



**2012/13 Annual  
Report on Feedback,  
Comments,  
Complaints and  
Concerns**

## INTRODUCTION

NHS Greater Glasgow and Clyde (NHSGGC) aims to deliver high quality healthcare and to use the views and experiences of the people who access our services as part of the process of continuing improvement. Our ambition is that the care we deliver is person-centred and provides services that put people at the heart of service provision.

The Patient Rights (Scotland) Act 2011 (the Act) came into force from 1 April 2012 with the aim of improving patients' experiences of using health services and to support people to become more involved in their health and healthcare. An important part of the Act was to ensure that patients' feedback, comments, concerns and/or complaints were more actively collected, monitored and used to improve services. Sections 10 and 11 of the Directions issued to support the Act in this area placed a requirement on NHS Boards to publish an Annual Report summarising the handling of feedback, comments, concerns and complaints and of the action which has been taken, or is to be taken, to improve services as a result. The Act also required additional monitoring and reporting requirements including more detailed reporting about complaints made about primary care contractors (GPs, dentists, community pharmacists and opticians).

In addition, under the Act, the Scottish Government Health Directorate (SGHD) launched the Charter of Patient Rights and Responsibilities on 1 October 2012. This brought together information for patients and members of the public on what they could expect when they used NHS services. The Charter also detailed what NHS Scotland expects of patients in return to help work effectively and make sure its resources are used responsibly.

This is NHSGGC's first Annual Report on Feedback, Comments, Concerns and Complaints.

## COMPLAINTS

Any person who: -

- has had (or is receiving) NHS care or treatment, or
- has visited or used NHS services or facilities, or
- is likely to be affected by a decision taken by an NHS organisation

may complain through the NHS Complaints Procedure.

- **Front Line Resolution** - comments, suggestions and straightforward complaints which can easily be resolved because they require little or no investigation are handled by those individuals directly involved in delivering services to patients. This may be clinical staff or support services staff such as Receptionists, Health Records staff or Domestic Services staff.
- **Formal complaint** - this is appropriate where the matter of concern is complex and requires investigation. So that there is clarity about the terms of a formal complaint we ask that this be put in writing or assist individuals to do this. We provide prompt investigation and resolution of a complaint, at local level, normally within 20 working days of receipt of the complaint and an apology where things have gone wrong. If any complainant is unhappy with the way their complaint has been investigated and/or responded to, they are encouraged to let us know so that these supplementary concerns can be addressed further. This is called **Local Resolution**.
- **Ombudsman Review** – this is where the person making the complaint remains dissatisfied with the outcome of Local Resolution, or has not received an outcome within the prescribed timeframe. They can ask the Scottish Public Services Ombudsman to review the handling of their complaint. This mechanism provides an independent overview of the actions of the NHS Board in resolving formal complaints.

Table 1 shows the number of complaints received across NHS Greater Glasgow and Clyde between 1 April 2012 and 31 March 2013. Thereafter, the statistics in Table 1 relate to those complaints completed in the year so that outcomes can be reported.

Table 1 - Hospital and Community Health Services (including Prison Healthcare Complaints)

| <b>Complaints Statistics 2012/13</b>   |      |
|--|------|
| Number of complaints <i>received</i>   | 2049 |
| Number of complaints received and completed within 20 working days (national target)                           | 1518 |
| Number of complaints <i>completed</i> (which includes complaints received in 2011/12 and completed in 2012/13) | 2059 |
| Outcome of complaints <i>completed</i> : -   |      |
| • Upheld   | 495  |
| • Upheld in part   | 647  |
| • Not upheld   | 792  |
| • Conciliation   | 1    |
| • Irresolvable   | 5    |
| Total number of complaints withdrawn   | 119  |
| • No consent received  | 61   |
| • Complainants no longer wished to proceed   | 54   |
| • Other  | 4    |
| Number of complaints declared vexatious  | 0    |

The 5 issues which attracted the most complaints are set out in Table 2 below (each complaint may attract more than one issue).

Table 2 - The 5 Issues which Attracted the Most Complaints

| <b>Issues Attracting Most Complaints</b> |      |
|--|------|
| Clinical Treatment                       | 1092 |
| Communications (oral and written)        | 351  |
| Attitude and Behaviour                   | 329  |
| Date of Appointment                      | 204  |
| Premises                                 | 150  |

The intention will be to target training for frontline staff in the areas of clinical treatment, communications, attitude and behaviour in order to bring about sustained improvements in these areas.

Of the 2049 complaints received in 2012/13, NHSGGC completed 74% within 20 working days. In 2011/12, of the 2023 complaints, 69.7% were responded to within 20 working days; and in 2010/11, of the 1599 complaints, 68.9% were responded to within 20 working days.

The NHS Board receives a quarterly report on complaints handling. During 2012/13, the NHS Board moved from reporting on complaints performance at a high level to reporting on a number of complaints completed per Acute Directorate or Partnership, to each Acute hospital location and service area within Partnerships, with plans to report on specialties/services across each individual site for Acute and Partnerships. NHS Board Members have welcomed this additional level of reporting brought about as a result of the Patient Rights (Scotland) Act 2011 and the Report of The Independent Inquiry into Care Provided by Mid Staffordshire NHS Foundation Trust (also known as The Francis Report – published in February 2013).

Links to each quarterly report to the NHS Board are given below: -

[1 April – 30 June 2012](#)

[1 July – 30 September 2012](#)

[1 October – 31 December 2012](#)

[1 January – 31 March 2013](#)

Under the arrangements for alternative disputes resolution, the SGHD has put in place and funded, in 2012/13, the Scottish Mediation Network to maintain a pool of mediators for use as appropriate by NHS Boards. During 2012/13, no NHSGGC cases were submitted to the Scottish Mediation Network.

The Board's Acute Services Division and Partnerships have arrangements in place to monitor the lessons learned and the implementation of recommendations and/or actions arising from complaints and the recommendations contained in any Scottish Public Services Ombudsman (SPSO) reports to ensure these are translated into service improvements. These reviews are normally carried out through the Clinical and Care Governance arrangements.

## **PRISON HEALTHCARE COMPLAINTS**

NHS Greater Glasgow & Clyde is responsible for the provision of healthcare to three prisons HMP Barlinnie, HMP Greenock and HMP Low Moss. In the year, 43 formal complaints were received. A response to 40 complaints was made in year, with 55% of these complaints not upheld and 42.5% partially or fully upheld. The remainder were withdrawn or not progressed. Within the prison healthcare system it has been the practice to adopt the spirit of the Patient Rights (Scotland) legislation in advance of formal implementation of the Act to correspond with the NHS becoming responsible for prison health care in November 2011. In the reporting year there have been 142 examples of

comments, concerns and feedback, some of which have progressed to formal complaints. The majority have been resolved at local level via face-to-face contact between NHS staff and prisoners. The most prominent area for complaint relates to clinical treatment (prescribing) and the service is working hard to promote consistency of prescribing between the community and the prisons in a prison population where almost a third of prisoners are on supervised methadone.

The Ombudsman has raised concerns nationally over the accessibility of the NHS complaints system to prisoners. Whilst acknowledging that there were some initial teething problems when the new Low Moss Prison opened in March 2012, the Prison Health Centre Managers and their staff are engaging with prisoners on health related complaints and steps have been taken to ensure that access to the complaints system is well publicised and made accessible via a revised nurse referral form which is available to all prisoners.

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| <b>SCOTTISH PUBLIC SECTOR OMBUDSMAN (SPSO) - INVESTIGATION REPORTS AND DECISION LETTERS</b> |
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During 2012/13, the NHS Board received 10 SPSO Investigation Reports (laid before Parliament) and 67 Decision Letters. For each Investigation Report the service areas develop a local Action Plan for each recommendation, showing how each will be taken forward and actioned. The NHS Board's Quality and Performance Committee has a responsibility to ensure that each recommendation is implemented in the interests of effective and safe care delivered to the population served and lessons learned are disseminated across the organisation. The outcome is also reported to the SPSO and the SGHD.

Of the 31 issues raised within the 10 Investigation Reports, 21 were upheld and 10 were not upheld.

Of the 67 Decision Letters issued by the Ombudsman, they contained 142 issues – 51 upheld, 91 not upheld. The recommendations from Decision Letters are also reported to the Quality and Performance Committee to ensure NHS Board Members of their implementation and action.

The Ombudsman will issue a Decision Letter if: -

- the organisation accepted there were failings, apologises and takes action to prevent the problem from happening again
- from the evidence, it appears that the organisation did not do anything wrong (where there is no evidence of maladministration or service failure)
- the Ombudsman has decided that the substance of the complaint and their decision on it do not raise public interest considerations

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| <b>SERVICE IMPROVEMENTS - COMPLAINTS</b> |
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A key theme of the Act and to be highlighted in the Annual Report was to ensure that complaints were used as a mechanism to learn lessons and improve future services for patients. NHSGGC submitted, as part of its quarterly reports to the NHS Board, a section on service improvements which had resulted from

complaints. Over 70 local service improvements were reported via SPSO Reports and the main themes of service improvements are detailed below: -

- Updating and revision of Clinical Guidance/Protocols and Standard Operating Procedures
- Better booking arrangements/communications/information for patients attending clinics and in-patient admission
- Better communications with patients, carers and families
- Medical records kept up-to-date and relevant
- Better discharge planning/ arrangements
- Improved facilities/amenities at clinics/hospitals
- Better recording of referrals and actioning
- Ongoing clinical review to ensure relevance of treatment/prescribing
- Reduce delays in Accident and Emergency departments
- Carry out review of palliative care and support
- Better recording system for patients' registered mail
- Access to Nurse Referral forms and Complaint/Feedback forms for prisoners
- Improved signage in hospitals
- New "no smoking" signs and messages at entrances to hospitals and smoking wardens monitoring adherence to the No Smoking Policy

The use of Patient Opinion during 2012/13 was a helpful insight into patients' views of our services and NHSGGC's responses to patients were commended by Patient Opinion as being helpful, empathetic and keen to learn and improve services to patients from the feedback received. The vast majority of postings on the website were thanking staff for the care and attention provided to them when attending out-patient clinics and hospital.

### **PATIENT ADVICE AND SUPPORT SERVICE (PASS)**

The launch of the PASS on 1 April 2012 was to assist in raising awareness of patient rights and responsibilities and support people giving feedback, comments, raising concerns or complaints. The service is provided via the Citizen's Advice Bureau (CAB) who have appointed dedicated PASS case workers to lead this work. It is independent, free, confidential and is designed to support patients, their carers and families in their dealings with the NHS and other matters affecting their health. The Citizen's Advice Bureau within NHS Greater Glasgow and Clyde are as follows: -

- Bridgeton
- Castlemilk
- Drumchapel
- Dumbarton
- East Dunbartonshire
- Easterhouse
- East Renfrewshire
- Glasgow Central
- Greater Pollok
- Maryhill
- Parkhead
- Renfrewshire

- Rutherglen and Cambuslang

In addition to assisting patients and their families, the PASS also regularly attends the Patient Information Centres (PIC) in the New Stobhill and New Victoria Hospitals to assist patients with any concerns they may have.

A Local Advisory Group (LAG) has been formed, with involvement of the Scottish Health Council, in order to monitor and ensure continued publicity of the PASS service. This Group meets quarterly.

During 2012/13, 408 clients were helped with 1401 enquiries. Many of the clients who present at a CAB have more than one enquiry. The clients who present to a PASS caseworker are no different. During the course of the interview, it may be brought to the attention of the PASS caseworker that, owing to ongoing health issues, the client may be eligible to claim Disability Living Allowance/Attendance Allowance and/or other related benefits. There may also be employment or debt issues that the CAB can assist with. All of the non-health related issues would be addressed by another member of CAB staff but counted as an "enquiry" for that client for the purposes of statistical reporting.

The most frequently recorded service area for PASS-led NHSGGC feedback, comments, concerns and complaints was hospital acute services, with the most frequently recorded staff group being consultants/doctors. In terms of recorded advice given by PASS staff, this was mostly about clinical treatment.

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| <b>COMPLAINTS RECEIVED BY DOCTORS, DENTISTS, COMMUNITY PHARMACISTS AND OPTICIANS</b> |
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Table 3 – Complaints Received by Doctors, Dentists, Community Pharmacists and Opticians

| Contractor Type      | Number of complaints received | Responded to within 20 working days | %   |
|----------------------|-------------------------------|-------------------------------------|-----|
| GP                   | 677                           | 651                                 | 96  |
| Dentist              | 83                            | 82                                  | 99  |
| Optician             | 84                            | 84                                  | 100 |
| Community Pharmacist | 168                           | 161                                 | 96  |

A number of local service improvements were reported as a result of the complaints received above and practice policies and procedures were reviewed and updated accordingly. Some examples were in relation to complaints handling, appointments systems, patient confidentiality, health and safety (one dental practice developed a Policy for staff on dealing with threatening/abusive behaviour) and repeat prescriptions. Within a GP practice, an example included more sensitive handling of anxious and stressful patients and staff remaining calm and professional with patients at all times. The section on Feedback,

Comments and Concerns covers the main service improvements which have been introduced this year by the Independent Contractors.

The majority of complaints (90) recorded by community pharmacies related to medication incidents. Set against a background of more than 1 million prescriptions dispensed each month; this represents a very small percentage. Community pharmacists are required to take all necessary actions to ensure that patient safety in the delivery of pharmaceutical care is given the highest priority. The Pharmacy and Prescribing Support Unit operates a Medication Incident Reporting system to promote quality and reduce risk ultimately safeguarding patient safety. The system is anonymised to create a culture of open reporting, learning and ongoing service improvement.

As a result of complaints about poor communication between practitioners and their patients, staff training was undertaken and patient information leaflets were reviewed and updated.

## FEEDBACK, COMMENTS AND CONCERNS

Feedback, comments and concerns are collected and reported every day from patients, visitors and carers. This is carried out via interactions with staff, in-patient groups and fora that inform service delivery in engagement programmes which are associated with service re-design and improvement in our Community Engagement Programme.

NHSGGC have used a wide variety of methodologies to capture feedback, comments and concerns and how the views of those who use our service are used to inform service design or delivery, identify areas for improvement or let our staff know what a good job they are doing.

It is recognised that gaps exist with current patient feedback systems, however, a wide range of processes do exist, namely: -

- Better Together survey
- Service user groups
- Patient surveys
- Staff survey
- Inequalities survey
- Scottish Patient Safety Programme
- Patient opinion
- Patient involvement in service design
- Compliments
- Recording of feedback, comments and concerns as recorded via the Datix system

### ACUTE SERVICES

Within Acute Services Division, the Senior Charge Nurse's (SCN) questionnaire is used routinely and systematically to gather feedback, comments and concerns from patients.

Based on the Better Together Patient Experience Programme, the SCN's questionnaire was designed to gather, analyse and report on patients' feedback allowing a real-time review of the in-patient experience.

Each Directorate selects from a set of 14 questions, which had scored poorly in the national Better Together surveys. They are then given to a random sample of overnight stay patients in the wards for completion and the survey covers a minimum of 5 patients per week, 20 patients per month.

A monthly summary is reviewed by the SCNs to record the highlights and lowlights and the actions which staff/teams then take forward to address. The areas of concern are designed to improve patient care and the patient stay. The Lead Nurse for each service uses these forms to identify common themes and targets for prompt local action. This is shared with the Directorate Head of

Nursing and Directorate Management Team and outcomes and improvements are shared with patients.

### **TELL US YOUR STORY**

In the Surgery and Anaesthetics Directorate, "Tell Us Your Story" cards are used to gather feedback from patients. In the New Victoria Hospital Day Surgery Department, over 220 were returned. They reported a significant degree of satisfaction with staff and a high quality of service. Feedback to patients was provided via an A4 card showing 3 highlights and 3 lowlights of the monthly feedback. These cards were placed in the waiting areas and discharge lounges, as well as staff areas. One issue which was highlighted was that the drinking water had been warm and this has led to a change in the frequency of when the water coolers are changed. A further example was patients attending for breast surgery who were required to change into a gown prior to the procedure reporting being uncomfortable walking to the treatment room wearing such a gown. The route for patients was thereafter changed in order to provide a greater level of privacy.

### **CHILDREN WITH FAMILIES FEEDBACK ON PATIENT FACILITIES**

In the Women and Children's Directorate, Facilities staff and the Catering Manager visit the wards once a month to gather feedback on the issues of cleanliness, food, fluid and nutrition and general ward facilities. Last year, 1500 contacts were made with patients and their families which were collated into a local action plan to address the comments made. One parent had reported their child had been offered a very restricted and unappealing diet and investigations revealed that whilst a dietician had provided guidance for the catering staff on the types of food that were suitable, the illustration of an appropriate menu had been interpreted as the only food the patient could have. This was not the case and the child received a much wider variety thereafter which was tastier and more age appropriate.

### **PARTNERSHIPS**

There is a wide range of services that engage with different patient groups and this has included the Voice 2 groups who are at risk of exclusion from the participation agenda. These are groups who, for a variety of reasons including poor literacy skills, chaotic lifestyles or social marginalisation require bespoke methodologies and additional support in order to ensure that their feedback, comments and concerns are heard. Some examples:

- 1) **Addictions** – the North West Glasgow Community Addictions Team has used a conversation (world) cafes to engage with existing patients to reach those who may have had drug or alcohol issues. Last year, over 1000 individuals participated and the issues included; supporting children when there was a parental addiction issue; supporting women in recovery and identifying what individuals needed from services to achieve recovery

- 2) **Learning Disabilities** – Four Consultants in Learning Disabilities and Psychiatry gathered patient feedback using the Royal College of Psychiatrists multi-source assessment. This provided feedback on 14 different aspects of their care and 101 patients took part. Whilst the average score was high in terms of patient satisfaction, there was a need to provide easy-to-read information for patients and carers and this seemingly small change made an enormous difference for a range of patients.
- 3) **Forensic Services** – Circles Network Advocacy Services conduct weekly ward visits to ensure patients have an opportunity to engage with a designated advocacy worker on individual issues. It also runs six weekly patient council meetings – focusing on collective issues in wards and clinics. One example of this is where patients were not happy with the food they were provided with. This resulted in an increased level of staff training on the completion of catering forms as well as a discussion with the catering providers. This opportunity to engage and improve the service for our patients was welcomed

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| <b>FEEDBACK, COMMENTS AND CONCERNS RECEIVED BY DOCTORS, DENTISTS, COMMUNITY PHARMACISTS AND OPTICIANS</b> |
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A range of methodologies were reported across the independent contractors and this included:

- Surveys of patient experiences
- Suggestion box
- Comments cards
- Patient stories
- Patient forum/user group
- Electronic portal

Of the practices who had responded, they highlighted that they had engaged with 11,862 patients, carers and their families, with over 1,000 coming via patient stories – these facilitated an in-depth understanding of the patient experience.

It was clear from the methodologies used that many patients took the opportunity to express their thanks to the practice and to individual staff members.

Detailed below are the key themes from the different independent contractor groups.

### **GP practices**

In GP practices, 73% reported that they had identified actions or themes as a result of the Feedback, Comments and Concerns provided by patients and carers. Generally, this had demonstrated a high degree of satisfaction with services and many patients took the opportunity to express their thanks to the practice. The use of surveys, suggestions boxes, comments cards, patient

stories, user groups and electronic portals resulted in 5,566 patients, carers and families providing comments on GP services.

The key themes where improvements or service re-design were indicated were:

- Reception and Waiting Areas
- Appointment Systems
- Waiting Times
- Repeat prescribing
- Access
- Improving communication between patients, staff and GPs

A wide range of actions had been identified and undertaken to address these themes. These included: -

- Re-design and refurbishment of facilities
- Introduction or development of new technologies eg patient self check-in systems, on-line ordering, upgraded phone systems, text reminders etc
- Re-design and re-configuration of appointment and dispensing systems
- Establishment of dedicated answering machine to take prescriptions
- Staff training on most appropriate appointments and reviewing systems and telephone calls to spread demand over the course of the day
- Changes to extended hours surgeries – moved from evenings to early mornings
- Provision of Patient Information using a variety of media
- Further training to staff in communication skills
- Re-design of clinic schedules
- Appointments offered in downstairs consulting rooms for patients with mobility problems

### **Dental practices**

In Dental Practices, a total of 2,867 patients and carers were engaged using a range of methodologies capturing feedback, comments and concerns; these included surveys of patient experience, suggestion boxes, comments cards and patient stories. The feedback received was overwhelmingly positive and complimentary with lots of good practice identified.

The key themes where improvements or service re-design were indicated were: -

- Waiting times
- Waiting areas
- Patient information on dental care/dental services

A wide range of actions have been identified and undertaken to address these themes. These included:

- Extended opening hours and improved recall system
- Introduced reminder calls to patients about forthcoming appointments
- Make patients aware of appointments running late
- Refurbished waiting rooms with new pictures, magazines and cushions
- Enhanced information on treatment plans, costs and length of treatment plan

- Enhanced access to practice website for patient and service information
- Revised procedure for patients with NHS charge exemptions to reduce miscommunications

### **Opticians**

In Ophthalmic Practices a total of 3,420 patients and carers provided feedback, comments and concerns using survey of patient experiences (1,640 patients), electronic feedback (1,291 patients), patient stories and comments cards. Feedback was positive and complimentary with patients expressing satisfaction with examination procedures and the friendliness of staff.

The key themes where improvements or service re-design were indicated were: -

- Waiting and delivery times
- Dispensing errors
- Décor
- Opportunities to feedback on services

A wide range of actions had been identified and undertaken to address these themes. These included: -

- Improvement in customer communications and informing patients of delays with appointments
- Patients requested to inform optician when their hospital appointment to eye clinics were received to avoid unnecessary communications
- Diligence when advising patients of delays with their order of glasses
- Monitoring of mistakes made in dispensing to reduce such errors in the future
- Refurbishment of practices
- Introduction of a patient questionnaire to obtain accurate feedback
- Introduction of new patient experience survey and liaison with care home staff and their residents

### **Community Pharmacies**

Generally, the feedback indicated a high level of satisfaction with services and recorded patients' appreciation of friendly and efficient staff. 282 patients provided feedback, comments and concerns via face-to-face meetings, suggestion boxes, patient stories, surveys and patient opinion.

The key themes where improvements or service redesign were indicated were: -

- Patient confidentiality
- Script handling and waiting times
- Patient information
- Anti-social behaviour

Examples of action taken to address these included: -

- Re-design of script handling systems
- Detailed investigation of patient concerns

- Provision of training and support on issues such as patient confidentiality, counter medication and counter intelligence
- Enhanced communication with GP surgeries and patients re repeat prescriptions
- Provision of Patient Information leaflets on generics/brands
- Challenge and identification of resolution to anti-social behaviour

## HAVE YOUR SAY

This report provides a summary of the issues raised, the learning and the actions and improvements made or proposed in response to the feedback, comments, concerns and complaints received between 1 April 2012 and 31 March 2013. We encourage you to provide comments and feedback to the person(s) involved in your care. In addition, you can visit [www.nhsggc.org.uk](http://www.nhsggc.org.uk) in order to give your feedback about NHS Greater Glasgow and Clyde.

If you wish to make a complaint, please visit [www.nhsggc.org.uk](http://www.nhsggc.org.uk) where you will find information regarding our procedure. You may also contact our Complaints Helpline on 0141 201 4500 or write to us at NHS Greater Glasgow and Clyde, Corporate Headquarters, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 0XH.

## NEXT STEPS

Priorities for 2013/14 include improving the handling of complaints at local resolution level to ensure a more empathetic and compassionate approach, a more independent review of complaints if the complainant remains dissatisfied; better capturing of feedback, comments and concerns. In addition, we will introduce a Patient Feedback website where patients can provide feedback, compliments and suggestions on their and their families' experience.

A patient feedback card will be introduced to patients on discharge from a hospital or community service with a short number of questions about their recent health services experience.

We would welcome comments and feedback on the presentation and information contained within this Annual Report on Feedback, Comments, Complaints and Concerns to:

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 JB Russell House  
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