

Annual Report on Feedback, Comments, Complaints and Concerns 2014/2015





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Background

NHS Greater Glasgow and Clyde (NHSGGC) has 38,000 members of staff and serves a population of 1.2 million as well as providing regional and national services. It aims to deliver high quality healthcare and to use the views and experiences of the people who required to 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. The Act also required additional monitoring and reporting requirements including more detailed reporting about complaints, feedback and improvements made by primary care contractors (GPs, dentists, community pharmacists and opticians).

Complaints come from any person who:-

- has had (or is receiving) or wishes to access 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

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. Our staff are encouraged to engage with patients, visitors, and carers to help try and resolve any areas of concern as quickly as possible. 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 has not been able to be resolved by front-line staff and are complex and require 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 try to provide prompt investigation and resolution of a complaint, at local level, sometimes within 5 working days, if possible, or 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.



FRIENDSHIP COMPUTER NETWORK CROWD INTERNET TABLET SHARING
 CREATIVE TEAMWORK ETHNIC CROWD
FRIENDS
 SHARING FRIENDSHIP GLOBAL
 TOGETHERNESS PARTNERSHIP
 PEOPLE SOCIAL NETWORK PARTNERSHIP CROWD COMMUNICATION GROUP
 TALKING GATHERING SOCIAL IDEAS NETWORK
 COMPUTER SOCIAL MEDIA TALKING DISCUSSION GLOBAL TABLET PEOPLE ETHNIC
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Section 1 - Encouraging & Gathering Feedback

Encouraging Feedback

For many years, NHSGGC has used different ways to get feedback from patients, carers or members of the public. These have included patient focus groups, questionnaires, complaints and thank you cards, postal surveys or face to face interviews. Since the introduction of the Patients Rights Act in 2012, there has been a requirement on NHS Boards to seek feedback from ALL patients. This is really important as we want to hear the views of people of all ages and backgrounds and we also want to make certain that everybody who wants to comment on our services can do so easily. We know that not every way of giving feedback will suit everyone, so we want to promote a variety of ways which our patients can tell us what they think of our services.

In the last year we have been implementing a number of approaches which help us listen to our patients and carers. Two of these new approaches are Universal Feedback and the Carers' Audits. We also use the internet to get feedback – and we describe below how we do this using our own website and Patient Opinion. We will also describe how we seek feedback from different communities to help make the services of NHSGGC responsive to the needs of those who use our services.

Universal Feedback

Universal Feedback is a card given to all inpatients on the day of their discharge from a Ward which asks:-

- *How likely are you to recommend our ward to friends and family if they needed similar care or treatment?*

Patients are able to choose between 5 options – Extremely Likely; Likely; Neither Likely or Unlikely; Unlikely; and Extremely Unlikely. A second question asks for the main reason for the answer given, with a comment box where the patient can write whatever they choose. Patients can write some words of praise or leave a criticism or a suggestion to improve the service. From this information two scores are calculated. These scores provide a high level overview of how wards are performing and makes it easy for us to make comparisons across the Board.

The Senior Charge Nurses on each Ward are responsible for making sure that the cards are given to the patients, that the patients have the opportunity to complete the card in confidence and that it is then placed in a sealed collection box. Posters and leaflets are available to encourage this type of feedback and explain how it will be used. The cards also offer the patients the opportunity to give feedback online or by telephone.



The completed cards are returned to a central point for analysis. The results and a copy of all of the comments made are posted on the Board’s staff website. Any member of staff can see what patients are saying about the care they received. A reminder email and link to this page is automatically sent to the Senior Charge Nurse on each Ward and they share the comments they receive with their staff. As the comments to date have been overwhelmingly positive, feedback from our staff is that they enjoy seeing these comments and like the feedback process. The monthly “score” of each ward is posted so that patients and members of the public can see them.

Where patients give negative feedback or criticise the service, their comments are identified and pulled together in one report. This “negative feedback” – be it criticism or suggestions for improvements – is tracked and reported to management in a monthly Patient Experience Service Improvement Report (see below). These reports are sent to the senior managers responsible for the Wards and their Directors. This means that the Board’s senior staff get to see, every month, what their patients think of the care they have received. They get to hear, in near real time, of any issues or problems that might be occurring on their Wards. Most importantly, they must share back to the Senior Management Team what they done to address any of the issues that have been highlighted by the patients.

This process was introduced in April 2014 and is being rolled out across each hospital with the view that all inpatients will be asked their views about the care they experienced by April 2016. When NHS England began using this method of feedback, the target response rate was set at 15%. In NHSGGC, we set the same target and are pleased to see that this has been surpassed in this first year. We are however continuing to work with, and support staff, in looking at ways to further increase this response rate as we go forward.

In 2014/15:-

Number of Wards Participating	96
Number of patients who gave feedback	8182
Average Response Rate*	29%
Overall Percentage Positive Score	96%

*where discharge figures available

Below is a flavour of the positive comments received through Universal Feedback:-

"The positivity and kindness attached to the patients feelings. I know I needed extra care most of the time (including during the night and visiting hours) but care and help were dished out in quantity. I could not recommend this ward any higher."

Ward 60, Southern General Hospital (SGH) (Neurosurgery High Dependency Unit (HDU))

"The staff are very friendly and helpful. The Ward is very clean and tidy."
Ward 2, SGH (Orthopaedic Surgery)

"Extremely helpful and very efficient at their work. Go out of their way to see that the patient care must come first." Ward 28 Royal Alexandra Hospital (RAH) (Urology)

"Staff on ward were kind and understanding and took time to go out their way. Sometimes listening to someone is the best medicine." Eriskay House, Stobhill

NHSGGC On-Line Patient Feedback

NHSGGC Patient Feedback provides an online way for service users, carers and the public to share their healthcare experiences with NHSGGC. These experiences are only visible to NHSGGC and not publicly available. Users do not receive a direct response to the specific issues they raise but can opt to receive a copy of the annual Patient Feedback Report summary.

The feedback shared through this system is reported to the relevant Directorates through the monthly Patient Experience Service Improvement Reports. As with Universal Feedback, the feedback we get from this online system is tracked through these reports and Directorates are asked to tell us what actions they have taken as a result of this feedback.

In 2014/15, 324 feedback comments have been given through this system. 163 of these were a comment or suggestion and 161 were praise.

The themes most frequently raised as issues were:-

- Communication (verbal/ written)
- Appointment scheduling/ systems
- Waiting Times
- Staff Attitude and Behaviours

The system can be viewed at <http://www.nhsggc.org.uk/get-in-touch-get-involved/patient-feedback/>



Patient Opinion

Patient Opinion, (www.patientopinion.org.uk) is an online website that can be viewed by service users, carers and staff 365 days a year. Personal accounts of healthcare experiences can be posted up to three years after the event and can be viewed online by anybody. Feedback is posted anonymously, and in some cases may not have a timeline or specific details included. The nature of the postings vary enormously. Some are very simple expressions of thanks or praise. Some are more detailed accounts of patients experiences of the services and care received. Often the person making the posting will share how they felt or explain the impact that our service or our staff's actions, behaviours and wards had on their experience.



In responding to these postings, NHSGGC is very aware that many people are reading these postings and that it is important that we respond in a thoughtful and respectful way. Often we have to ask for more detail from the person who is making the posting. This helps us give the feedback to the appropriate members of staff in the correct department. Given our size, this can sometimes take a bit of time.

A protocol is in place to manage response times, response content, further investigation and the outcomes of any actions identified as a result of the posting. General Managers and other senior staff are responsible for sharing and cascading stories with colleagues and different staff groups as appropriate. Again, all of the stories shared on Patient Opinion are collated and tracked through the monthly Patient Experience Service Improvement Reports.

In 2014/15, 269 stories were shared on Patient Opinion. 98 of these stories were positive and 112 were suggestions/ criticisms (based on Patient Opinion's criticality ratings from 0 – 5).

The main themes identified are:-

- Staff Attitude and Behaviours
- Communication (Verbal/ Written)
- Appointment scheduling/ systems

To understand fully the richness and variety of the stories and responses that are shared on Patient Opinion, we would encourage any readers of this paper to visit the site at www.patientopinion.org.



Listening to friends, families and carers

The Board Director of Nursing requested that an initiative be developed to ensure that NHSGGC was systematic in involving carers in appraising the care their loved ones received. This initiative, the Carer's Audit, focuses on what carers, family and friends think about the care their loved ones are receiving. A key feature of this feedback system is that all named carers/next of kin are contacted by post prior to the audit to raise awareness of this opportunity to meet with or contact a Patient Experience, Public Involvement Manager. The purpose and nature of the feedback exercise is fully explained to the carer. Offers of support to participate – e.g. translators are made to ensure the exercise is open to all.

A Patient Experience, Public Involvement Manager attends the ward and actively engages with the carers, friends or family members in 5 sessions, afternoon and evening, over the course of a week. They interview family, friends and carers regarding their perceptions of the care given to their family member or partner, identify any issues, produce a report for the appropriate General Manager and engage with staff to explore issues raised. In 2014/15, 6 Carers Audits were undertaken. This involved listening to the views and perceptions of 135 carers, friends or family members. A breakdown of the interviews undertaken is provided below:-

Hospital	Ward	No. of Beds	No. of interviewees
Victoria Infirmary: Mansionhouse Unit	Lomond View	29	23
Inverclyde Royal Hospital: Larkfield Unit	3	30	9
Glasgow Royal Infirmary	30	19	20
Vale of Leven	14	20	22
Lightburn Hospital	2	28	22
Royal Alexandra Hospital	6	12	17
Royal Alexandra Hospital	4	30	22

The areas which generated most positive feedback were:-

- Positive staff attitudes, values and behaviours
- High quality care
- Respectful, compassionate interactions between staff and patients
- Responsive staff who listen to their patients and their families
- Clear, accessible jargon free information
- A clean environment



The areas which generated most feedback for improvement were:-

- Pro-active communication with families
- Increased time for staff to spend on person-centred care
- Staff numbers
- Distraction and activities for elderly patients
- Identification, information and support for unpaid carers



The Patient Experience Service Improvement Report

The Patients Rights Act requires of NHS Boards that they develop a robust monitoring and governance system to ensure that feedback is sought, gained, reflected upon and where appropriate used to identify areas for improvement, as well as provide assurance or support praise and positive feedback.

We have developed a simple system whereby we pull together each month the feedback from our main feedback systems: Universal Feedback, The Carers Audits, NHSGGC Feedback and Patient Opinion. Where there is criticism, negative feedback or suggestions for improvements, these pieces of feedback are highlighted. Each Directorate gets their own monthly report which is sent to the General Managers and Directors. This report is called the Patient Experience Service Improvement Report. Every three months the Directorates update their reports with information on what actions they have taken to address issues.

This system is in the “development” stage. It will help inform the Quarterly Complaints, Feedback, Comments and Concerns Reports which are submitted to the Board of NHSGGC.



Listening to Patients with Protected Characteristics

We have continued to embed listening to our patients into the delivery of our services. NHSGGC has a wide range of engagement structures including Patient Partnership Fora, Managed Clinical Networks, Patients Panel and a Mental Health Network. Engagement with those with protected characteristics is carried out within our mainstream engagement activity as well as a range of targeted activities and is designed to understand how we can ensure there is barrier-free access to our services for those protected by the Equality Act 2010.

Below are three examples of the type of work that has been delivered with those with protected characteristics:-

British Sign Language (BSL) users

Ongoing engagement with BSL users has led to a range of actions being put in place to meet the issues raised. Deaf people have said to us that:-

- Application of the Interpreting Policy and Accessible Information Policy is not consistent across all services.
- Staff have a lack of experience with Deaf people and their additional needs are often not taken into account.
- The complaints / patient feedback system are not accessible for BSL users.
- Paediatric Audiology at the Royal Hospital for Sick Children (RHSC) has a voice intercom system to enter the building.
- Services for such children should be more 'Deaf friendly' at the first point of contact. This would increase patients' confidence in using a service and in enabling them to participate in their own care.

In response:-

- A '*Your Rights to an Interpreter*' card was developed to enable Deaf people to remind staff of their rights to an interpreter and how to book interpreters for Deaf people.
- Thirty Deaf Awareness sessions provided for NHS staff each year and drop-in sessions at Patient Information Centres in Acute.
- We have made provision for a British Sign Language Mediator to ensure that Deaf people whose first language is not English are able to give feedback about their use of our services. The Mediator's role is to gather and collate feedback from Deaf people on their use of NHS services in NHSGGC. The feedback is then added to the patient feedback webpage to integrate it into our patient feedback mechanism.
- We have added a light system to the voice entry at the audiology department at RHSC.



Roma Community

Other examples of where we have engaged with those with protected characteristics include the Glasgow Community Health Partnership (CHP) South Sector has been involved in community engagement work with the Roma community.

The Roma community have been identified as a highly excluded, deprived and vulnerable ethnic minority group in Europe due to their lack of citizenship in their originating countries. A staff and community survey and series of focus groups was carried out to explore staff's current understanding and experience of working with the Roma community and the additional support and training required to work more effectively with this community.

The Roma people fed back the following:-

- Lack of interpreting provision at appointments in both primary and secondary care.
- When accessing same day emergency appointments (either by phoning or going to surgery for 8.30am) there are problems with getting a face to face interpreter
- Lack of consistency in using telephone interpreting
- Lack of available health information in an appropriate language.

We have delivered a session to the Glasgow CHP South Sector Senior Management Team on accessible information and interpreting provision. We have continued to promote the use of telephone interpreting for appointments where no face to face interpreter can be booked.

We will implement the actions from the staff / Roma research report including the development of a specific e-learning module and a shared learning session with staff and local organisations to share and raise awareness of each other's services, referral pathways, barriers to access and engagement methods.



Transgender people

We engaged with Transgender people. This is the feedback they gave us on their experience of using NHSGGC services:-

- Trans people's experience across NHSGGC is impacted upon by a general lack of knowledge, understanding and experience amongst staff groups
- The need to get the service response right for Trans people and the potential consequences of getting it wrong were clearly articulated
- There were concerns about how patient information is transferred across services. Participants said that being able to change your Community Health Index (CHI) number to reflect gender reassignment changes was a positive step forward but that some hospital records were still using old information leading to confusion and distress
- As with sexual orientation, there was a feeling that Mental Health Services responded differently depending on the age of the patient. Young Trans people struggled to have their experiences validated by staff because they weren't perceived to have sufficient life experience.
- There was a concern expressed that lack of understanding about Trans people in Mental Health Services led to assumptions being made.
- Although participants were reminded the session was focussing on Trans people's use of all services (a separate process is underway re the Trans-specific services) there were recurring issues raised around gender reassignment care pathways.
- Specialist services were generally considered to be of a high standard with positive comments about the range of treatments available and staff.

We have delivered staff training to treatment room staff in Primary Care. This was piloted in the South Sector and will be rolled out to all treatment rooms in Glasgow CHP.

The Gender Reassignment Policy has been reviewed and rewritten and disseminated to staff and placed on the equalities in health website. The Policy describes how Trans people should be responded to within our mainstream services.

NHSGGC hosts the Transgender Reassignment Managed Clinical Network as we have the largest trans population in Scotland. The actions identified for 2015/16 are as follows:-

- Training for medical records staff on appropriate recording of Trans information.
- Training specifically targeting primary care Mental Health staff on issues affecting Trans people in using mental health services.
- Hate Crime training to ensure staff take account of transphobic incidents in Accident and Emergency services.



Gender Based Violence (GBV)

A Glasgow City wide Consultation Event 'No One's Ever Asked Me' was organised by North West Sector of Glasgow Community Health Partnership (CHP) for service users and representatives of specialist support organisations. The purpose of the day was to hear about women and girls' experiences of what did and what didn't work within health and social care services and agree with services the actions that will be taken to improve them. Of the 31 who attended, 19 were women who accessed a range services and represented Black and Minority Ethnic communities and women with different tenure status including supported accommodation, refuge and their own tenancies.



Poverty / Social Class

In Renfrewshire a programme of work is underway to ensure that the integration of health and social care services within Renfrewshire maximises opportunities for sustaining and developing services which are sensitive to experiences of social inequalities. This has involved scoping the partner organisations' equalities outcomes, Equality Impact Assessment (EQIA) processes, tools and good practice to inform strategic planning within the Joint Integration Board.

Independent Contractors: Feedback, Comments & Concerns 2014 - 2015

74% of independent contractors (707) (GPs, dentists, community pharmacists and optometrists) in NHSGGC reported on the systems they had in place during 2014/15 to manage feedback, comments and concerns. In their reports they described how they gather and analyse feedback; the key themes reported by patients and families and examples of service improvements and developments that resulted from feedback, comments and concerns.

The reports from independent contractors showed that they had made progress during 2014/15 in establishing systems for 'listening' to their patients, carers and the public and that they had taken a wide range of effective, measurable actions to respond to the feedback, comments and concerns they received. However, there is still room for improvement and the development teams for each contractor group continue to support colleagues to respond to and report on the feedback they receive from patients and the public. An example of the good work done by the development teams in 2014/15 can be seen in the big rise in reporting by Dentists from 6% to 68%.

Independent Contractor	No. of Returns 2013 - 2014	% Return Rate 2013 - 2014	No. of Returns 2014 - 2015	% Return Rate 2014 - 2015
GP Practices	170	70%	209	86%
Pharmacies	165	53%	168	58%
Dental Practices	17	6%	179	68%
Optometrists	93	49%	151	82%

Independent contractors reported on a wide range of methods for gathering feedback. These included formal, written methodologies such as surveys, suggestion boxes and electronic portals but also informal, discursive approaches such as feedback received during discussions with patients and thank you cards. This range of techniques helped patients and carers with differing communication, learning and language skills to contribute their feedback and offered opportunities to gain an in-depth understanding of all users' concerns and interests.

"[We] Learn from interaction with patients and make sure all members of staff have an opportunity to discuss good or bad points raised"

In 89% of GP Practices; 40% of Pharmacies; 73% of Dental Practices and 64% of Optometrists there was a designated member of staff responsible for collating and reporting on feedback received. Identifying a lead officer is often the first step in ensuring that feedback, comments and concerns are an integral part of the work of services with the aim of improving patient experience and supporting people to become more involved in their health and health care. This is one area where the



development teams are helping practices to develop the structures they need to be responsive to feedback. Each team works closely with their particular group; helping them to develop systems that will work for them and their particular circumstances. For example, many practices will identify a designated member of staff for feedback but a small GP practice might share this responsibility while some big pharmacy chains might have a head office that takes responsibility for collecting, sharing and taking action to respond to feedback.

Independent contractors indicated a range of methods of sharing feedback with staff. These ranged from informal methods such as:

"We have a frustrations and celebrations board where we add any grumbles from patients. Or praise from them"

There were also more formal systems such as ensuring that patient feedback was an agenda item at team meetings or using Patient Access to share feedback received.

"Comments, including praise, [are] fed back to staff during staff meetings to improve morale and show their hard work is appreciated"

"We try to share all informal feedback and thank you comments from patients with carers throughout the practice team using admin tasks in Electronic Medical Information System (EMIS)"

Themes in Patient and Carer Feedback and Actions Taken

The feedback received by all contractor groups was overwhelmingly positive and complimentary with many areas of good practice identified and recognised. Many patients took the opportunity in their feedback to express their thanks to the practice and to individual staff.

"Staff are thanked on a regular basis for help and hard work. We started a positive feedback record for staff to update when they receive cards, chocolates etc to highlight their hard work"

However, other feedback had included suggestions for service change and development or had identified weaknesses in the service. Independent contractors demonstrated how they are listening to and responding to their patients by providing evidence of how they had analysed their feedback, identified actions that would lead to service improvement and implemented these.

They reported on a diverse range of actions taken in response to patient and carer feedback. These ranged from relatively small improvements such as refreshing the magazines in waiting areas to the complex re-design of systems. The vast majority of changes and service improvements made had been instigated and carried out by practice staff. Some had been robustly evaluated while others were being monitored using on-going incident reporting or patient feedback.



“We are looking at making the website more user friendly including for the senior members of the patient population. One of our patients has agreed to give constructive, critical and positive feedback to aid us in making the website easier to use.”

Very often patient feedback had been used as a learning opportunity.

“[We] used this as a training exercise on how giving someone a little extra time and attention can create positive feedback and patient satisfaction.”

The top 3 themes identified by each contractor group and examples from the range of actions they took to address these are given below.

Themes and Actions in GP Practices

In GP practices the 3 top themes identified in feedback were:

- Praise for staff and for the practice
- Appointments: making and waiting times for appointments
- Repeat prescribing



Case Study 1: Praise for GP Staff and Services

75% of GPs reported that over 80% of the feedback they received was positive but nevertheless, practices noted that they remained vigilant and open to patient, carer and public feedback to ensure that they maintained their high standards of care and good patient experience. They described how they reflected on feedback from patients, carers and the public in order to recognise good practice; acknowledge individual staff and to learn from the feedback.

One GP Practice received thanks from a relative for the care given to a palliative patient. This feedback was shared with the staff to highlight the good practice and to convey the family's appreciation of the care and compassion shown to the patient and the family. The practice then passed the feedback to its Community Health and Social Care Partnership to congratulate staff on their good work and to encourage further development in this area. This feedback will now be used to help inform policy and practice: helping services develop a better understanding of what is important to patients and their families in palliative care.

Case Study 2: Access and Appointments in GP Practices

Patients' inability to access a GP for an appointment was a major problem for one GP practice. The practice reviewed the feedback it was receiving and discussed the issue. They found that a number of patients were taking up GP appointments when their issue could be dealt with by another means. This was leading to long waits for an appointment; many of these were unnecessary waits as the patient didn't need to see a GP. The practice decided to try Nurse Triage along with some pre-bookable appointments to see if they could better manage their appointments. This new system has been revolutionary in the practice.

If someone calls for an appointment they are triaged by the Practice Nurse, who then decides if it is necessary to be seen today, can wait to be seen or can be dealt with elsewhere e.g. pharmacy, physiotherapy. Patients were often asking for a sick line or a prescription and these are now diverted to a specific clinic for sick lines while prescriptions can be dealt with at reception.

There is still availability for patients to be seen if they want to pre book or if the GP wishes to follow up the patient; all children under 5 are seen that day and the elderly are always given an appointment.

This new system has now been in place for 3 months and the rate of Did Not Attend (DNAs) has dropped. GP's like the new system as they feel they are seeing patients who need to be seen while those who don't need to see a GP are getting a prompt and appropriate service from another part of the practice or a partner service such as a Community Pharmacy. So far the patient group is on the whole happy with the system as there is a good chance they will be seen on the day or pointed in the right direction.

Other GP Practices reported on improved communication with patients, increased use of telephone and on-line systems, extended practice hours; increased staff and adjustments to practice schedules that were used in the past year to try to better balance the demand for services.

Case Study 3: Repeat Prescribing in GP Practices

One GP practice reported that issues with prescriptions and pharmacies can be a problem. This practice arranged a meeting with their local pharmacist who met with one of the practice's GPs. The pharmacist met with the GP in the surgery where the GP raised the issues the practice and patients have with pharmacies in general. The GP then went over to the pharmacy to see how they work and the day to day issues encountered by them.

The positive feedback from this exchange of ideas and viewpoints allowed the pharmacy to have a greater understanding of how the practice works and the impact the issues raised by the GP were having on both the practice and its patients.

It also gave the practice an understanding of the issues facing the pharmacy and a greater understanding of some of the requests coming from them. This was felt to have been a very worthwhile exercise from both parties.

A number of GPs reported that enhanced communication and co-ordination with local pharmacies had proved beneficial for both services in helping to better understand the patient pathway and where lack of co-ordination was leading to difficulties for patients and carers.



Themes and Actions in Pharmacies

In Pharmacies the top 3 themes that were consistently identified were:

- Praise for staff and for the Pharmacy
- Repeat prescriptions
- Communication with the Pharmacy and Patient Information

Case Study 4: Praise for Staff and the Pharmacy

95% of Pharmacists reported that over 80% of the feedback they received was positive but nevertheless, they noted that training and discussions with staff were regularly used to ensure the maintenance of high standards of care and good patient experience.

“All of the verbal feedback we have had has been pretty complimentary of the service provided, from waiting times to our delivery service”

One Pharmacy reported on how they had encouraged a general increase in communication between staff. In this they shared the praise, issues and concerns raised by their patients. They had supported staff to discuss this feedback and to consider ways to address any weaknesses or gaps in the service identified by patients and carers. This had helped staff to learn from their feedback and to contribute ideas and suggestions for actions to address these.

Case Study 5: Repeat Prescriptions in Pharmacies

One Pharmacy was hearing a number of complaints regarding the ordering system for repeat prescriptions at a local GP Practice. Some repeat prescriptions were not being forwarded from the GP to the Pharmacy. This led to frustration and annoyance for patients who would go to the Pharmacy expecting to collect their prescription only to find that it wasn't there and that the Pharmacy had no knowledge of it. There was then a delay as the patient had to go back to the GP to request the repeat prescription again.

To help with this the Pharmacy has offered patients the facility to re-order their repeat medication through them. The Pharmacy then requests the repeat prescription from the GP and can follow up to ensure that the prescription is forwarded. In this way they can avoid the problem of missing prescriptions and the trouble that was causing to patients and carers.

As with GP services it was clear that enhanced communication and co-ordination between local GP Practices and Pharmacies was helping improve the experience of patients and carers.

Case Study 6: Communication with the Pharmacy and Patient Information

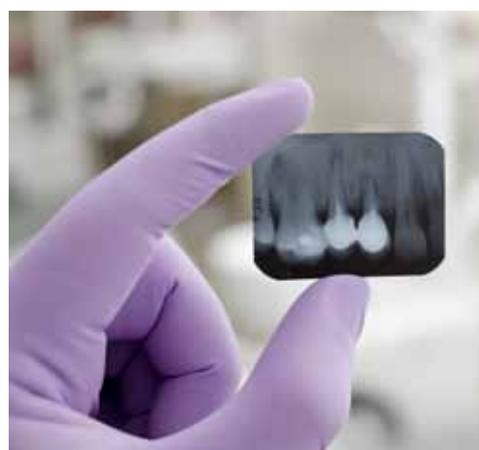
Communication with patients and carers is a key element of the service provided by Pharmacies. Often they assist patients and carers to better understand the prescriptions they have been issued and support them in managing conditions that may involve complex and varied medications. As a consequence much of the feedback received by Pharmacies related to communication and patient information. Some of this feedback was positive with patients and carers acknowledging the impact of good communication and information. In other cases Pharmacies reported on how they had responded to difficulties patients were experiencing.

One Pharmacy reported on how they had increased communication with patients around the collection of prescriptions. They had noticed that occasionally patients who had ordered different items at different times were surprised when they collected their prescription and were only issued with one package. They were taken aback when they realised they didn't have everything they expected as they didn't fully understand the re-ordering and dispensing systems. The Pharmacy now try to check with patients when handing over prescriptions if the item count on the bag is the number they were expecting. If it is not then they can explain why not and advise on when other prescription items might be available. This reduces any anxiety or annoyance that patients may feel if they don't receive all that they were expecting.

Themes and Actions in Dental Practices

In Dental practices the top 3 key themes were-

- Positive feedback for staff and the service
- Waiting times for appointments
- Communication with the service



Case Study 7: Praise for Staff and for the Dentists' Service

93% of Dentists who described the feedback they received reported that over 80% of their feedback was positive. As with other independent contractors this feedback was used to acknowledge staff, recognise good practice and as a learning opportunity.

Case Study 8: Waiting Times for Appointments in Dental Practices

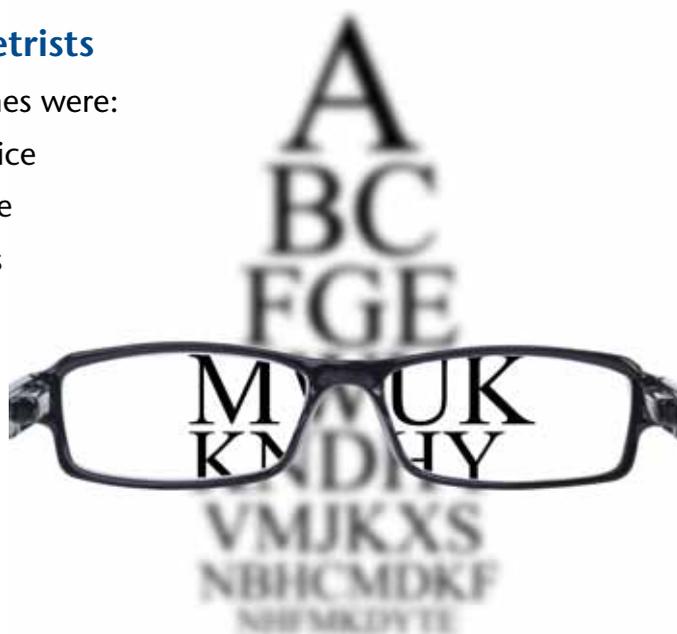
Waiting times for appointments is an issue for all independent contractors and dentists are no exception. They experience the same difficulties as others in offering timely, convenient, planned appointments that are balanced with the need protect time for emergency care. Dentists reported on how they had introduced additional early morning and evening appointments; introduced more flexible appointment times and additional emergency appointments in response to patient feedback on waiting times for appointments. For one Dental Practice the introduction of short notice cancellation lists times had helped them respond to the feedback from their patients and to balance the demands on their service.

Case Study 9: Communication with Dental Services

Communication is one of the key planks of the services provided by Dental practices. In addition to the issues that they have in common with GPs, Pharmacists and Optometrists around contacting services; managing appointments and describing treatment plans Dentists also need to communicate about NHS and private treatments to patients, some of whom will be highly anxious about dental services. Following feedback that showed that some patients didn't understand NHS and private treatment costs one Dental Practice developed new patient information about NHS and private treatment costs and displayed this clearly in the waiting area.

Themes and Actions in Optometrists

- In Opticians the top 3 key themes were:
- Praise for staff and for the practice
- Communication with the service
- Availability or range of products



Case Study 10: Praise for Staff and for the Opticians' Service

96% of Optometrists reported that over 80% of their feedback was positive. Nevertheless, they remained open to patient, carer and public feedback to ensure that they maintained their high standards of service. One Optometrist reported an example of how they used their positive feedback to ensure that their service continued to meet the needs of their patients. They receive positive feedback all the time and as a long established business use it to learn from any mistakes. As a result any 'complaints' they receive are relatively minor, for example a patient not happy to be waiting if the Optometrist is running behind schedule. Their patients feel empowered to mention that they are not too happy to the reception staff; the practice listens to their feedback and responds with measures such as striving to always keep patients informed of any delays and introducing more walk in emergency appointments to better manage the balance between planned and unplanned care.

Case Study 11: Communication with Optician Practices

Many independent contractors reported their increasing use of social media and on-line systems to communicate with their patients but for one Optician's practice their feedback had indicated that some patients relied on or were comfortable with more traditional types of communication. They had identified that some patients needed written communication to help them understand and get the maximum benefit from their consultations. As a result they had developed leaflets for patients to take away as a reminder of the advice they had been given or their treatment plan. These were particularly designed for older patients but the practice had identified other patients who were also finding them helpful.

Case Study 12: Availability or Range of Products in Opticians

Availability can be a significant issue for patients as being without glasses for any period of time can seriously limit their ability to lead a full and independent life. One woman wrote to her Optician to thank them for getting her young son's glasses ready so quickly so that he wasn't without them for too long. The practice now keeps his frame in stock so that if he has an accident or loses them again they can replace them just as quickly.

The reports from GPs, Dentists, Pharmacists and Optometrists in 2014 - 2015 demonstrated the qualities of openness, transparency and responsiveness and it was clear that they are endeavouring to listen to, respond to and learn from their patients, their carers and members of the public.



Section 2 - Person Centred Care



Introduction

The Person-Centred Health and Care (PCHC) Collaborative, launched by the Scottish Government in November 2012 is a key part of a Scotland wide programme of work aimed at improving health and care services so that they are focused on people, their families and carers. http://www.healthcareimprovementscotland.org/our_work/person-centred_care/person-centred_collaborative.aspx

What are we trying to accomplish?

The aim of the Person-Centred Health and Care Collaborative is that by December 2015:-

“90% of people who use services will have a positive experience of care and get the outcomes or care they expect.”

Implementation in NHSGGC

The programme team have been working with a core group of thirty-two clinical teams which have been recruited from both the Acute Services Division (ASD) and the Community Health and Care Partnerships (CHCP's). The main remit of support to these teams is to gather “real-time” feedback from people using the service at the point of care, with an important emphasis on listening to and acting upon the voice of people who use health and care services to drive improvements in care experience.

Process and Methodology for Gathering Feedback

Within the clinical teams which the Programme Team are working with in NHSGGC the main method of listening to the care experience is through a locally developed process which is described as a “themed conversation”. The “themed conversation” enquiry concentrates predominantly on gathering and developing feedback on experience of the relational aspects of care giving.

Feedback from patients, relatives and carers is gathered over consecutive monthly cycles and reported directly back to the clinical teams and their managers and is used to influence and drive improvements in person-centred care at a local level on an individual team basis.

In 2014/15, the PCHC programme team have listened to feedback from a total of one thousand nine hundred and ninety two (1992) patients, relatives and carers.



How do we know that change is an improvement?

Both quantitative and qualitative feedback gathered from these conversations is themed into the following eight domains:-

1. Admission experience;
2. Consistency and coordination;
3. Respect and dignity;
4. Communication and involvement;
5. Safety;
6. Meal time experience;
7. Environment and facilities; and
8. Overall summative care experience.

The following section is a summary of the quantitative feedback received from September 2013 to March 2015. Each of the eight domains have been reported on separately to demonstrate the aggregated quantitative results.

Quantitative Feedback Examples for the Eight Themed Domains

Quantitative feedback received from all the “themed conversations” is provided to each individual team on a monthly basis in time series graphs. This assists the teams to assess variations in their data over time and helps to identify if there is a pattern forming to confirm if actions and interventions being tested and implemented are making a difference and resulting in improvement.

Figures 1 - 8 below demonstrate an aggregated percentage for each of the themed domains. For the majority of the domains, the clinical teams collectively are able to demonstrate since May 2014 that more than 90% of feedback received is indicative of a positive care experience and that they have been able to sustain this achievement so far. This helps to demonstrate the aspects of person-centred care which make the difference to the care experience and those which are contributing to the achievement of **“90% of people who use services will have a positive experience of care.”**

The two exceptions to this are meal time experience and the environment and facilities domains. The clinical teams are working with the practice development department and catering services to make changes and improvements to the meal time experience to ensure that patients are offered appropriate choices, have food and fluids available to them when required and that they are provided with appropriate assistance at meal times. Many of the feedback comments received about the environment and facilities are directly related to the current status of the aging healthcare facilities that care is provided within NMSGC. With the migration of many clinical facilities to the new South Glasgow University Hospital it is hoped that this will greatly enhance and improve the environment of care provision and that this will be more positively reflected in the feedback comments received in the future.



Figure 1: Admission Experience

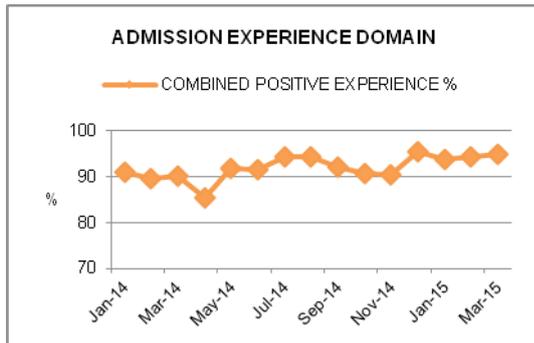


Figure 2: Consistency and Coordination

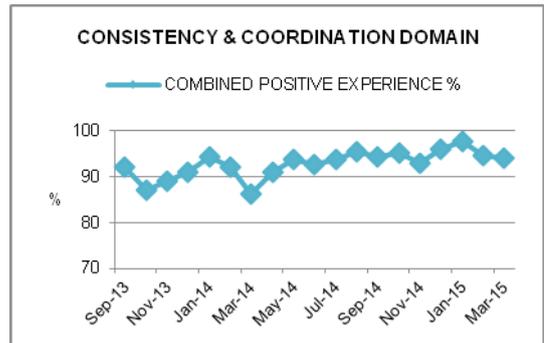


Figure 3: Respect and Dignity Involvement

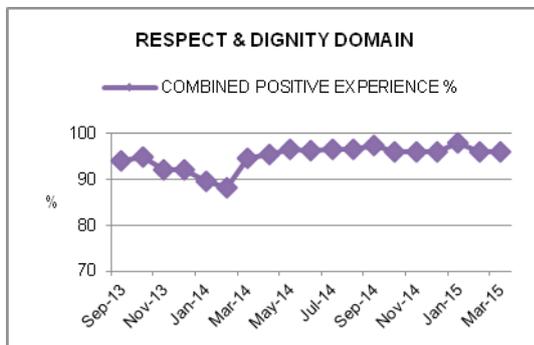


Figure 4: Communication and Involvement

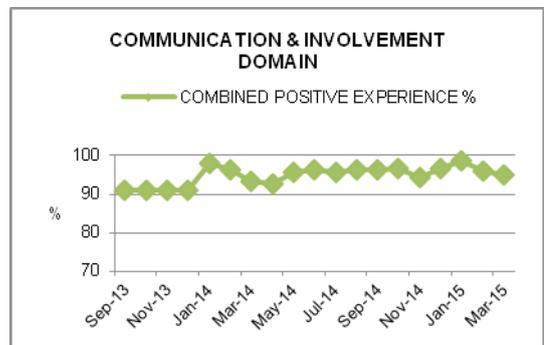


Figure 5: Safety

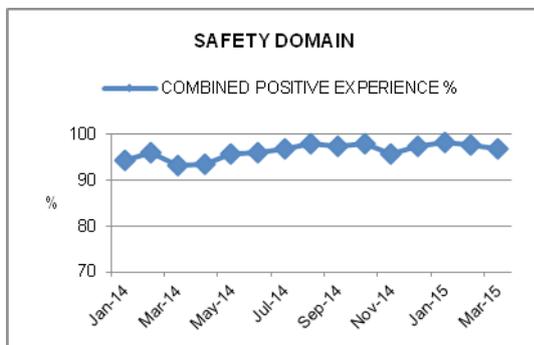


Figure 6: Meal Time Experience

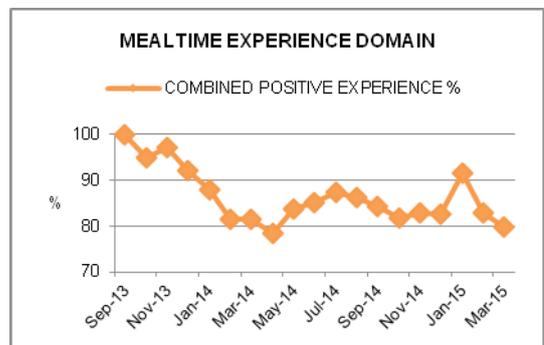


Figure 7: Environment and Facilities

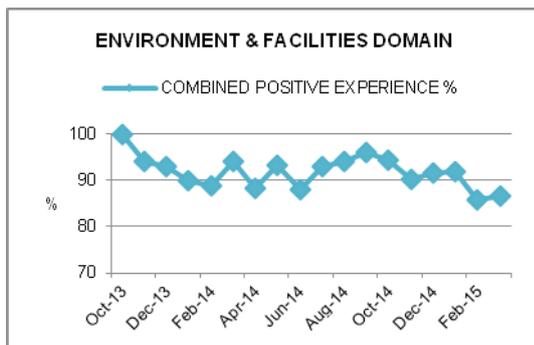
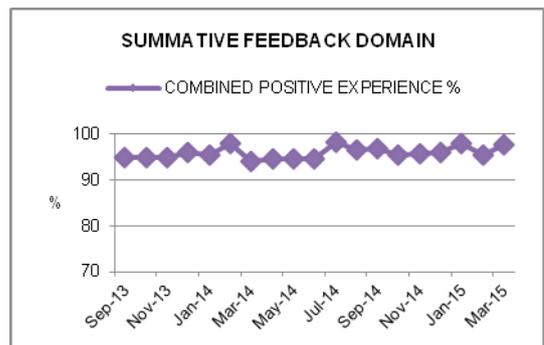


Figure 8: Summative Care Experience

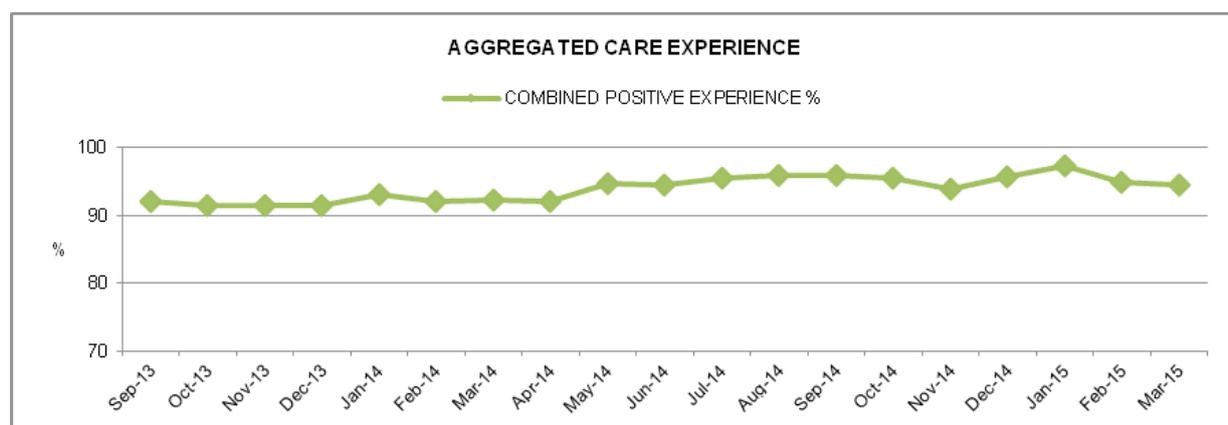


Aggregated Care Experience

To gain a high level overall view of the care experience for all the clinical teams we aggregate all the positive responses in each of the eight domains together. This is demonstrated in Figure 9.

It is encouraging that since May 2014 there has been an upward shift in the data. This is a good indication that patients are experiencing the benefit of the improvement work undertaken within these teams. It is generally the picture that between 94 – 96% of responses are of a positive experience and that this is now being sustained and that in-part, within this sub-set of teams we are able to demonstrate the achievement of **“90% of people who use services will have a positive experience of care and get the outcomes or care they expect.”** Whilst recognising the challenges of capturing outcome focused feedback from people who use health and care services, we continue to work with clinical teams to explore ways to capture feedback in a meaningful and efficient manner to demonstrate this. Many of the people we speak to are still undergoing their treatment or care plan and have not reached a natural end point in their care pathway to provide this feedback.

Figure 9: Aggregated Care Experience



What changes can we make to result in improvement?

The National Person-Centred Health and Care Collaborative provide a framework for selecting, testing and implementing reliable person-centred approaches to care and support. They advocate for practical improvements to person-centred care to be promoted and supported through five key ‘Must Do With Me’ areas which are described in Table 1.

Together these five “Must Do With Me” areas are deemed to help ensure that all the interactions between people using services and the staff delivering them are characterised by listening, dignity, compassion and respect.

Table 1: Five ‘Must Do With Me’ Areas

‘Must Do With Me’ Areas	Description
1. <i>What matters to you?</i>	<i>Your personal goals and the things that are important to you have been discussed and form the basis of your care or treatment.</i>
2. <i>Who matters to you?</i>	<i>We have asked you about the people that matter most in your life and we have given you the opportunity to involve them in a way that you chose.</i>
3. <i>What information do you need?</i>	<i>We have provided you with understandable full information and supported you to make decisions that take account of your personal goals and the things that are important to you.</i>
4. <i>Nothing about me without me.</i>	<i>You will always be given the opportunity to be involved in discussions. All information exchanges and communications between professionals or between different services or supports are transparent and always provide you with the opportunity either to be present or to contribute to the process.</i>
5. <i>Personalised Contact.</i>	<i>As much as possible, the timing and methods by which you contact and use services or supports are flexible and can be adapted to your personal needs.</i>

All the five “Must Do With Me” areas have been integrated into the improvement approaches being tested and implemented by the clinical teams in NHSGGC. The following is an example to demonstrate the opportunities that the clinical teams have explored to test out and implement one of the five ‘Must Do With Me’ areas. This example provides quantitative data of the progress achieved for the ‘Must Do With Me’ area and some qualitative examples of feedback from patients, relatives and carers which have influenced the improvement actions and approaches adopted in the clinical teams.



What Matters To Me?

Figure 10: What Matters To Me?

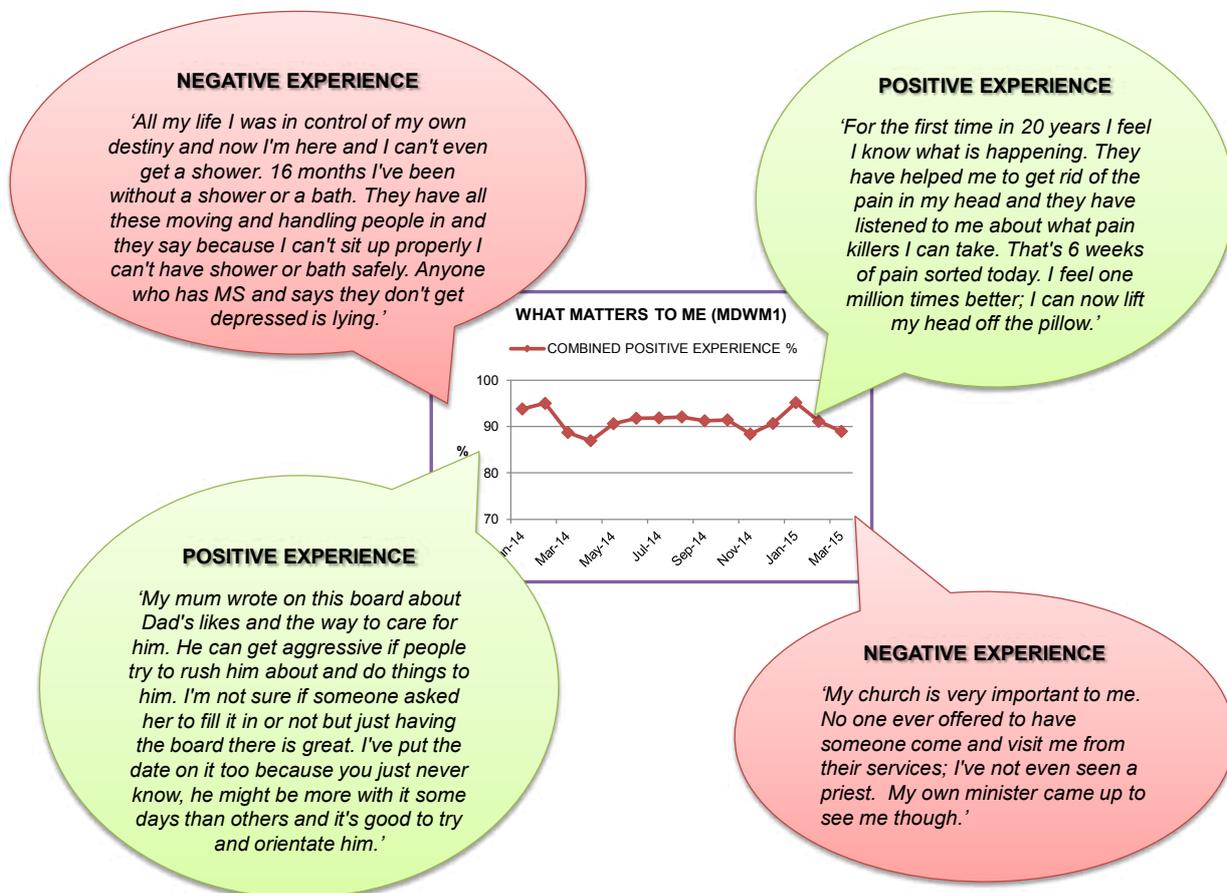


Table 2: What Matters to Me? - Improvement Approaches/Interventions and Learning

<p style="text-align: center;">Improvement Opportunity / Defect</p> <p>What is the problem we are trying to address?</p> <p>Feedback from patients is identifying that they are not consistently asked about what is important to them and what matters? This can change for patients on a daily basis and therefore needs to be integral to our conversations with patients and the design of how we work with them.</p>
<p style="text-align: center;">Change Concept / Test / Action</p> <p>What is it that needs to be done differently?</p> <p>To introduce an enquiry process when interacting with patients to find out ‘what is important to them?’ or ‘what matters to them?’ in relation and context to what is happening at that time.</p> <p>There are a variety of opportunities when this can be tested in practice. For example:</p> <ol style="list-style-type: none">1. Active Care Rounding (at the beginning of a shift)2. Ward Round3. Medication Reviews4. Admission Assessment5. Discharge Planning6. Consultations about treatment options <p>To test the use of ‘what matters’ white boards at patient bedsides in a variety of care settings and contexts to create a visible communication for all team members to see at a glance.</p>

Continued Overleaf



Current Progress / Learning

What difference does this make?

The pattern of feedback from patients about their care experience tends to be more positive when they feel they have been involved in what is happening to them and that their views have been taken into consideration. When the things that matter to patients have been identified through various verbal exchanges patients report feeling more valued and respected.

Staff members who have adopted this approach are reporting that by working in this way to enquire about 'what matters' and 'what is important' that this helps them to get to know their patients better and enables them to assess patients more thoroughly. Taking account of individual expectations and nuances helps to create a more meaningful conversation to inform care planning and decision making.

Current design of most documentation however does not assist practitioners to record their interactions or make links with 'what matters' and 'what is important' or enable them to evaluate if the outcome or expectations of the patient have been achieved as expected. The following examples below are being explored, tested and implemented by clinical teams to make change and improvements in the design and processes of working.

The 'what matters' white boards at patient bed-sides is designed to create an at a glance visible communication. These have been welcomed by relatives of patients who have a cognitive impairment or who are not able to verbalise what is important due to the acuity of their illness. Many patients with intact cognitive function however feel this is not necessary and prefer to communicate 'what matters' verbally and do not want 'what matters' displayed above their bed.

Ward 19 at the Royal Alexandra Hospital (RAH) in Paisley have adopted the use of the bedside white board to record 'what is important to you today?' This has proven useful to nursing staff to help prioritise and personalise the care provision for each individual patient. One of the Surgeons in the ward has reported this has also influenced her approach to discussions with patients, whereby she now starts with 'what matters' to the patient as opposed to what the medical plan is. She is now trying to share this learning with other members of the medical team.

Where information about a patient is displayed on a bedside board this is always with the consent and permission of the patient or their relatives.

Ward 62 at the Southern General Hospital are exploring the use of a daily patient diary to help identify 'what matters' and are using this information to focus conversation and review with patients during the daily ward round with the multi-disciplinary staff and provides an opportunity to discuss if 'what matters' is being achieved by the team from the patients perspective.



Section 3 - Encouraging & Handling Complaints

Patients have the right to give feedback, make comments, or raise concerns or complaints about the healthcare they receive.

NHSGGC has made available posters and leaflets publicising how and where to raise complaints and we encourage and empower our staff to deal with as many concerns at the frontline as possible in order that a satisfactory resolution can be achieved.

Leaflets are available in different languages and, if required, there is access to interpreting and translation services. Relatives or carers can raise their complaints in a variety of ways including writing a letter to the organisation, using the dedicated e mail address for complaints, using the dedicated telephone number for complaints, obtaining support from the patient advice and advisory service or raising their concerns with a staff member. Complainants have a right to be told the outcome of any investigation into their complaints and can expect it to be dealt with efficiently and to have the matters properly and appropriately investigated. They should expect to receive a full explanation and be told what action has been taken as a result of the complaint and where a mistake has occurred they should receive a full apology. If for any reason the complainant remains dissatisfied they would then have the right to take up their complaint with the Scottish Public Services Ombudsman.

Table 1 overleaf shows the number of complaints received across NHSGGC between 1 April 2014 and 31 March 2015. 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)

Complaints Statistics 2014/15		2013/14
Number of complaints received	3991	2917
Number of complaints received and completed within 20 working days (national target)	3286	2150
Number of complaints completed (which includes complaints received in 2013/14 and completed in 2014/15)	3975	2855
Outcome of complaints completed:-		
• Upheld	795	621
• Upheld in part	874	819
• Not upheld	2109	1281
• Conciliation	2	0
• Irresolvable	11	4
• Unreasonable Complaint	3	3
• Transferred to another Unit	13	5
Total number of complaints withdrawn	168	122
• No consent received	85	50
• Complainants no longer wished to proceed	82	70
• Other	1	2
Number of complaints declared vexatious	0	0

There has been a significant increase the number of complaints over the last year and this has been mainly attributable to the rise in complaints in the Prison Health Service. The Scottish Government Health Directorate introduced a new process which required prisoners to clearly indicate if an issue was a complaint or feedback. This has meant that more submissions have been processed as formal complaints; albeit the NHS Board tries to resolve these where possible within 3 working days. There is a separate section in this Annual Report on the handling of Prison Healthcare Complaints. It is clear that the increase in prison healthcare complaints this has resulted in NHSGGC responding to a higher percentage of complaints within 20 working days than in the previous years.

The number of complaints within Acute Services was marginally down and complaints within the Mental Health Services and Community rose by circa 10%. The rise in these complaints related to a change within Podiatry Services (hosted by Renfrewshire CHP), Children’s Specialist Services and Mental Health Services.

The five 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

Issues Attracting Most Complaints 2014/15		2013/14
Clinical Treatment	2514	1787
Attitude and Behaviour	561	476
Date of Appointment	617	390
Communications (oral and written)	371	386
Premises	93	131

Of the 3991 complaints received in 2014/15, NHSGGC completed 82% within 20 working days. In 2013/14, it was 74%.

For the second year in a row, the increase in issues relating to clinical treatment has been as a result of the significant increase in complaints in relation to prison healthcare; mainly complaints about medication issues. The rise in complaints about the dates of appointments will be reviewed in 2015/16 and again it has been disappointing to see a further rise in complaints about staff attitude and behaviour.

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

1 April – 30 June 2014

http://www.nhsggc.org.uk/media/215221/nhsggc_board_paper_14-59.pdf

1 July – 31 September 2014

http://www.nhsggc.org.uk/media/215221/nhsggc_board_paper_14-59.pdf

1 October – 31 December 2014

http://www.nhsggc.org.uk/media/232521/nhsggc_board_paper_15-19.pdf

1 January – 31 March 2015

http://www.nhsggc.org.uk/media/233327/nhsggc_board_paper_15-35.pdf

In accordance with the arrangements for alternative disputes resolution, the Scottish Government Health Department (SGHD) put in place and funded, in 2014/15, the Scottish Mediation Network to maintain a pool of mediators for use as appropriate by NHS Boards. Its uptake has been slow.

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

NHSGGC, through the Glasgow City CHP, has been responsible for the provision of Primary Health Care services to those who are serving a prison sentences or who are detained on remand pending trial since November 2011.

Three prisons operate in our area; HMP Barlinnie in the East of Glasgow, HMP Low Moss in Bishopbriggs and HMP Greenock. Of the prisons only HMP Greenock takes female prisoners. Collectively the prisons cater for in the order of 2,300 prisoners. Low Moss is a new prison which opened in March 2012 and increased the prison population in Greater Glasgow by nearly 800.

Healthcare is provided by a health centre in each establishment, with access to the full range of Acute Hospital services available as required.

We have sought to make the complaints process accessible to all. Details of the NHS complaints system are provided at prisoner's induction. Information is available at the health centres and the halls and is accessible within a variety of languages. The same right to provide feedback, comments or raise concerns exists within the prison environment, as does the right to make a formal complaint.

In 2013/14 there were a total of 1010 prison health care complaints received. By the end of 2014/15 this figure had increased to 1820; an 80.2% increase. This is not thought to reflect a general increased dissatisfaction within the prison health care environment. Part of the reason for the increase is a change in the system for making complaints introduced in October 2013 which has resulted in more issues being raised as complaints rather than as comments/concerns/feedback. This change was reflected in the second half of 2013/14 and continued into 2014/15. Barlinnie saw an influx of new/additional prisoners from other establishments in early 2014/15. Some of these were planned; some not resulting in the healthcare staff having to cope with significant numbers who arrived without appropriate documentation about their current medication regime. Of the areas that attract complaints the most notable relate to issues about medication prescribing (particularly strong analgesics) and dental treatment where the prison population generally suffers from poor dental health.

In response to these issues steps have been taken to:-

- Rationalisation of systems for prescribing resulting in the more addictive drugs being removed from use in many cases;
- Improvement in the pharmacy repeat medication system resulting in a tightening up on the issue of repeat medication;
- Provide additional resources in relation to dental care, but it will be a long process to secure sustained improvement.

The service aims to provide immediate (three day) response to complaints wherever possible. Within 2014/15 this was achieved overall in 73% of cases. Barlinnie, which is the largest prison, achieved this in 82% of cases.



During the year the SPSO reported on 10 complaints from prisons. In 8 of these cases the complaint was either not upheld or not taken forward. In two cases the complaints were upheld and recommendations made which have been implemented. This represents 0.5% of complaints responded to by the service within the year.

Scottish Public Sector Ombudsman (SpsO) - Investigation Reports and Decision Letters

During 2014/15, the NHS Board received 6 SPSO Investigation Reports (laid before Parliament) and 92 Decision Letters. The SPSO will issue an Investigation Report where the matters raised are in the public interest e.g. significant personal injustice, systematic failures, precedent and test cases.

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 14 issues raised within the 6 Investigation Reports, none were upheld.

Of the 92 Decision Letters issued by the Ombudsman, they contained 129 issues – 76 were upheld and 53 were 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); and
- the Ombudsman has decided that the substance of the complaint and their decision on it do not raise public interest considerations.

NHSGGC has introduced a process whereby the Chief Executive writes to the relevant Director seeking assurances that issues "upheld" by the Ombudsman have been properly investigated and lessons learned for the future in handling and investigating complaints.



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	East Renfrewshire
Castlemilk	Glasgow Central
Drumchapel	Greater Pollok
Dumbarton	Maryhill
East Dunbartonshire	Parkhead
Easterhouse	Renfrewshire
	Rutherglen and Cambuslang

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

An NHSGGC Local Advisory Group (LAG) meets quarterly and has involvement from the Scottish Health Council and two lay representatives. It monitors activity and ensures continued publicity of the PASS service.

During 2014/15, 536 clients were helped with 2129 enquiries.

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.

A national independent evaluation was carried out of the Patient Advice Support Service with most of the fieldwork being carried out from August-November 2014. The evaluation analysed the work of PASS from its establishment in April 2012 to March 2014 and conducted interviews with PASS clients, staff and local and national stakeholders including NHS Boards and Scottish Public Services Ombudsman.

There were 202 responses to the survey with 34% of the returns coming from NHS staff and 17% from PASS service users. The report commended the accessibility of the service and the support that it offered to vulnerable service users; however, it was felt that more could be done to reach people that would benefit from the service. Therefore, one of the areas for improvement is for an increase in targeted activity promoting the service and this is being discussed with by Local Advisory Group to bring about improvements in this area.

It was recognised that PASS and NHS staff within NHSGGC had a clear understanding of each other’s roles and had a positive relationship. Both PASS and other CAB staff perceived NHS staff to be very proactive in their roles regarding PASS and NHS staff perceived that PASS staff are skilled and experienced in engaging with the NHS. The ability to work together as a wider team worked well and both staff teams have worked hard at building a positive relationship. It was also recognised that although there were too few opportunities for Patient Advisors to train with NHS staff they had shadowed each other’s roles and had an understanding of each other’s jobs.

Since its establishment the service has worked with 4,355 clients bringing multiple issues that are often complex long term cases.

Complaints Received By Doctors, Dentists, Community Pharmacists and Opticians

Table 3 – Complaints Received by Doctors, Dentists, Community Pharmacists and Opticians

Contractor Type	Number of complaints received		Responded to within 20 working days		% Responded to within 20 working days	
	2014/15	2013/14	2014/15	2013/14	2014/15	2013/14
GP	1003	1123	972	1105	97	98
Dentist	162	311	153	309	95	99
Optician	238	160	228	143	96	89
Community Pharmacist	517	436	473	407	92	93

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:-

GP Complaints

The Community Health (and Care) Partnerships (CH(C)Ps) discuss complaints and lessons learned by practices at their Clinical Governance Groups, General Practitioner (GP) Forum, Locality Groups and Practice Manager’s Forum. The key areas attracting the most complaints within GP Practices’ were appointment issues, clinical treatment, prescribing issues and staff matters. The main issues under these headings are set out as follows:-



Appointments

- Reception staff reminded to keep patients up to date when surgeries were running late.
- Better information prepared for patients on the types of appointments made available within the practice including home visits being arranged only for those most urgent cases.
- The GP Practice reviewed their processes in order to deal with the increased demand from patients following public holidays.
- The GP Practice introduced on-line appointments and also undertook a pilot in order to send reminders to patients about future appointments.
- The GP Practice advised a deaf couple of their texting service and supplied them with email addresses of key members of staff to assist them with communicating with the surgery on appointments.
- The GP Practice overhauled their telephone system in order to include a call waiting and queuing system to deal with the number of patients getting the engaged tone.

Clinical Treatment

- A number of issues raised by patients were discussed at a GP Practice/Clinical Meeting in order to review the GP handling of specific cases.
- Following a patient being given access to their medical records they were then offered the facility to discuss what they had read with the GP in order to reassure them of the diagnosis/treatment options.
- The GP Practice has reviewed exactly what could be discussed at a consultation in front of a patient's other family members as some information could be particularly sensitive.
- A GP wrote to a patient explaining why they were being referred back to Specialist Care on the basis that this would access a better clinical expertise in relation to the complex issues which the patient had.
- Changes were made to a practice allergy coding procedure following the issuing of a prescription for which the patient had an allergy. Previous methods of coding did not produce adequate allergy warnings.

Prescribing

- GP Practice staff reminded to double check prescription collection location and when prescriptions were ordered and to be collected.
- GP staff reminded of the process around prescription requests following out with the 24/48 hour collection service in order to avoid stress and upset to patients.
- The GP Practice adopted a policy of ensuring that all acute script requests were generated or actioned by the close of business each day.

- GP Practice introduced an on-line prescription and patient feedback service and this has been welcomed by the patients.
- The GP Practice introduced a policy of copying the pharmacist into discharge letters containing script changes.

Staffing Matters

- A number of practices have undertaken training sessions in relation to communication skills for practice staff dealing with patients who are distressed and upset. All practice staff, including GP's, reminded to treat patients courteously and with respect on all occasions. Specialist training has been offered to clinical staff on how best to provide patients with the outcome of hospital tests/results.
- Sensitive handling encouraged when practice staff dealing with unwell/vulnerable patients who may exhibit different behaviours when visiting the practice due to worry/concern.
- The GP Practice now has a regular Tuesday staff lunchtime meeting when patient feedback is shared and discussed and they believe a significant number of improvements have resulted from this.
- Additional training in answering the telephone and also the need for improved recording of events and discussions with patients.

Dental Complaints

As in previous years the key themes included treatment costs, treatment outcomes, communication issues and appointment times. Some practices have put new systems in place including providing written estimates for patients to sign for certain types of treatments to ensure that the treatment cost is clear prior to commencing treatment and also ensuring that patients were aware of the payment policy and charges for missed appointments.

In relation to patient information, patient leaflets have been updated, some practices have introduced staff feedback sessions, there has been a review of staff procedures and protocols and introduction of text reminder systems for patient appointments.

Finally there has been the establishment of peer review group meetings to discuss particularly tricky and complex cases.

The results of the General Dental Practitioner Complaints Survey are reported to the General Dental Practitioners (GDP) Sub Committee of the Area Dental Committee and the common themes and trends are discussed by the General Dental Services (GDS) Clinical Governance Committee. Dental Practice Advisors review Ombudsman reports and recommendations and follow up any issues with specific practices in order to bring about improvements to services to patients.

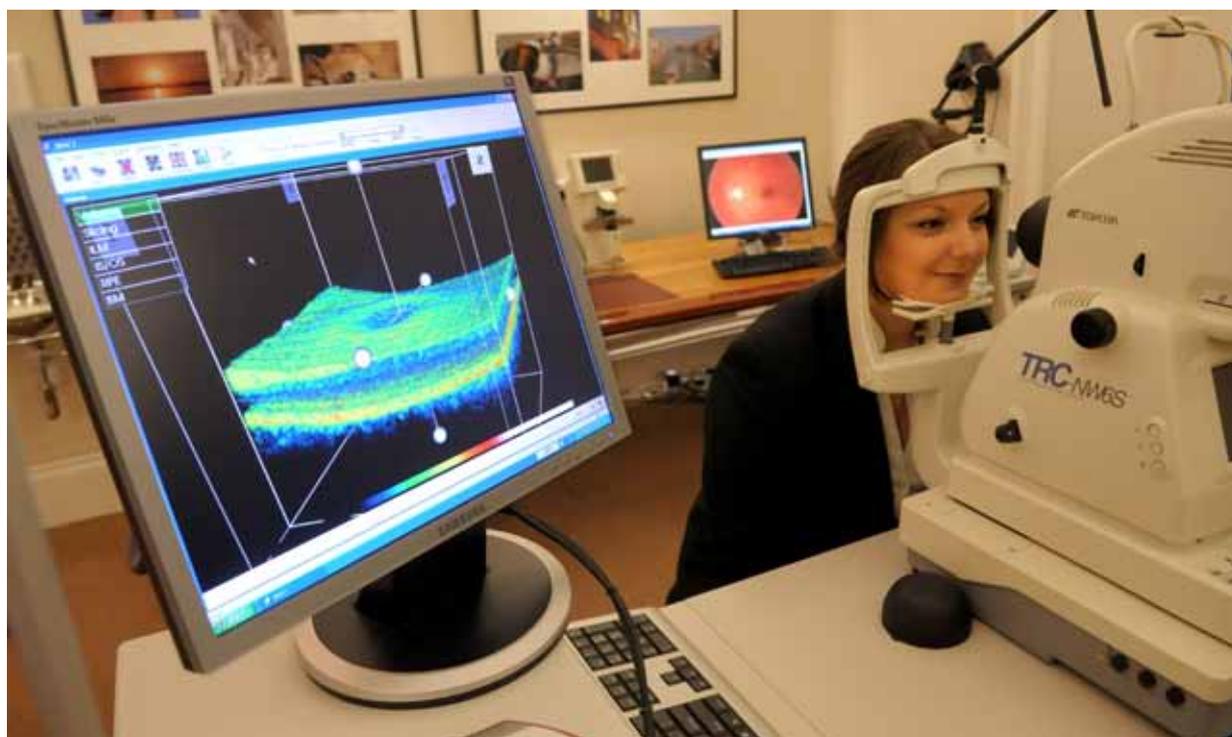


Pharmacist Complaints

The vast majority of complaints in relation to Community Pharmacies relate to medication incidents. The total number of complaints in this area represents a very small percentage of the more than 1.5 million prescriptions dispensed each month. However NHSGGC places patient safety at the forefront of its objectives and encourages its Community Pharmacies to do likewise. Community Pharmacies are required to take all necessary actions to ensure that patient safety and 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.

Optometry Complaints

The majority of complaints relate to patients experiencing problems with their glasses/lenses. The actions taken have led to glasses/lenses being adjusted or remade; some patients have been reassured about the use of their glasses/lenses and on occasions refunds provided. Actions taken have led to ensuring that accuracy checks are carried out when each is dispensed, with two people checking, and a further check with the supplier on a daily basis to ensure that they were up to date with any delays/cancellations. Other areas of complaints during the year have included clinical issues, waiting times, communications and costs of lenses. The number of complaints in these areas has been low.



Section 4 – Improvements To Services as a Result Of Complaints

The key theme in handling complaints is to ensure that they are used as a mechanism to learn lessons and improve future services for our patients. NHSGGC submits, as part of its quarterly reports to the NHS Board, a section on service improvements which had resulted from complaints. The main service improvements from Acute Services and Partnerships during 2014/15 were as follows:-

Acute Services

- A patient received a date for a neurology pre-assessment clinic and had booked/paid for train tickets. The NHS Board cancelled the appointment as it had been mistakenly made on a public holiday for doctors. Following receipt of a complaint and a request for reimbursement the service ensured that in future all public holidays for medical staff were entered on their system and reimbursed the patient for full costs.
- A patient attended the Victoria Hospital for a cataract operation at the weekend and was told to report to the department at 8.00am and the doors would be open. The patient arrived slightly early and found the doors to be locked and this had caused the patient additional anxiety. Following receipt of the patient's complaint new arrangements were made with Facilities Management that the main doors of the hospital would be open from 7.30am on the weekends when surgery had pre-booked clinics.
- The complaint was received about a 90 minute wait at an outpatient clinic. After investigation it was discovered that the clinic had been overbooked through a combination of urgent appointments, a higher number of referrals from the emergency department due to the previous day being a public holiday. The service altered their practice in relation to days after public holidays and have reduced the number of routine patients appointed on such days in order to leave sufficient capacity to see emergency patients. The complainant was satisfied of the outcome and following a further clinic appointment wrote to express their gratitude as the service had clearly improved as a result of their engagement with us.
- Following an MRI Scan there had been a 3 month delay in transmitting the results via the medical staff. The consultant had been on leave and the department had not picked up on this issue. Following the complaint a formal cover system was put in place for consultant correspondence/results to ensure that they were dealt with during any periods of leave.
- A patient had advised that they had a preferred site for their surgery and as a result had an extended wait time. Unfortunately whilst waiting for a date for treatment, the patient was admitted for emergency surgery. The surgical service put in place a change of practice so that patients who chose a specific site for their surgery would be contacted at six weekly intervals to see whether there circumstances had changed thus enabling the service to offer admission at an alternative site.



- Following complaints about smoking, one service was piloting a scheme by issuing postcards with a No Smoking Message and these were placed at bedsides and communal areas within the ward. This was to ensure that patients and visitors were aware of the NHS Board's Smoking Policy and if successful will be rolled across other sites.

Partnerships

- Following a complaint received about nail surgery the podiatry service has reviewed the Nail Surgery Information Booklet to include information on the possibility of a minority of patients experiencing nail re-growth. The opportunity was also taken to improve the wording within the booklet in relation to informed consent to make things clearer for patients.
- A high number of complaints were received within Prison Healthcare about patients not receiving repeat prescriptions on time. On investigation patients were claiming that they were unaware of the procedure for doing this and a programme of information sharing was established to ensure that these patients were advised of the correct timescales and procedures.
- A review of prescribing by GP's within the Prison Healthcare system resulted in guidance being issued over the best practise when amending a current dosage of medication to ensure it was accurately recorded and ordered.
- Within Children's Specialist Services some difficulties have arisen where the root cause of the complaint has been a lack of clarity over the child and parent's preferences over communication and this is now specifically discussed with the patient and parents.
- Additional dental sessions have been introduced within Prison Healthcare in order to reduce waiting times.
- Following a complaint, a review of restricted waiting times was undertaken by the Child & Adolescent Mental Health Unit. The review was to include the views of patients and parents and staff were asked to take into consideration individual circumstances when applying the rules and restrictions to visiting times and hours.
- A patient complained that they had found a clinic receptionist unhelpful and this particular complaint was used to review and improve how all reception staff could deliver the best service for patients. To ensure a continuous improvement a regular monitoring of staff skills and training was undertaken as part of the mandatory training requirements for KSF/Personal Development Plans – including Customer Service Skills, Conflict Management and Equality and Diversity.
- A patient complained that they had received conflicting inaccurate correspondence and administration staff have been reminded that standard letters were to be used only as a guide and to be amended to suit individual needs/circumstances. This action was shared through all the teams within the Specialist Children's services.

SECTION 5 - The Culture, Including Staff Training And Development

As part of our organisational change programme, Facing the Future Together (FTFT), Workforce Planning and Development have developed a number of workstreams to help change the culture of our organisation and embed core values within our workplace. These values, which are also described within Everyone Matters: 20:20 Workforce Vision across NHS Scotland, are:-

- Care and Compassion
- Dignity and Respect
- Openness, honesty and responsibility
- Quality and Teamwork

Within NHSGGC, we are working to ensure that all our Human Resource Management processes are promoting and encouraging person centred values and behaviours. To this end we have developed:-

- Recruitment guidance for managers to ensure that we are testing for caring/compassionate values and behaviours within the selection (interview) process for new staff.
- Self assessment tools for staff to support the application and roll out of the Health Care Support Workers Code of Conduct.
- Resources to support the inclusion of the Patient Rights Act (2011) within existing Learning and Education Provision for NHSGGC staff.
- Guidance to help embed Person Centred Care within appraisal processes for staff.



Training Staff to encourage, handle and respond to feedback

Within NHSGGC, we continue to promote and monitor the uptake of the e-modules on complaints to support staff manage patient feedback, comments, concerns and complaints. In total 5 modules are now available to NHSGGC staff, all of which support the delivery of a health service which actively listens and acts in response to patient feedback.

All five e-learning modules are included within the statutory/ mandatory training programme for all new staff as well as those staff who transfer internally within NHSGGC and meet the definition of a Health Care Support Worker (HCSW).

Table 1: Numbers of Staff completing each e-module in 2015/15

Name of e-module	Number of staff
The Value of Feedback	3370
Encouraging Feedback and using it	3232
NHS Complaints and Feedback Handling Process	3165
The Value of Apology	3127
Difficult Behaviour	3107

A new Complaints Investigation Skills module has also been developed in March 2015. This module has been specifically developed for these staff who play a key role in conducting investigations. Key subjects include what questions to ask, how to draw conclusions and how to write a response letter. It also provides advice for staff on how to write a statement.

The Knowledge and Skills Framework (KSF)– Personal Development Plans

Within NHSGGC we are committed to meeting the national KSF target of 80% for all staff on Agenda for Change (AfC) to have a KSF Personal Development Plan and Review (PDP&R) in place. NHSGGC currently has 72% of AFC staff with a current PDP&R in place and while we remain in the top 3 Boards for KSF we continue to strive for the 80% target.

During the PDP&R meeting all staff are encouraged to consider and reflect on their KSF outline and in particular the core dimensions, to ensure that the way in which they are carrying out their jobs, and their values and behaviours, do reflect patient centred care.



Section 6 – Accountability and Governance

As in previous years the Board Nurse Director submits a Quarterly Complaints Report to the public meeting of the NHS Board providing commentary and statistics on complaints handling within NHSGGC. This report covers numbers and trends within Directorates and Partnerships and provides information on the Investigative Reports from the Scottish Public Services Ombudsman's Office (SPSO). In addition, it covers the handling of complaints received by General Practitioners, General Dental Practitioners, Opticians and Community Pharmacists.

This allows NHS Board Members to review the arrangements for handling complaints and how they are used to bring about service improvements for the benefit of patients. This level of Non Executive Members scrutiny, together with the information and trends contained within the SPSO and Information Services Division (ISD) Annual Reports, is in relation to comparing NHSGGC's performance with other Scottish NHS Boards.

A quarterly report is also submitted to the Quality & Performance Committee which highlights all actions taken as a result of any recommendation contained within SPSO Investigative Reports or Decision Letters. NHS Board Members have been concerned at the number of issues which the SPSO has upheld in relation to NHSGGC cases and have stressed to officers that they would wish to see an improvement in the local resolution stage of complaints in order to see a reduction in the number of upheld issues by the SPSO. Following this criticism the Chief Executive now writes to each relevant Director when the SPSO uphold an issue/complaint asking how that happened and what action will be taken to ensure an improvement in future.

The Annual Report on Feedback, Comments, Complaints and Concerns allows greater scrutiny over the handling of complaints and feedback and how both have led to genuine service improvements and lessons learned for the benefit of future patients and provision of services.

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 2014 and 31 March 2015. 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 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 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.



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

Head of Board Administration

NHS Greater Glasgow and Clyde

JB Russell House

Gartnavel Royal Hospital

1055 Great Western Road

GLASGOW

G12 0XH

E-mail: john.hamilton@ggc.scot.nhs.uk

