

BNSSG CCG Governing Body Meeting

Date: Tuesday 6th October 2020

Time: 1:30pm

In light of Government advice regarding social distancing, the Governing Body will meet virtually until further notice. The meeting will be accessible to members of the public. Please see our website for more details.

| | |
|---|---|
| Agenda Number : | 7.2 |
| Title: | Customer Services and Complaints Report Quarter 1 |
| Purpose: For Information | |
| Key Points for Discussion: | |
| <p>To provide the Governing Body with triangulated information relating to patient experience across Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG CCG) in order to identify areas of good practice and those in need of improvement. The report also sets out developments that have taken place within the Customer Services team and the wider CCG in relation to feedback and learnings from complaints and enquiries.</p> <p>During Quarter 1 of 2020/2021, the Customer Services Team received a total of six hundred and thirteen (613) contacts across a range of feedback mechanisms including complaints, compliments, advice and liaison enquiries and MP enquiries. The information available has been analysed and (aside from general administrative queries including people requiring contact details) the five top subjects for contact were:</p> <ul style="list-style-type: none"> • COVID-19 related enquiries including Personal Protective Equipment (PPE) enquiries • Continuing Healthcare • GP Primary Care • Mental Health • Exceptional Funding Requests (EFR) / Individual Funding Requests (IFR) <p>Actions taken as a direct result of feedback included:</p> <ul style="list-style-type: none"> • Patient feedback has been used to analyse and improve processes within other departments within commissioning, including updating paperwork sent to patients, reviewing policies and reviewing appeals and panels processes, as detailed within the report. A review of the process of handling clinical complaints is also being undertaken. • There was previously active engagement with Customer Services teams from other organisations, to promote a more unified and consistent approach when liaising with patients. Meetings are not currently happening due to the COVID-19 pandemic, but we are looking to reinstate these for the future and in the meantime are working to maintain effective communications. We anticipate that these meetings will be reinstated in the autumn. • There has also been closer working between the Customer Services Team and other CCG departments: to streamline the complaints process and to ensure a fair and transparent approach across the organisation. Some of the issues and areas for improvement identified are now being addressed in the Customer Services Standard Operating Procedure (SOP), which is currently being developed and will be presented for agreement by the Executive Team in September. It is anticipated that this will lead to a review of the CCG policy. | |



| | |
|---|---|
| | <ul style="list-style-type: none"> • The complaints tracker is now established and is shared weekly with the Executive Team to assist with delivery of timely responses. This has already led to an improvement in the management of complaints investigations, improving communications between teams and enabling swifter responses from directorates. • The Customer Service Team has continued to work more closely with the Communications and Engagement Team, to improve processes related to MP enquiries and to develop a better patient feedback mechanism. |
| Recommendations: | The Governing Body is asked to note the contents of the report. |
| Previously Considered By and feedback : | This report has been reviewed by the Quality Committee on 20 August 2020 |
| Management of Declared Interest: | Considered – No conflicts |
| Risk and Assurance: | Any risks, or potential risks identified through patient experience are brought to the attention of the relevant commissioning manager so that mitigations can be considered. COVID-19 has impacted the speed of response to many enquiries. |
| Financial / Resource Implications: | While there are no direct financial resource implications associated with complaints handling, other than the costs associated with the post funded through the establishment, there is the potential for the Parliamentary and Health Services Ombudsman to recommend financial remedy as an outcome where their investigation shows failings and a level of harm to the patient. |
| Legal, Policy and Regulatory Requirements: | The CCG is required to handle all complaints in line with the NHS Complaint Regulations 2009. |
| How does this reduce Health Inequalities: | The NHS Complaint Regulations 2009 and the CCG Policy on the Management of Compliments, PALS enquiries and Complaints are inclusive and where a patient has a particular need the team will adapt their approach to meet this. This includes but is not limited to taking a written account over the phone where the patient does not have access to email or would find it difficult to put their concerns in writing and arranging for interpretation services where English is not the patients first language. |
| How does this impact on Equality & diversity | The NHS Complaint Regulations 2009 and the CCG Policy on the Management of Compliments, PALS enquiries and Complaints are inclusive are accessible to all and do not discriminate against any of the nine protected characteristics. |
| Patient and Public Involvement: | The triangulation of the patient experience information will provide an evidence base from which commissioners can accurately monitor the quality of commissioned services across BNSSG. The ongoing work with the Communications Insights Team will also lead to the CCG receiving more detailed patient feedback concerning the complaints process, to enable us to further improve our service. |
| Communications and Engagement: | There has been ongoing work with other directorates within the last quarter, to obtain further feedback and evidence of learnings to provide more qualitative data for the report concerning investigations and outcomes. There is also ongoing engagement with the Communications and Insight team to gather further patient feedback to assist in the |

| | |
|--|--|
| | improvement of our processes and service delivery. |
| Author(s): | Vicky Daniell – Customer Service Manager |
| Sponsoring Director / Clinical Lead / Lay Member: | Sarah Truelove – Deputy Chief Executive |

Patient Experience Report 2020 - 2021 (Q1)

1. Background

Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG CCG) recognises that good patient experience is a fundamental component of good quality care. Understanding patients' views of commissioned services is an essential feature of monitoring the services commissioned. One of the key challenges facing commissioners is not how to obtain, but how to use patient experience data intelligently to lead to real improvements. By analysing and triangulating patient experience information, themes and trends can be ascertained to better understand this.

A range of mechanisms are used to gather feedback from patients including but not limited to complaints and compliments, general queries, patient surveys, professional feedback and Healthwatch reports.

2. Customer Services Team Quarterly Performance

Figure 1: Customer Services Team Quarterly Performance

| | 2019 - 2020 | | | This Year |
|--|-------------|----|----|-----------|
| | Q2 | Q3 | Q4 | Q1 |
| Formal Complaints about the CCG Directly | | | | |
| Total number received within the period | 14 | 17 | 22 | 10 |
| Number acknowledged within 3 working days* | 11 | 13 | 20 | 10 |
| Number responded to within agreed timescales | 2 | 3 | 17 | 6 |
| Number responded to without agreement to extend timescales | 5 | 2 | 0 | 0 |
| Number still open that have carried over to next quarter | 7 | 9 | 5 | 4 |

| | 2019 - 2020 | | | This Year |
|--|-------------|----|----|-----------|
| | Q2 | Q3 | Q4 | Q1 |
| Formal Complaints coordinated by the CCG | | | | |
| Total number received within the period | 16 | 7 | 14 | 20 |
| Number acknowledged within 3 working days* | 14 | 7 | 14 | 20 |
| Number responded to within agreed timescales | 4 | 4 | 7 | 12 |
| Number responded to without agreement to extend timescales | 1 | 1 | 0 | 0 |
| Number still open that have carried over to next quarter | 11 | 2 | 7 | 8 |

| | 2019 - 2020 | | | This Year |
|--|-------------|----|----|-----------|
| | Q2 | Q3 | Q4 | Q1 |
| Formal Complaints copied to the CCG | | | | |
| Total number received within the period | 8 | 12 | 43 | 20 |

| | 2019 - 2020 | | | This Year |
|---|-------------|----|----|-----------|
| | Q2 | Q3 | Q4 | Q1 |
| Formal Complaints received by the CCG and passed to the provider | | | | |
| Total number within the period | 14 | 15 | 27 | 10 |

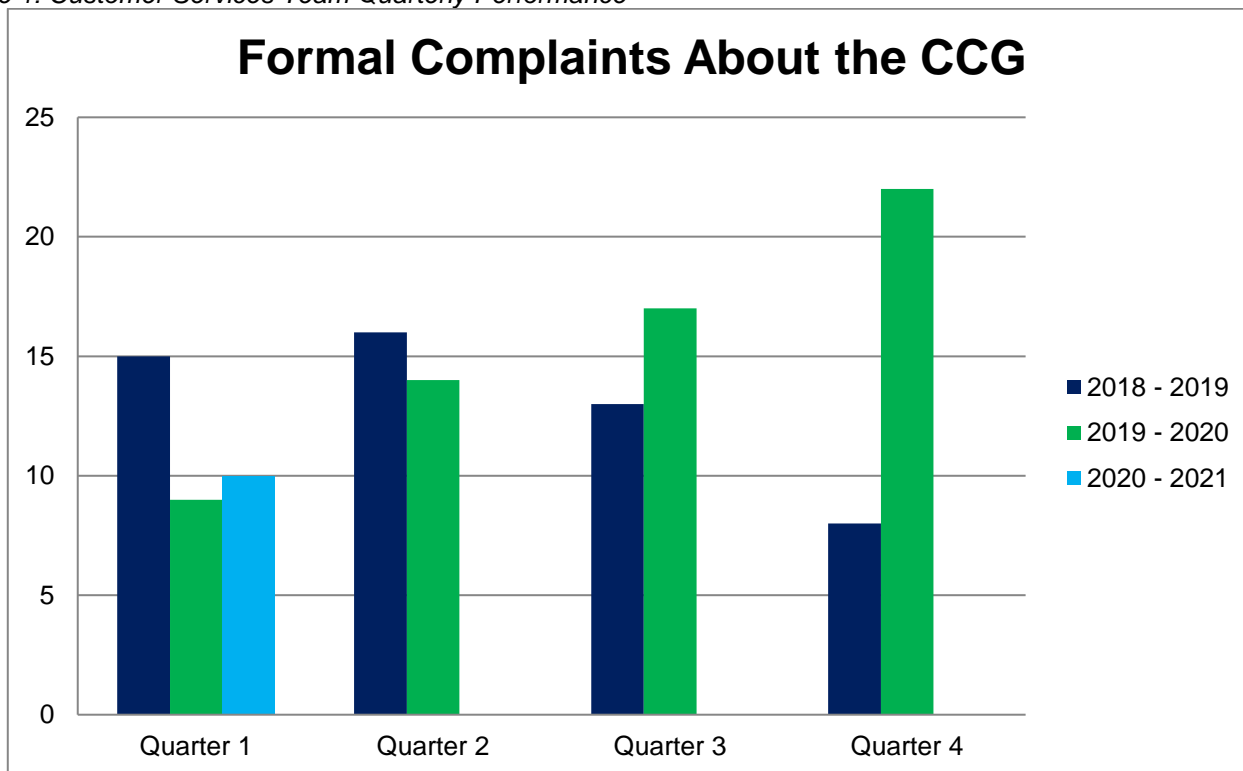
| | 2019 - 2020 | | | This Year |
|---|-------------|-----|-----|-----------|
| | Q2 | Q3 | Q4 | Q1 |
| General Enquiries | | | | |
| Total number of general enquiries received within the period | 301 | 247 | 378 | 492 |
| Number of general enquiries acknowledged within 3 working days* | 267 | 238 | 377 | 485 |
| Number of enquiries resolved | 280 | 231 | 372 | 468 |
| Number still open that have carried over to next quarter | 21 | 14 | 6 | 24 |

| | 2019 - 2020 | | | This Year |
|--|-------------|----|----|-----------|
| | Q2 | Q3 | Q4 | Q1 |
| MP Enquiries | | | | |
| Total number of MP enquiries received within the period | 30 | 16 | 29 | 47 |
| Number of enquiries acknowledged within 3 working days* | 29 | 8 | 29 | 47 |
| Number of enquiries resolved within agreed timescales | 22 | 10 | 29 | 45 |
| Number responded to without agreement to extend timescales | 0 | 0 | 0 | 0 |
| Number still open that have carried over to next quarter | 8 | 2 | 0 | 2 |

| | 2019 - 2020 | | | This Year |
|--|-------------|----|----|-----------|
| | Q2 | Q3 | Q4 | Q1 |
| Compliments | | | | |
| Number of compliments received within the period | 2 | 7 | 8 | 14 |

Missed timescales: throughout Quarter 1 there were 7 general enquiries which were not acknowledged within the agreed timescales. This was partly due to the greatly increased numbers of enquiries for this quarter and changes in working due to the COVID-19 pandemic. This identified a training issue which has subsequently been addressed within the Customer Services Team and will be monitored on an ongoing basis.

Figure 1: Customer Services Team Quarterly Performance

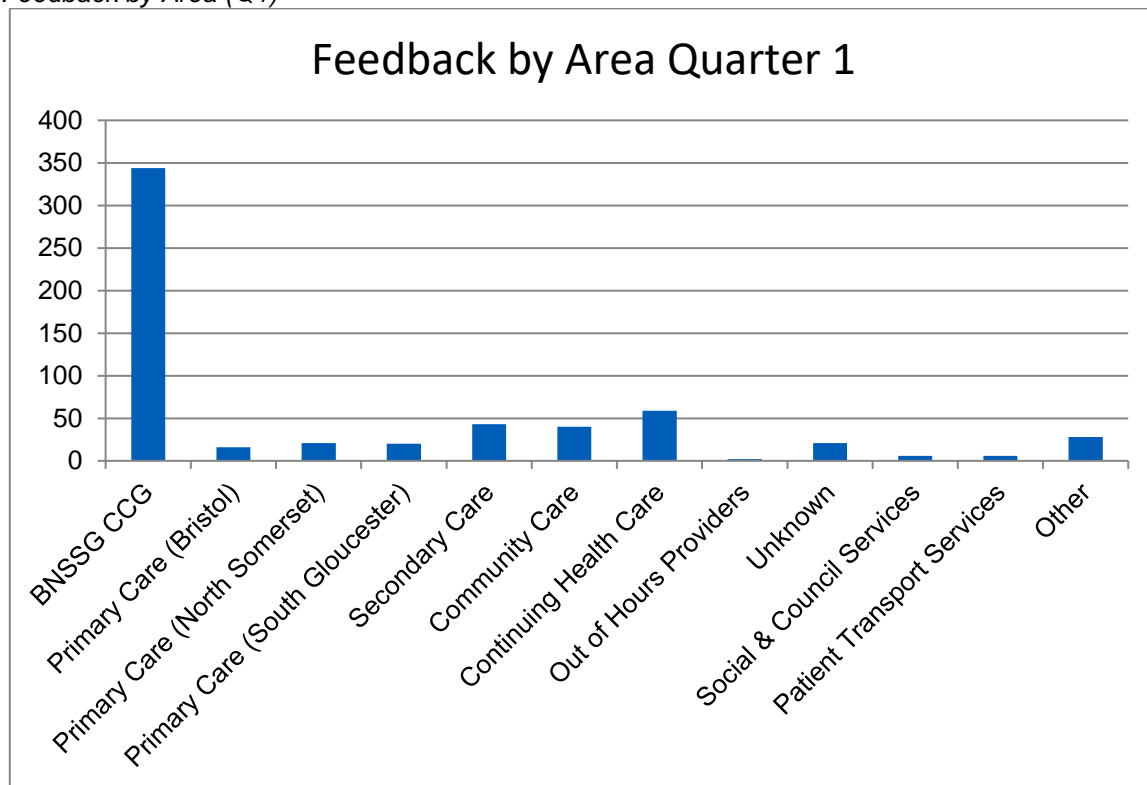


Year on year and from 2018/2019 to 2019/2020 there was a rise in the number of complaints received. We believe this is partly due to increased awareness of the CCG and our services, including the Customer Services department, via increased promotion of our services. We also amended our methods in February 2020 for capturing and reporting patient contacts; resulting in an increase in figures. The above table shows a drop in the number of complaints during Quarter 1 of 2020/2021, when compared to the previous few quarters. This follows the trend of complaints for the previous year, being lower in Quarter 1, but is also attributed to the impact of the COVID-19 pandemic. Throughout Quarter 1 in 2020 we have seen a significant rise in the number of general enquiries and MP enquiries; although for a couple of months patients were submitting fewer formal complaints. We expect the number of formal complaints to rise again for Quarter 2.

3. General Overview of Feedback Received by Organisation

BNSSG CCG received feedback from six hundred and thirteen (613) sources in Quarter 1. This shows a substantial increase from the five hundred and twenty one (521) received the previous quarter. This feedback includes all general enquiries, complaints, compliments and MP enquiries. The MP enquiries recorded are all enquiries that have been processed and subsequently captured by the Customer Services Team. The table below identifies the areas to which the feedback related.

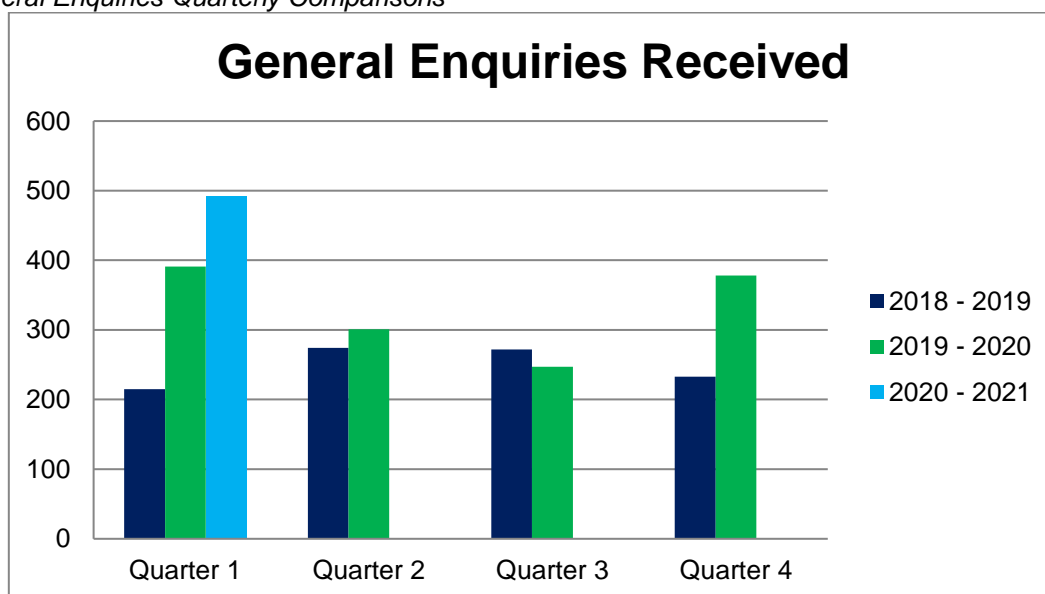
Figure 2: Feedback by Area (Q1)



3. Feedback Received in Quarter 1

During Quarter 1 of 2020/21, the Customer Services Team received a total of six hundred and thirteen (613) contacts across a range of feedback mechanisms. This feedback includes complaints, compliments, general enquiries and MP enquiries; all of which has been analysed to identify any clear themes and trends.

Figure 3: General Enquiries Quarterly Comparisons



Year on year from 2018/2019 to 2019/2020 there was a rise in the number of general enquiries received. As previously noted, we attributed this partly to increased understanding of the CCG and the services provided. The Customer Services Team has also continued to improve working processes with other departments, meaning that a greater number of patient contacts are being effectively captured and reported. Additionally in Quarter 4 of 2019 / 2020 we saw an increase of an extra one hundred and thirty one (131) enquiries recorded compared to the previous quarter; which was largely due to the COVID-19 pandemic. We have now seen another significant increase in Quarter 1 of 2020/2021, once the national lockdown was implemented, with a total of four hundred and ninety two (492) general enquiries received.

Aside from enquiries relating to general administrative enquiries and requests for contact information, the top five (5) areas accounting for six hundred and thirteen (613) episodes of feedback relate to:

- COVID-19 related enquiries including Personal Protective Equipment (PPE) enquiries
- Continuing Healthcare
- GP Primary Care
- Mental Health
- Exceptional Funding Requests (EFR) / Individual Funding Requests (IFR)

COVID-19

Throughout Quarter 1 there are fifty nine (59) contacts recorded related to COVID-19 and twenty one (21) contacts recorded concerning PPE. As the Customer Services reporting system was not originally set up to capture COVID-19 as its own reporting category, some amendments have had to be made retrospectively, meaning that the actual number of contacts for these areas will undoubtedly be higher.

Many of these enquiries were offers of assistance to the NHS, during the pandemic. These offers included volunteer hours, equipment and premises for storage and working. There were also requests for information; especially concerning Personal Protective Equipment (PPE) and queries about services being reinstated. There were also a number of MP enquiries related to COVID-19 testing.

All of these enquiries were managed and responded to through the agreed channels, as per the CCG's emergency response planning.

Continuing Healthcare

There were sixty seven (67) enquiries relating to Continuing Healthcare (CHC). A number of these were concerning questions regarding contact details, assessments, process and funding and several invoice enquiries. There were also a high number of compliments, as detailed in section 5.

There were also a few complaints, expressing concerns about funding during COVID-19, care of relatives in care homes and a couple of complaints related to CHC assessments.

The CHC Team has worked closely with the Customer Services Team to improve the complaints handling process and to ensure prompt replies for patients. Since April, the CHC Team has introduced a tracker system, using the weekly spreadsheet implemented by Customer Services, detailing every complaint, MP enquiry and compliment. This will help to ensure that actions as a

result of complaints investigations are completed and reviewed appropriately. The CHC Team will also be introducing any feedback from local resolution processes within this.

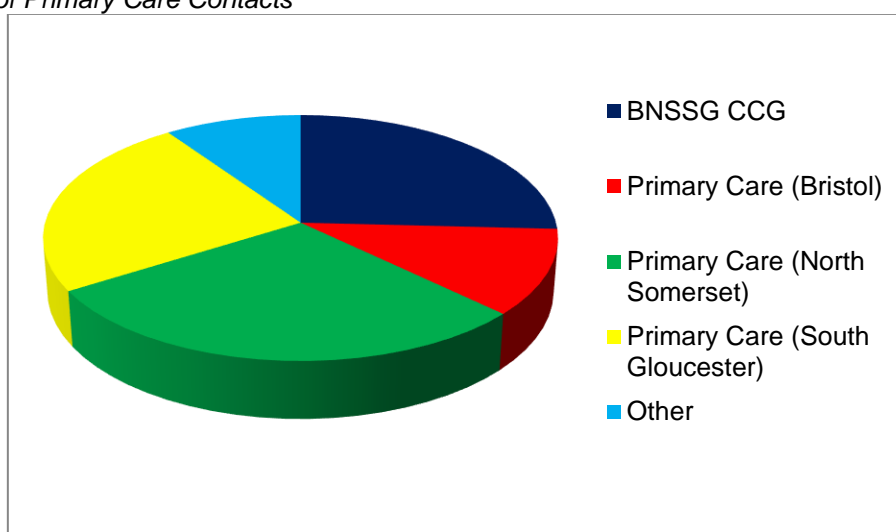
The spreadsheet will be discussed at the monthly CHC Delivery Group meeting which is due to recommence shortly, now that the new Associate Director of Quality is in post. The CHC Team will also be discussing the actions on the action log, allocating them and getting feedback on progress at each meeting.

Several learnings from complaints investigations have been identified and processes are being implemented as appropriate:

- Firstly a need for a change in process was identified concerning the communication of joint funding arrangements; in such circumstances the CHC Team will ensure that a letter clearly detailing the relevant information is sent to explain this to patients and their families.
- There have been issues identified when the minutes and the outcomes of appeals processes were delayed, resulting in complaints. The CHC Team has now implemented a new monitoring process, with a central point of contact, to ensure that minutes and outcomes of appeals are responded to in a timely manner.
- Patient feedback has been acted upon and CHC colleagues have received guidance about communication style, to ensure they remain mindful of the potential impact on patients and their families. This will be monitored on an ongoing basis and the CHC Team are putting in place processes to ensure that the rationale for funding decisions are clearly set out in writing to patients, to ensure their full understanding.
- Training is being given to CHC administrative staff to ensure that clinical queries are passed to the Clinical Team in a timely manner, to avoid unnecessary delays for patients.
- The CHC Brokerage Team are reminding providers of the importance of contacting the Clinical Team concerning any package changes, to ensure that the CHC Team is fully informed and to avoid future complaints.

GP Primary Care

Figure 4: Overview of Primary Care Contacts



There were sixty two (62) communications about Primary Care throughout Quarter 1. Seven (7) of these were related to the Bristol area, eighteen (18) were about North East Somerset and fifteen (15) related to South Gloucestershire. Sixteen (16) came under BNSSG CCG and six (6) came under other. As demonstrated by the chart, the feedback was therefore significantly lower for Bristol based GP practices.

The communications this quarter included a variety of general enquiries including several relating to services during the COVID-19 pandemic. There have been a number of complaints about the service and care provided by GP practices across the region, with particular focus on appointment availability; often relating to practices going through periods of change-management and / or relating to service changes due to the COVID-19 pandemic. There were also complaints about specific incidents relating to matters such as reception incidents and individual diagnosis, which have been followed up with the practices directly.

The Customer Services Team continues to monitor potential trends or themes, work closely with the Primary Care Contracts Team to resolve concerns and will highlight any specific problems at the time they are recognised. Any practices that have received multiple complaints are flagged to the Primary Care Contracts Team; who continue to work closely with the practices in question. The team use data from the Primary Care Quality and Resilience Dashboard to identify practices requiring support and use the subsequent feedback from the Customer Services Team to help tailor this support as required.

The Primary Care complaints process was suspended by NHSE at the start of the COVID-19 pandemic, which has meant handling any incoming complaints has been more challenging, as practices have had their focus on responding to the changing COVID-19 response.

In taking learning from these complaints, the Primary Care Team has been linking with the Resilience and Quality teams, to ensure the complaints data is captured as part of the wider GP practice performance. The responses provided by two (2) practices were sub-optimal, and therefore this has enabled us to approach the practices directly to offer further support in investigating and providing detailed responses and learning from each instance. The Primary Care Team are exploring the complaints in detail at two (2) specific practices, where the complaints have added to existing concerns about the practice and these will be explored in a face to face meeting with partners in the coming weeks.

Complaint themes are also discussed at the Primary Care Contracts, Quality and Resilience meetings which take place each month to share the issues, and discuss the themes and what we can learn as a CCG, and how we can provide support.

Mental Health

Forty six (46) communications concerned mental health, including a number of signposting queries for access to services.

Patients also expressed concerns about access to and waiting times for mental health services, in particular regarding the waiting time for Improving Access to Psychological Therapies (IAPT). It is recognised that the service provider inherited a large waiting list, which they have had difficulty

reducing due to the continuation of incoming referrals as well as an increase of referrals above what was expected. The Mental Health Team was aware of the impacts of this and therefore has been working to address this and, as of July 2020, they have been working on a mental health business case to address the mental health surge expected from COVID-19. As part of this business case, an investment into the provider has been agreed to address the anticipated surge and assist with reducing the waiting list sooner than the planned trajectory.

There had previously been a number of complaints in relation to the Attention Deficit Hyperactivity Disorder (ADHD), particularly concerning 'patient choice' and the right to choose a provider. In response to this the Mental Health Team conducted a review: it had originally been understood that patient choice did not apply in this circumstance. After further research and investigation it was identified patient choice does indeed apply, if the criteria in the 2014 Mental Health Choice guidance is met; this includes being the first outpatient appointment and GP referred. As a result, the CCG has adjusted their position.

The CCG now have a health panel set up, to review funding requests that fall outside of the Exceptional Funding Requests (EFR) process. These are reviewed on a case by case basis with clinical input. There have been some cases which have come to panel and fall within the remit of NHS England. The CCG has identified an ongoing piece of work to gather all of NHS England pathways and understand how they link in with our own. This will prevent any future funding panel decision delays as we will be able to direct any funding referrals appropriately.

Previously there have been a number of complaints concerning mental health which involve multiple providers, which at times meant service users were getting multiple responses to their complaints. The Mental Health Team have identified this as an area where providers across the system need a more cohesive approach in responding to complaints, to ensure service users do not get a multitude of responses and thus the patient experience is improved.

We have not received a large number of complaints concerning mental health directly related to COVID-19. Having said this, we expect that there could be complaints in future quarters related to waiting times and changes in service criteria, due to the anticipated surge in demands for services. The Mental Health Team has therefore been working to identify gaps in the system which will need to be addressed:

- IAPT referrals quickly returned to pre-COVID-19 levels (by mid-June).
- Adult community services and CAHMS referrals have also returned to pre-COVID-19 levels (by early June and late June respectively).
- Out of Area Placements have increased.
- Place of Safety levels are increasing.
- An increase of people with mental illness and learning disabilities is being reported in Emergency Departments: ambulances have been queuing outside, higher numbers of people attending due to self-harm, patients whose mental health had previously been stable for many years are attending and people with drug and alcohol issues.
- Primary care is reporting a significant increase in patients seeking mental health support, including a 6% increase in the size of the serious mental illness register.
- Impact on suicide (the impact of lockdown is being referenced).
- Some voluntary sector providers are reporting over 30% increase in demand.

- Citizens Advice is seeing a new cohort of people who are unemployed for the first time and are experiencing mental distress.

As a whole System response, Partners (including clinicians, front-line workers and people with lived experience) quickly developed a business case of proposals to mitigate the risks to mental health arising from COVID-19. This has taken a whole population approach, reflecting the need for early intervention and prevention, as well as proposals to protect services to ensure that capacity is in place to respond to increased demand. This includes increased support for:

- People affected by debt and the newly unemployed;
- People affected by self-harm and experiencing suicidal ideation;
- IAPT capacity;
- Primary mental health support;
- People with severe and enduring mental illness;
- People affected by learning disabilities;
- People disproportionately affected by COVID-19 (including children and adults from Black communities, and communities with high levels of deprivation; people affected by trauma and refugees and asylum seekers).

A shared approach to evaluation and data collection is being developed to assess both the individual impact of each intervention, and the system-wide impact.

Exceptional Funding Requests (EFR) / Individual Funding Requests (IFR)

Throughout Quarter 1, we received twenty seven (27) enquiries related to Exceptional Funding Requests (EFR). There were a number of requests for information, concerning processes and funding queries. There were also several enquiries and a couple of complaints concerning In Vitro Fertilisation (IVF) rejected funding requests.

The EFR Team continue to work closely with the Customer Services Team and are using the feedback to improve patient processes and communications with patients. The Customer Services Team has also given feedback to the EFR team concerning communications with patients, in order to avoid enquiries escalating into complaints.

The EFR Team continue to monitor and review processes in line with best practice and comments from patients and clinicians, particularly in light of adaptations made to continue the service during the COVID-19 emergency.

4 Parliamentary and Health Service Ombudsman (PHSO)

The table below gives an overview of the contact we have had from the Parliamentary and Health Service Ombudsman (PHSO) and the complaints that have been referred to them. It details how many complaints are being investigated by the PHSO, how many they have declined to investigate and the number on which we are still awaiting a decision:

Figure 5: Overview of Contacts with PHSO

| Year | Number | Awaiting Decision | PHSO Declined to Investigate | PHSO Confirmed Now Investigating |
|-------------|--------|-------------------|------------------------------|----------------------------------|
| 2018 - 2019 | 1 | | √ | |
| | 2 | | √ | |
| | 3 | | √ | |
| 2019 – 2020 | 1 | | √ | |
| | 2 | | √ | |
| | 3 | | √ | |
| | 4 | | √ | |
| | 5 | | | √ |
| 2020 - 2021 | 1 | √ | | |
| | 2 | | | √ |

As the table shows, we are currently awaiting a decision on one (1) complaint. The two (2) complaints that the PHSO are currently investigating relate to Mental Health and EFR.

5 Compliments received in Quarter 1

Fourteen (14) compliments were received in Quarter 1.

The essence of these compliments is captured in the vignettes below:

Thanking the CHC team and the care home for their support

Relative

Thanked the CHC team for the care and support and for treating their mother with dignity.

Relative

Letter of thanks to CHC for their support.

Patient

Expressed gratitude to Customer Services Team for their help.

Patient

Expressing how 'kind and supportive' CHC and the carers were.

Relative

Thanked the CHC team for their help in providing a 'seamless transition'.

Patient

Thanking the CHC team for care provided to patient before they passed away.

Next of Kin

Thanked Sirona and Children's Services for care provided to their son.

Relative

Thank you to Children's Complex Care for support with personal situation.

Relative

Thank you to the CHC team for care provided to mother.

Relative

Thanked North Somerset Fast Track Team for effective coordination and support.

Patient

Thank you to Lifetime Team for dedication and hard work.

CCG CHC Team

Thank you to CHC for all help and support that was given to the family.

Next of Kin

Thank you to CHC for support and for enquiring after the safety of patients during COVID-19.

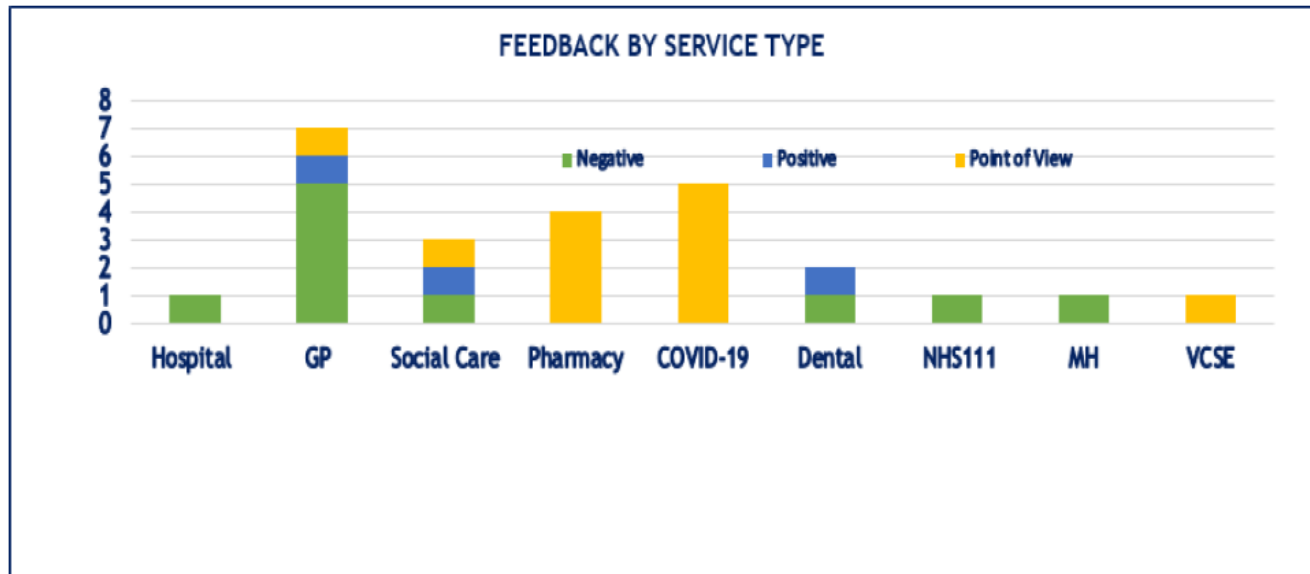
Care Home

6 BNSSG Overview of Healthwatch Report

Each quarter the Customer Services Team gives an overview of the quarterly Healthwatch reports for Bristol, North Somerset and South Gloucestershire. Patients may approach Healthwatch directly and Healthwatch also collect information through a range of engagement methods.

Throughout Quarter 1, Healthwatch collated twenty six (26) episodes of feedback from the population, covering a variety of issues. The feedback received was a relatively even spread of complaints, compliments and points of view / requests for information. As is shown in the chart below, copied from the Healthwatch report, the largest proportion of complaints related to primary care.

Figure 5: Quarter 1 Healthwatch Feedback by Service Type



The complaints received relating to GP practices concerned access, appointments, waiting time and medication / admin. Healthwatch received a number of communications concerning COVID-19, mostly concerning obtaining support during this time. These enquiries related to food parcels and food banks, medication deliveries, obtaining mental health support and having medication delivered.

Healthwatch also provided an additional report this quarter, highlighting feedback from the population specifically connected to COVID-19. During lockdown Healthwatch focused on supporting patients through the pandemic, by providing signposting material and creating a telephone helpline: during the months of April and May they received 120 phone calls. There were themes of confusion about shielding and requests for patient transport to attend hospital appointments. Healthwatch approached the people who had contacted them and asked the patients to undertake a survey, the results of which they published in their report. There were numerous statistics including:

- 37% found it difficult to obtain clear information or advice about particular topics, especially those relating to their health
- 29% experienced changes to the healthcare delivered to them due to COVID-19 and 38% of those people rated the communication they received poor / very poor
- 91% of the people who contacted their local GP practice during lockdown rated their experience as leaving them as happy / very happy

In response to the findings, the Healthwatch report made a number of recommendations, including:

- Clear, concise and consistent information to be provided
- GP surgeries to link vulnerable patients to primary care mental health workers or social prescribers
- Increase the capacity of programmes which tackle loneliness to support the most vulnerable

Healthwatch Bristol also created a report on 'The Impact of COVID-19 Social Care Services at Home', concerning those providing or receiving domiciliary health and social care in Bristol. It found that 46% of people surveyed experienced a change to the normal service provided and 56%

were satisfied with the level of care during lockdown. The report made a number of recommendations including:

- Improved access and advice concerning Personal Protective Equipment (PPE)
- Ensure adequate support for users of direct payments to make contingency plans
- Improve methods of communications, making this accessible for all patients

In addition to the regular quarterly report and the additional reports concerning COVID-19 feedback, Healthwatch also produced three (3) 'Enter and View' reports. These reports focused on two North Somerset GP practices and a Bristol hospital. These visits and subsequent reports were conducted in relation to patient feedback previously received about the services. The reports gave an overview of challenges experienced by patients and recommendations for improvement.

During Quarter 1, the CCG Customer Services Team approached Healthwatch to discuss the complaints they have received and to offer assistance with addressing issues for patients. As most of the patients wish to remain anonymous, it is not usually appropriate for Healthwatch to refer the patient to the CCG; however we have strengthened the lines of communication between the parties to facilitate future working. A key area for improvement identified through the conversations was the need for better promotion of both organisations. The Customer Services Team are considering ways to address this: the Customer Services Manager has liaised with the CCG Communications team and provided information about the CCG for Healthwatch to publish on their website and we are awaiting similar information from Healthwatch so a link can be added to the CCG website.

7 Customer Service Team Developments - Actions Taken in Quarter 1

Quarter 1 was the first quarter with a fully staffed Customer Services Team. Customer Services have continued to look into streamlining processes and procedures and working more efficiently and effectively as a team; with the aim of providing a clearer and more efficient process for the public.

There has been closer working between the Customer Services Team and other teams within the CCG; to improve processes and ensure swifter responses for patients. This has already delivered an improvement: as demonstrated by the improved figures relating to acknowledgement and response times. There has been a particular increase in the communication and working between the Customer Services Team and the Communications Team. This work has included aligning the teams when dealing with MP enquiries, which is ongoing and starting work to gather and utilise further patient feedback.

COVID-19 has had a significant impact on ways of working, but the Customer Services Team has managed to adapt and, for the most part, continue with 'business as usual' throughout the pandemic, to ensure that we are still serving our population through this difficult period. The Customer Services colleagues have also taken the opportunity to assist other departments with work throughout this period, including assisting the Communications Team with various tasks, working with the Wellbeing Group, supporting the HR Team and aiding the facilitation of the Project Nightingale. It is hoped that by supporting the CCG and undertaking these wider tasks, there will be further-improved communication and sharing of resources within teams, which will ultimately result in a more cohesive approach within the CCG when assisting patients.

The Customer Services Team has been implementing changes and improvements to the Datix reporting system. So far this work has largely involved a 'tidy up' of the system, for example amending the categories, including adding a reporting category for COVID-19.

A new Standard Operating Procedure (SOP) is being developed. In conjunction within this work the BNSSG Complaints Policy is being reviewed and updated. The SOP will detail the responsibilities of all employees in relation to the handling of complaints and enquiries, with the purpose of improving the process and experience for our patients.

In addition to the work on the SOP and Complaints Policy, the Customer Services Team has assisted a review of the handling of clinical complaints.

8 Work in Progress

Work concerning the development of the Customer Services Datix reporting system is ongoing. In addition to the several improvements already made, we are looking to make further enhancements to the system. The aim is to allow us to record and report on complaint and enquiry cases more effectively and therefore to increase the CCG's ability to learn and develop from investigations and patient feedback.

As detailed above, a new Standard Operating Procedure (SOP) is being developed, with the aim of this being ready to be sent to Executives in September. Once agreed, the SOP will be available for the whole CCG and we hope to run a 'lunch and learn' session to aid the launch of this.

There is also ongoing work concerning developing a process for capturing feedback from patients who have been through the CCG complaints process. This has involved liaising with other CCGs and working with the Communications Insights Team to develop a feedback mechanism, which we anticipate will be put in place in autumn this year.

As mentioned previously in the report, Quarter 1 has seen a large increase in the number of MP enquiries received, largely due to the COVID-19 pandemic. In light of this increased demand, the Customer Services Team are working closely with the Communications Team to review how MP enquiries are handled and responded to, with the hope of streamlining this process and creating more effective responses for MPs and their constituents.

Glossary of terms and abbreviations

| | |
|------------------|--|
| BNSSG | Bristol, North Somerset and South Gloucestershire |
| CCG | Clinical Commissioning Group |
| CHC | Continuing Healthcare |
| IAPT | Improving Access to Psychological Therapies |
| ADHD | Attention Deficit Hyperactivity Disorder |
| PPE | Personal Protective Equipment |
| EFR / IFR | Exceptional Funding Requests / Individual Funding Requests |
| IVF | In Vitro Fertilisation |
| PHSO | Parliamentary and Health Service Ombudsman |
| SOP | Standard Operating Procedure |



Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group

Top Themes for Patient Feedback

The table below gives an overview of the top five subject areas for patient contact, showing the number of contacts for each. As previously noted these top five areas have been collated excluding general administrative queries, including requests for contact details.

| | Other: COVID | PPE | Continuing Health Care | GP (Primary Care) / Primary Care | Mental Health | EFR / IFR |
|---------------------------------|--------------|-----------|------------------------|----------------------------------|---------------|-----------|
| BNSSG CCG | 46 | 0 | 8 | 16 | 36 | 21 |
| Primary Care (Bristol) | 0 | 0 | 0 | 7 | 0 | 0 |
| Primary Care (North Somerset) | 0 | 0 | 0 | 18 | 1 | 0 |
| Primary Care (South Gloucester) | 0 | 0 | 0 | 15 | 0 | 3 |
| Secondary Care | 1 | 0 | 0 | 3 | 5 | 3 |
| Community Care | 1 | 0 | 1 | 0 | 3 | 0 |
| Continuing Health Care | 0 | 0 | 57 | 0 | 0 | 0 |
| Out of Hours Providers | 0 | 0 | 0 | 0 | 0 | 0 |
| Unknown | 8 | 0 | 0 | 3 | 1 | 0 |
| Social & Council Services | 1 | 0 | 1 | 0 | 0 | 0 |
| Patient Transport Services | 0 | 0 | 0 | 0 | 0 | 0 |
| Other | 2 | 21 | 0 | 0 | 0 | 0 |
| Total | 59 | 21 | 67 | 62 | 46 | 27 |
| | 80 | | | | | |

