

To:
Malcolm Alexander
Interim Chair
Healthwatch Hackney

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Wednesday 14th October 2020

Dear Malcolm

Re: the Review of the Hackney Complaints Charter

Thank you for your letter of 18th September 2020 about the use of, learning from, and changes made, since we committed as an organisation to the Hackney Complaints Charter.

I thought it would be helpful to respond to the specific points you asked and hope that you find this approach helpful.

Point 1 - How the Health and Social Care Complaints Charter has been promoted within your organisation and externally.

Within the CCG we ensure that the Complaints Charter statements are adhered to, for example response times, advising complainants of the provision of advocacy services, offering a meeting with complainants and referring people to the Ombudsman's Office.

The CCG holds regular meetings (Clinical Quality Review Group Meetings) with our main providers, namely Homerton University NHS Foundation Trust and East London Foundation Trust and regularly discusses complaints management in these meetings including their annual complaints reports and performance issues. We also review complaints in other meetings we have with providers such as 111. These discussions will include performance issues such as response times as well as learning from complaints and actions taken. In this way we feel we are promoting the Charter in both word and spirit. We have on occasion identified poor performance on complaints management as a contract issue and required a provider to produce an action plan for improvement which was then monitored in our contract meetings. Since the Covid-19 pandemic, CQRMs are no longer happening so we will need to ensure we gain assurance of complaints management in other ways going forward.

In addition when we procure a new service we will often review applicant's complaints policies as part of the procurement process and we may make suggestions for improvement in line with the Charter. For example for the new 2020 ELFT/HUH/GP Confed Alliance Contract our Head of Quality suggested improvements that could be made to one of the organisation's complaints policy, in line with the Charter.

Point 2 - Confirmation that all complainants are sent the Charter (including how many Charters were issued).

We currently do not send a copy of the Charter to every complainant. We are not aware there was a specific agreement to do this when we signed up to the Charter, however this is something that we could organise with the complaints team. Please let me know if you would like this implemented and I will be happy to ask the team going forward.

Point 3 - Evidence of your organisation's commitment in the Charter.

We recently revised our complaints policy to conform to the principles and commitments made in the Charter and Healthwatch were involved in the revision of this policy.

We endeavour to meet the time scales for response; 3 working days for acknowledgement and 30 working days for full response except in exceptional circumstances and complainants are kept up to date with the progress of their complaints. My colleagues Jenny Singleton and Poppy Mabbitt have a regular meeting with Patricia Young, Complaints Manager at NELCA to review progress of open complaints and ensure that complainants are notified of delays in good time. However there is more to be done in this area and we continue to work to ensure outstanding performance.

Our responses always include details for complainants to be able to escalate their response to the Ombudsmen if they are dissatisfied with the final response from the CCG.

If there are points that are more specific you would like clarity on, please let me know.

Point 4 - Examples of where your organisation has learnt from complaints and improved services for patients as a result.

There are several examples of learning that I can share with you.

The first example is case (our ref) 441 in 2020. The complainant raised concerns about an audiology assessment in Hackney that was inadequate due to the audiology test being carried out in a noisy room due to an extractor fan being on. One of our Commissioning Managers led on the investigation with the support of a GP Clinical lead.

As a result of this complaint and subsequent investigation, the CCG identified that not only was there a requirement for staff training but that service standards were not being met and the service was temporarily suspended as a result. The CCG asked the provider to contact patients that received an assessment around the time that the complainant did and where a substandard service was received. The provider was required to invite all patients back for another assessment or notify the patient's GP of the issue so they could be referred elsewhere.

The complainant was given an apology, thanked for raising this issue and also offered another assessment at another provider, with the appointment arranged by the CCG for their convenience, to make sure the right hearing aids were received. Our learning was that we required more reporting about this provider's service standards so we can better monitor if these are being met.

Another example is case (our ref) 6027 in 2020.

The complainant raised concerns around the provision of foot clinics for City of London patients, an explanation of discontinuation of foot clinics, what the arrangements will be in future, to update GPs regarding where NHS patients can refer patients and reassurance that charities make it clear what services are in their remit and are able to signpost patients elsewhere for services they don't offer.

The CCG responded to inform the complainant that the previous service they had received had been discontinued as the provider had decided they no longer wanted to continue to deliver this service. In line with our legal duties to procure services, the service had to be advertised and re procured. A new provider was appointed that met service requirements set out nationally despite the CCG encouraging the previous provider to bid for the contract – which they declined. The patient had received appropriate care for their feet however as a result of other issues raised in this complaint, the CCG revised information on our GP website with more information on the community foot service. The update asked GPs to inform patients about what the foot service offers when they make a referral. The CCG also advertised the foot service and what it offered in the GP newsletter. The CCG also contacted the Community Podiatry Service about the complaint and they agreed to review their communication with patients about their service and be clear what they offer as well as what a local charity offers. The GP Practice arranged to meet with the patient to ensure that the patient needs were met. Our learning for this complaint was to ensure referral information is very clear for GPs and providers need to ensure that they signpost patients to appropriate services.

A third example of learning is in case (our ref) 6539 in 2020. The complainant raised concerns around access to mental health services urgently without waiting times. The patient had received some treatment but there was a lack of some details on patient notes which affected their care and could have been avoided had clinical records been shared more effectively. As a result of this complaint, ELFT and HUH recognised that clinical notes could have been shared more effectively and in a more timely manner and they are now working together to do this more systematically. Both organisations acknowledged that waiting times need to be improved and are working hard to do this. This is however difficult if the number of people wanting therapy is greater than the capacity within the services. Waiting times are monitored regularly by City and Hackney CCG. Our learning from this case is to reinforce the need to continuously address waiting times and the CCG has put additional resource into psychological therapies and other mental health services to help improve waiting times for several years and has plans to continue to do so.

I hope these three examples show our learning from complaints and how we have improved services as a result.

I hope this letter addresses your request however, please let me know if there are further points you would like more information on.

Yours sincerely,





City and Hackney
Clinical Commissioning Group

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