

Birmingham Cross City, Birmingham South Central and Solihull Clinical Commissioning Groups

Annual Complaints Report

1 April 2017 – 31 March 2018

Purpose of Report

This report is prepared for the purpose of providing the Governing Body with assurance that the CCG is managing complaints made against the organisation and providers.

This report is prepared in accordance with the Local Authority Social Services and NHS Complaints (England) Regulations 2009, which sets out the requirement for the CCG to prepare an annual report on complaints that must:

- Specify the number of complaints received
- Specify how many of the complaints that were received were well founded (or upheld)
- Specify the number of complaints that have been referred to the Health Service Ombudsman
- Summarise the subject of the complaints and any matters of general importance that arose from the complaint or the way in which they were handled
- Outline the action that has been taken to improve services as a result of these complaints.

The three CCGs Birmingham Cross City CCG, Birmingham South Central CCG and Solihull CCG were separate entities for the period this report covers. The report details the information above from the complaints received by for the period 1 April 2017 to 31 March 2018.

Background

The CCG recognises that patients have a range of experiences when accessing the services, we provide or commission, and that feedback is essential to help us monitor quality of care.

The CCG follows the Parliamentary and Health Services Ombudsman's (PHSO) key principles when managing complaints, which are:

- Getting it right
- Being customer focussed
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement.

The CCG receives and investigates complaints made by patients registered with a Birmingham Cross City, South Central and Solihull CCG member practices. Complaints can be directed towards:

- Services provided by the CCG through the CSU
- Decisions made by the CCG regarding commissioning of services and treatments
- Healthcare providers that CCG patients have received care or treatment from

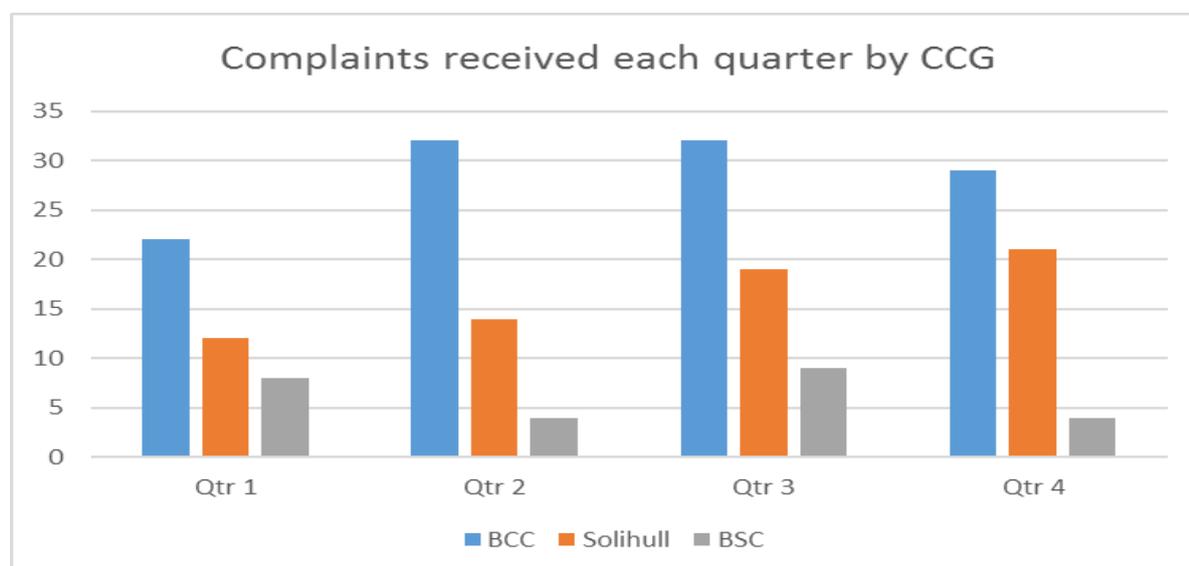
The CCG does not investigate complaints against GPs, dentists, ophthalmologists or specialist services. Any enquiries on such matters are referred to NHS England.

Complaints Received

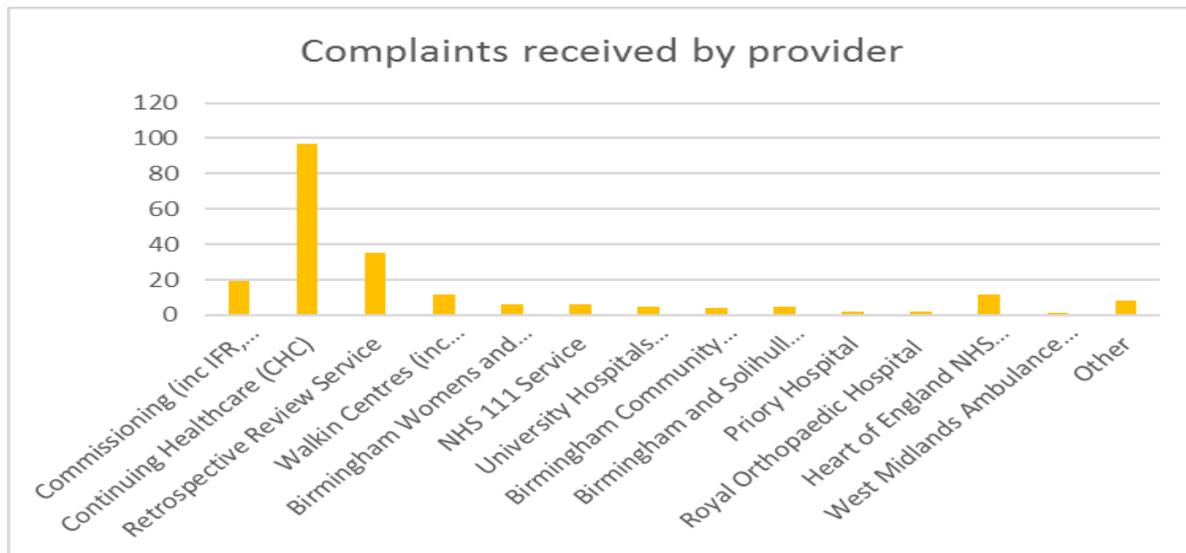
Between 1st April 2017 and 31st March 2018 the three CCG's received 809 contacts, 200 formal complaints were received and 609 informal contacts were received.

Complaints received		Complaints			Total	Concerns			Total
		BCC	BSC	Solihull		BCC	BSC	Solihull	
Qtr 1	Apr-June	22	8	12	42	69	31	22	122
Qtr 2	July- Sept	32	4	14	50	100	26	11	137
Qtr 3	Oct-Dec	32	9	19	60	107	30	26	163
Qtr 4	Jan-Mar	29	4	21	54	125	16	46	187
Total		115	25	66	200	401	103	105	609

From the numbers of complaints received these figures are comparable with CCGs covering a similar population base”



The majority of complaints received by Birmingham and Solihull CCGs related to the NHS Continuing Healthcare (CHC) Service. These complaints related to the lack of communication, attitude of staff and maladministration being the largest proportion of CHC complaints received. The Retrospective Review Service also received a significant number of complaints which relate to claims for retrospective funding.



Informal Complaints/Concerns

The majority of informal concerns received by Birmingham and Solihull CCGs related to the NHS Continuing Healthcare (CHC) Service and Retrospective Review Service (RRS). These concerns related to the request for information and lack of and incorrect information received.

The second most common concerns received related to queries around funding for Individual Funding Requests (IFR), Joint Mental Health Commissioning Assessments and requests for intervention from the CCG around the Primary Care Zero Tolerance policy enforced by General Practitioners.

Upheld Complaints

By the end of the reporting period 1 April 2017 – 31 March 2018, the investigation into 161 of the complaints that have been subject to a formal investigation has been completed. Of these 161 complaints, 33 complaints have been upheld, 28 partially upheld, 69 not upheld and a total of 34 carried forward.

You Said, We Did

The Birmingham and Solihull CCGs are committed to ensuring that themes and issues identified in complaints are addressed and accompanied by changes that will prevent recurrence. The following examples demonstrate key changes and learning that have been implemented as a result of upheld complaints in 2017-2018.

NHS Continuing Healthcare Complaints:

The majority of the complaints received by the CCGs related to NHS Continuing Healthcare and the key themes of these complaints were concerns about the standard of communication that patients and family members received from the NHS Continuing Healthcare Team about the decisions made, as well as suggestions that the process of assessing individuals' eligibility for NHS Continuing Healthcare had not been undertaken in accordance with the 'National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care'. These themes had been raised in complaints that related to both current consideration of individuals' eligibility for NHS Continuing Healthcare and claims that individuals may have been processed under Previously Unassessed Periods of Care (PUPoC) Guidance for Retrospective Review for eligible for NHS Continuing Healthcare. In response to these complaints the CCG have set out a number of actions that to prevent recurrence including increase in staffing levels to prevent delays and in processing cases and also holding learning sessions with the CHC staff members with a view to additional customer service training to explore how this should be managed

in future. The CCG has established a CHC programme board to lead the transformation of CHC services across Birmingham & Solihull and has appointed to a Head of Quality & Transformation for CHC to support this work programme. This includes the identification of a new provider to deliver the process on behalf of the CCG from 1st June 2018 – learning from complaints has been shared with this provider to inform the delivery of services going forward. This is also overseen by the CHC programme board.

From 1 April 2018, NHS Birmingham Cross City CCG, NHS Birmingham South Central CCG, and NHS Solihull CCG merged and became NHS Birmingham and Solihull Clinical Commissioning Group (BSOL CCG). To ensure that BSOL CCG learns from these complaints, the Nursing and Quality Team will be monitoring the way in which the CHC Service is working in conjunction with the National Framework for NHS CHC, FNC and PUPOC Guidance.

Patients' Experience of Care:

The second most common subject of the complaints received concerned patient experiences of care when accessing healthcare services from our commissioned providers. When a complaint relates to a patient's experience of care, the CCG asks for the provider to investigate and provide its comments on the issues raised. The CCG then reviews the provider's response to check that all issues have been addressed and that remedial actions have been put in place where appropriate, as well as ensuring that any action required by the CCG in response to the complaint is also completed. In response to upheld complaints in 2017/18, providers have set out a number of actions that they are willing to take to prevent recurrence including increase in staffing levels to prevent delays and holding learning sessions with staff members to explore how particular situations should be managed in future.

The BSOL CCG will ensure that providers are held to account for their response to complaints, the CCGs Complaints, Concerns and Compliments team are working closely with the CCG Quality team to highlight any repeated themes or trends so that these can be managed through the Quality Assurance processes.

Commissioned Pathways:

Other subjects of complaints received concerned the lack of information patients received in relation to the eligibility criteria for procedures detailed within the CCG's policy of Procedures of Low Clinical Value (PLCV) and what it means to be exceptional to qualify for treatment outside the criteria. The CCG have been working with clinicians from provider organisations to improve the communication around eligibility criteria.

Parliamentary and Health Service Ombudsman (PHSO)

If complainants remain unhappy with the outcome of their complaint, and if the CCG or provider is unable to resolve the outstanding issues, the complainant can ask the PHSO to investigate their response, both in terms of the content and/or the way the complaint was managed.

In 2017/2018 5 contacts were received from the PHSO. Of these, all information requests were sent to the PHSO, one complaint investigation was not upheld. This was in relation a Retrospective Review Claim. The remaining 4 are still with the PHSO for consideration.

Recommendations

It is recommended that the Complaints Annual Report be reviewed and a new patient experience and complaints report will be submitted to the Governing Body for assurance each quarter.