healthwatch Oldham

NHS Complaints Data Analysis 2019-20

July 2020

Contents

Background

Healthwatch Oldham were awarded the NHS complaints advocacy contract in April 2016. It is an independent advocacy service and supports those wanting to make a formal complaint about an NHS provider or service. This includes social care provision if there is an element of NHS funding.

The service consists of one part-time complaints officer (22.5 hours) who receives 4 hours of administrative support.

Since 2016, we have worked hard to raise awareness of the service to both residents and service providers. The number of people accessing the service has gradually increased over the years.

As Oldham does not have a generic advocacy provider, we have seen increasing numbers of people contact us. As the criteria has become more stringent for accessing mental health (MH) support services, this has also had an impact on the service. We have had a significant number of people presenting with MH symptoms, both diagnosed and undiagnosed, contact us for support which has put additional demand on the service.

Cases are also increasingly becoming more complex and time consuming.

What We Offer

We offer advice and guidance on how to raise a formal complaint and provide a comprehensive 'Self-Help Pack' in both paper format and accessible online. By doing this it empowers people and gives them some control in what may feel like a challenging and uncertain period of their life which has led to them needing to make a complaint.

For those wanting more support, we offer help with writing or formatting a formal letter of complaint. We also offer 1-1 appointments and will assist in recording the timeline as the complainant tells us what happened. This is primarily for those who struggle to read and write, English is not their first language, or have a physical or mental disability/impairment that prevents them from writing their own timeline.

We also support complainants in attending Local Resolution Meetings (LRM) and with escalation to the Parliamentary Health Services Ombudsman (PHSO) if needed. If appropriate, we will signpost complainants to other services such as the General Medical Council and the Nursing & Midwifery Council.

We routinely signpost people to other relevant services such as Citizens Advice Bureau, Welfare Rights, Domestic Violence services, counselling etc. It is helpful that Healthwatch Oldham (HWO) provide a signposting service which is regularly updated.

On occasions, we have made referrals to the safeguarding team when it has been identified that there are child/adult protection issues.

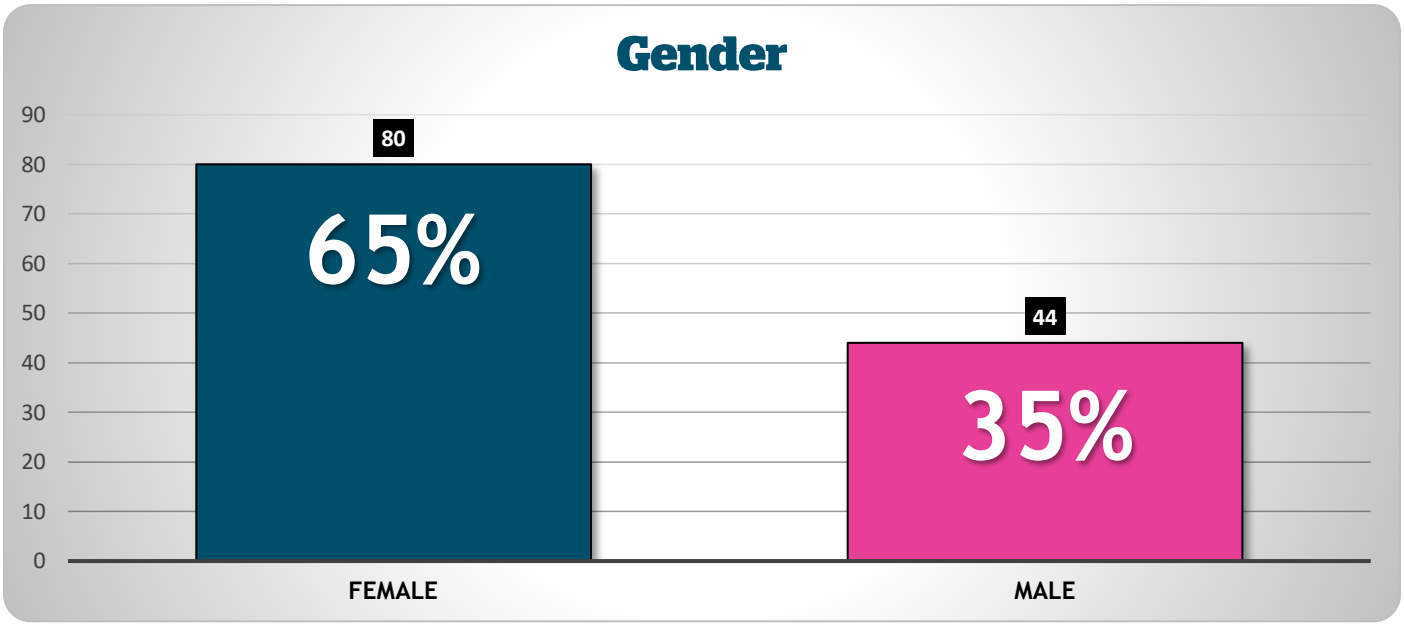
We work closely with the Patient Advice & Liaison Service (PALS) within the hospitals and have provided Oldham Hospital PALS team with our self-help packs. These are given out by them to patients/carers for whom our service is deemed more appropriate.

As there is no PALS equivalent for some community-based services, we try to provide this service and help to try and resolve complaints informally, depending on what the issues are.

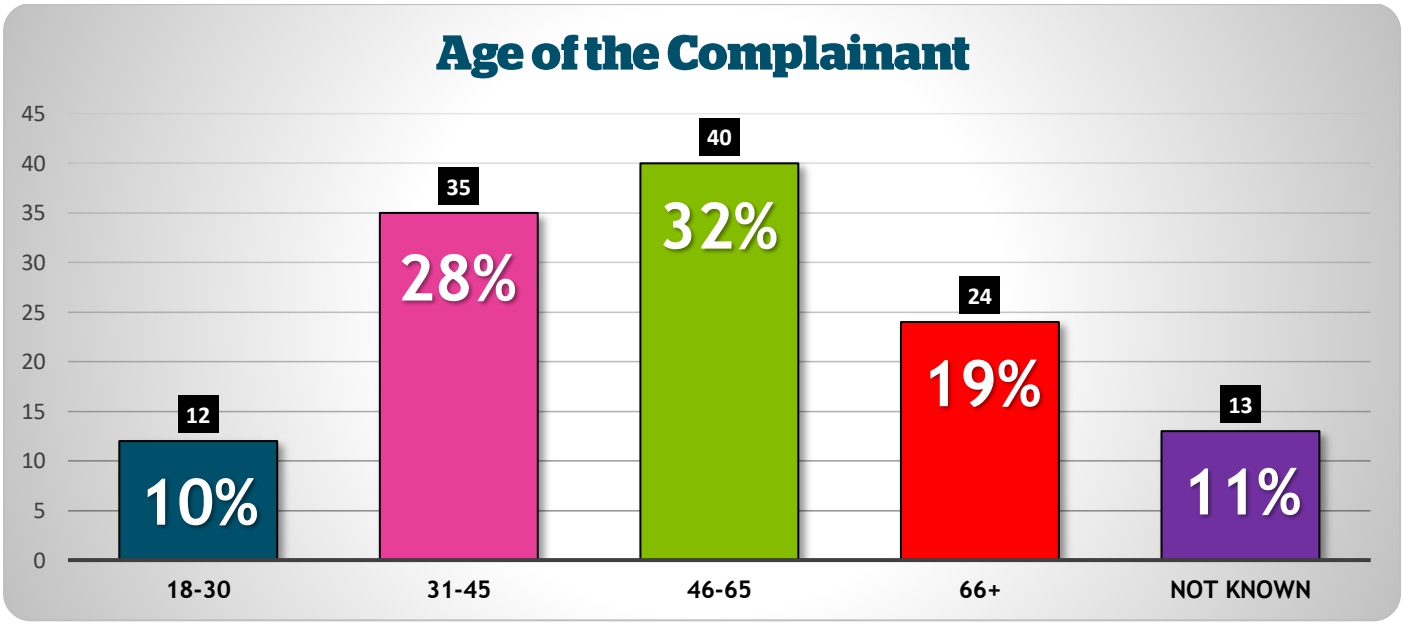
As with any service, we do occasionally have vexatious complainants. We now have a policy in place to deal with this very small group of people.

Demographic Information on the complainants

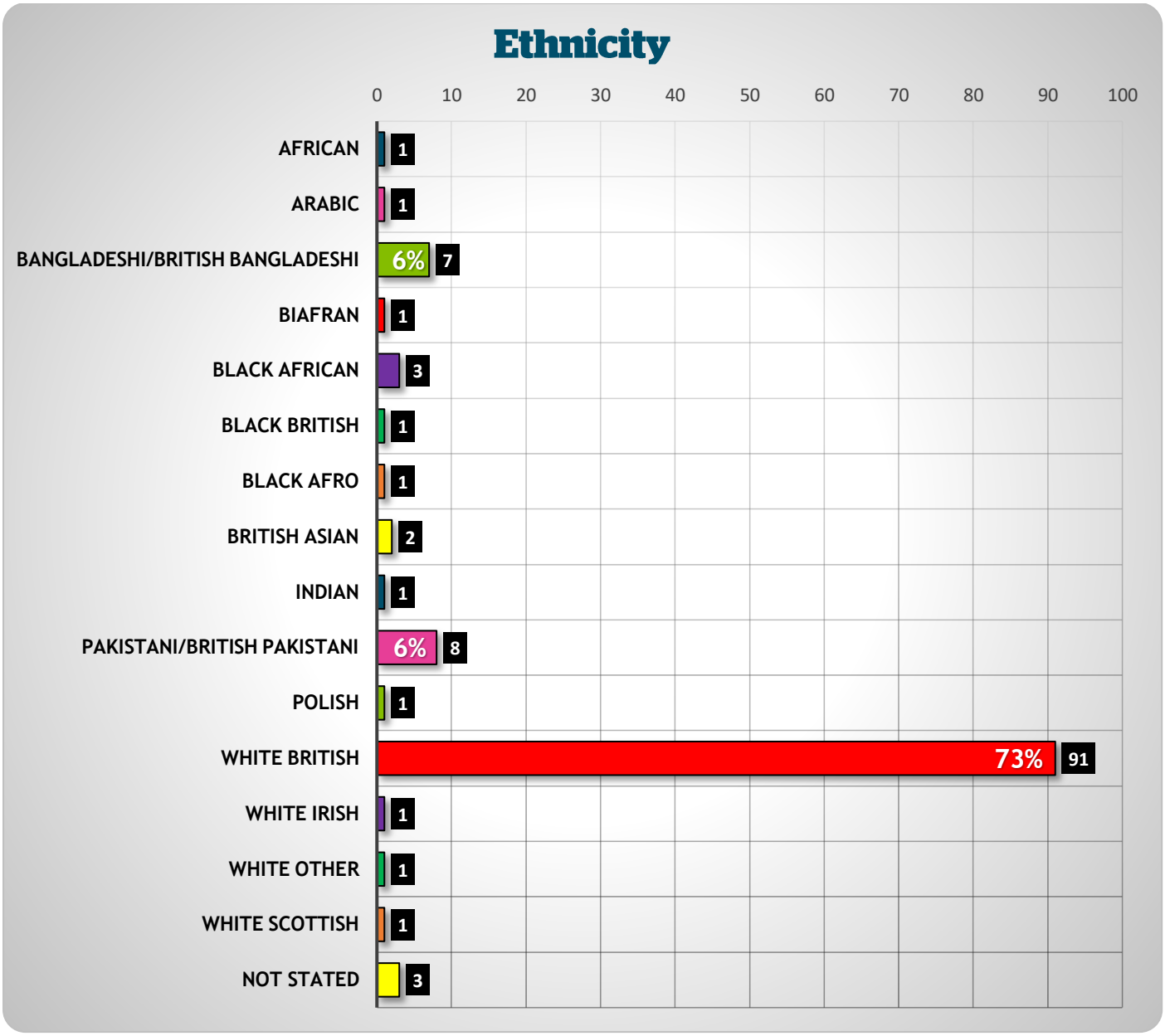
To begin with, we present data re the complainant themselves.



The number of women who made a complaint, either for themselves or on behalf of someone, is almost double to the number of men accessing the service.



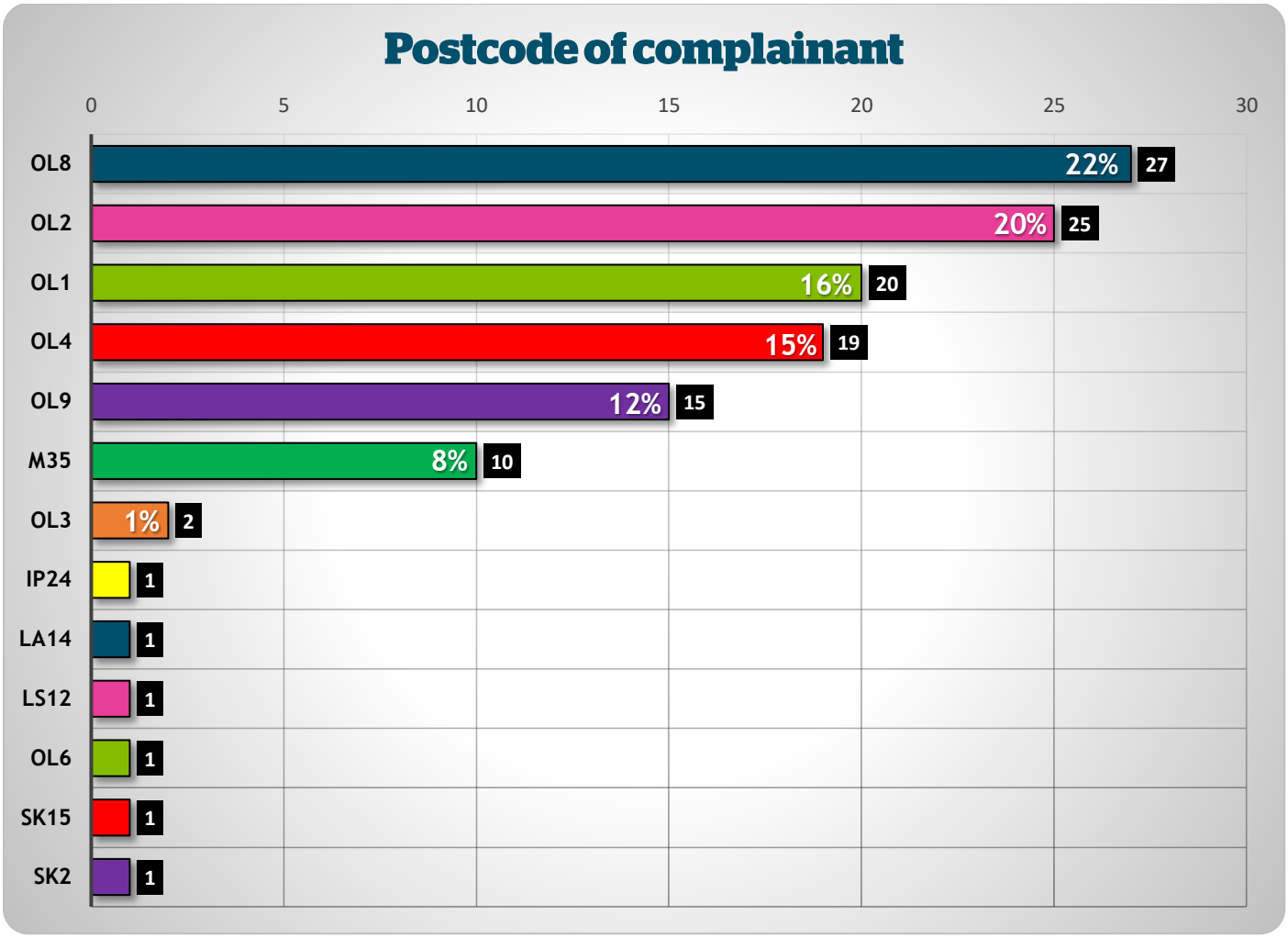
All age groups were well represented, the most common age group being 46-65 year-olds.



The most common ethnicity was 'White British' with 73% (91 people) identifying as this group. The remaining 30 were a mix of 14 different ethnicities. Over the past few years, we have seen a gradual increase in people from the Black, Asian and Minority Ethnic (BAME) community accessing our service. Word of mouth has had a role to play in this gradual increase as well having someone in the role who speaks a community language.

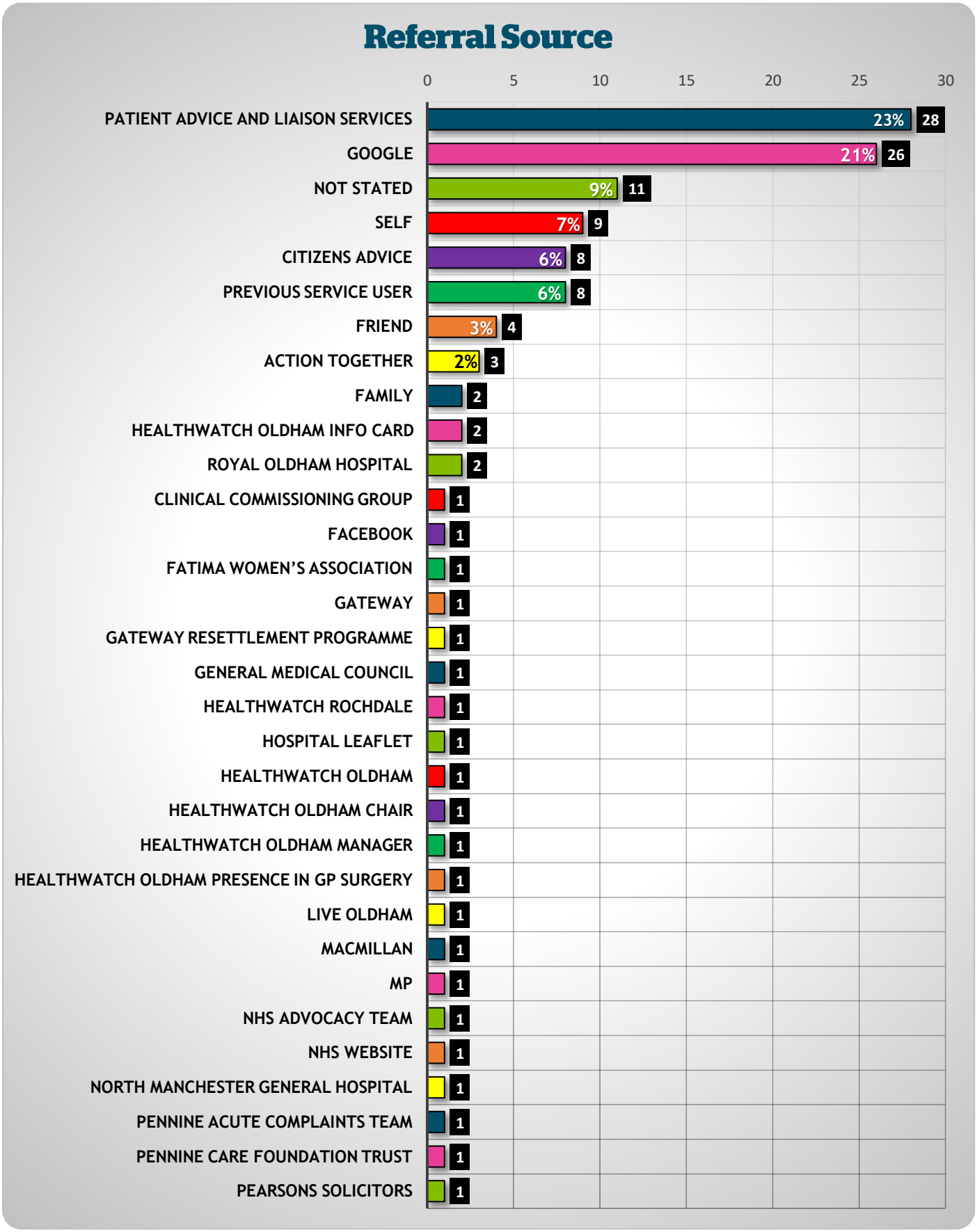
Healthwatch Oldham have also held targeted forums to connect with marginalised groups as well as having stalls at a variety of places to help reach as many people as possible. Some of the places we have attended are listed below:

- Local Sports Centres
- British Red Cross Meetings
- Age UK & Community Groups
- Local Hospital
- Healthwatch Oldham Forum
- Cancer Support Centre
- Churches
- Mosques
- Education Event hosted by SEND
- GP Surgeries
- Carers Events



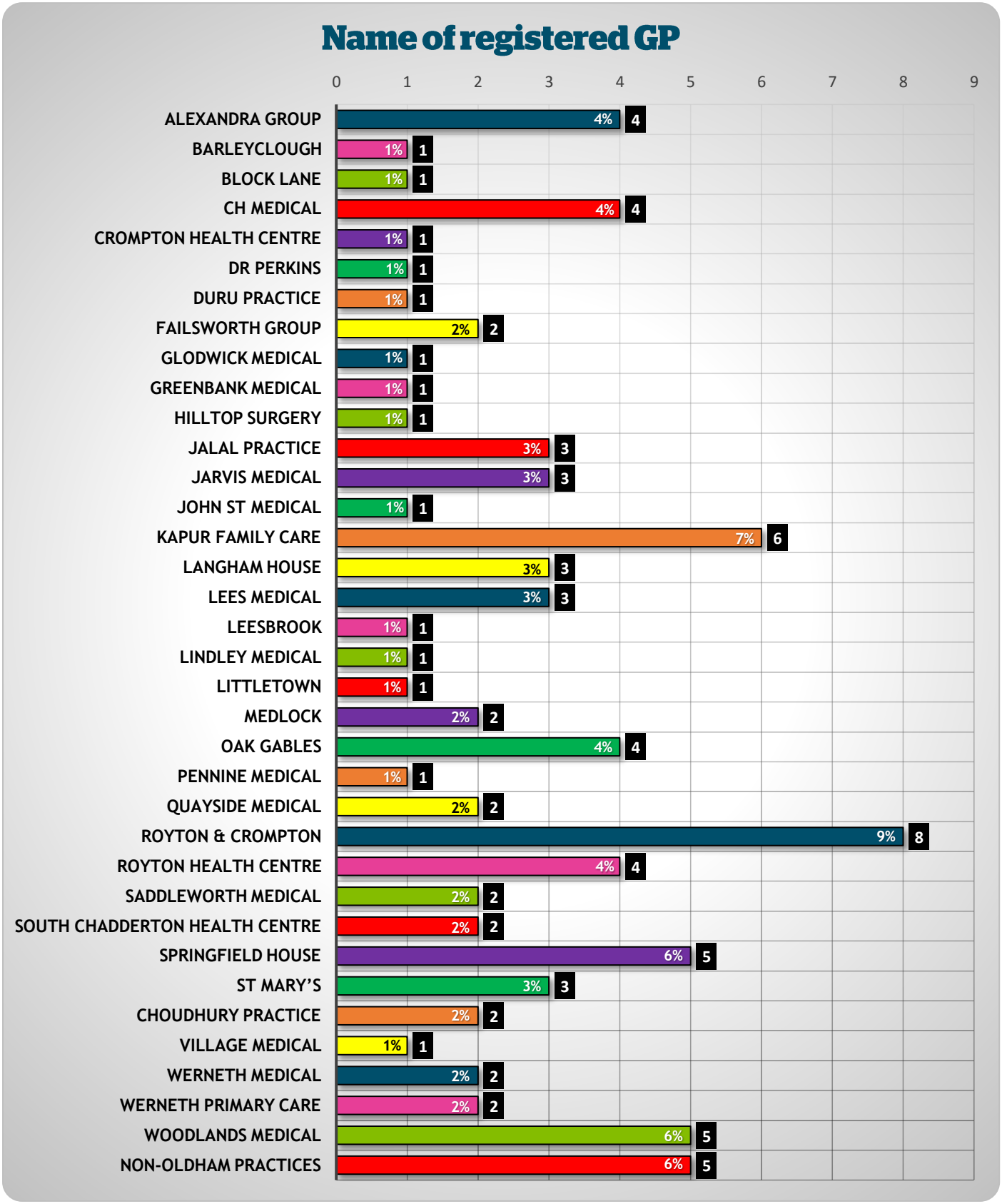
The postcodes of the complainants help us to identify if residents across the borough are aware of the service. The chart above shows that we have a good mix of people from all areas of Oldham accessing the service. It also helps us to see if there are areas of Oldham where complaints are significantly high and would help us to shape our future workplan around addressing the issues in those localities. The out-of-area complainants (6 people) were making a complaint on behalf of a loved one who resided in Oldham.

We now look at how people had heard about the service.



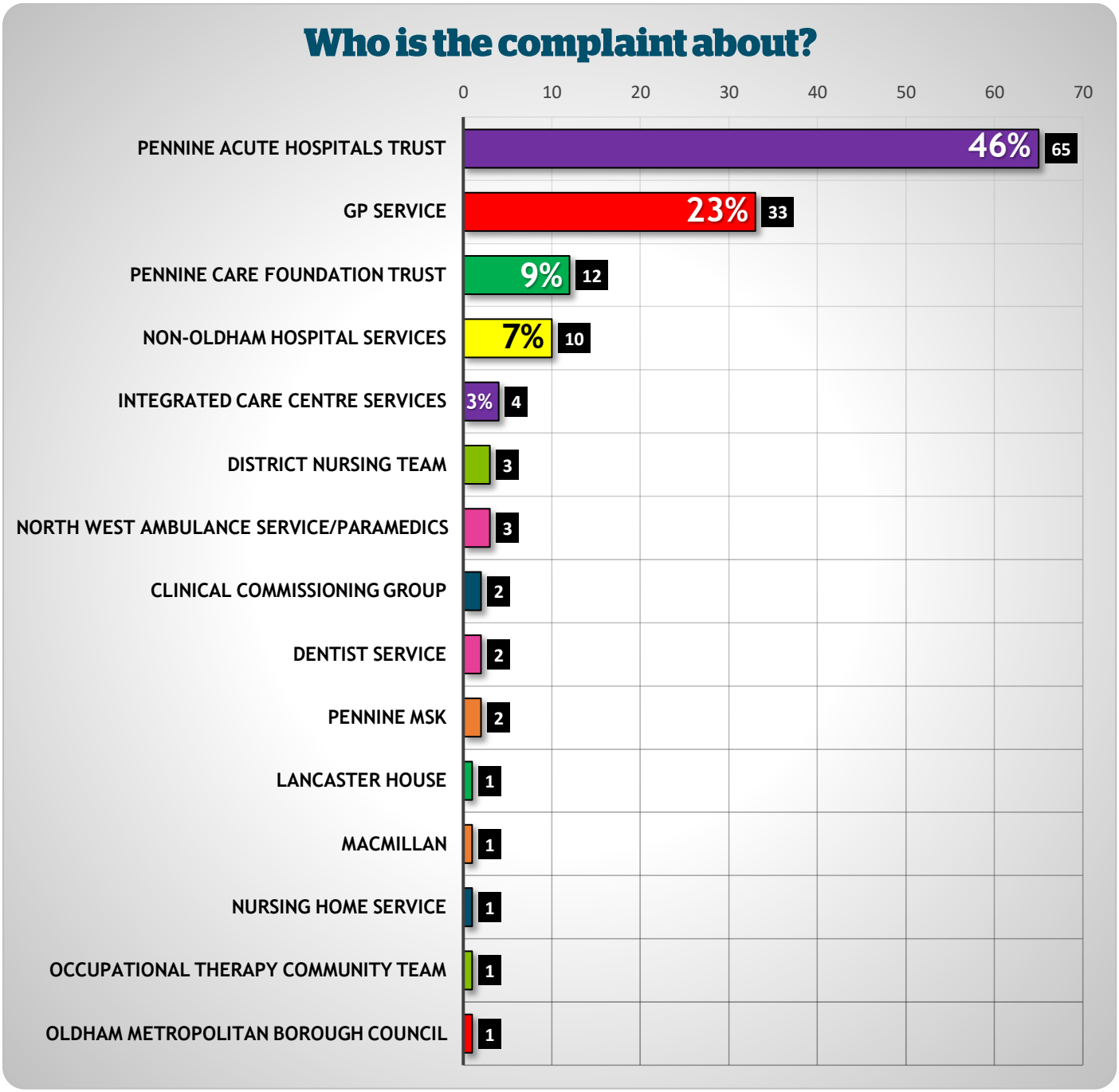
Healthwatch have undertaken a lot of work to ensure services and providers are aware of the services we provide, and the range of referral sources reflect the effectiveness of the events and outreach sessions we have held.

We now look at which GP Practice the complainant was registered with.



Oldham has 42 GP Practices. We have had patients from 35 Practices contact us for support with making a formal complaint about an NHS provider. Healthwatch Oldham has made a concerted effort to keep in constant communication with Practice's through various methods such as attending Practice Manager Meetings to ensure that they as well as Oldham residents are aware of the services and support available to them from Healthwatch Oldham on a formal and informal basis. **Please note, 34 complainants are not included in the above chart as this data was not collected at the start of the financial year.**

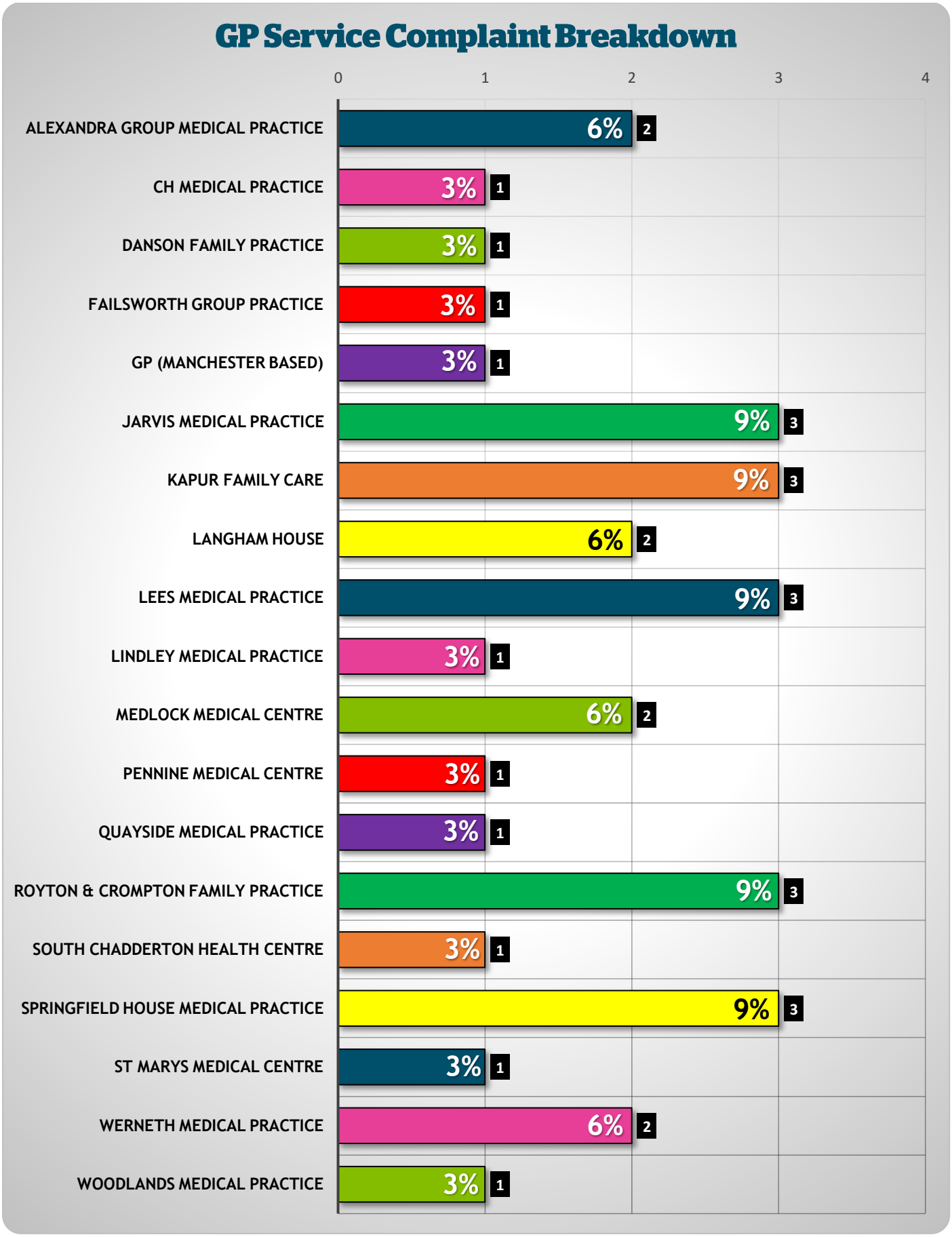
The next section looks at who the complaint was about and breaks this down further to identify specific departments or Practices.



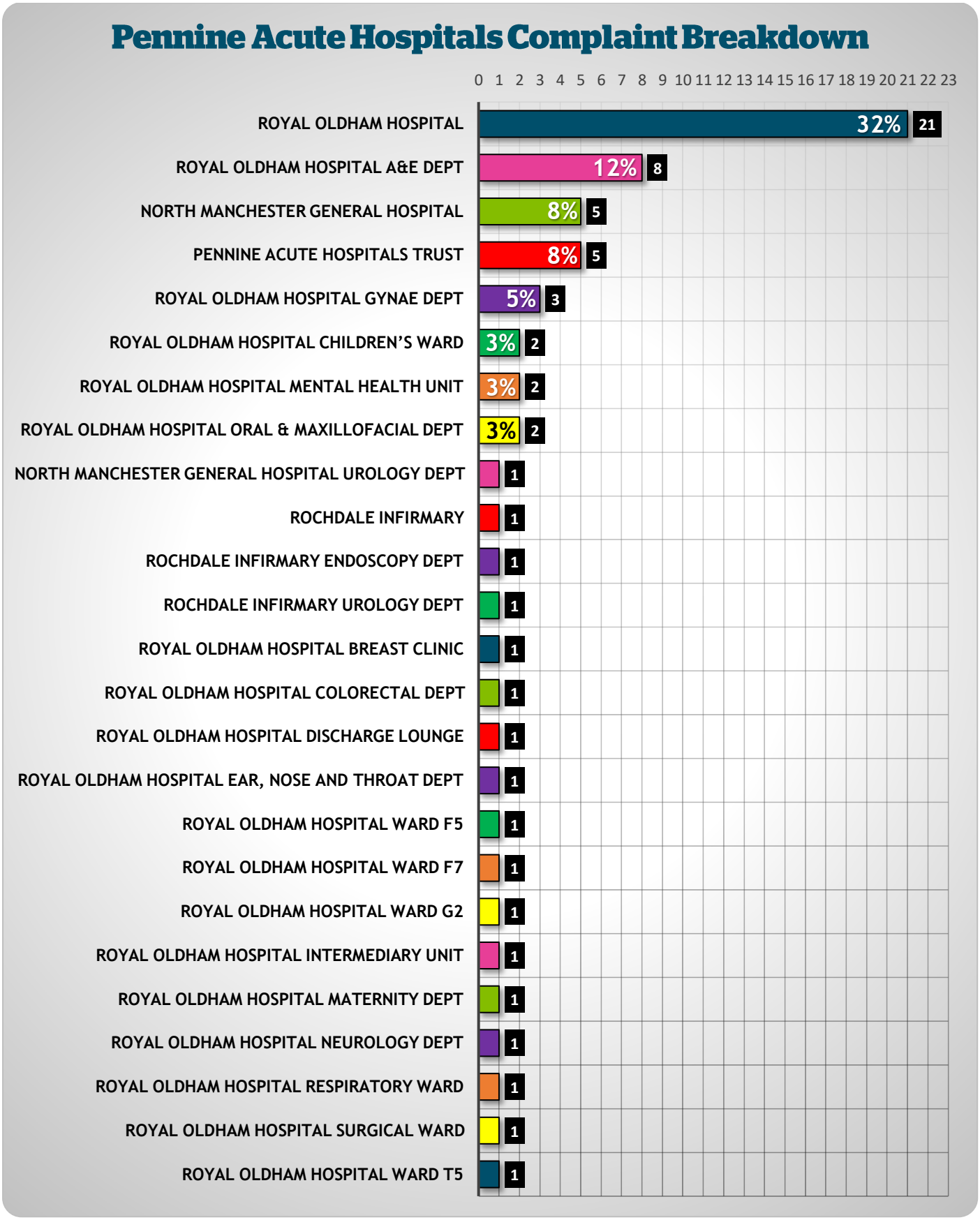
The two most complained about providers were Pennine Acute Hospitals NHS Trust and GP Practices. We have broken these two categories down to look in more detail. Pennine Care Foundation Trust had 9% (12 complaints) with all of these about the mental health service.

Please note, the figure for the number of GP complaints is solely for the formal complaints. We have dealt with an additional 16 complaints informally which we supported individuals with.

One of the main concerns people have when making a complaint about a GP Practice is the repercussions of doing so. They are worried about the impact it might have on how the Practice deals with them going forward, even if the complaint is upheld. Some have felt like they had no option but to change Practices because of raising an issue. This is of concern as raising a complaint is a right and should have no bearing on the care a person receives. We understand that GP practices are small businesses and as such, it feels more personal, but a complaint should not result in a patient feeling like staff treat them differently.



Of the 33 complaints about a GP service, this breaks down to 19 different Practices where the results were fairly even.



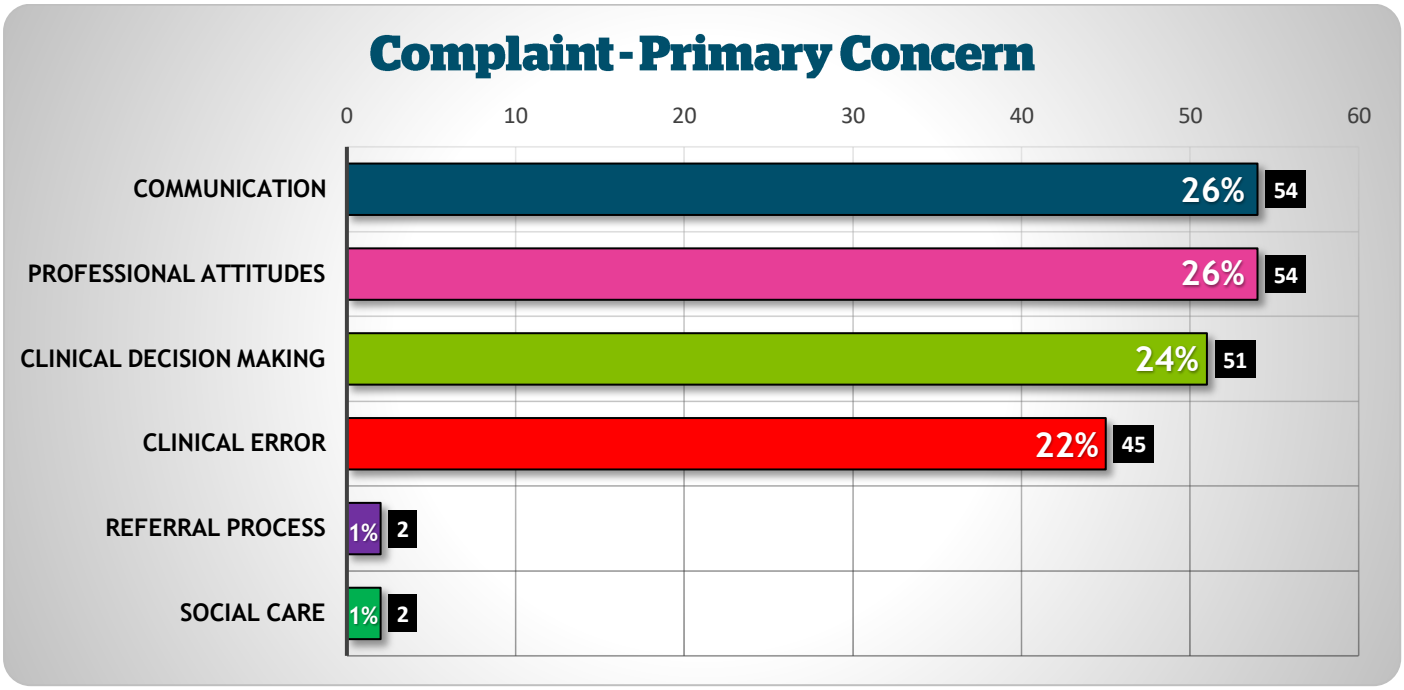
Of the 65 complaints about Pennine Acute Hospitals NHS Trust these were broken down further. The most common was 'Royal Oldham Hospital' in general with 32% (21 complaints). This is when a complaint relates to several different departments or staff spread across Royal Oldham Hospital footprint.

In terms of a specific department, A&E at Royal Oldham Hospital received 12% (8 complaints). This does not include the 21 complaints which were about several departments. A further 31% (20 complaints) of

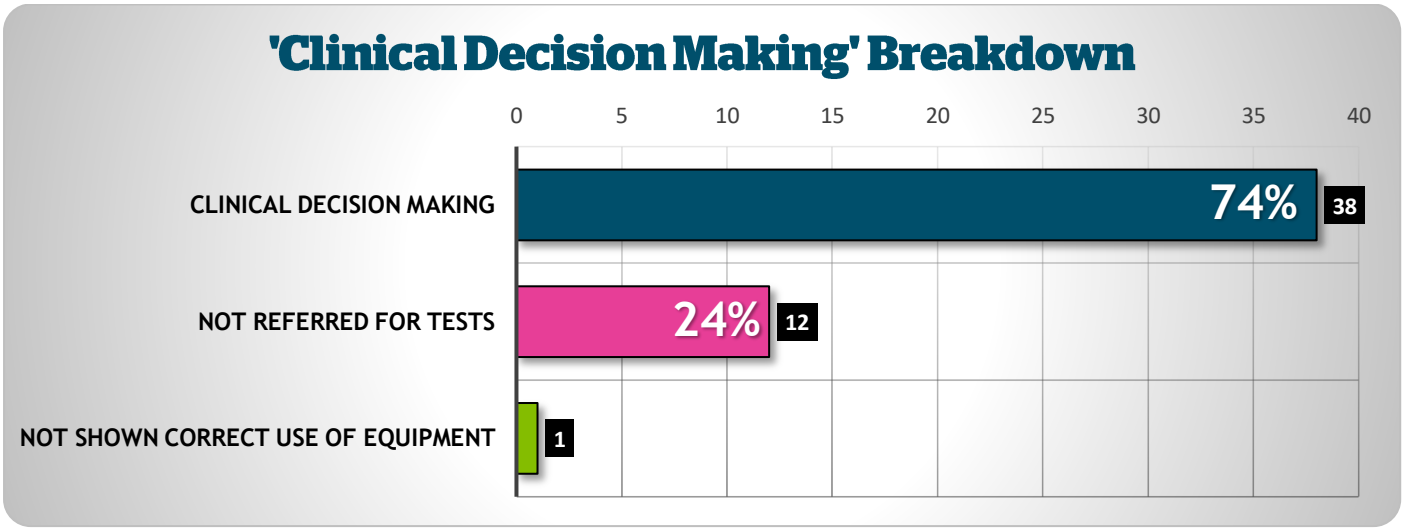
complaints were about specific Royal Oldham Hospital Wards or Departments. In total therefore 75% (49 complaints) of the Pennine Acute Hospitals NHS Trust complaints were about Royal Oldham Hospital.

We then went on to look at the complaints in more detail for common themes arising from them. We devised a system to categorise complaints in order to identify the key issues people are complaining about. Complaints could be recorded as linked to more than one category area.

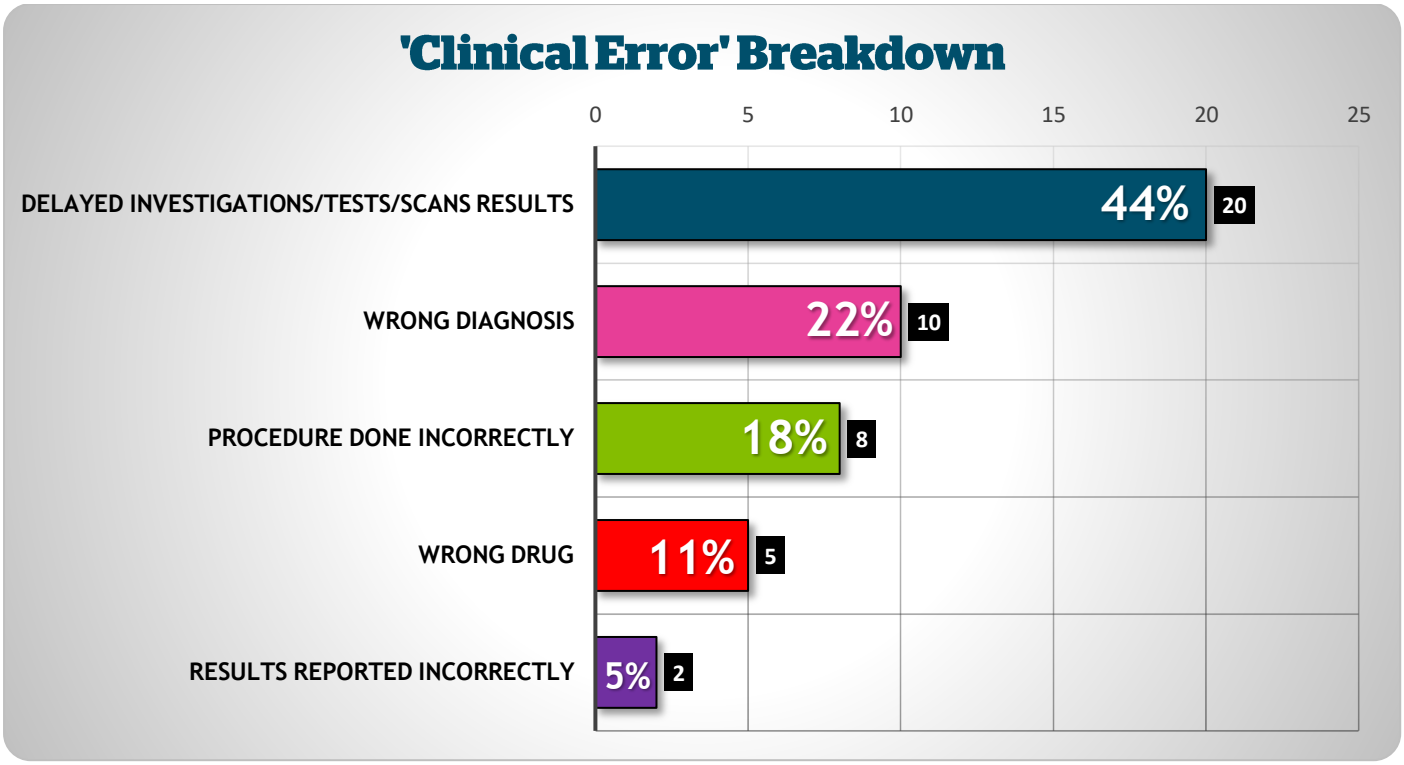
Of the 124 formal complaint cases, we have coded 80 of the cases which have been closed. The primary reason for people to complain were categorised into 6 areas.



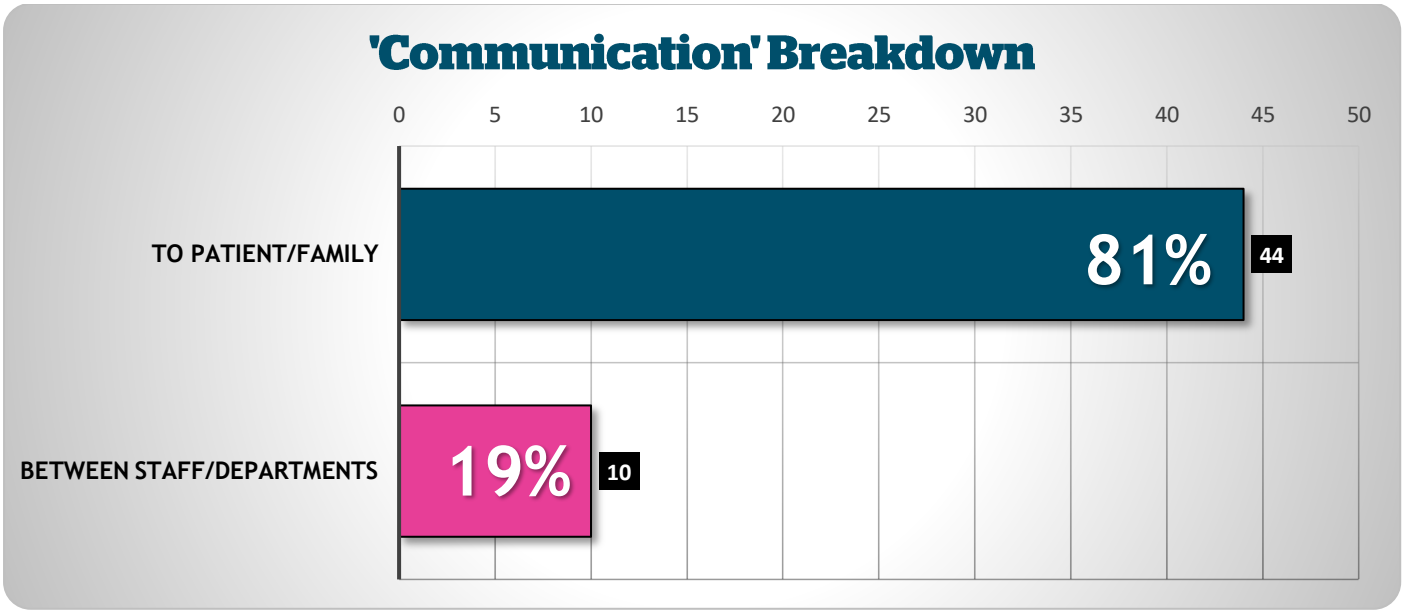
Communication and Professional Attitudes scored the highest with 26% (54 complaints) each, followed closely by clinical decision making with 24% (51 complaints). Each area was broken down further as detailed below.



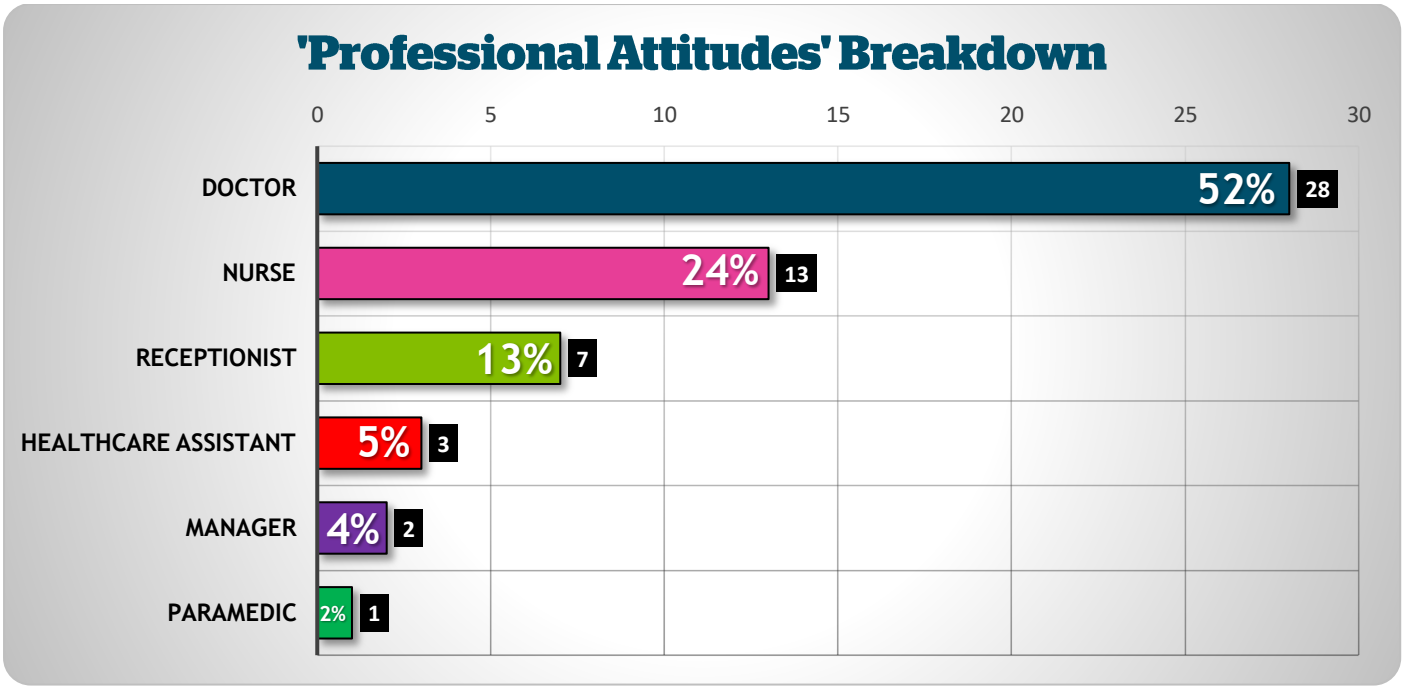
Where complainants stated that 'clinical decision making' was their main concern, the actual decision made was the main issue with 74% (38 complaints). However, 'not being referred for tests' scored highly with 24% (12 complaints). Clinical decision making includes when a patient feels they should have been referred for specialist treatment, when the GP makes a decision on their treatment without involving the patient in the decision, when the GP doesn't explain their decisions so the patient doesn't understand it and therefore cannot explain why it isn't the right course of action.



Where complainants stated that clinical error was a concern, this was mainly down to delays with referring for investigations/tests/scan results. 'Wrong Diagnosis' and 'Procedure Done Incorrectly' were also of concern.



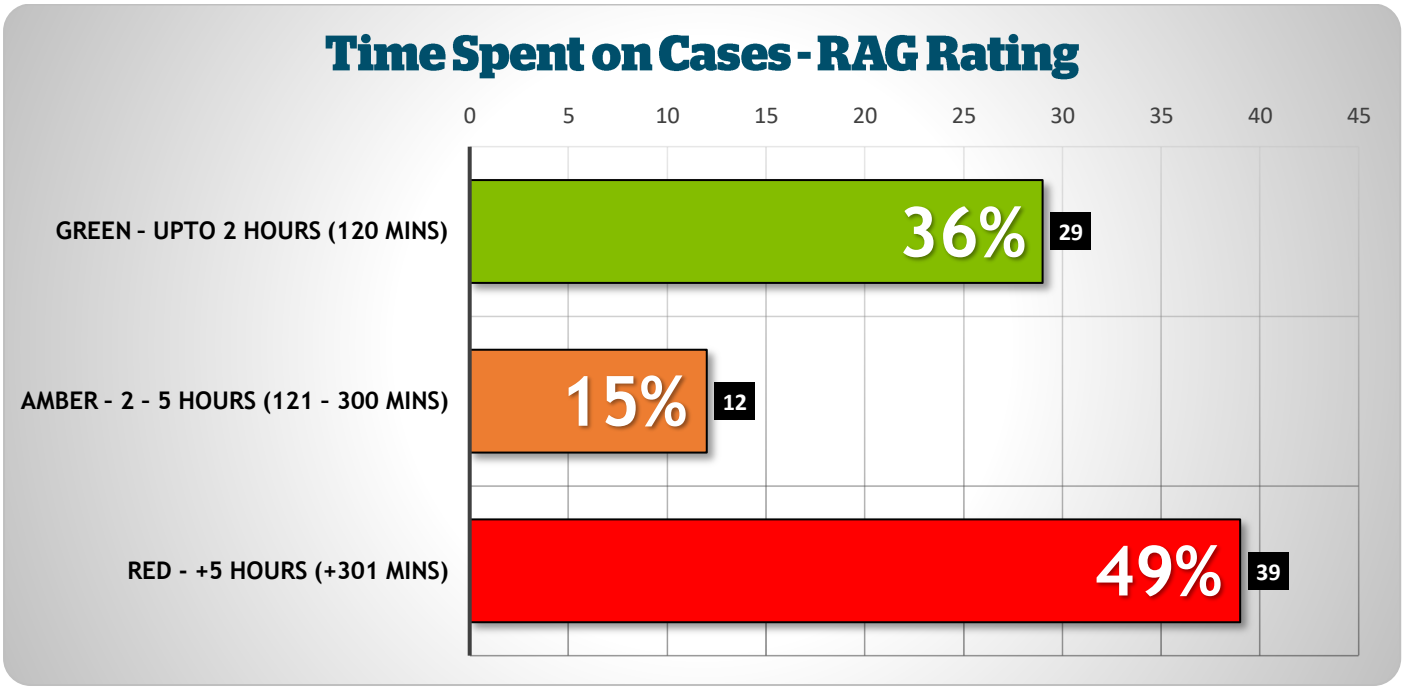
Where complainants stated that communication was the main concern, we have broken this down into two areas with communication 'to patient/family' scoring the highest with 44. When clinicians do not explain to patient/families what is happening with their care, what the proposed treatment plan is, what their diagnosis is, this leaves people feeling understandably worried and concerned. When different staff members give a different account of what the diagnosis/treatment is, that is even more concerning as the patient/family do not know who to believe and then trust becomes an issue. Taking the time to sit down and speak to the patient about their care and being clear on the paperwork so all other clinicians understand and communicate the same thing would help alleviate some of these issues.



The professional attitude of doctors was the most complained about followed by the attitude of nursing staff. Complainants have reported clinicians being rude and dismissive, especially when the patient queries something. Patients say when they ask questions to try and understand what is happening to them, some clinicians respond poorly to this.

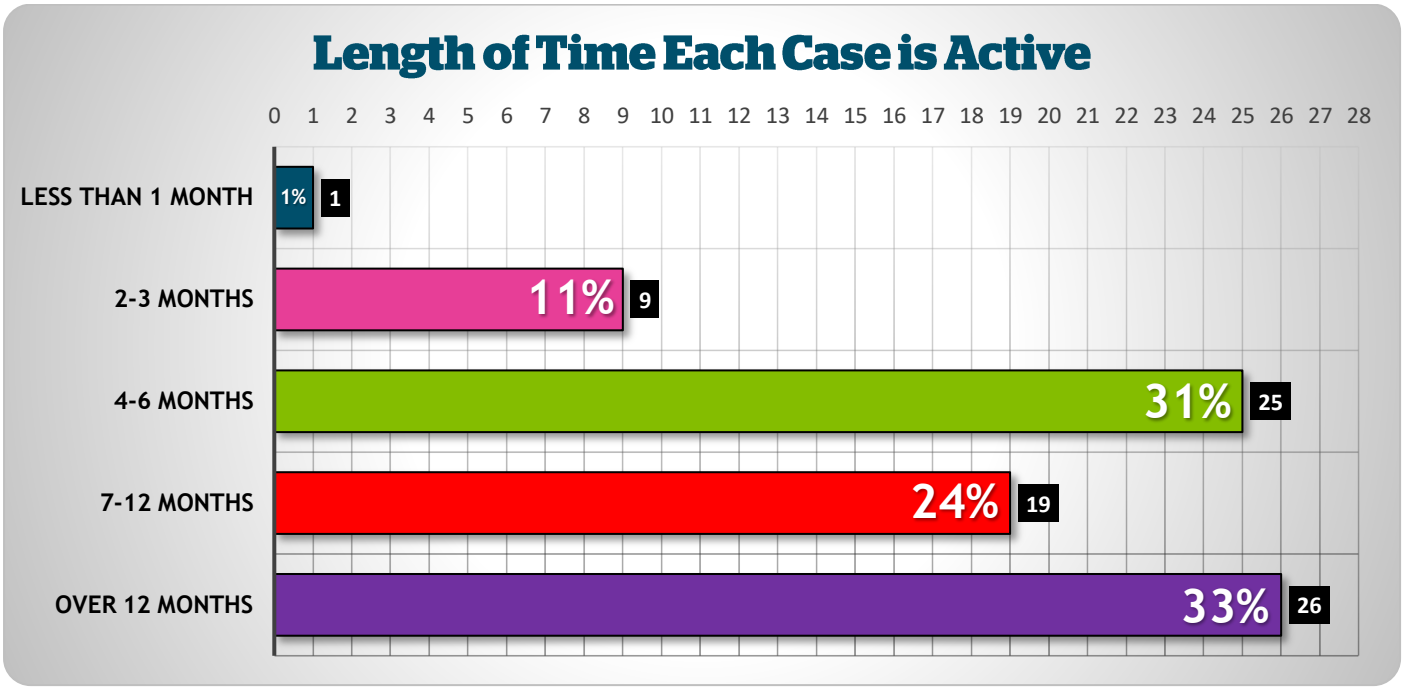
We recorded how much time we spent on each case to show how time consuming and complex some of the cases are. We categorised them as green, amber, and red depending on the time spent on each case.

Of the 124 formal complaint cases, we have coded 80 of the cases which have been closed.



We had 39 cases where the time spent working on those cases exceeded 5 hours. These figures do not consider the number of cases we dealt with informally and the time spent on those cases.

We then collated the data for the time a case was open with us.



33% (26 cases) took over 12 months to be dealt with. This can be due to the complexities of a case, the number of providers and departments listed in the complaint and how long each provider takes to investigate the complaint.

Parliamentary & Health Services Ombudsman (PHSO)

Where a complainant felt they had not received a satisfactory response, we have supported them with escalating the complaint to the Parliamentary & Health Services Ombudsman. 14 complaints were escalated to the PHSO this year.

Some complainants have chosen to pursue legal action and we have had communication from solicitors complimenting us for the quality of work we have delivered and signposting people to our service.

Summary & Recommendations

The complaints provision has been a welcome addition to the Healthwatch Oldham service as they complement each other well. The complaints service is at the frontline when it comes to identifying emerging trends and this can help shape the research and focussed work HWO carry out. The signposting element has been particularly beneficial as complainants, like most people, have other issues and concerns alongside the complaint. To be able to provide such a comprehensive service has meant that we are contributing to the improvement of someone's quality of life which is great privilege.

1. Communication

The one thing that comes up time and again with complaints is communication. This is a key area, whether it is between clinicians and patient or between departments/services, and is a problem for most people who come to us for help. It is also one of the easiest areas to address without the need for additional funding or systems.

Simply taking the time to speak to someone and listening to their concerns would have a dramatic impact on the number of complaints as well as the anxiety levels of Oldham residents. On occasions people have felt like they have had to become a communication vessel as information is just not being shared or shared effectively between services.

Complaints that relate to communication between clinician and patient, especially the tone and delivery of that communication, are rarely upheld. Very often the only record of the communication is the patient's clinical record, written by the clinician and this tends to focus on diagnosis and treatment, rather than communication. This makes it very difficult to determine exactly what was (or was not said) or the way it was said.

We would therefore recommend that healthcare providers document when a complaint is raised about a specific individual in their personnel/employee records so that if further complaints are received with similar allegations, steps can be taken to address this.

Even within Northern Care Alliance, there are issues with communication, especially with **accessing tests and results, specifically for Oldham patients accessing Salford Royal Hospital tests.** Whether the issue is that staff are not confident in how to access the information or whether it is difficult to access or something else is unclear.

We have built a good working relationship with the PAHT complaints team who have always engaged with the complaints process and as there are set procedures in place, this has ensured that systems are in place and these are adhered to. There have been issues with engagement and communication relating to the Serious Untoward Investigations/Serious Incidents cases, namely the Duty of Candour Lead's lack of communication with the complainant and HWO. However, with support from Oldham CCG, this was resolved, and we anticipate no further issues moving forward.

2. NHS funded social care

We have noticed that we do not receive many calls for support with complaints regarding NHS funded social care. It is usually when the situations have escalated, and relationships have started to breakdown that we are contacted. **If service users were made aware of our advocacy provision earlier, perhaps we could support in ensuring things do not progress further and the issues are resolved sooner.**

We recommend that recipients of NHS funded social care be made aware of the complaints advocacy support, perhaps with our details included in the pack they are provided with, to highlight that if they are struggling to resolve issues themselves, they can contact us for support.

3. GP Practices

It is difficult when it comes to complaints about GP Practices as each Practice is independent and thus have their own complaints process[1]. Some Practices have been engaging and easy to work with which has ensured an easier experience for the patient. However there have been a small number of GP Practices who have been difficult to engage with through the complaints process. This has led to unnecessary delays and given us a sense of their disregard for the process. We have had to contact NHSE and the CCG to intervene which in one instance, resulted in approximately a 3-month delay with the complaint. These few Practices have also seemingly failed to follow other NHS procedures such as refusing to register a patient without photo ID. This is concerning especially as not everyone will know they can approach a third party for help and patients may have gone away thinking there is nothing they can do to challenge this.

We would recommend that there be a requirement for all Oldham GP Practices to publish not only the NHS complaints procedures but also details of HWO and the CCG/NHSE if things go wrong, as it would help both patients and the Practice especially if new staff are not familiar with aspects of the NHS procedures they are required to follow. We have noticed that some GP Practices signpost patients to PHSO on their complaints section which is incorrect as PHSO will not investigate until a complaint has been made to the NHS provider who has given a final response to the complainant. **A streamlined approach across Oldham GP Practices would make the process more accessible for everyone.**

There are also Practices who do not provide an email address to raise a complaint. Given that we are in an era where most things are electronic, and Practices do have the equipment to provide this function, **we recommend that all Practices are encouraged to offer an option for emailing complaints**.

We have resolved several complaints informally with GP Practices and this is due to these Practices engaging with us and the patient and working together to find a resolution. **We hope that going forward more Practices are willing to work this way to resolve an issue so as to cause as little distress to the patient/complainant as possible and to quickly and effectively resolve the matter.** Ultimately, a positive approach to complaints is more likely to help a patient's ongoing health and wellbeing. **We recommend a training or workshop session is organised linked to the quarterly training for Practice Managers to discuss and share input on this area of recommendations, and the wider report, and that this material and input is reviewed and updated on a regular basis.** We note that this section should in particular be shared with NHS England given their role and responsibilities for GP commissioning.

4. Interpreting services

Patients are not always aware that they can request an interpreter for an appointment with their GP. Frequently this information is not readily made available to patients either in the Practice premises or online. Individuals are often forced to ask family members to accompany them to appointments to interpret. They lose their privacy especially if it is a personal issue and sometimes patients go untreated as they cannot find someone who will go with them and interpret correctly. These patients are not given the same accessibility as English-speaking patients. **We would ask that information is made available for patients at the reception desk and online advising they can request an interpreter, and also that staff offer this service if they are aware someone has limited English and is requesting an appointment.** Helping our vulnerable residents to have equal access to healthcare is essential and every action should be taken to ensure this is carried out.

Pennine Acute Hospitals NHS Trust have a policy where family members cannot interpret, and a hospital interpreter needs to be booked. This is really positive and supports a patients right to confidentiality.

[1] This link, supplied by Oldham CCG, details the responsibilities of all practices in respect of complaints management: https://www.bma.org.uk/advice-and-support/gp-practices/complaints-in-primary-care/complaints-in-primary-care

However, we have had reports at times that sometimes the quality of the interpretation is not adequate. We have received feedback that interpreters, in both hospital and GP settings, are sometimes breaching professional boundaries by asking patients questions such as where their family originates from abroad or who they are related to in the community. These questions have no bearing on the appointment and patients have felt obligated to answer even when uncomfortable doing so.

When family members have been present with the patient, they have reported poor interpretation and sometimes, inaccurate interpretation. When family members have tried to intervene, the clinician has not allowed them to do so. One person told us that even when a patient informed the interpreter they were not diabetic, the interpreter refused to believe this and instead informed the clinician they were. When complaints have been made to the interpretation service by individuals, they have not seen any changes as the same interpreter has continued to attend and continued to interpret poorly. People have told us that they have had to arrange an English-speaking family member to attend appointments alongside an interpreter to ensure that the correct information is obtained. This intelligence is very concerning and may trigger safeguarding concerns, especially for those attending without a family member present and solely relying on the interpreters account of the consultation.

What is clear is that there are no protective measures in place – either for the patient, the clinician, or the interpreter. **We strongly recommend that more stringent professional standards and quality controls are put in place for interpreters and interpreting services and that these are regularly monitored.** We are concerned that if higher standards of interpretation are not put in place then patients will continue to be at higher risk due to poor communication between them and the healthcare professional they are seeing.

We recommend that a sample of interpreted sessions are audio recorded by the clinician on a quarterly basis, and this is relayed to the interpreter and patient from the outset, particularly selecting consultations relating to major medical processes or changes. Accompanying this a process should be put in place to review a selection of these audio recordings and provide feedback to all parties and an action plan in response to findings. If concerns regarding interpreters are identified, then all recordings should be reviewed and again an action plan drawn up. This would help in ensuring better standards of interpreting and confidence in the system for this.

Sometimes interpreters have needed to be booked for an x-ray or scan appointment and patients have queried the necessity for this as it is not a consultation appointment. **A flexible approach to these non-consultation appointments would help in these instances so if a patient is happy to attend with a family member, this could be considered.** When patients are in-patients, the same care or attention is not applied with regards to utilising interpreters. Patients are in hospital for days or weeks and other than when family make enquiries about their progress, they are left unaware of what is happening to them**. We recommend that an interpreting service is routinely provided and used during ward rounds. If necessary, this can be done by telephone.** This will ensure patients are clear on what is happening with their care and enables them the opportunity to ask questions.

5. Prescription medication

Issues have been raised with obtaining prescriptions and the breakdown in communication between the GP Practice and the chemist resulting in patients having to go back and forth between the two services. **If the pharmacist would speak to the GP Practice directly, or vice versa, the issue could be addressed almost immediately.** A more proactive approach by services would help alleviate this issue and the stress it causes to patients/families.

6. Clinical decision making

Clinical decision making has also been highlighted as an issue. Patients feel their concerns are not taken seriously and therefore appropriate investigations and treatments are delayed. This invariably results in losing trust with the clinician especially when tests are eventually requested, and the results show that

there was an issue which could have been detected sooner. This is especially concerning when a delay means a patient is diagnosed with more advanced stages of cancer. **We recommend more detailed investigation of this area of concern and appropriate actions identified to address this.**

7. Information

Patients and families report difficulty in obtaining information or updates for their loved ones who are in-patients. This is especially concerning when it regards someone who is vulnerable, has additional needs, does not speak the language or has communication issues. There are no clear processes on how to obtain regular updates for an in-patient from a clinician who is familiar with the patients care. As family are not able to be present for doctor's ward rounds, this is especially distressing for families. **We recommend that a clear process is established on how to get an update on a loved one and have the opportunity to ask questions.**

It is important to remember that regardless of whether a patient is someone who presents frequently, or is known to have health related anxieties or has Mental Health issues, this does not mean their concerns are of any less importance than anyone else.

8. Equal access to services

More needs to be done by NHS providers to ensure that everyone has equal access to services and treatment. It is concerning to see that those who are in a more vulnerable situation or have additional needs are not always supported to have the same level of access. The policies are in place but the practice on the ground level is not always up to standard. **Oldham is a multicultural town and as such more needs to be done to ensure the needs of its BAME residents are listened to and accommodated - culturally and religiously. We also have people with additional needs, diagnosed or undiagnosed, who are struggling to navigate the system and this needs to be simplified.**

Conclusion

The key common denominator to all these issues is communication. **Verbal, written and online communication needs to be improved across the board.** Patients sometimes feel like they have lost their identity when they enter the NHS system and this needs to change. **Patient involvement is key to their treatment and recovery and this should be recognised and practiced.** Better communication could have avoided many of the cases we have worked on ever reaching the formal complaints stage:

- Poor communication between health practitioner and patient can lead to patients making poorly informed decision about their care and to practitioners making poor decisions about what treatment to offer.
- Poor communication between health practitioners and healthcare organisations can lead to delays in patients receiving the treatment and care they need.
- Poor communication within healthcare organisations and between local health and care leaders can lead to lessons failing to be learned and future patients receiving sub-optimal care because learning from previous incidents and complaints has not been shared and acted on effectively.

This report has been written based on the complaints we have supported people with and the intelligence we have received. We recognise the huge amount of good work being done within the NHS and hope this report helps to highlight some of the areas that need improvement.