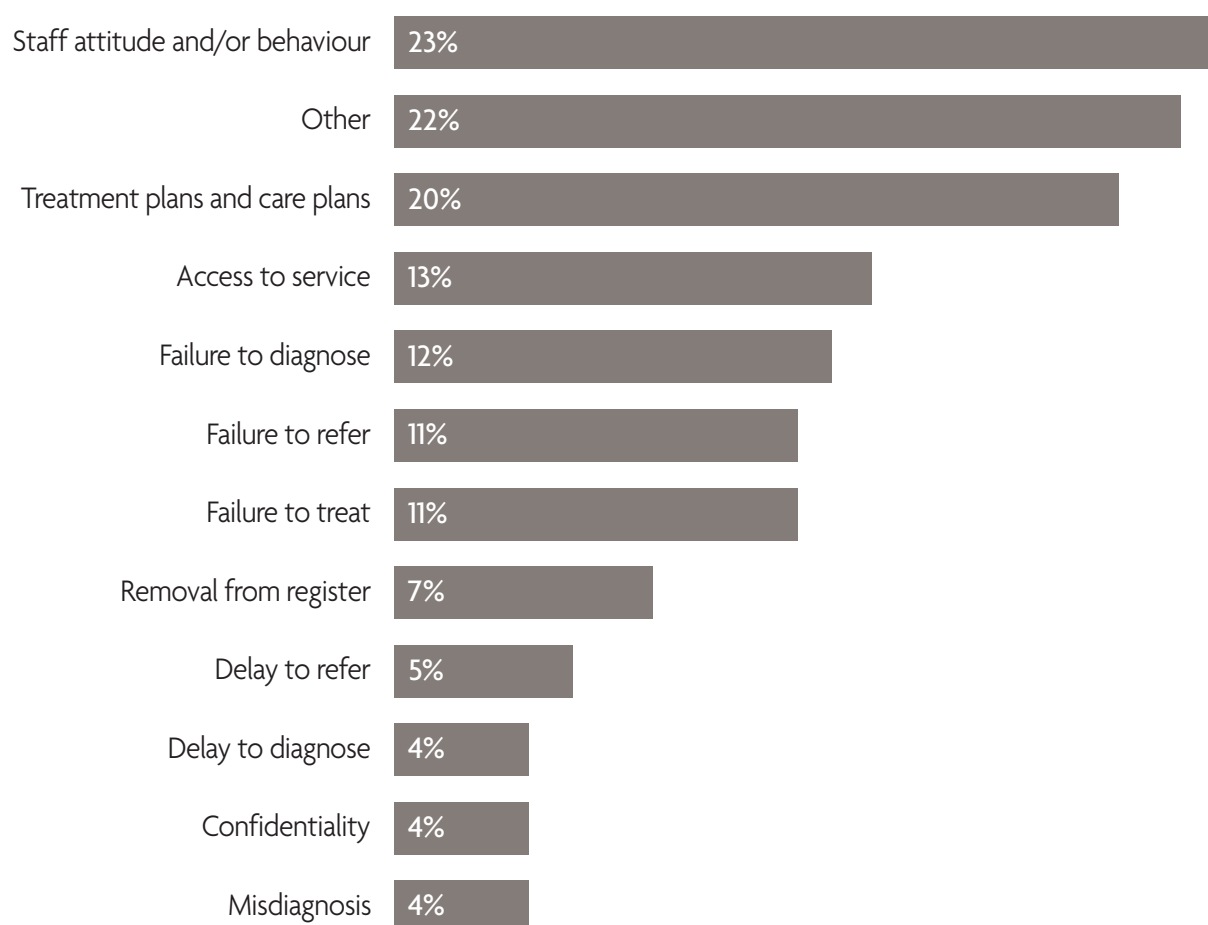
People were most likely to complain about staff behaviour.

Complaints classed as 'other' tended to be about prescriptions (failures, delays, issuing repeat prescriptions). The least common reasons for complaining to the practice were confidentiality and misdiagnosis.

Most complaints were investigated and responded by the practice manager. Most complaints were about the GP.

In some cases the GP investigated and responded to complaints, often about themselves. The complainant sometimes perceived this to be a conflict of interest, particularly where it was unclear what had gone wrong and why.

The main reasons people complain about GP practices*



*Not all percentages total 100 owing to rounding



‘Most complaints were
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Most complaints
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Overview of findings

The following section examines and provides an overview of the findings from the review of 137 cases; the literature review; the workshops with GPs, practice managers and policy makers; and the survey of local Healthwatch.



Complaint handling performance in England

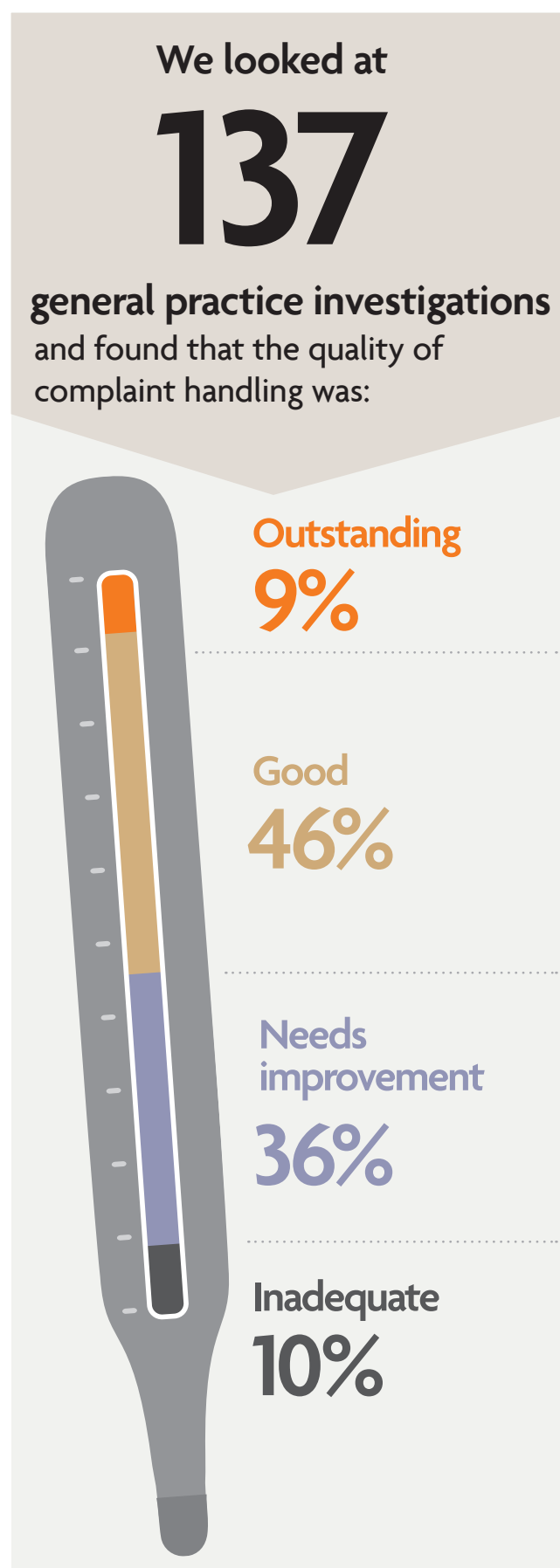
The quality of GP practice complaint handling across England appears mixed and highly variable. On the one hand, we were reassured to find that over half (55%) of the 137 cases we looked at were assessed as outstanding (9%) or good (46%) complaint handling when measured against the *My expectations* journey by the four organisations involved in this review. However, we remained concerned about the 45% who are not handling complaints well; just over a third of responses were considered to require some improvement (36%) and a tenth (10%) of cases were rated as inadequate.¹⁶

Complaint handling performance was best when measured against the initial stages of the journey outlined in *My expectations*. These include: feeling confident to make a complaint, making sure the process of complaining is simple and user friendly, and that people are kept informed. In those practices that were performing well, two areas stood out as being particularly good; these were timeliness of the practice's response and the practice taking the complaint seriously.

Areas where improvement was most needed overall were the latter stages of the journey; practices were weakest at making sure that complaints resulted in the right outcome for people and that they had learned from the complaints. The tone of the response and providing an adequate explanation were assessed as being clear areas for improvement.

Higher levels of inadequate complaint handling were apparent when it came to acknowledging mistakes, preventing the same thing happening again, acting in line with guidance when giving a response and giving an appropriate apology. This may make individuals feel less confident to complain again.

¹⁶ Not all percentages total 100 owing to rounding





Practices were weakest at ensuring that complaints resulted in the right outcome for the complainants and that they had learned from the complaints.

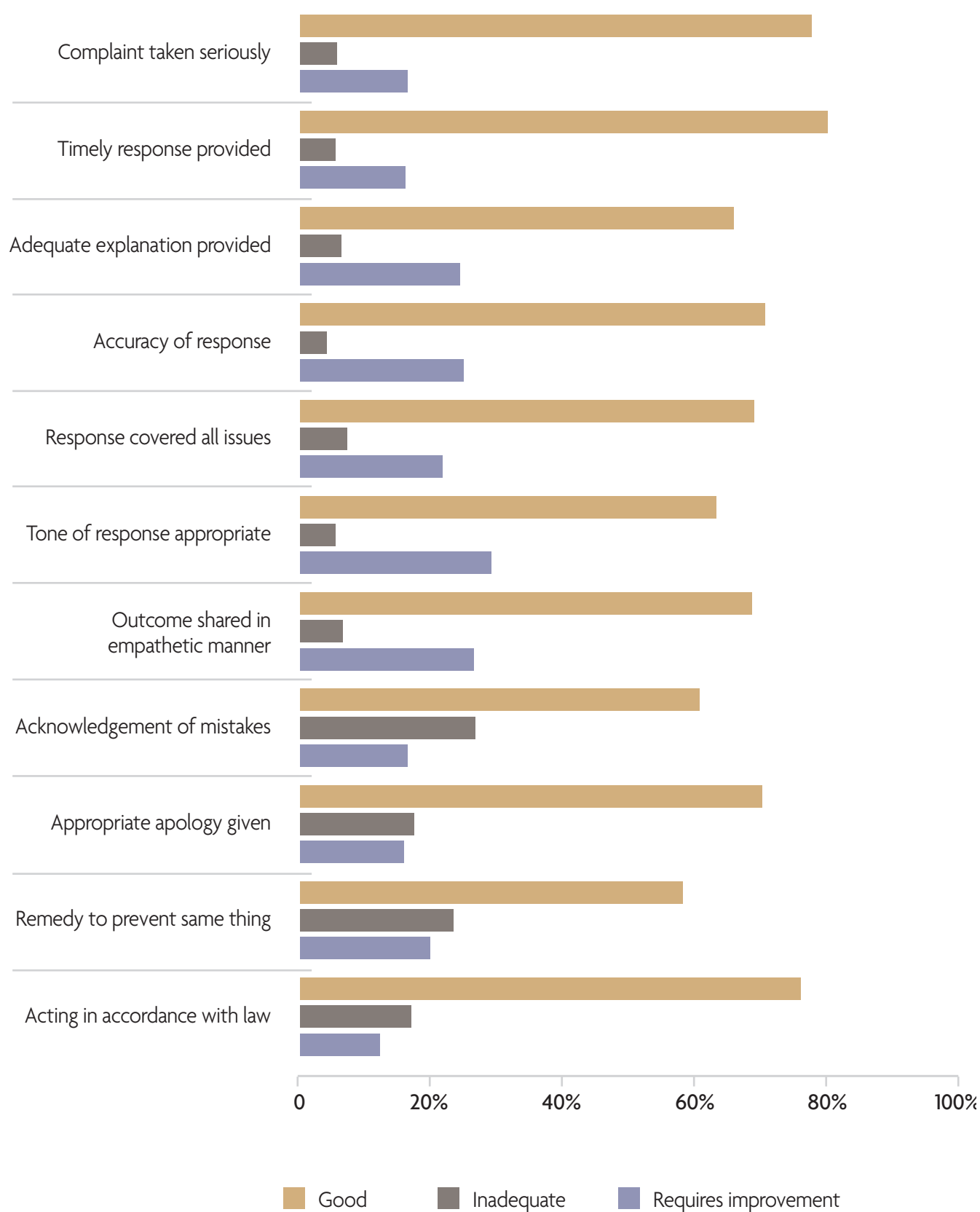
Healthwatch England also has concerns about the variability of the quality in complaint handling. Over two thirds of local Healthwatch that responded to the survey stated they had concerns about the quality of GP practice complaint handling locally.¹⁷

Of the 13 local Healthwatch who conducted additional research on the experience people in their area had with GP practice complaint handling,¹⁸ more than half said that people had reported a variable experience with the complaints process. Just under a third said that users had largely negative experiences of local complaints services, indicating that the quality of complaint handling is patchy.

¹⁷ Survey of local Healthwatch on local experiences of GP complaints services, October 2015.

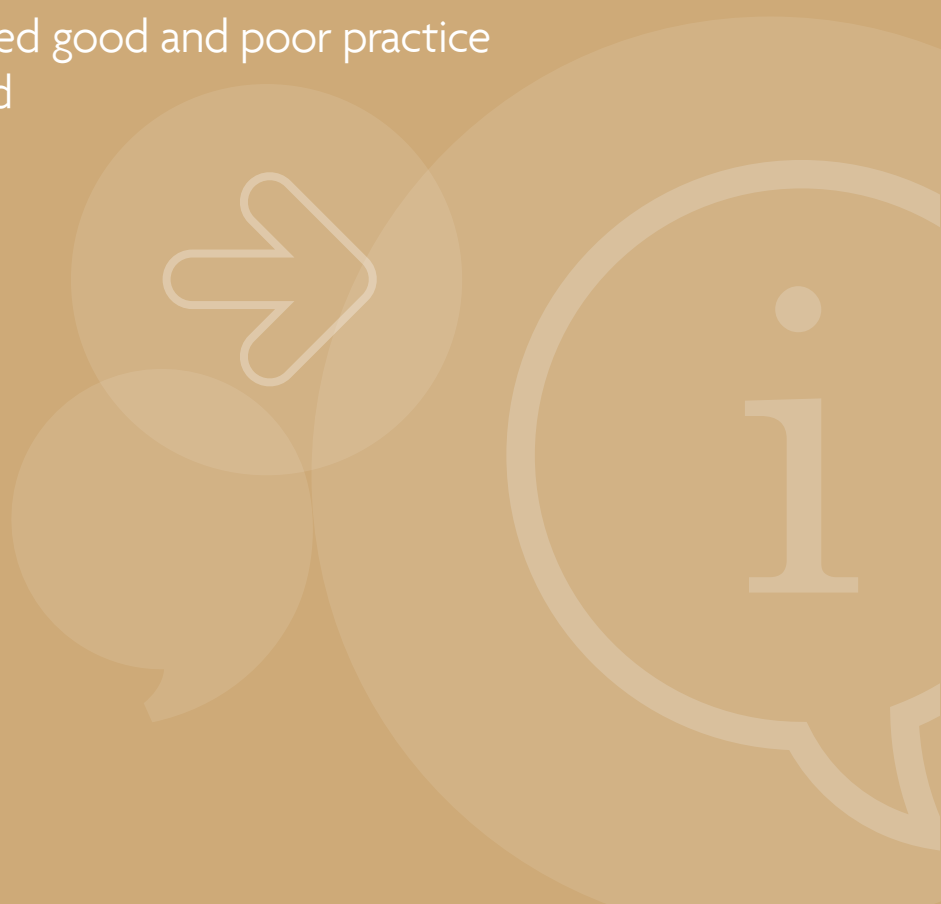
¹⁸ Survey of local Healthwatch on local experiences of GP complaints services, October 2015.

Areas of complaint handling assessed as 'good', 'inadequate' or
'requiring improvement' (from the review of 137 cases)



General practice complaint handling: our findings and key areas for improvement

The purpose of our review was to look at the quality of general practice complaint handling, to identify good practice and ways that the quality could be improved. We have identified five areas where we believe GP practices are falling short of what is required by both the Complaint Regulations (2009) and what we consider to be good complaint handling as set out in *My expectations*. As we want to support practices to improve, for each theme identified in the next section, we have included good and poor practice examples as well as identified key learning points where appropriate.



1. Listening culture: ask for feedback

A service that is safe, responsive and well-led will treat feedback, concerns and complaints as an opportunity to improve. We found that often opportunities are missed to respond to issues before they become complaints, as practices do not do enough to welcome feedback. Care Quality Commission inspectors and local Healthwatch found that practices commonly didn't have information clearly displayed in the waiting area or on their website about how to feed back or complain. Furthermore, evidence from Care Quality Commission inspections showed that not all staff in the practice knew how complaints policies, if they existed at all, should be implemented.

Showing how feedback, concerns and complaints have been used to improve services, gives people confidence that raising issues can make a difference. However, there is some way to go; only a quarter of individuals who experience a problem with their practice make a complaint and only four in ten believe complaining to their GP will make a difference.¹⁹ More worryingly, half of those who do complain to their GP, are concerned it will affect their care and treatment, despite the NHS Constitution which states that '*complaining ... will not adversely affect your future treatment*'.²⁰ This highlights that unless practices invite feedback, they will miss opportunities to improve patient experience.




For practices to learn from feedback, concerns and complaints, they need to encourage feedback in all its forms and ensure people are told how to make a complaint as well as being signposted to sources of advice and support.

¹⁹ Parliamentary and Health Service Ombudsman (2015), *What People think about complaining*.

²⁰ The NHS Constitution, (2015).

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‘Most people have
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Practices that are good at welcoming feedback, concerns and complaints do so through a variety of different methods. For example, suggestion boxes in the waiting area, acting on information in Friends and Family Test data²¹ and letting individuals know how their feedback has improved services through a 'you said, we did' notice board. In one practice we spoke to, the staff make a note of discussions they have had with individuals that they feel could have gone better. They then call the individual at the end of the day to ask for feedback on the discussion, removing the responsibility from the individual to raise a concern or complaint. One of the case examples included in this review highlights how a practice recently rated as outstanding by the Care Quality Commission pro-actively responds to individual feedback.

Another practice we spoke to told us *'we have a culture where we escalate everything. We encourage verbal feedback and treat it like a written complaint... we're a business, it's just good customer service.'*

Not all practices have the same welcoming attitude to concerns and complaints. Until they do, it will be impossible to ensure general practice has an open and learning ethos. For example, it was clear from our conversation with GPs that some consider complaints to be 'gifts', while others are fearful of encouraging concerns. Reasons ranged from fears about time taken up to deal with complaints, the potential financial impact of legal action or the Parliamentary and Health Service Ombudsman's financial recommendations, and risking their practices' reputation. Some GPs we spoke to felt their role should be limited to dealing with complaints only where clinical care and treatment were concerned. It is clear that there is some way to go before we can achieve a system wide culture change.

For practices to learn from feedback, concerns and complaints, they need to encourage feedback in all its forms and ensure people are told how to make a complaint as well as being signposted to sources of advice and support. The Parliamentary and Health Service Ombudsman research shows that GPs are the least likely NHS provider to offer advice or support to individuals making complaints when compared with dentists and hospital trusts.²² Similarly, basic information was not readily available and practices were not making people aware that they could take their complaint to the Parliamentary and Health Service Ombudsman.

Local Healthwatch have also highlighted inconsistencies in information about complaining across practices.²³ Practices that don't signpost to advocacy or provide basic information are falling short of their legal duties as set out in the NHS Complaint Regulations (2009).

²¹ The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed.

²² Parliamentary and Health Service Ombudsman, *What people think about complaining* (2015).

²³ Healthwatch Redbridge, *Enter & View Report: Understanding complaints procedures across GP Practices in Redbridge* (September 2015), http://healthwatchredbridge.co.uk/sites/default/files/ev_gp_complaints_report.pdf

Care Quality Commission case study

Complaints are no bad thing

During an inspection, the Care Quality Commission found that a practice with just two recorded complaints 'required improvement'. The practice received a rating of inadequate for 'are practices responsive to people's needs?' - the main area where the quality of complaint handling is assessed. Inspectors found that:

- there was no information available to help patients understand how to make a complaint;
- some of the patients that the Care Quality Commission inspectors spoke to did not know how to complain and there was no defined system in place for handling complaints and concerns; and
- the practice did not have a complaints policy or procedure setting out what to do. The practice manager resolved complaints as they arose but there were no records of investigations and responses.

As a result, there was no evidence of any sharing of what the practice had learned from individual complaints or how it had used complaints to improve the quality of care.

'there was
**no information
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Care Quality Commission case study

Being responsive - an outstanding practice

A practice that received 32 complaints in 12 months was rated 'outstanding' by the Care Quality Commission. The practice was particularly good at creating a culture where feedback, concerns and complaints were welcomed and encouraged. It achieved this in the following ways:

- Displaying a wide range of information to allow patients to access the complaints system including posters, leaflets, information on the practice's website and information in the practice handbook.
- Encouraging and engaging patients in the delivery of the service, including through patient feedback.
- Creating a leaflet that detailed the complaints procedure and lists organisations that may be able to support individuals in making a complaint. The leaflet also contained a tear-off form for patients to complete if they wished to highlight any compliments, comments, concerns or complaints.
- Displaying 'We're listening' posters in the waiting area to show that feedback had been received along with the action that had been taken to respond.

- Utilising the waiting area to encourage patients to feedback in person, via telephone or online.

The practice was able to show how it had responded to the 32 complaints in a thorough and timely manner, and demonstrated openness in responding to complaints. It learned from concerns and complaints and took action to improve the quality of care. The practice had a *Lessons Learned* newsletter that identified what it had learned from complaints, which it shared with all staff. Staff told the Care Quality Commission inspectors that the circulation of the newsletter helped to ensure that they were all aware of lessons learned.

**Encouraging and
engaging patients
in the delivery
of the service,
including through
patient feedback.**

Healthwatch England case study

Using evidence from local patients to improve access to online complaints resources

In April 2014, Healthwatch Dorset produced its *Something to Complain About?* report, which undertook a review of GP complaints services across 101 local GP practices. Healthwatch Dorset found that there were a series of inconsistencies in the provision of complaints information on local practice websites, saying that '*many practices failed to provide good quality, detailed and up-to-date information*' for anyone considering making a complaint.²⁴

Among its recommendations, Healthwatch Dorset called for all practices to regularly make sure that information is comprehensive, accurate and current. This information should be available on a single complaints page on a practice's website.

A significant number of local practices responded positively to the report, with one member of staff calling the report '*helpful and informative*'. In a follow-up survey of local GP complaints services in March 2015, Healthwatch Dorset reported that 48 local practices had also updated their complaints information since the initial report was published. Many of those had updated the information on their websites, while half of the local practices without a website had since built one.

Healthwatch Dorset
called for all practices
to regularly ensure
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²⁴ Healthwatch Dorset, *Something to Complain About?* (April 2014), http://www.healthwatchdorset.co.uk/sites/default/files/something_to_complain_about_1.pdf

Healthwatch Dorset, *Something to Complain About?* Revisited (March 2015), http://www.healthwatchdorset.co.uk/sites/default/files/something_to_complain_about_revisited.pdf

Healthwatch Dorset, <http://www.healthwatchdorset.co.uk>

2. Regulations: make sure practice staff understand what is expected of them

It was clear from our review that most practices take complaints seriously, however, we were disappointed to find a lack of understanding from a number of practices about what they should be doing to manage complaints effectively. This includes processes, policies and due diligence. While almost all practices in England have declared that they do have a complaints policy, it is clear from Care Quality Commission inspections and our review, that where they do, they don't always reflect the NHS Complaints Regulations and are not consistently used or understood by practice staff. GPs and practice managers felt that this was because the regulations were difficult to interpret and understand, particularly where some practices deal with few complaints.

Our review showed that sometimes practices fail to understand what the individual expects as a result of their feedback, perhaps owing to a lack of experience in dealing with feedback, concerns and complaints, making it very difficult to manage patient expectations, sometimes causing issues to worsen. Individuals may wish to resolve an issue informally by raising a concern or asking a question and others want to complain and expect a formal process to follow. Practice staff need to get better at understanding whether individuals want to provide feedback, raise concerns or complain, so that they can respond accordingly. Training to help practices with customer care and communication would be welcomed and may help prevent this issue. GPs told us *'it would be helpful to have a complaint training exercise'*.

In both 2011 and 2012, the Parliamentary and Health Service Ombudsman raised concerns about unfair removal of patients from general practice lists. Despite agreement from GPs and practice

managers that the guidance around removals is very clear, it was disappointing to find examples where this is still happening and practices are falling short of what is required.

While there were examples of practices that reluctantly used practice removal as a last resort, we found that some practices are removing patients from their lists without following due process, leaving individuals without access to care and putting them at risk. Examples of unfair removal included:

- i) Not giving warnings - NHS contracts require general practices to give patients a warning before they are removed from their lists, unless there is violence or a police reported incident. This gives patients a chance to change their behaviour. The only exception includes a risk to health or safety or where it would be unreasonable or impractical to do so.
- ii) Not allowing enough time to join another practice – patients should be given 28 days (unless in cases of violence or a police reported incident)
- iii) Removal as a result of making a complaint which does not indicate a breakdown of the doctor patient relationship.²⁵

Practice staff need to get better at understanding whether individuals want to provide feedback, raise concerns or complain so that they can respond accordingly

²⁵ The British Medical Association's guidance

Parliamentary and Health Service Ombudsman case study

An unfair removal leaves an individual without access to medication

During a consultation Mr T told his GP that he had moved out of the area a while ago. They agreed that Mr T would join a new practice nearer to his home. Six days later Mr T logged onto the online system to order a repeat prescription but could not find his details. He called the Practice and a staff member explained that it had removed him from the patient list and that six days was enough time to have found another GP. Mr T felt six days was not enough time to make alternative arrangements. The Practice did not change its position, so Mr T complained in writing.

The first complaint response did not address Mr T's main concern - whether the six days was reasonable, so he complained again. The Practice still felt that six days was long enough to find another GP, on the grounds that he moved over a year earlier. They felt that as the GP had given Mr T details of a new practice during the consultation, Mr T would join straightaway.

The Practice suggested that the swift removal was intended to benefit Mr T by giving him some urgency in enlisting elsewhere. However, it is of no benefit for a patient to be left without a GP. This is particularly true for patients such as Mr T, who have health needs requiring regular monitoring and prescriptions. Six days is not in line with guidance on removing patients. The Practice should have made sure Mr T had already joined a new practice. Mr T contacted NHS England to seek resolution, and only then was he signposted to the Parliamentary and Health Service Ombudsman to take his complaint further.

‘However, it is of
no benefit for a
patient to be left
without a GP.’



Care Quality Commission case study

Complaints policies are not followed or well understood by practice staff

A patient complained that the practice receptionist had informed them over the telephone that their magnetic resonance imaging (MRI) brain scan (this provides detailed images of the brain) result was abnormal. The patient immediately attended the practice in an extremely anxious state and subsequently complained about the events that followed.

The Care Quality Commission found that the practice had failed to follow its own complaints procedure:

- It had not acknowledged the complaint within the timescales outlined in the policy or the legislation.
- There was no record of when, where or who had disclosed the information, or of any investigation.
- The complaint record was very brief and there was no evidence that the practice gave an explanation or apology to the complainant.



The Care Quality Commission inspectors checked the staff policy folder and found only the practice manager had signed it to indicate she had read the complaints policy. The reception team were aware of the incident but inspectors found no evidence of them being given guidance or training to prevent a reoccurrence. No learning was identified for the clinical team.

There was no record of when, where or who had disclosed the information, or of any investigation.

3. Values: be professional

In some instances, we found professionalism was missing from complaint handling, particularly around local resolution meetings. A local resolution meeting is often offered as part of the complaint process. These meetings can have a dual purpose. They give individuals the opportunity to explain to the practice what it is they are unhappy about and what they would like to see happen. The practice has the opportunity to listen, discuss the feedback and consider what it will do. These meetings can take time to prepare, however, they are an opportunity for practices to win back trust and confidence and manage expectations. Our evidence shows that some practices are failing to get the best outcomes from local resolution meetings for three reasons:

- There is not a shared view of the aims and outcomes to be addressed before meetings, making it hard to agree on a resolution.
- Meetings are not always effectively run – often, they are not chaired by a senior member of staff who is adequately prepared. Sometimes a written agenda including the venue, list of attendees and their job titles, and time frames for the meeting are not agreed with the complainant in advance.
- Clarity on next steps is often missing – notes of the meeting with a covering letter confirming actions are often not shared with the complainant afterwards.

 The practice has the opportunity to listen, discuss the feedback and consider what it will do. 

Our review has demonstrated that some practices struggle to prevent feedback and concerns from becoming complaints. Practices said that they would welcome complaint handling training that helps them with local resolution, including running meetings effectively.

Although overall practices were good at responding to complaints quickly, some were falling short of expectations because they took too long to acknowledge, investigate and respond to complaints.

In a few instances, practices did not acknowledge or respond to complaints until prompted by either the Parliamentary and Health Service Ombudsman or NHS England. When there are delays, which are sometimes unavoidable, updates are not always provided. Some practices need additional support to understand what is required of them to help them manage complaints effectively.

Our review highlighted that complaints involving more than one organisation can be problematic to resolve and often result in the GP practice responding in isolation to the other issues raised. GP practices told us that they can sometimes struggle to get a response from secondary care, despite a duty to do so:

‘You cannot get a response from a community trust and so eventually you have to respond in isolation. Then you get criticised for an incomplete response. We just don’t have the resources to chase other agencies and we have no way to make them respond.’ A GP.

Not only is this highly unsatisfactory for the person at the centre of the complaint left without a clear understanding of what went wrong and why, it also means other services are missing chances to learn lessons and prevent the same thing happening again. This was found to be an issue in a number of end of life care cases, as illustrated on pages 36 and 37.

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‘Our review has
demonstrated that some
practices struggle to
**prevent feedback
and concerns**
from becoming
complaints.’

Parliamentary and Health Service Ombudsman case study

Multi-agency complaints are handled poorly leaving individuals confused about what happened and why

Mr B complained that his mother's GP and the nurses at the home where she lived had neglected her and should have done more for her in the days before she died. His main complaint was that his mother had not been given enough fluids or nutrition, and that the GP had become angry when he questioned her about her refusal to give his mother a drip.

The practice and the care home sent Mr B separate responses to his complaint, and the accounts did not match. Mr B remained unhappy and contacted NHS England. NHS England encouraged the practice to respond again.

Parliamentary and Health Service Ombudsman case study

A poorly run local resolution meeting can make matters worse

Mr K went to a walk-in medical centre with stomach and chest pain. A doctor prescribed medication for heartburn and agreed to inform Mr K's own GP. The centre's computer system recorded details of the consultation, which were sent to Mr K's GP that evening, but this information did not reach the GP.

The following month, Mr K saw a GP at his local practice with similar symptoms. Tests were arranged but he suffered a heart attack before he got the results. Mr K complained to the walk-in centre about his care and treatment.

The centre arranged a local resolution meeting, but it was not well organised. Mr K attended with his brother, and an advocate. The centre's medical director and acting service lead attended, as did its operational director, who had asked to attend at the last minute. It was somewhat heavy handed for two directors to have attended and this was felt to be in response to the advocate's attendance.

The room layout for the meeting was also less than ideal; taking place in a consulting room, with the operational director sitting on a couch slightly behind Mr K and his brother. The poorly managed meeting prompted Mr K to complain to Parliamentary and Health Service Ombudsman.

Parliamentary and Health Service Ombudsman case study

Practices are responsive and put issues right in a sensitive manner before sending a written response

Mr Q was collecting medication more frequently than was needed and so presented a medical safety issue to his general practice. When Mr Q tried to collect more medication he experienced problems accessing his prescription. This was because it was necessary for Mr Q to have a full review before he received any more prescription medication. Mr Q complained.

Rather than giving Mr Q a written response, the practice manager immediately arranged an appointment for the end of the day to discuss the issue with Mr Q. As Mr Q had anxiety issues relating to clinical environments – he did not like coming into contact with other patients – extra steps were taken to make sure he felt comfortable during the meeting. He was allowed to wait outside the Practice and be telephoned on his mobile phone when the Practice was empty.

To further accommodate Mr Q, a special room was also made available for the appointment, instead of holding the meeting in a clinical environment, which would have added to Mr Q's anxiety.

As well as resolving all issues raised by Mr Q in person, the practice manager provided him with a written response which clearly explained why Mr Q's prescriptions had come to their attention. The response also summarised actions taken at the time the complaint was received and suggestions about future care were made.

As well as **resolving all issues raised** by Mr Q in person, the practice manager provided him with a written response

4. Attitude: apologise where appropriate and be open and honest when things go wrong

The medical defence organisations have stated that saying sorry is not an admission of legal liability and doctors needn't fear it; it is the right thing to do.²⁶ Yet sometimes sorry seems to be the hardest thing to say; our review found a third of cases did not provide an apology where it would have been appropriate, and when apologies were given, they were not always sincere. 'Sorry but' and 'sorry if' were often used. In the case outlined below, although the GP apologised and accepted that he might be perceived as rude and dismissive, he defended his poor attitude on the grounds that '*ultimately we are all humans with human frailties*'. An apology like this, which contains a caveat, is less meaningful and valuable.

Despite public guidance from multiple organisations²⁷, GPs told us that fear of litigation and increased indemnity fees prevent practices from apologising. GPs also told us that the advice they get on apologies differs depending on which medicolegal advisor they speak to - in some cases they were told to remove apologies and empathy as they must '*remain professional*'. It was clear that practices felt they were receiving conflicting messages from their defence organisations.

Medical defence organisations have stated that saying sorry is not an admission of legal liability and doctors needn't fear it; it is the right thing to do.

Simple, clear and meaningful communication is vital to any good complaint handling. While practices were reasonably good at using lay language to explain what had happened and why, the factual accuracy of responses required improvement in over a quarter of cases, and explanations regarding decisions about care and treatment were not clear enough in over a third of cases.

²⁶ Medical Defence Union, <http://www.themdu.com/press-centre/press-releases/doctors-need-not-fear-saying-sorry-as-scottish-apology-bill-proposed>.

Medical Protection Society, <http://www.medicalprotection.org/uk/advice-booklets/mps-guide-to-ethics---a-map-for-the-moral-maze/chapter-7---respect/a-perceived-lack-of-respect>

Medical and Dental Defence Union Scotland, <http://www.mddus.com/media-centre/press-releases/2015/october/saying-sorry-when-things-go-wrong/>

²⁷ The NHS Litigation Authority, *Saying Sorry*, 2009.

Despite the introduction of the Duty of Candour in November 2014, which was formally extended to primary care providers in April 2015, some practices were not always open and honest in instances where it was clear something had gone wrong. For example, mistakes were not appropriately acknowledged in two fifths of cases where things had gone wrong. This was most striking in cases concerning perceived avoidable death or end of life care, as demonstrated in the case on page 40. We heard that GPs can fear liability, litigation and a damaged reputation, which can act as a disincentive to being open and honest, despite a duty to do the right thing. The Care Quality Commission is inspecting and reporting on how practices are meeting their Duty of Candour.

The Ombudsman's *Principles of Good Complaint Handling* and the NHS Complaint Regulations (2009) clearly state that complainants should be treated with respect and courtesy and receive an appropriate response.²⁸ We found that often responses that reached the Parliamentary and Health Service Ombudsman's office lacked empathy and compassion. While in two thirds of cases the complaint response addressed all issues raised, the circumstances of the individual were not always taken into account. Some letters were defensive and dismissive at best and curt at worse. In over a third of the cases we reviewed the response and the outcome of the complaint or concern were not shared in an empathetic manner; for example, failing to acknowledge the loss of a loved one.



Simple, clear
and meaningful
communication
is vital to any
good complaint
handling.

²⁸ Parliamentary and Health Service Ombudsman (2008), *Principles of Good Complaint Handling*, <http://www.ombudsman.org.uk/improving-public-service/ombudsmansprinciples/principles-of-good-complaint-handling-full>.

Parliamentary and Health Service Ombudsman case study

Responses often lack a human touch and apologies are lacking and insincere

Mr C saw his GP as he was losing weight. Mr C should have been referred under the two-week pathway for suspected gastrointestinal cancer when he first saw his GP. By the time his kidney cancer was diagnosed, several opportunities had been missed to refer him for appropriate investigations. It was impossible to say if earlier diagnosis and treatment would have led to a different outcome for Mr C. Before he died, Mr C complained to the practice about his clinical care and about the attitude of the GP.

The practice took Mr C's complaint seriously, but because the GP did not accept that any mistakes had been made, no action was taken to put things right for Mr C's family or make sure that the same thing would not happen to other patients. The written response was lengthy, cumbersome and defensive - there was an apology in response to part of the complaint about the GP's attitude but it was caveated with *'although ultimately we are all humans with human frailties'*. The practice responded to the complaint within three weeks but Mr C received the response two days before he died.

After her husband's death, Mrs C complained again to the practice. The second response was very factual and did not contain regret for Mrs C's loss or acknowledge any mistakes. Given that Mrs C was also a patient at the practice, that she had recently lost her husband and told the practice in her complaint letter that she needed to come to terms with the death, it was surprising that the practice did not offer her any condolences.

'The written response was lengthy, cumbersome and defensive.'

NHS England case study

Practices are apologetic, open, and honest when things go wrong

Mr D had been on medication for a long-term condition for a number of years. One of Mr D's medications was changed incorrectly, which resulted in him requiring hospital treatment. Mr D had concerns regarding the way his long-term condition was managed over a number of years, and complained to his GP practice.

The GP's response stated that one of the aims of the investigation was to rebuild Mr D's faith and trust in the practice's ability to deliver safe care. The response also made it clear that lessons were learned from the complaint.

The GP invited Mr D to correct anything included in the response that he was unhappy with or disputed, and encouraged the process to be two-way in terms of dialogue. The response included a history that went back over many years, which highlighted the specific appointment when the mistake was made.

The GP was reflective and entirely honest in that they could not explain specifically how the mistake had come-to-be, making regular reference to guidance. Through the reflection and openness showed in the response, it was very clear that the GP was very distressed by the mistake and was genuinely sorry. The offer of an out-of-hours meeting was made at the end of the response and it was clear there was no set duration for this as the GP did not want the patient to feel rushed.

**'The GP was
reflective and
entirely honest
in that they could not
explain specifically
how the mistake
had come to be'**

NHS England case study

A practice sent a helpful written response to a complaint made verbally

Mr A verbally raised various issues about the treatment he had received from his practice. These concerns ranged from the management of a sensitive medical problem, including a query as to why he was prescribed a particular medication, to being removed from the practice's list. Mr A had seen numerous doctors during the episode in question.

The response was completed by a GP who was not directly involved with Mr A's care. The opening section of the response clearly explained that a thorough and independent review of Mr A's care had been undertaken. The GP thanked Mr A for making the complaint and stated that all feedback, both positive and negative, was welcomed and presented an opportunity to learn.

The response laid out exactly how the investigation had been undertaken, including a review of records as well as taking statements and speaking to staff, and included a summary of events leading to the complaint. The issue of being removed from the practice's list was handled well and showed evidence of the practice's policy as well as the written warnings the patient had been given.

The GP turned Mr A's verbal complaint into a series of questions and identified learning points at the end of each section, as well as making a clear conclusion each time.

'all feedback, both positive and negative, was welcomed and presented an opportunity to learn'

5. Learning: listen, respond and share

People often complain about poor public services because they want things to be put right and because they don't want the same thing happening to someone else. Practices should therefore make sure that service improvements are made as a result of complaints to prevent the same thing happening again. We found that some people do not complain to their GP practice as they don't think it will make a difference.²⁹

According to Care Quality Commission inspectors, not many practices consider whether there are themes emerging from patient feedback, concerns and complaints. There is a lot of information readily available to practices that can be reviewed to learn lessons and pro-actively improve services. Examples include the Friends and Family Test, NHS Choices website, Parliamentary and Health Service Ombudsman case summaries and investigation reports, Care Quality Commission inspection reports, as well as individuals' verbal feedback, concerns and complaints. GPs and practice managers told us that time pressure impacted on their ability to do this and that they would welcome support from their Patient Participation Group (PPG).

Our review found that while practices do respond to feedback, concerns and complaints by taking steps to ensure the same thing won't happen to others, this is not always clearly communicated to people. Notable examples of activity happening without communication to the individual include reviewing working processes with other organisations, changing and updating complaint policies and training staff, for example, in customer service. As a result it is hard for individuals to see what difference their complaint has made and GPs are missing opportunities.

GPs told us they would welcome time to consider how they can learn from complaints so they can improve their practice. They thought that appraisals could usefully focus on what they have learned from complaints more than they do currently. Professional regulators have an important role in helping GPs to learn from complaints.

In even fewer cases, lessons are learned and shared between practices and across localities. Local Medical Committees, CCGs, NHS England, the Care Quality Commission and the Parliamentary and Health Service Ombudsman should work together to lead, inspire, and share what they have learned from complaints to improve the capability of practices. An example of the role CCGs can take in improving primary care complaint handling is shown below.

GPs and their practice managers told us they would welcome the sharing of best practice via templates, real examples and guidance. They also told us that time to share what they have learned from their concerns, as well as individuals' feedback and complaints at team meetings and across localities would be welcome. CCGs and regional NHS England teams, who hold a variety of feedback that could be used to enhance both reflection and learning, have a role in co-creating this.

They suggested that they would welcome training on how to conduct a Significant Event Analysis (SEA)³⁰, either undertaken by staff identifying an incident or triggered by a complaint. GPs and practice managers told us it would be helpful if training included how to share information with individuals in accordance with the Duty of Candour.

²⁹ Parliamentary and Health Service Ombudsman, *What People think of complaining*, 2015

³⁰ An SEA is a process in which individual episodes (when there has been a significant occurrence either beneficial or damaging) are analysed in a systematic and detailed way to ascertain what can be learned about the overall quality of care, and to indicate any changes that might lead to future improvements.

Parliamentary and Health Service Ombudsman case study

Practices don't ensure that complaints information is used to prevent the same thing happening again, even at an individual level

Mr C was Mrs J's carer. He complained to the practice about the frequent problems he experienced getting quick and correct repeat prescriptions for Mrs J. He said that Mrs J often had to go without her medication at all on some weekends. The practice tried various ways to sort this out, but the new arrangements gradually failed leaving Mrs J with the same problems. So Mr C complained again.

The practice did not investigate Mr C's complaint initially – it took three months to respond. When it did respond, its reply was dismissive and made it seem as though it was the patient, rather than its own process that was causing the problems. The response did not explain what had gone wrong, and why items were often missing from Mrs J's prescriptions, other than suggesting that Mrs J sometimes confused things by contacting the pharmacy herself.

However, as there was only one prescription slip this would have made no difference to what was prescribed. The practice suggested that one solution to Mrs J's concerns was to find another practice. The alternative practice it suggested was only open three mornings a week and did not provide the specialist services Mrs J needed for her condition.

'The practice did not investigate Mr C's complaint initially – it took three months to respond.'

Healthwatch England case study

Clinical Commissioning Groups take steps to improve patients' experiences of GP surgeries

In 2013, Healthwatch Bradford gathered views from people across the district about their experiences of GP practices and produced a report called *'Invisible at the Desk'*. In particular, the report raised concerns about the poor experiences of some patients when dealing with receptionists. It said that *'people often feel that reception staff were acting as "gate-keepers"'* and in some instances were making it difficult for patients to access the appointment they wanted or needed.³¹

As part of the report, Healthwatch Bradford recommended that reception staff in GP practices should receive *'customer service'* training. This recommendation was picked up by the Bradford City and Bradford Districts CCG, with the CCGs investing in training for receptionists, in order to see problems from the patients' perspective.

Training was rolled out throughout the CCGs in 2015, with an *'enthusiastic response from practice staff'* who wanted to improve the overall quality of patient experience at their practices. Positive feedback was also received from patient participation forums, with one forum member saying that *'People are coming in with a smile on their face and going out with one'*³².

'Positive feedback was also received from patient participation forums'

³¹ Healthwatch Bradford, *Invisible at the Desk* (January 2014), <http://www.healthwatchbradford.co.uk/news/invisible-desk-healthwatch-publishes-report-gp-services-0>

Healthwatch Bradford and District, <http://www.healthwatchbradford.co.uk/>

³² Healthwatch Bradford, *Invisible at the Desk* (January 2014), <http://www.healthwatchbradford.co.uk/news/invisible-desk-healthwatch-publishes-report-gp-services-0>

Parliamentary and Health Service Ombudsman case study

GPs are not making it clear when they have made improvements

Mr G complained about the care and treatment the practice gave his wife before she died of cancer. He said the practice had delayed referring her when cancer was suspected, that her symptoms had not been well managed and her care lacked continuity.

The practice responded to Mr G's complaint quickly, but he felt the response was not objective, had not reassured him the same mistakes would not happen again, and contained inaccuracies. He felt the practice had not been honest with him.

The practice's response was sensitively written and empathetic. It thanked Mr G for taking the trouble to feed back his concerns, openly acknowledged where he had made a valid point and explained that Mrs G's case would be discussed with the clinicians as a significant event. The practice responded appropriately and took steps to improve its service – GPs now look back through a patient's notes to address any chronic issues and identify any 'red flag' symptoms.

Unfortunately they did not tell Mr G about the service improvements it had made in response to his complaint. This information may have reassured Mr G that his complaint had been taken seriously as an opportunity to learn.

‘He felt the practice
had **not been**
honest with him.’

NHS England case study

A practice that shares what it has learned and openly discusses complaints

After childbirth, Ms N experienced a medical problem and was concerned about future fertility. Ms N saw several clinicians at her GP practice to discuss her concerns. Ms N was unhappy with the advice she was given and felt that her care was not being effectively managed, and she complained.

A partner GP, who was not directly involved with Ms N's care, undertook a review of her care. As well as reviewing the medical records, the GP partner took a mixture of oral and written statements from the clinicians who saw Ms N. The case was discussed at the practice's regular team meeting to allow every opportunity to learn from it. The practice response shared all the steps taken with Ms N, including apologies and reassurance about ongoing care.

‘The case was discussed at the practice's regular team meeting to **allow every opportunity to learn from it.**’

The future of general practice complaint handling

In some areas general practice is changing to respond to the challenges it is facing by merging to create larger practices or establishing integrated, community shaped, generalist healthcare services.³³ General practice is at the heart of the new vision for the NHS, set out in the *Five Year Forward View*,³⁴ and the success of the new vision for the NHS is reliant on a well operating and effective service.

³³ Smith J, Holder H, Edwards N, Maybin J, Parker H, Rosen R and Walsh N, *Securing the Future of General Practice: New models of primary care*. Nuffield Trust, (2013).

³⁴ NHS ENGLAND, *Five Year Forward View*, (2014).

We believe that the new models at the heart of this vision provide an opportunity for practices to improve their complaint handling:

- **Complaints can be dealt with more consistently** - a process can ensure that the practice owns the complaints, and accountability lies with the practice not an individual staff member, and that a consistent approach is applied.
- **Real or perceived conflicts of interest can be mitigated** - for example, a GP or practice manager not involved in the case could investigate the complaint and provide 'independent' advice if appropriate.
- **They will have more experience** - we would expect practices serving larger populations to receive more feedback, concerns and complaints. They can gain more experience in dealing with complaints, gather greater insights and respond to the needs of their patients more effectively.

The new ways of working will only improve complaint handling if those designing the complaints process locally ensure:

- Complaints processes are not too complicated or bureaucratic - for the complainant or for staff.
- Complaint handling does not become too removed from individuals being complained about.
- The interests of the complaint handler are not at odds with the healthcare professional or the complainant.
- The insights from complaints are reviewed alongside other forms of patient and staff feedback.



The new models must be used as an opportunity to make the complaints system simpler for the provider and patient.

The new models must be used as an opportunity to make the complaints system simpler for the provider and patient. A 'no wrong door' policy should be adopted so that it remains simple and straightforward to complain and the routing of complaints is not the responsibility of the individual bringing the concern/complaint.

The complaint handling process should ensure that complaints are owned by the organisation whilst not becoming too removed from those being complained about.



‘no wrong door’ policy
should be adopted so
that it remains
**simple and
straightforward
to complain’**



You said, we did

During our review, all four of our organisations have received feedback on our own complaint handling and what it is GPs and practice managers would welcome from us to support them to do this better.



Therefore in response, we will commit to taking the following action:



NHS England will:

- continue the work it has begun with Health Education England and others, to ensure that primary care complaint handlers have access to high quality and relevant training relating to the management of complaints.
- work with the Department of Health to produce a guide to the Complaints Regulations for primary care.
- look to develop closer working relationships with local medical committees to support effective complaint handling locally.
- review the ways in which complaints information is used with other forms of feedback such as staff feedback, patient safety alerts and general queries to aid decision making and service improvement in primary care.
- look to improve the quality of reporting of complaints to the Health and Social Care Information Centre as part of the official complaints return KO41 process.



Care Quality Commission will:

- continue to review complaint handling in its general practice inspections.
- publish a 'myth-buster' on GP practice complaint handling.
- provide additional guidance to inspectors on complaint handling in GP practices.
- share any immediate issues of concern with the relevant stakeholders.



Parliamentary and Health Service Ombudsman will:

- look to build closer relationships with CCGs to update them on our insight.
- produce guidance for practices on working with the Parliamentary and Health Service Ombudsman.
- clearly explain our decisions and recommendations, how we reached them, and the information we used.



Healthwatch England will:

- continue our work on developing a local complaints toolkit, which will support local Healthwatch to scrutinise local complaints services and offer constructive suggestions for improvements to CCGs, GPs and practice managers.
- in our role as a statutory consultee on the annual refresh of the NHS Mandate, hold NHS England to account on the need for complaints to be used as learning points, in order to improve quality of care and services for patients.
- complement the work of the other organisations contributing to the review by continuing to encourage a shift in the culture on complaints.

Together we will:

- continue to signpost individuals to the organisations that can take on their complaint.
- continue to share best practice, themes and lessons learned from our own organisations' unique view of the system.
- continue to explore the development of an NHS-wide survey of complainants to measure satisfaction levels.
- support NHS England to run an annual complaints conference to help share and disseminate innovative and good practice.
- produce tips for general practice to help them improve their complaint handling (Annex C).
- ensure the new models are used as an opportunity to make the complaints system simpler for the provider and patient.

Concluding remarks and recommendations

The findings of our review suggest that the quality of complaint handling, and the culture of some practices towards encouraging feedback in all of its forms, are inconsistent and variable. Practices who are doing this well often go above and beyond, take complaints seriously and provide a quick service to those who have concerns. On the other hand, practices who are doing this badly are failing to get the basics right and making mistakes, such as inappropriately removing patients from lists despite clear guidance and not being open and honest when things have gone wrong.



We believe that the areas for improvement highlighted in this review are issues that can be fixed by general practice so long as there is the will to do so. Many of the good practice cases show how things can be done and we hope these have been helpful.

Many of the tips and recommendations targeted at general practice range from simple things that practices can do, such as involving their PPG, to issues that may take longer to get right either because of training requirements or the need to change established practice. However, general practice is not alone in overcoming some of the challenges we have described in our review; it's going to require a concerted effort from across the sector. We have each made commitments, so that together, we can play our part.

Without nurturing a culture of listening and learning, general practice will struggle to meet the dual challenge of improving satisfaction levels whilst at the same time preventing growing pressures impacting on patient experience. Together, we are committed to supporting general practice to meet these challenges head on and through the changes to primary care, make the complaints system easier and simpler for all concerned.

We want to show how we have listened and learned throughout this review. We accept that there is further work to be done and through the NHS England Complaints Advisory Group, will continue to have active discussions with the organisations involved. On the next page are the recommendations that we believe will make the most difference to improving the quality of complaint handling across general practice in England.



Many of the
good practice cases
show how things
can be done and
we hope these
have been helpful.

Recommendations

Education and training


We heard that practice staff would welcome education and training to help them understand how to deal with feedback, concerns and complaints more effectively. In addition to work being led by NHS England to ensure primary care complaint handlers have access to high quality and relevant training, we consider the GMC's current consultation to be important.³⁵ It has the potential to instil the behaviours and values necessary to nurture an open learning culture across the NHS:

- The GMC's draft framework for generic professional capabilities makes clear the core expectations and duties of a doctor. The GMC should continue to work with others so that any revised curricula identifies necessary professional values, knowledge, skills and behaviours that would better support doctors to respond, act and learn from feedback, concerns and complaints.


Sharing what has been learned

We heard that GPs and their staff would welcome the opportunity to discuss complaints openly and share what they have learned.

- The National Association of Patient Participation should support PPGs to ensure that the practice complaint policy is clear, understandable and written in an appropriate tone. They should help individuals to understand the feedback and complaints policy and support the practice to use feedback, in all its forms, to improve patient experience.
- The GMC make it clear doctors should reflect fully on complaints as a formal part of revalidation, considering what the information reveals about their practice.³⁶ The Royal College of General Practitioners (RCGP) has recognised



The practice has the opportunity to listen, discuss the feedback and consider what it will do.



the important role of complaints in their revalidation guidance. The RCGP should ensure appraisers place emphasis on the role of learning from complaints in individual appraisals to identify where a GP can develop or change their approach to improve patient care.

- Local Medical Committees, NHS England and CCGs should work with practices to provide time and space for learning from complaints to take place across localities to support service improvements.

Communication

We heard that practice staff would like clarification on the complaints regulations and apologies. In addition to the commitment from NHS England and the Department of Health to produce further guidance, we believe defence unions can play an important role:

- Defence unions should clearly communicate and show a united front on apologies. We expect unions to make it consistently clear that an apology is not an omission of liability but an important part of putting things right.

³⁵ NGMC, (2016) Developing a framework for generic professional capabilities. A public consultation

³⁶ GMC, (2013) The Good medical practice framework for appraisal and revalidation

Acknowledgements

This work has been a collaborative effort. The Parliamentary and Health Service Ombudsman, NHS England, Care Quality Commission and Healthwatch England would like to thank all those involved.

We are especially grateful to all those individuals (representing service users and health care professionals) who participated in the surveys and workshops. Their contributions have played a significant role in understanding where support is required.

We would also like to thank the organisations who attended the Roundtable event we hosted at the Royal College of General Practitioners in January 2016. Their contributions, insights and commitments will help improve the experience of complaints for both practices and individuals using services.

We look forward to working with the NHS England Primary Care Complaints Advisory Group who have committed to taking this work forward.

Annexes



Annex A: The Data Capture Tool

To ensure the complaint handling was assessed consistently we designed a data capture tool which measured practices against *My expectations*:

1. Your organisation

- ☐ Care Quality Commission
 - ☐ NHS England
 - ☐ Parliamentary and Health Service Ombudsman
-

2. Inspection number

3. Case Reference

4. What was the primary reason for the complaint?

5. Briefly describe what happened

6. What, if anything, could have been done differently in the way the complaint was handled (and why)? For example, could steps have been taken to resolve the complaint informally?

7. In what setting was the service being complained about provided?

- ☐ In the practice (reception area)
 - ☐ In the practice (consultation room)
 - ☐ Home visit
 - ☐ Out of hours
 - ☐ Other (please specify)
-

8. Thinking about this case example, please provide the following information:

Who was the complaint about?

Who investigated the complaint?

Who responded to the complaint?

9. In your opinion, how serious was the nature of the complaint?

- ☐ Minor / less serious (e.g. no risk of clinical harm to patient)
 - ☐ Potentially serious / serious (e.g. risk of clinical harm to patient)
 - ☐ Very serious (e.g. clinical harm to patient)
-

10. Please expand on your reasons for your selection above

11. What prompted the person to complain initially?

- ☐ Failure to treat
- ☐ Failure to refer
- ☐ Delay to refer
- ☐ Failure to diagnose
- ☐ Delay to diagnose
- ☐ Misdiagnosis
- ☐ Treatment plans and care plans
- ☐ Removal from register
- ☐ Confidentiality
- ☐ Access to services
- ☐ Staff attitude and/ or behaviour
- ☐ Other (specify)

12. Thinking about how the complaint was handled, how would you rate performance against the following:

	Good	Requires Improvement	Inadequate	Not applicable
Taken seriously				
Timely response				
Adequate explanation				
Factual accuracy				
Covered all issues				
Tone of response was appropriate				
Outcome shared in an empathetic manner				
Appropriate acknowledgement of mistakes				
Appropriate apology				
Appropriate financial remedy				
Appropriate personal remedy				
Appropriate remedy to prevent the same thing happening again arose as a result of complaint				
The practice was acting in accordance with law and guidance				

13. Overall, how would you rate the complaint handling for this case?

- ☐ Outstanding
 - ☐ Good
 - ☐ Requires improvement
 - ☐ Inadequate
-

14. Please expand on your reasons for your selection above, if anything particularly stood out, please explain what

15. Is there any evidence that the complainant was unhappy with the way their complaint was handled?

- ☐ Yes – before a written complaint was filed, if there was an informal attempt at resolution
 - ☐ Yes – after the written complaint was filed, during the investigation
 - ☐ Yes – after a formal response was provided by the practice
 - ☐ No
 - ☐ Not possible to tell with information available
-

16. If there is anything you would like to elaborate upon, please do so below:

17. Would you select this example as a case study for inclusion in the review?

- ☐ Yes – it is an example of good practice
 - ☐ Yes – it is an example of poor practice
 - ☐ No
 - ☐ Other (specify)
-

18. Is there any other good or bad noteworthy complaints handling practice that we should be aware of contained within this example?

19. It is important that complaints systems take into account the needs of service users. Based on the information in the case, how would you rate the complaint handling against the following *My Expectations* measures?

	Good	Requires Improvement	Inadequate	Not applicable
The complainant would have felt confident making a complaint				
The complaint process was simple and user friendly				
The complainant was kept informed at appropriate times and would have felt listened to and understood				
The organisation learned from the complaint and took appropriate action				
The complainant would feel confident to complain again				

20. Optional Question

Do you have any other comments?

Annex B: When a patient raises feedback, concerns or a complaint



1.

Start by giving the patient the opportunity to raise feedback or discuss the issue with you face to face.

This could help to get things sorted quickly. If you choose to deal with a concern this way, you should aim to resolve it by the end of the following day.

2.

If a concern cannot be sorted out by the end of the next day, then it has to be treated as a complaint.

Alternatively, the patient can raise the complaint with NHS England. Around 20% of people choose to complain this way.



3.

If the patient is not happy with the final response received from either your practice or NHS England, then they can bring their complaint to the Parliamentary and Health Service Ombudsman.

You should make this clear in your final response.

Who can help?

Advocacy organisations such as the NHS Complaints Advocacy Service, is a free and independent service that can provide support when making a complaint. A list of organisations can be found [here](#).

NHS England is the organisation that commissions or pays for the services a practice provides. If an individual doesn't feel comfortable complaining directly to the practice they can complain to NHS England. NHS England will investigate the complaint and share the findings of the investigation with the individual and the practice. An appropriate apology and an explanation of what it has learned or changes that will take place as a result of the investigation will also be shared.

Your Patient Participation Group (PPG) acts as a 'critical friend' to their practice. Since April 2015 every practice is required to have a PPG. It is made up of patients and practice staff who communicate regularly to consider ways of making a positive contribution to the services and facilities offered by their practice to patients. The PPG should be diverse to ensure that the demographics of the practice population are represented.³⁷ Anyone can join the PPG, but it is not for individuals to voice personal interests, resolve personal issues or to get additional personal medical service.

Parliamentary and Health Service Ombudsman is the second tier of the NHS complaints process. If an individual is unhappy with the response from their practice or NHS England and has completed their complaints process, they can refer it to the Parliamentary and Health Service Ombudsman, who is independent of the NHS and government. The Parliamentary and Health Service Ombudsman looks at every case individually, it will examine the issues that have been raised, and seek clinical advice where necessary, but will also look at how the original complaint was handled locally.

If the complaint is upheld, the Parliamentary and Health Service Ombudsman can ask the organisation to say sorry, review its procedures, and in some cases, may ask the organisation complained about to make a financial payment to the individual affected.

Healthwatch England is the national consumer champion for health and social care. It has links to communities across England through 152 local Healthwatch. Healthwatch listens to concerns, directs individuals to sources of support and uses insight from people's experiences to drive improvement in the delivery of services both in a local area and across England. In some areas local Healthwatch provides advocacy services directly for complainants, and elsewhere it can signpost to partner organisations that can help people with their complaints.

Which other organisations have a role?

The Care Quality Commission is the independent regulator of health and adult social care in England. It makes sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve. It will not investigate your complaint individually, but it will use the information you provide to inform its inspections. The Care Quality Commission will consider complaint handling when it inspects practices.

The General Medical Council helps to protect patients and improve medical education and practice in the UK by setting standards. It can restrict or prevent doctors practising if it identifies serious concerns, but will not provide an apology, an explanation of what happened or why.

³⁷ The National Association for Patient Participation, <http://www.napp.org.uk>

Annex C - Listen, support, respond: tips for handling complaints and concerns

Complaints and concerns are a valuable source of feedback that can help your practice improve its service. Handling them well not only shows patients that you are listening and that their concerns matter, but it can also help to improve your reputation.

We've put together 10 tips to help you improve the way your practice handles complaints.

1. 'You said, we did':

Showing that you have listened to feedback, concerns and complaints from patients and made changes as a result, will give them confidence in your practice. You could place a suggestion box in your reception area, create a feedback form on your website or put up a 'you said, we did' notice board to show how you have responded to concerns and complaints.

2. Empower your colleagues:

Supporting colleagues to invite feedback and respond to concerns and complaints in good time, will help your practice make improvements in this area. Invest in training or create a space for colleagues to share experiences and learning from complaints.

3. Make the most of your Patient Participation Group (PPG):

They can:

- review your practice complaints policy before publication to make sure that it is clear, understandable, accessible for patients and written in an appropriate tone.
- collect feedback from patients about your practice
- work with your practice to review your comments box and Friends and Family Test data.

4. Be responsive:

Show your patients how your practice has taken steps to stop the same mistakes happening again. Be open and share ideas about what can be done to improve your service.

5. Explain why and how decisions are made:

Using established good practice and NICE guidance to clearly explain your decisions about care and treatment helps individuals understand what happened and why.

6. Say 'sorry' and mean it:

A genuine apology can sometimes make all the difference and stop an issue from turning into a formal complaint. Avoid using 'sorry if' and 'sorry but'.

7. Be supportive and signpost to help:

Advocacy services and local Healthwatch groups can make the complaints process less stressful for the patient and practice staff.

8. Make use of resources:

Use NHS England's *Assurance of Good Complaint Handling for Primary Care Toolkit*³⁸ to help you prepare for meetings, and create an environment where people feel able to share and reach solutions with you.

9. Be joined up:

You may receive a complaint that involves more than one organisation or realise another organisation or professional is involved during your investigation. There is a requirement for organisations to co-operate on joint complaints. Together, you should agree who will lead on a response and let the complainant know which organisation will be responding to their concerns.

10. Be fair:

If you need to remove an individual from your patient list, stick to guidance on carrying this out. An individual should not be removed from a patient list solely because a complaint has been made. If there has been a serious incident and it's necessary to remove a patient from your list, then make sure this is done at the time of the incident.

³⁸ NHS ENGLAND, *Assurance of Good Complaint Handling Toolkit* (2015) <https://www.england.nhs.uk/wp-content/uploads/2015/11/ccc-toolkit-primary-care.pdf>.

³⁹ BMA, Removal of Patients from GP lists <http://www.bma.org.uk/support-at-work/gp-practices/service-provision/removal-of-patients-from-gp-lists>

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