



Mystery Shopping:

Making a complaint in your GP surgery

*****ABSTRACT*****

Between March and April 2014, East Sussex Community Voice, through its Healthwatch East Sussex functions carried out a mystery shopping exercise.

The aim was to explore what is the provision of complaints advice and information available in GP Surgeries across East Sussex.

This report is a summary of the key findings, priority areas and actions for Healthwatch East Sussex (HWES) and local partners to consider developing.

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ESCV delivers Healthwatch East Sussex, Young Inspectors, and commissions NHS Complaints Advocacy in East Sussex

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1. Executive summary

- 1.1. Between March and April 2014, East Sussex Community Voice, through its Healthwatch East Sussex functions carried out a mystery shopping exercise.
- 1.2. The aim was to explore what is the provision of complaints advice and information available in GP Surgeries across East Sussex.
- 1.3. This report is a summary of the key findings, priority areas and actions for Healthwatch East Sussex (HWES) and local partners to consider developing.

2. Stakeholder feedback

- 2.1. Stakeholders receiving this document are requested to work with HWES to explore any issues raised in the research, and to:
 - Comment on the key findings; and
 - Identify potential next steps for collaborative working, and/or service change.

3. Background

- 3.1. During January 2014, HWES planned and delivered a small scale pilot project reviewing the access to local complaints procedures at GP Practices in the county.
- 3.2. At the time, access to GP services was being identified as a potential area for further investigation. Evidence had been received by HWES through some of its activities, including our study into the pathway to urgent care services.
- 3.3. There was also a growing awareness that the complaint process for health services could be difficult to access and was beginning to be considered locally and nationally by various media channels and campaign groups.
- 3.4. The right to make a complaint is something which should be considered as a positive step for the patient, in being able to proactively voice a concern about their support and affect change and influence the decision making process where they can.
- 3.5. This pilot gave HWES valuable evidence and insight in this area and helped to identify this as a worthwhile activity to deliver on a larger scale across East Sussex.

4. Methodology

- 4.1. The methodology used to collect the information from this mystery shopping exercise is as follows:
 - Use a team of trained HWES Enter and View volunteers to conduct a 'Mystery Shopping' exercise of GP surgeries.
 - Visit as many of the 114 GP Practices across the county as possible.

- Observe the waiting and reception areas for information about the practice complaints procedure.
- Look for information in other languages or support available, other than English.
- If they were not busy, talk to reception staff if no information was found and ask about the complaints procedure.
- If questioned about the complaint or who it was for, the volunteer would respond that it was for a family member who could not attend in person. If asked for a name, this was to be politely declined.
- Note any further observations which are relevant to the task and collect any physical evidence if possible e.g. leaflets, newsletters.

4.2. Visits were carried out between 21/03/2014 and 30/04/2014. It was left to the volunteer undertaking each visit to choose a time of the day to do so. During the period, the volunteers visited 44 of the 114 of practices across the county, a total of 39%.

4.3. One practice visited was on the border for a non-East Sussex clinical commissioning group. Shown below is a breakdown of the number of practices visited in each Clinical Commissioning Group area.

Clinical Commissioning Group	Number visited
Hastings & Rother CCG	21
Eastbourne, Hailsham & Seaford CCG	9
High Weald, Lewes & Havens CCG	14
Out of County	1

5. Observations and findings

5.1. Where the time of visit was recorded (44 out of the 45), 57% were carried out between 08:00 and 13:00, and 43% were carried out between 13:00 and 18:00.

5.2. Although this may not have any direct bearing on the quality and availability of information, it does give a range of times across the working day including busy and quiet periods. The main findings of these visits are shown below.

5.3. **Prominence of complaints information:** On arrival, volunteers were asked to look around the waiting area and reception to try and see if information about the practice complaints process is clearly visible. If so, was it available in English only, or was help available in other languages.

- 35 of the 45 practices did not display any information regarding their complaints procedure.
- In some instances where information was found, it was not in the reception or was hard to read.
- Some waiting areas only had available the East Sussex County Council booklet “How to make a comment, compliment or Complaint” (IL03). This relates to Adult Social Care services in the first instance.
- Volunteers observed contrasting levels of tidiness and presentation of information, some neat and some untidy.
- No information was observed in other languages at all.

5.4. Asking for a complaint form: Volunteers were asked to engage with reception staff (if they were not busy), and ask for a copy of the practice complaints form.

Shown below are the main themes:

- In only 13 of the 45 practices could reception staff produce a complaints / feedback form to take away. 3 were unsure of the process overall, and 29 said that they did not have a form at all.
- Where there was no complaints form available, volunteers were advised to contact the Practice Manager in the first instance. This was also the case generally where there were forms available.
- In one instance a volunteer waited at reception for over 10 minutes before being given a form.
- Reception staff were generally polite, helpful and engaging – with few instances of poor customer service being reported.
- Only in one instance was it reported that the receptionist said that the practice welcomed complaints, to help improve the service.
- When asked about timescales for reply, no one was confident of how long this would take. Answers given ranged from 3 days to 7 days.

5.5. Quality of information: At practices where volunteers engaged with reception staff to ask for a complaints form or enquire about the complaints procedure, there was a variance in the quality of information relayed to them. When returning their completed observation forms to HWES, volunteers were asked to ensure that any written information they were given was attached.

- When asked many practices were able to produce a comments slip, booklet or complaints form. In most instances staff referred to a booklet.
- In the absence of a specific method of recording any details, staff were able to identify in a booklet the name of the Practice Manager or how to access the complaints process.

- In some cases, details for the Practice Manager were given on scraps of paper, post it notes or, in one case, on a repeat prescription form.
- Staff overall were very professional, helpful and willing to assist. On a few occasions, however, they needed to be prompted for a pen to write details down. On two occasions it was reported that staff did not seem bothered about providing information.
- The amount of information available at some surgeries was thought to be too much in some instances, making it difficult to find relevant information.

6. Conclusions

- 6.1. The material collected from each visit which explained a practice's complaints process varied in availability and quality. In the majority of the visits the volunteer needed to ask at reception for information, which may prove to be a barrier for some patients.
- 6.2. Availability of information in other languages or for those needing assistance to read was also not immediately available. Only one practice produced a booklet specifically aimed at helping people who did not speak English as their first language.
- 6.3. The booklets were found to be a good source of information generally, and reception staff were happy to show the volunteer where the complaints information was, or indicate who they could write to in the first instance. This was usually found to be the Practice Manager.
- 6.4. Where booklets or specific comments/complaints forms were not made available, the quality of information was, in some cases, found to be poor, either written on post it notes, scraps of paper or on forms for other surgery functions. This is not a good way of ensuring that the patient has a positive experience when being able to inform their practice of any area of their support which they felt was not adequately delivered. There is the potential, that if the information patients are given is not escalated and responded to in a professional manner, the patient will have little or no confidence that a complaint or issue will be dealt with effectively.
- 6.5. Most reception staff encountered were friendly and empathetic to the volunteers when they asked about the complaints process. In cases where staff did not know or were unsure of their practice complaints procedure, they did make efforts to find out. However in one instance, the volunteer was waiting for over 10 minutes and needed to ask the staff for an update. Again while it is positive that staff are engaged and proactive when dealing with volunteers, keeping a patient informed if there is a delay in locating the information requested would be beneficial.
- 6.6. A few staff were found to be dismissive or unhelpful, which again would present a significant barrier to anyone making a complaint.

- 6.7. The inclusion of the Adult Social Care leaflet “How to Make A Comment, Compliment or Complaint” (IL03) is a valuable addition to any area with information available; however, where no specific information is available this may be seen as the way to make a complaint directly to the practice. It is acknowledged within this document that any complaints made which do not fall within Adult Social Care services will be passed on to the appropriate partner organisation, this will obviously incur some time delay while the information is passed on. There is also a risk that the person making the complaint may ask for an update from the practice concerned, which may not be aware that a complaint had been made in the first instance.
- 6.8. Patients may not be aware that they do not have to complain to the GP surgery directly, but that independent advocacy is available. GP Practices should therefore make available information signposting people to the independent NHS Complaints Advocacy Service.
- 6.9. Overall, it is concluded that at present, many people may be put off raising a concern or complaint with their practice as the only way to do so would be to interact directly with staff.
- 6.10. Those who may not feel confident enough to raise their concern directly need a confidential way of beginning the process, without having to do so in a public area, such as a practice waiting room.
- 6.11. By ensuring that a dedicated, clearly defined complaints process is in place, practices will be able to proactively seek the views of their patients, to ensure continual improvement and understanding of the patient experience.
- 6.12. Information presented in clear and accessible formats, would greatly improve the opportunity for patients to make their views known and give confidence that they are able to express their concerns in a confidential way, within a structured process, should they need to.
- 6.13. While the object of this study is not to increase the number of complaints within practices, it has highlighted some areas which could prevent a patient with a genuine concern raising it and thereby providing valuable insight for the practice.

7. Recommendations

- 7.1. The findings from this study and the pilot study before it have highlighted some areas where small changes would have significant impact for patients, wishing to make a complaint or raise a concern.
- 7.2. Not all practices appear to have in place an accessible, confidential system for collecting complaints. Information is not always displayed and there is a need to interact with reception staff to gain access to the complaints process. This may prevent some people from beginning the process at all, despite many staff being friendly and helpful.

7.3. Based on the observations recorded, the following recommendations are made to suggest improvements to the system to ensure that patients, or their representatives, are able to raise a concern with confidence.

7.4. General:

- All GP Practices should have in place a complaints process, which all staff are aware of and can communicate to members of the public.

7.5. Areas identified where improvements could be made to ensure a consistent complaints process is adopted across all Practices are:

7.6. Process:

- Have a dedicated complaints form in place.
- A complaints form could be included as part of any existing practice booklet or “Information for Patients” leaflets.
- Make the complaints process clear for patients, with clear instructions for the procedure.
- Staff training to include how to deal with complaints and understanding the procedure for their practice.
- Clearly defined, consistent, timescales for providing the complainant with a response.

7.7. Availability of information:

- Complaints information kept separate from general information and made clearly identifiable.
- Information about making a complaint should be available in the waiting room area and not need interaction with any staff in the first instance.
- Information readily available in a variety of formats and languages.
- Drop box for complaints returns.

7.8. Quality of information:

- Ensure correct forms are used for recording concerns.

8. Further information

The Healthwatch East Sussex pilot report is available on request.

Please contact us by:

- email: enquiries@healthwatcheastsex.co.uk
- telephone: 0333 101 4007, or

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- visit our website: www.healthwatcheastsussex.co.uk

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