

The Tickhill & Colliery Medical Practice

ANNUAL COMPLAINTS REPORT

1 April 2015 – 31 March 2016

The purpose of the Annual Complaints Report (ACR) is to:

- Satisfy the requirements of the NHS complaints procedure effective from 1st April 2009 (England).
- Analyse and identify trends in the occurrence of complaints.
- Provide information to patients on the nature of complaints received by the practice.
- Review learning points established at the time of the initial complaint.
- Review changes to procedure established at the time of the initial complaint.
- Ensure that any changes to procedure established at the time of the original complaint are still appropriate, and are firmly embedded within routine operations.

The ACR will be prepared in March annually, and will analyse complaints received in the period from the preceding 1st April. Where a complaint was received during the latter part of March in the preceding year (i.e. after preparation of the last ACR, and was therefore not included in the previous report) then this will be included within the ACR for the new year also.

In accordance with the NHS Complaints (revised 2009) procedure the ACR is to be made available to the public on request. The ACR is published as part of the practice Freedom of Information Act Publication Scheme.

This will include:

- Statistics on the number, nature and source of complaints received
- Known referrals to the Ombudsman
- Subject matter / categorisation / clinical care
- Methods of complaints management
- Any changes to procedure, policies or care which have resulted

This report will be considered by the GP principals on a quarterly basis and at year end.

Annex A

Table 1	Type of complaint
Table 2	Source of complaint
Table 3	Staff Group
Table 4	Complaints identified as requiring review
Table 5	Number of complaints managed internally / externally
Table 6	Timeframe complaints resolved within
Table 7	Any changes to procedure, policies or care, which have resulted

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(Note: one complaint may be analysed in more than one section)

Table 1 - Type of Complaint

	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Clinical Care			1					1	1				
Prescribing					1							2	
Attitude													
Administration			1		1					1	2		
Policy / Procedure													
Referral													
Premises													
Hospital Care													
Total		0	2	0	2	0	0	1	1	1	2	2	0

Table 2 - Source of Complaint

	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Patient			2		2			1	1	1	2	2	
Patient Relative													
Healthcare Professional													
Other Healthcare worker													
Visitor													
Carer													
Other organisation / advocate													
Total		0	2	0	2	0	0	1	1	1	2	2	0

Table 3 - Staff Group

	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Doctor			1		2					1	2	2	0
Nurse													
Reception													
Administration													
Other healthcare professional (internal)													
Other healthcare worker (external)									1				
Other External			1										
Total		0	2	0	2	0	0	1	1	1	2	2	0

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Table 4 - Complaints identified as requiring review

	3 months	6 months	End of year	No further review
Clinical Care				3
Prescribing				3
Attitude				
Administration				5
Policy / Procedure				
Referral				
Premises				
Hospital Care				
Total				11

Table 5 - Number of complaints managed internally / externally

	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Wholly within Practice			2		2			1	1	1	1	2	
Wholly within NHS CB													
Referred to external organisation											1		
Escalated to NHS CB													
Escalated to Ombudsman													
Referred to the GMC													
Total	0	0	2	0	2	0	0	1	1	1	2	2	0

Table 6 – Timeframe complaints resolved within (max period):

	14 days	1 month	3 months	12 months	24 months	Not resolved
Wholly within Practice		10				
Wholly within NHS CB						
Referred to external organisation						
Escalated to NHS CB		1				
Escalated to Ombudsman						
Referred to the GMC						
Total		11				

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Table 7 - Any changes to procedure, policies or care, which have resulted

1. Whole Practice Meeting to reflect and learn from the way we manage our patients' needs, and improve on the negative responses.