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15<sup>th</sup> July 2013

Dear Len

Re: RE: Complaints system for primary care complaints and concerns in the new NHS infrastructure

Thank you very much for your letter dated 4<sup>th</sup> July 2013 raising concerns about the handling of primary care complaints in the new NHS infrastructure. I appreciate you raising this issue with me as I know it is a subject of significant importance for us all. I absolutely understand the anxiety of organisations, such as CCGs, Health Watch and the Health and Wellbeing Board around this issue and perhaps I can offer you some background and update which will hopefully reassure you of the commitment from NHS England to address this matter.

As you rightly point out, the NHS infrastructure changed significantly from 1st April 2013 and NHS England took over responsibility for commissioning primary care services and some specialised services. NHS England put in place a National contact centre in Redditch to handle contacts from any individual who had a query about any aspect of the NHS, and this also includes complaints. It became apparent at an early stage that the volume of calls to the contact centre was much higher than expected and that the process for handling enquiries and complaints about primary care needed to be reviewed. Essex Area Team has worked closely with colleagues within the Midlands and East region to raise concerns to the centre around exactly the issues you outline in your letter. We have a number of staff within our team with significant experience of handling PALs issues and complaints, and they have been instrumental in working with the Regional and National team to shape the service going forward. It might be helpful to outline some of the changes that have already taken place, or are currently in progress to ensure the system if fit for purpose.

You make a specific and relevant point about patients needing to be able to lodge their concerns verbally. This is a concern that has been recognised by NHS England and patients are now able to do this. There has been a fundamental change in the process within recent months whereby calls are now logged at the centre and resolved immediately, where possible, for example in the case of a simple generic enquiry. If the handler is not able to resolve the issue there and then it will be passed either to a separate national team, for generic NHS England enquiries, or to the local area team complaints staff for resolution.

As you say in your letter, a backlog of complaints did build up at the centre. Just to give you some idea of the impact the recent change in process has had, within the Essex area we were allocated a backlog of in excess of 100 cases. We have now cleared the backlog significantly whilst keeping on top of all new complaints coming to us and the current position as of today is that we have 65 cases in progress and we have resolved a total of 68 cases.

With regard to your question about hard and soft intelligence, and how this is fed into the primary care commissioning, contracting and quality management processes, I hope I can provide you with some reassurance around this. The computer system used by the national team is accessed by the local area teams and this is how they pass enquiries and complaints to us. In Essex we also have our own database in order to ensure we are managing the complaints in accordance with the regulations and so that we can record all contacts with any individuals in relation to the complaint. This also allows us to provide basic reports, which will identify any trends or themes we need to be aware of. Going forward we anticipate we will have a more sophisticated system to do this but as an interim measure, this provides us with an efficient audit trail of the handling of the complaint. We have just started producing reports to feed into our Direct Commissioning and Oversight Group, which looks at all issues relating to our directly commissioned services. However, our dedicated complaint team within Essex have already started to identify some possible areas of concern around primary care through the complaint handling process and these have been flagged immediately to Joan Skeggs, our Assistant Director of Patient Experience, who oversees the complaint function. Joan will raise these concerns for discussion with our Primary Care Team. I understand Joan has met with Kim James from Thurrock Health Watch and has also arranged to meet monthly with Kim and Jane Foster Taylor, Executive Nurse from Thurrock CCG.

You raise the issue of information flow from NHS England to CCGs and, to hopefully reassure you once again, we absolutely see the importance of sharing information with the CCGs and I understand that Joan had envisaged she would do this monthly in her meeting with Jane Foster Taylor but we are also including information about quality in all areas of the system to the newly formed Quality Surveillance Groups, which are held bimonthly.

Finally, you offer for a member of the area team to attend a future CRG. I believe Carolyn Larsen is the Area Team representative on that group but I have also spoken to Joan Skeggs who would be more than happy to attend a future meeting to give a further update on the progress of Primary Care Complaints and PALS.

I hope this letter provides you with some assurances around the concerns you identify and I would like to thank you again for taking the time to raise these issues with me. If you need any further reassurance or clarification or would like to discuss this matter in more detail please feel free to come back to me personally or contact Joan Skeggs on 01245 459353.

Yours sincerely

Andrew Pike

**Area Director - Essex**