



Healthwatch Shropshire

An analysis of the awareness and attitudes towards the complaints procedures in local general practices in Shrewsbury, from the perception of patients and staff members.

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Introduction:

Healthwatch Shropshire is a local organisation and registered charity that is based in Shrewsbury. The organisation is part of a network of Local Healthwatches across England that were established by the Health & Social Care Act 2012.

Healthwatch Shropshire helps to ensure everyone gets the best from their health and social care services, also that those services are as good as they can be and work in a connected way. They do this by giving the general public the opportunity to voice their opinion on the health and social care services which affect them and gathering the experiences of local people to influence commissioning, provision and scrutiny of local health and social care services (2).

Their mission is 'to be the recognised independent voice of the people of Shropshire in seeking to improve their experience of Health and Social Care services.' ^[1]

Funding for local Healthwatches comes from Department of Health via local councils, Healthwatch Shropshire is commissioned by Shropshire council. The organisation prides itself in being the 'health and social care champion for people and local communities in Shropshire.' ^[1]

Project Aims:

To explore people's experiences of providing feedback on and making a complaint about health and social care services:

- Learn about the local GP complaint processes
- Engage with people to gather experiences
- Identify barriers to people sharing their experiences/making a complaint
- Identify staff knowledge of complaints procedure at practice
- Identify good practice
- Develop recommendations that can be taken forward locally

We first met with Adelle Wilkinson (Community Engagement Officer) to discuss the potential project themes in December and we unanimously agreed on the topic of complaints within the NHS. This title seemed to spark the most conversation and interest within the group. Adelle kindly arranged for us to meet with Lynn Cawley, a member of the Healthwatch Shropshire team, who is the coordinator for the 'Independent Health Complaints Advocacy Service'(IHCAS).

In this meeting we learnt a lot about the legalities of making a complaint and the procedures that need to be followed for a formal complaint. We discussed the differences between formal and informal complaints and the role of patient advice and liaison services (PALS) within the hospital. We specifically learnt about the IHCAS service delivered by Healthwatch Shropshire for patient complaints. They provide an advocacy service for the general public, but cannot complain for people, their role lies within empowering people to make complaints.

After this meeting, we realised the complexities of the complaints policies and procedures and the differences within primary and secondary care. We decided to focus our project on the complaints solely within primary care, specifically in the practices that we were individually attached for general practice, Claremont Bank

Surgery, Beeches Medical Practices and Riverside Medical Practice. We agreed that the tasks of exploring complaints within primary and secondary care would not have been achievable in the allocated time.

Method:

We used a structured questionnaire for patient and staff responses to gain insight into knowledge about complaints in a general practice setting. We used a combination of quantitative and qualitative questions, specifically aimed to use dichotomous questions for accessibility for all our respondents. We focused on questions including awareness and knowledge of complaints procedure within staff and patients, and factors we felt that may influence their knowledge. We included some open qualitative questions to clarify knowledge of both patients and staff members.

The questionnaires were drafted and trialled on respondents, so we could refine in on flaws within our wording or style of the questions. This led to some improvements within the questions and later were approved by Keele University for use. *[Appendix 1 & 2]*

We decided on allocating ten of each patient and staff questionnaires in each of our three GP practices, this gave us a total of thirty respondents for each patient and staff questionnaires, and an idea of a general trend emerging.

We randomly allocated the patient questionnaires to the patients of all clinicians, not specifically our own patients attending the surgery to reduce selection bias, and with staff questionnaires we aimed to get an even spread of clinical and non-clinical staff members.

Once the questionnaires were completed and handed back to reception staff, we analysed the responses and were able to compile these results into graph form.

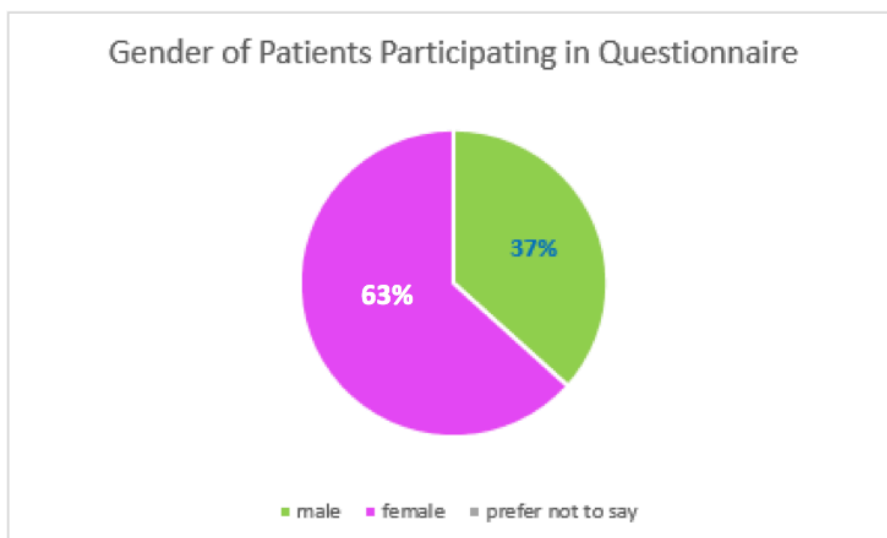
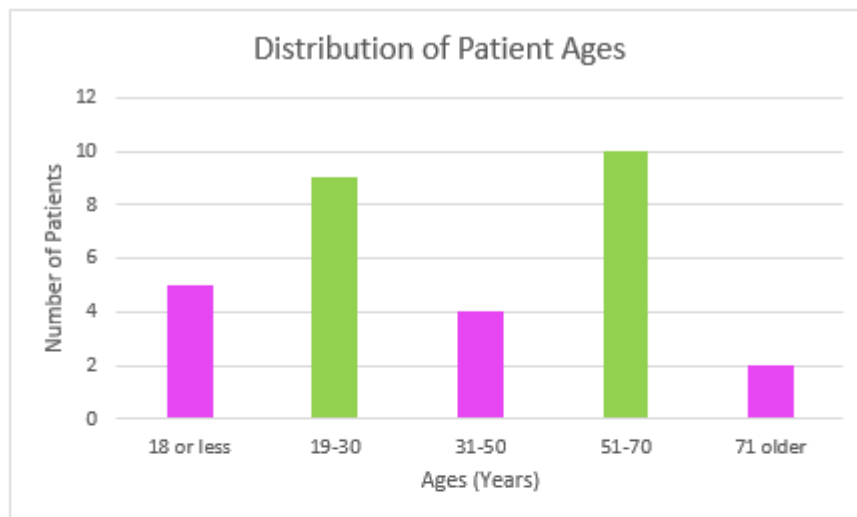
Based on the patient questionnaire feedback we compiled some questions to focus on areas for improvement and further engagement from a patient perspective at the Shropshire Patient Group (SPG) *[Appendix 3]*. Collectively we decided to use the

SPG as our patient population focus group due to time constraints and difficulty arranging appropriate meeting with each of our practices own PPGs. We collected this information at the focus group and looked at common themes emerging and used this information to confirm our initial conclusions and direct improvements that may be put in place.

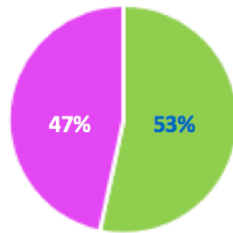
Results:

Results from the patient questionnaires [Appendix 2]:

Through the patient questionnaires, the following data has been collected by thirty randomly selected patients, ten from each of the three GP practices.

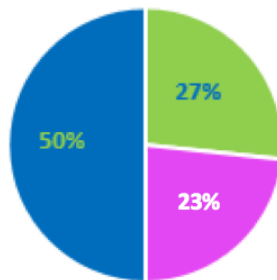


Of the 30 patients participating in the questionnaire, how many knew how to make a complaint about their practice?

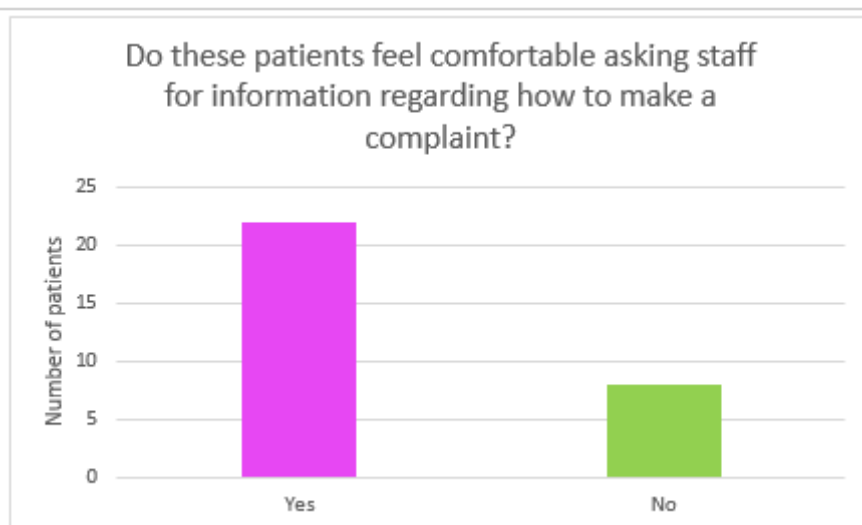
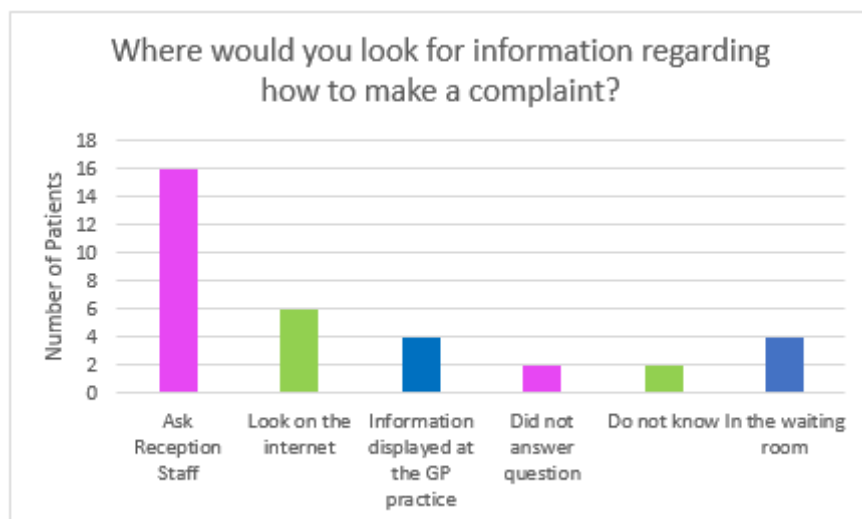


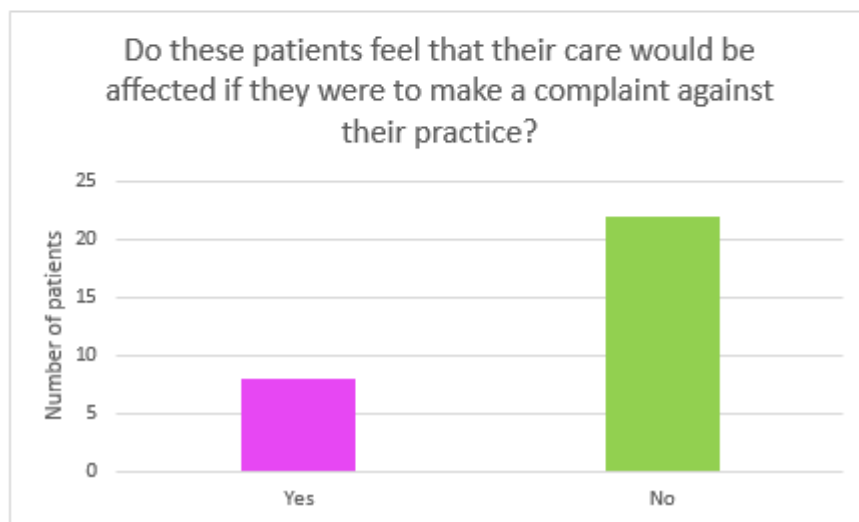
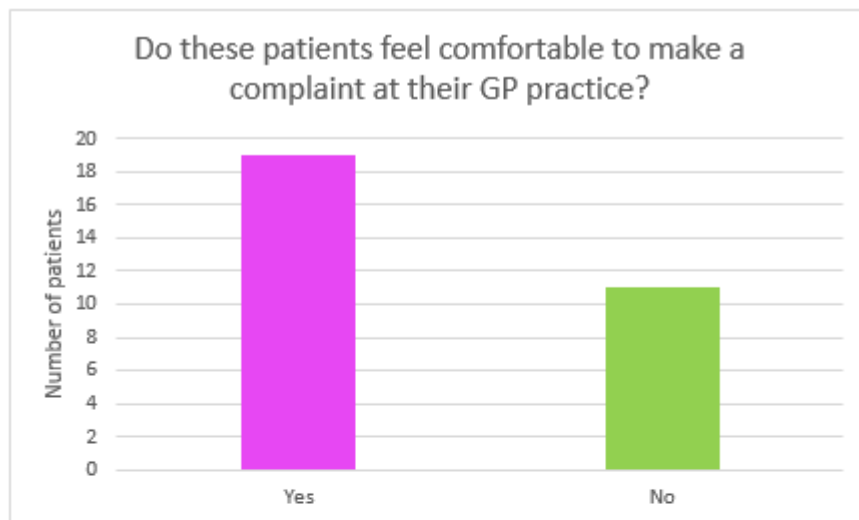
■ Know how to make a complaint ■ Do not know how to make a complaint

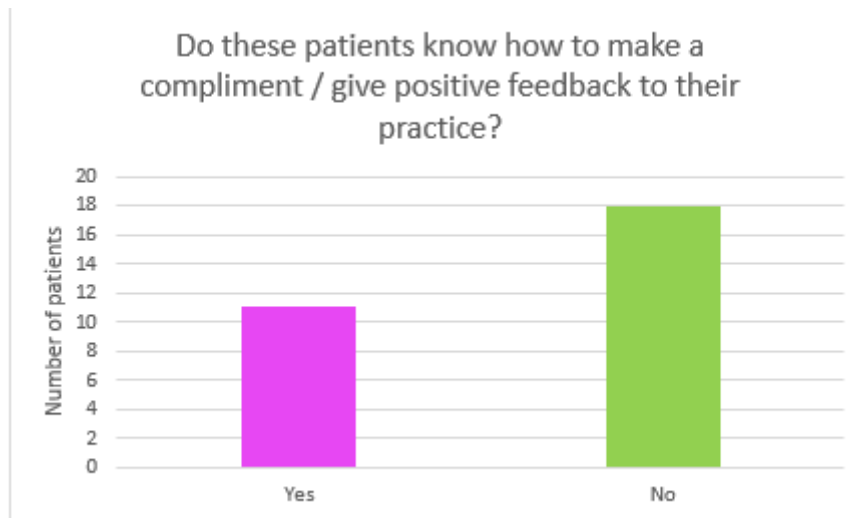
Did these patients feel there was enough information available on how to make a complaint?



■ Yes ■ No ■ Don't know



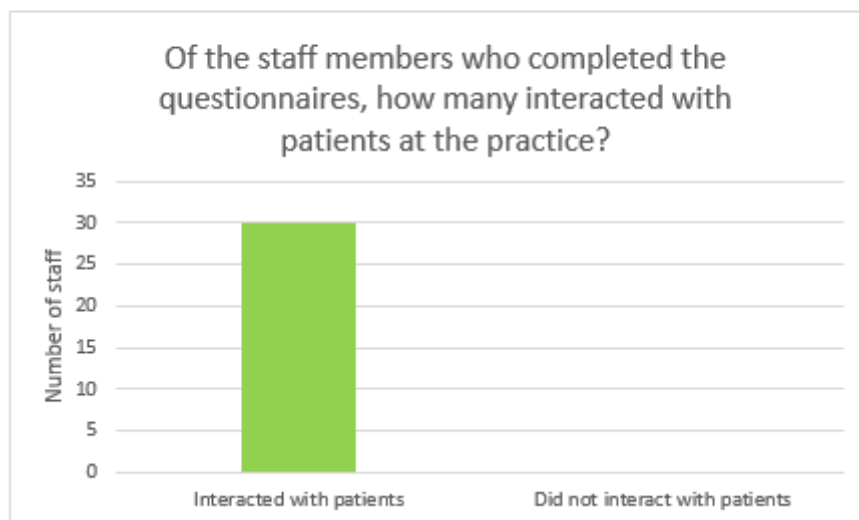
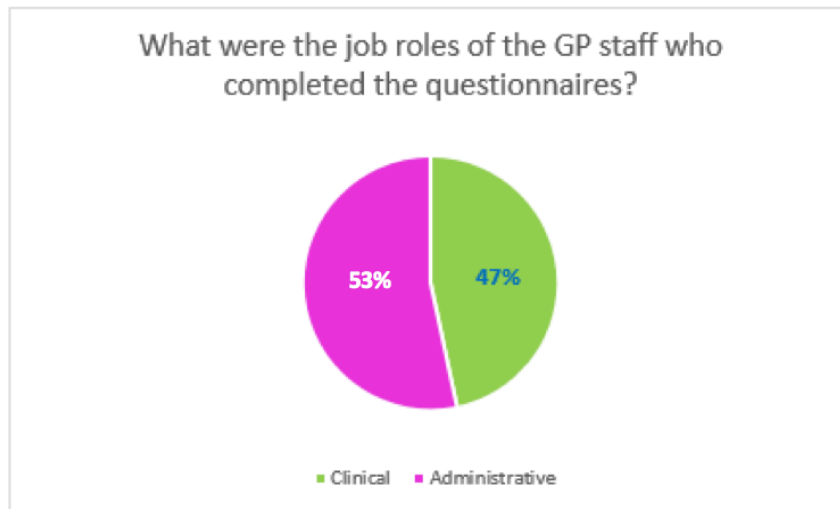


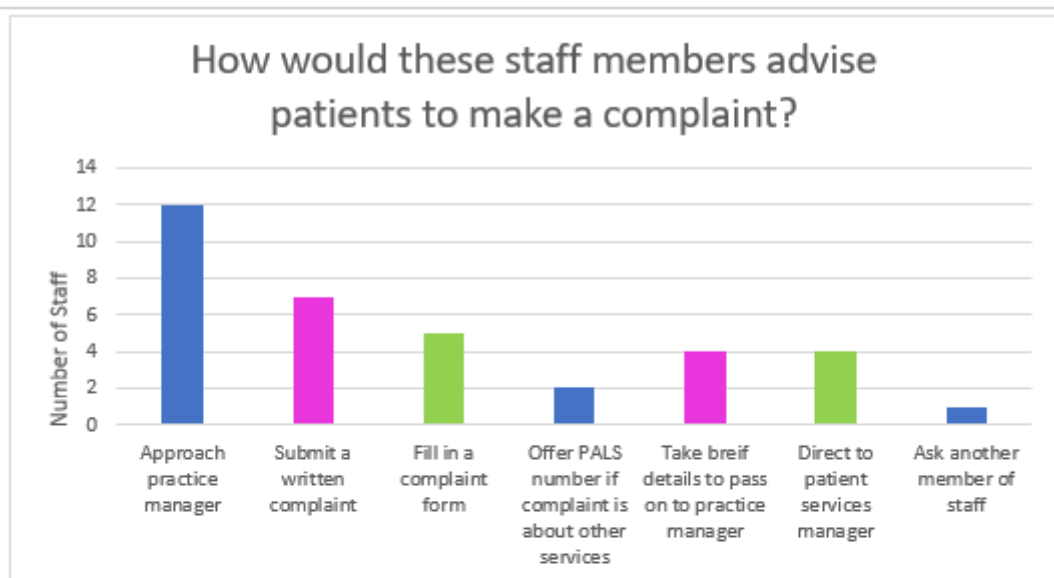


Just over half of the respondents felt that they knew how to make a complaint at their practice, however fewer patients felt that they were provided with enough information on the complaints process. 53% of patients would ask staff for information should they wish to make a complaint. We were surprised to find that 63% of patients felt comfortable in asking staff for information to make a complaint, and again over two thirds felt that their care would not be affected if they were to make a complaint. In contrast to the complaints process, the 60% of respondents did not know how to provide positive feedback to their practice.

Results from GP staff questionnaires [Appendix 1]:

We randomly selected ten patients from each of the three GP practices to complete these questionnaires.

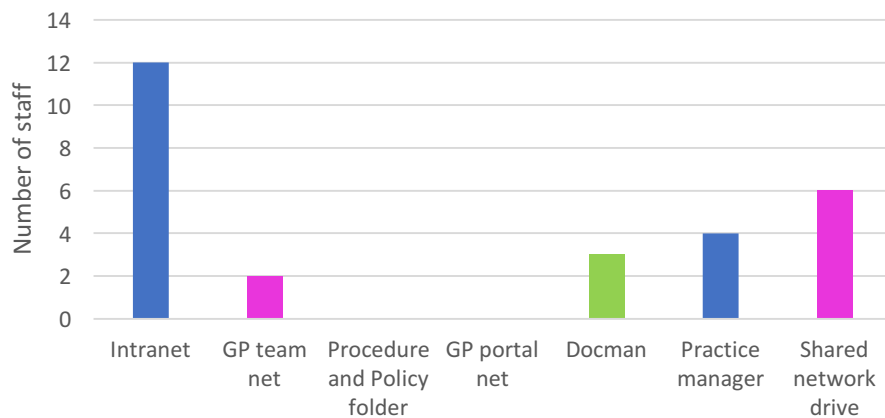




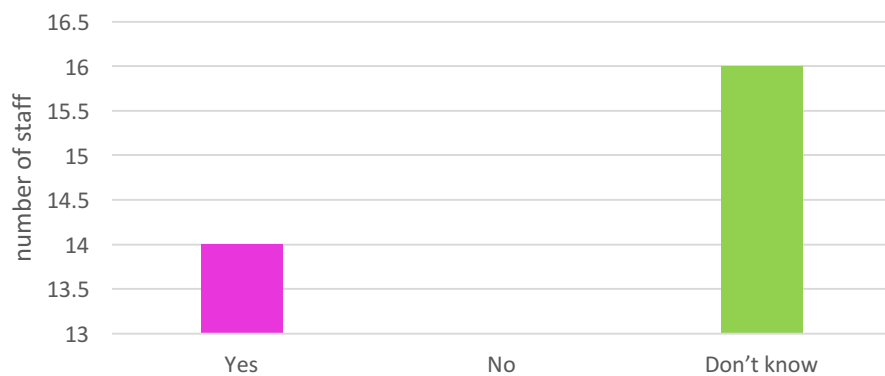


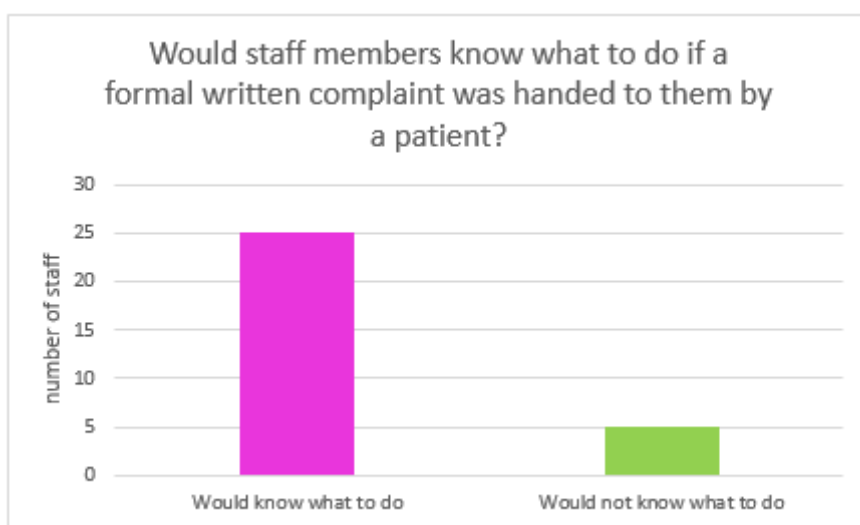
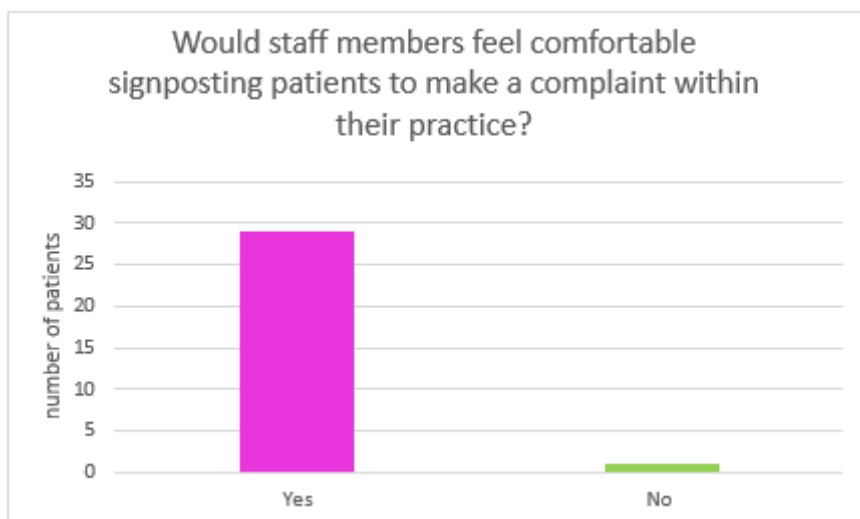
All respondents from the staff questionnaires interacted with patients, with just over half of them in an administrative job role at their practice. All but one staff member was aware of the complaints procedure at their practice, however five staff members were not aware of the complaints policy.

Where would these staff members look to find the complaints procedure at their practice?

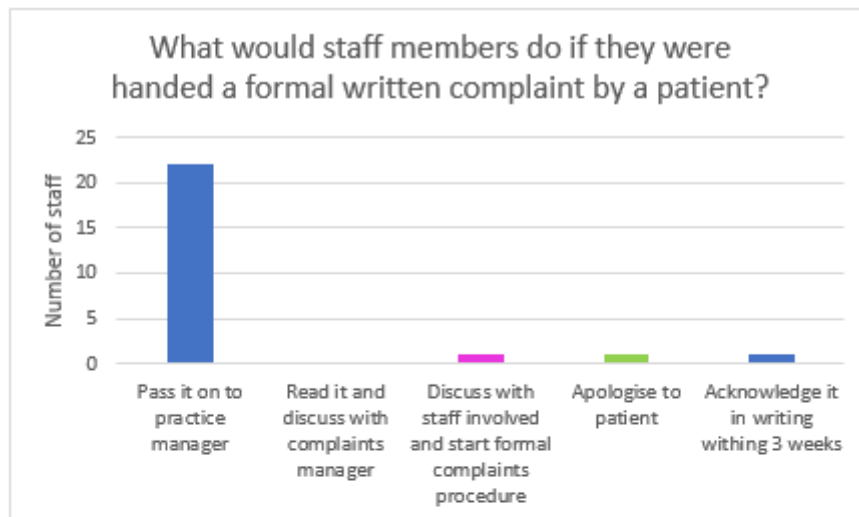


Are staff members aware of any information present in the waiting area of their practice advising patients on how to complain?





Majority of staff members said that they would advise patients to approach the practice manager, submit a written complaint, or fill in a complaint form should they wish to make a complaint at their practice. Most of the staff members stated that they were aware of where to find the complaints procedure at their practice, mainly through the intranet or discussion with their practice manager. Just over half of staff members questioned were unsure about information available in the waiting area, this is likely due to the mixture of administrative and clinical staff.



In addition, most felt that they would feel comfortable signposting patients to make a complaint and would know what to do if a formal complaint was handed to them. However, six of the respondents highlighted that they felt they have not received adequate training in the complaints process.

Findings from the SPG Meeting: *[Appendix 3]*

When asked about barriers that would prevent patients from making complaints, many agreed there was a 'hierarchy' within a medical practice, with doctors at the top and patients at the bottom. Because of this, they felt that the GPs had most of power and therefore if they were to make a complaint, the members of the SPG felt that their care would be affected. They also identified that a paternalistic relationship existed between older patients and GPs which again prevented these patients from making complaints as they would not want to upset the balance of their relationship or be labelled as a trouble maker.

We then asked if they felt that their care would be affected if they were to make a complaint. The majority of the SPG agreed that their care was likely to be affected, and therefore this would prevent them from making a complaint. During this discussion, the words 'intimidation' and 'hierarchy' were repeatedly used as with the previous question. In addition, one member of the SPG highlighted the fact that disadvantaged patients were allocated an advocate (for example, from Healthwatch), however patients who did not fit within this category were not offered such services. They explained that they felt an advocate for all patients would be supportive and remove this barrier to complaining.

We also felt it was important to ask the SPG what they thought could be done to improve the complaints procedure, or at least make it easier for patients to complain. Many agreed that anonymising complaints would be difficult, or not appropriate, as some complaints would need to be escalated and the nature of other complaints would make patients identifiable. Nonetheless, they did have some suggestions regarding how to avoid some of the barriers previously identified. For example, the use of an advocate to direct complaints to, someone who did not work at that GP practice. They also felt that more information needs to be given to patients regarding complaining, and that posters or leaflets informing patients on the complaints process should be friendlier and encourage the use of constructive criticism to improve services and education of staff.

Regarding positive feedback, the SPG felt that patients were quick to complain but not so to make compliments. They felt that positive feedback was just as important

as complaints. Many of the GP practices within the SPG has suggestion boxes for positive feedback and for constructive criticism, which they felt worked well. However, they all agreed that such boxes are not appropriate for complaints, especially for the type of complaints that may need to be escalated.

Evaluation:

Analysis of the patient questionnaires displayed a surprising number of patients who felt comfortable making complaints about their GP practice, and that the majority of those asked did not feel their care would be affected by making a complaint.

Discussion with the SPG demonstrated a contrast to this. We felt the results of the questionnaires may have hindered a true reflection of how these patients felt, because of the setting, and because the questionnaires were being handed back to reception staff.

In addition, the suggestion of an independent person to oversee internal complaints has a potential role in the GP complaints process. Aimed at reducing bias or stigma attached to making a complaint, and hopefully overcome this hierarchical barrier. We acknowledge that some complaints are very case specific and therefore are easily identifiable thus, regardless of the independent complaints advocate, the complaint would be alerted to the staff member involved and therefore patients may still feel that their care would be affected and ultimately have no impact on the likelihood of that patient complaining.

Many staff members understood how to make a complaint and knew how to inform patients on complaining. We identified that the mainstay of training was an online e-learning module and one respondent highlighted that they felt this was 'monotonous' in free text alongside the question. Therefore, we considered whether role play scenarios within the practice training day would be beneficial and educational.

Recommendations:

If we were to repeat this project and improve our methodology, it may be beneficial to have questionnaires completed by members of the public, independent to the GP practice and include a larger sample size. Additionally, we could prioritise anonymity (use of survey monkey) to better our results. This way, respondents may be more likely to be honest regarding their thoughts about complaining and barriers such as impact on their care if a complaint were made.

We could also include information given to patients in relation to making complaints and compliments about the practice and consider improvements to information available within the patient waiting area.

Education around patient and staff knowledge that not all complaints need to be formal, possible use of open and informal feedback is valuable to offer constructive improvements to the practice or service provided.

Handover and Future development

[Appendix 4]

Acknowledgements

We would like to thank Adelle Wilkinson and Jane Randall-Smith for all their help and support throughout the project, and a special thanks to the Shropshire Participation Group for allowing us to attend their group.

References

1. Healthwatch Shropshire website:
<http://www.healthwatchshropshire.co.uk/content/about-us>
2. Healthwatch Shropshire Leaflet:
<http://www.healthwatchshropshire.co.uk/sites/default/files/hws19126.pdf>

Appendix 1: Patient Questionnaire



COMPLAINTS PROCEDURE Questionnaire for Patients :



This is a project being carried out by three medical students in Keele University, (Marianne Pourikkou-James, Aisling McCann and Eve Horner) to explore people's experiences of making complaints within the GP setting.

The information you have provided will be handled confidentially in line with the Data Protection Act 1998. The information will be anonymised and you will not be identifiable in the final report.

You have the right to withdraw your contribution at any time in the process. Should you decide to withdraw you must contact and clearly inform us. To enable us to oblige you must quote the reference number at bottom of the form so that we can isolate your contribution.

1. What age are you?

- 18 or younger ☐
- 19-30 ☐
- 31-50 ☐
- 51-70 ☐
- 71 and older ☐

2. Are you?

- Male ☐
- Female ☐
- Prefer not to say ☐

3. Do you know how to make a complaint about the practice or the care that you received?

- Yes ☐
- No ☐

4. Do you feel that there is enough information on how to make a complaint?

- Yes ☐
- No ☐
- Don't know ☐

Questionnaire # :

5. If you needed information about how to make a complaint about this particular practice, where would you look for this information?
6. Would you feel comfortable asking the practice staff for information on how to make a complaint?
- Yes ☐
- No ☐
7. Would you feel comfortable making a complaint?
- Yes ☐
- No ☐
8. Do you think your care would be affected if you made a complaint against the practice?
- Yes ☐
- No ☐
9. Do you know how to make a compliment or give feedback to the practice?
- Yes ☐
- No ☐

If you have any additional feedback or would like to share your experiences with us please contact Healthwatch Shropshire at: 01743 237884 / enquiries@healthwatchshropshire.co.uk

Questionnaire # :

Appendix 2: Staff Questionnaire



COMPLAINTS PROCEDURE



Questionnaire for GP staff:

This is a project being carried out by three medical students in Keele University, (Marianne Pourikkou-James, Aisling McCann and Eve Horner) to explore people's experiences of making complaints within the GP setting.

The information you have provided will be handled confidentially in line with the Data Protection Act 1998. The information will be anonymised and you will not be identifiable in the final report.

You have the right to withdraw your contribution at any time in the process. Should you decide to withdraw you must contact and clearly inform us. To enable us to oblige you must quote the reference number at bottom of the form so that we can isolate your contribution.

1. Are you a member of the clinical team or administrative team?

Clinical ☐

Administrative ☐

2. Do you interact with patients in the practice?

Yes ☐

No ☐

3. If a patient said that they would like to complain, how would you advise them?

4. Are you aware of any of the following within the practice?

Yes No

The complaints procedure ☐ ☐

The complaints policy ☐ ☐

5. Would you know where to find the complaints procedure?

Yes ☐

No ☐

If yes, where?

6. Is there any information present in the waiting area advising patients of how to complain?

Yes ☐

No ☐

Don't Know ☐

7. Do you feel comfortable signposting patients on how to make a complaint within the practice?

Yes ☐

No ☐

8. Would you know what to do if a formal written complaint was handed to you by a patient?

Yes ☐

No ☐

If yes, what?

9. Do you feel you have had adequate training in the complaints process?

Yes ☐

No ☐

If you have any additional feedback or would like to share your experiences with us please contact Healthwatch Shropshire at: 01743 237884 / enquiries@healthwatchshropshire.co.uk

Questionnaire #

Appendix 3

Focus Group Questions

“Making a complaint: Recommendations within the GP setting from a patient’s perspective”

Any barriers that prevent patients from making complaints?

Some patients feel that their care would be affected if they were to make a complaint – would you agree with this? How could this be avoided?

What do you think can be done to improve the complaints procedure/make it easier for patients?

Positive feedback/constructive criticism – do you think this is as important as helping patients to make complaints?

Any additional comments regarding complaints/positive feedback?

Appendix 4: Handover Form



Year 5 Community Leadership Project 2017/18 – Rotation .. Handover Form			
Cluster ID:	2	Student Names:	Aisling McCann, Marianne Pourikkou James, Eve Horner
Cluster Project Organisation:	Healthwatch	Main Student contact	Eve Horner

Are there elements of the project which you and your organisation anticipate will be handed over to the next rotation of students to address? Please ensure you discuss this with your organisation prior to completion and submission.

☒ Yes ☐ No

Please comment regarding the anticipated future project areas and or suggestions

1. We proposed to talk to each of our PPGs individually and have a focus group in each practice, regarding complaints in primary care. But we didn't have enough time for this.

2. The next group could explore the complaints in secondary care in the hospital, as ours was focused in primary care in the GP setting

We have discussed this with our project provider

☒ Yes ☐ No

Appendix 5: Activity Log

Project: Healthwatch Shropshire: An analysis of the awareness and attitudes towards the complaints procedures in local general practices in Shrewsbury, from the perception of patients and staff members.

Wk No	Day/Date/Time	Proposed plan	Actual plan
1	Wed 13 th Dec 2017 10am	First meeting with Healthwatch Shropshire	Agreed consensus to focus on the complaints
2	Tues 2 nd Jan 2018 10am	Meeting with the Lynn the NHS advocacy complaints coordinator	Decision to focus on complaints in primary care
3	Tues 9 th Jan 2018 9:30am	Drafts of questionnaires	Drafts of questionnaires for patients and staff
4	Tues 16 th Jan 2018	Final versions of questionnaires created	Final changes to questions and questionnaires made. Questionnaires sent to Keele for approval
5	Tues 23 rd Jan 2018	Trials of questionnaires handed to people	Trials of questionnaires handed to people
6	Tues 30 th Jan 2018	Focus group preparation	Questions for focus group discussed Questionnaires started to be handed out to GP staff and patients
7	Wed 7 th Feb 2018	Focus Group with Shropshire Participation Group (SPG)	Focus group
9	Tues 13 th Feb 2018	Data collection	Data collection
10	Wed 21 st Feb 2018	Recording of data in excel document for each practice	Recording of data Report plan
11	Tues 6 th March 2018	Discuss Results Plan Report	To do individual parts of report and meet to discuss and put together
12	Tues 13 th March 2018	Meet to discuss report and email to Adelle	To finalise report and start presentation
13	Tues 20 th March 2018	Meet to discuss report before sending off final report	Met in library to finalise report

14	Tues 27 th March 2018	Practice presentation at Healthwatch, finalise minor details	
14	Thurs 29 th March 2018	Presentation Day!	