

# Annual Patient Experience and Complaint Report 2019/20

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## 1. Introduction

The purpose of this report is to provide the Quality and Performance Board with:

- An overview of complaints received by Surrey Heartlands CCGs, East Surrey, Guildford and Waverley, North West Surrey and Surrey Downs during the last financial year 1 April 2019 to 31<sup>st</sup> March 2020.
- An overview of GP quality alerts and themes and actions resulting from these.

Provider patient experience data and themes are reported and triangulated with clinical effectiveness and safety metrics through the provider assurance reporting dashboard process and areas of concern are monitored and managed through the Clinical Quality Review meetings and supported by contractual activity where appropriate.

## 2. Complaints

### 2.1 Context

During the year covered by this report the Patient Experience Coordinators (part of the Communications and Corporate Affairs Directorate) managed complaints received on behalf of three CCGs in Surrey Heartlands – Guildford and Waverley, North West Surrey and Surrey Downs CCGs. From the 1<sup>st</sup> November 2019 they managed complaints for East Surrey CCG. The Head of Engagement, is the designated Complaints Manager. It should be noted that for the next reporting period complaints will be reported as one CCG as the four CCGs have now merged to form Surrey Heartlands CCG. At the start of 2019, G&W, NWS and SD CCGs adopted Datix™ to log and manage complaints, enabling improved reporting across the CCGs of deadlines for acknowledgments and responses

The CCGs are regulated under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. Each CCG has a duty to handle complaints about:

- (i) the exercise of its functions; or
- (ii) the exercise of any function discharged or to be discharged by it under arrangements made between it and a local authority under section 75 of the 2006 Act in relation to the exercise of the health-related functions of a local authority

The majority of complaints received by the CCGs are re-directed to other bodies, mainly provider organisations.

This summary of complaints, received between 01/04/2019 and 31/03/2020, will consider how well the CCGs have fulfilled their duties under key parts of the above regulations as well as consider the subjects of complaints and the learning that the CCGs have applied.

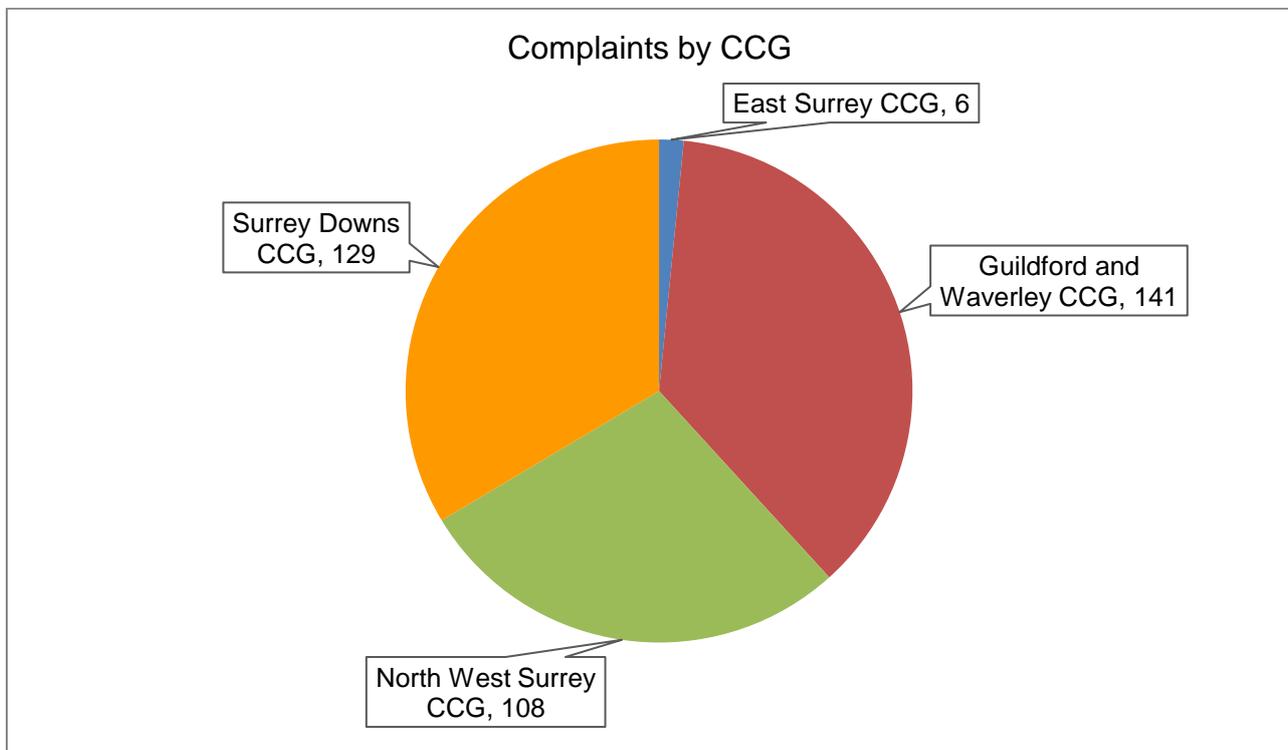
This report does not include complaints received by the CCGs regarding Adult Continuing Health Care (CHC) provision. These are reported separately by the CHC Team.

The Surrey Heartlands CCGs operated under an aligned [Complaints Policy](#). The policy stated the following deadlines for responding to enquiries and complaints:

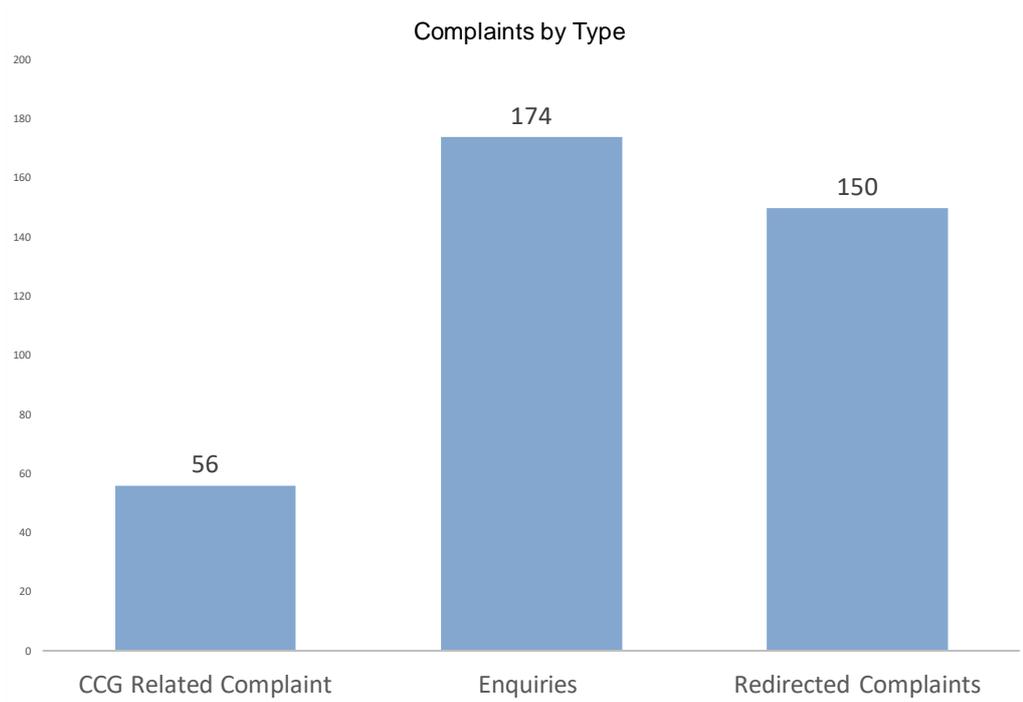
- a) Enquiries – within 10 working days
- b) Complaints – within 25 working days
- c) Redirected – no deadline; as mentioned in 2.1 the response sits with the responsible organisation.

## 2.2 Overview of complaints received by the CCGs (does not include Continuing Health Care – see section 2.4)

From 01/04/2019 to 31/03/2020, the Patient Experience Coordinators logged 384 communications, comprising a mixture of complaints and enquiries. Complaints received by the CCGs, which do not relate to their commissioning functions, are redirected to the responsible organisation for them to investigate according to their own complaints policy and procedures.

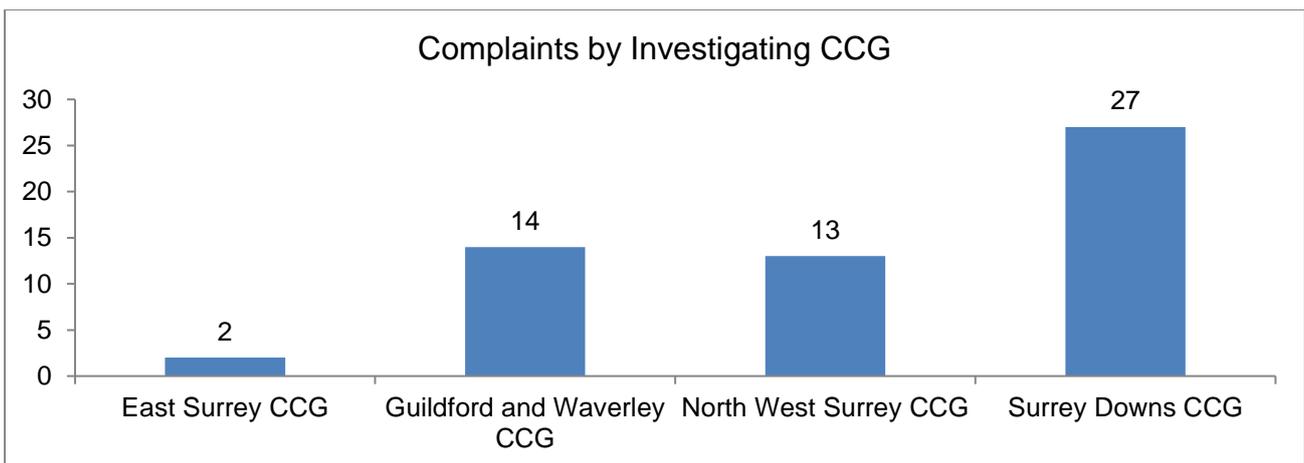


Of the 384 records created by the CCGs, just 56 (14%) were directly related to their commissioning functions. The remaining communications with the CCGs consisted of 150 (40%) records relating to redirected complaints and 174 (46%) enquiries, as illustrated in the chart below.



206 complaints in total were handled by the CCGs. In 2018/19, the three CCGs received 230 complaints over the 12 months hence the rate is lower this year compared to last. The number of complaints received by each CCG does not correlate with their population size: NWS CCG received fewer than the other CCGs in relation to its population.

Of the 56 complaints that were directly related to the CCGs' commissioning functions, Surrey Downs (SD) CCG received the most (n=27) followed by Guildford and Waverley (G&W) (n=14), North West Surrey (NWS) (n=13) and East Surrey (ES) (n=2<sup>1</sup>), as illustrated in the chart below:



The majority of complaints received into the CCGs in relation to commissioning functions related to Individual Funding Requests (IFRs), Contracting and the Referral Support

<sup>1</sup> Since the 1st November 2019; complaints received by ES CCG from 01/03/19 to 31/10/19 are reported separately.

Service (RSS). IFRs and the RSS are Surrey-wide services that were hosted by SD CCG during this reporting year, which partly explains why it received the most complaints.

### 2.2.1 Number upheld

Of the 56 complaints that the CCGs received regarding commissioning functions

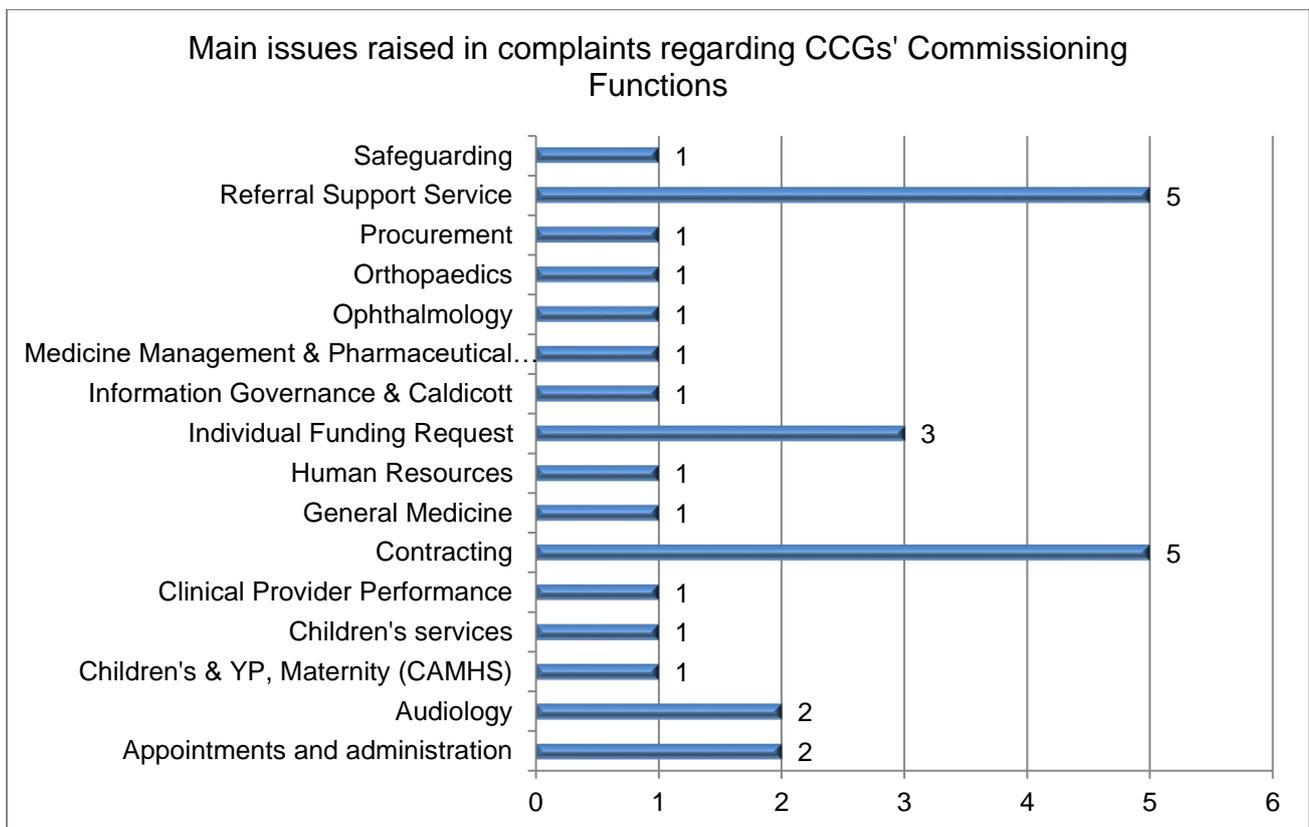
- 9 (22%) were upheld
- 8 (20%) were partially upheld.
- 23 (58%) were not upheld

Those that were upheld related to:-

- Funding decisions
- Administration
- Reimbursement of expenses – non-employee
- Understanding of Assisted Conception Policy criteria
- Mobilisation of a new service
- Consent for use of image.

All upheld and partially upheld complaints resulted in learning that led to changes as described in section 2.3.

### 2.2.2 Complaints investigated by CCGs (related to commissioning functions)



Complaints investigated by the CCGs covered a broad range of themes as illustrated in the chart above<sup>2</sup>. The most common issues raised are detailed below:

### Referral Support Service

- Patient choice not fulfilled
  - Verbal communication with referring GP and patient quickly resolved this issue.
- Long delays in appointments being issued following referral – resulting from staff absence within the RSS team and administration errors.
  - Both reviewed with contingencies put in place to prevent reoccurrence.
- Duplication of correspondence
  - System has been reviewed to prevent unnecessary duplication of correspondence to patients.

### Contracting

- Applications for specialised equipment were sent to the IFR Team, rather than to the Contracting Team for review, which led to delays and confusion affecting patient experience.
  - Guidance was provided to consultants to ensure that funding requests for equipment are directed by the IFR team and the Complaints team direct to Contracting.
  - Guidance to staff reiterated about referring ‘complaints’ in its widest definition to the central team including requests for funding as some requests and/or enquiries.
- Incomplete applications delaying the progress of applications.
  - Guidance and Policy developed and now shared with all new applications to assist consultants when making applications.
- Consultants not understanding the relevance of clinical exceptionality for patients when completing applications for funding. This delays process/funding being denied.
  - Contracting team will assist where necessary in the completion of the application.
- Provision of continence products to a care home on the border of Surrey Downs (SD) CCG and East Surrey (ES) CCG. This highlighted a gap in provision which needed addressing.

The CCG successfully resolved the contracting issues and it is continuing to work on the lessons learned.

### Individual Funding Request (IFR)

- Process – Delays in decision-making.
- Incomplete applications submitted, patient exceptionality not sufficiently articulated to enable an appropriate decision to be made.
  - Clearer guidance for consultants issued on how to submit an IFR and adhere to associated timescales which meet patient expectations.

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<sup>2</sup> These categories align with the K041a complaints data required on a quarterly basis by the Health and Social Care Data Collection team.

- Lack of timely process/administrative error – age threshold for IVF treatment was exceeded as a result of delays in the process.
  - CCG reviewed and remedied the case.
- In addition to these complaints, the CCGs dealt with two enquires about advice they had received regarding eligibility for assisted conception funding. Both patients had been incorrectly advised by their GPs that funding was not provided for IUI treatment for single sex couples.
  - Guidance was issued to Primary Care regarding this eligibility criteria in the Assisted Conception Policy.

### Audiology

- Change of provider for patients in Surrey Downs. People were unsure of how to access services and where to go for tests/maintenance of hearing aids. Over a three month period there were numerous calls from distressed patients and carers.
  - A patient leaflet was designed to sign post patients, clarifying which services were available by each provider and how to access the services. One complaint followed receipt of this leaflet due to the letter received being unfranked and therefore incurred cost. The CCG apologised and reimbursed the complainant.
  - The RSS agreed to handle all calls coming in from patients to improve flow of accurate information and re-establish patient confidence.
  - Learning was shared internally to inform future procurements.

### Appointments and administration

- Rejection of referral from a Locum GP. The GP needed to email the stroke team at ASPH directly but sent it wrongly to the RSS who are unable to book appointments for this pathway.
  - The RSS team advised the practice to of correct procedure but received the referral the subsequent day. In order to minimise any risk to the patient the RSS e-mailed the referral to the stroke service, and reminded the practice of the correct referral pathway for TIA referrals.
- Delay in reimburse of costs for a participant at a CCG event. This was due partly to the original cheque sent to the wrong address and staffing issues at the CSU so that it was slow to action a replacement cheque.
  - The Head of Finance at the CCG approved payment outside the normal monthly payment date to expedite the payment.

#### 2.2.3 Deadlines for acknowledging and responding to complaints

There is a statutory duty for all NHS organisations to acknowledge all complaints they receive within three working days. Furthermore, the CCGs' policy is to investigate and provide a final response to complaints regarding their commissioning functions within 25 working days of receipt; where the deadline of 25 working days may be exceeded the CCG will maintain contact with the complainant and keep them up to date with how the investigation is progressing.

Of the total 206 complaints requiring acknowledgement<sup>3</sup>, the CCG performance was as follows:

- Four acknowledgement deadlines breached:
  - Two delayed due to internal colleagues not informing Patient Experience Coordinators (PEC) when they received a complaint;
  - One delayed due to staff absence in PEC team;
  - One delayed due to the need to seek advice from the Complaints Manager prior to acknowledgement due to abusive content within the complaint.

This highlights a number of areas of improvement:

- Ensuring staff are clear about and adhere to the process described in the Complaints Policy when they receive a complaint i.e. forward immediately to the Complaints email address, to ensure it is logged and acknowledged within three working days of the CCG receiving it.
- The business continuity plan in the Communications and Engagement Team has been reviewed and additional mitigations included to cover unexpected absence of those managing complaints.

Of the 56 complaints requiring investigation and final response from the CCGs:

- Three responses were not sent within 25 working days i.e. the working guideline within the Complaints Policy was exceeded:
  - Two of these were very complex complaints that required longer investigation to resolve them to a satisfactory conclusion.
  - The third response was delayed due to the Investigating Manager being unforeseeably absent.

In all cases where response deadlines were breached, the CCGs ensured the complainant was kept up to date on the investigation.

#### 2.2.4 Redirected complaints

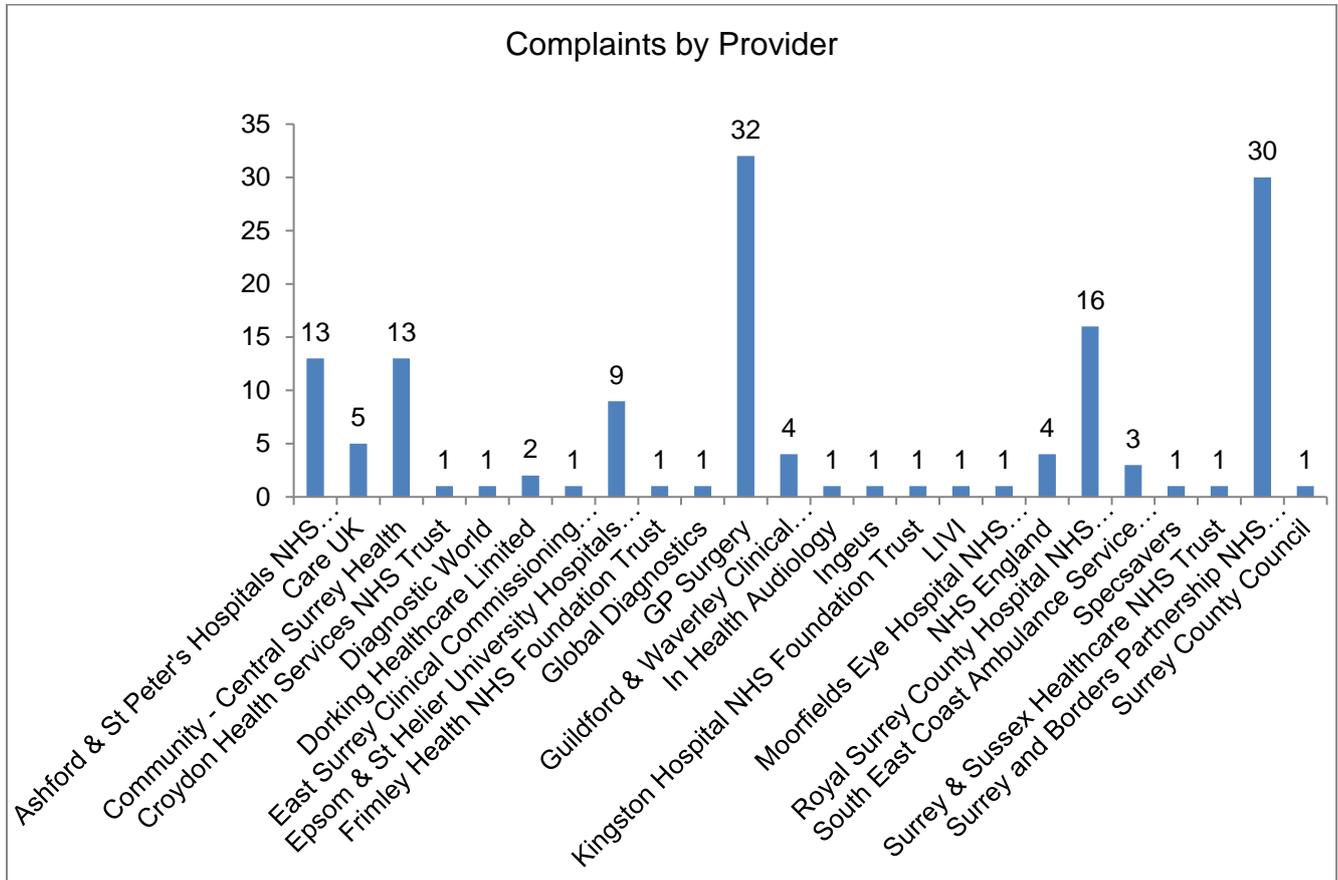
Of the 150 complaints that the CCGs redirected:

- 32 related to primary care services (GP) and were redirected to NHS England;
- 30 related to mental health services (Surrey and Borders Partnership NHS Foundation Trust was the only provider involved in all 30 cases);
  - 18 related to Children and Adolescent Mental Health Services with the remaining 12 relating to adult mental health services
- 13 to community health services (CSH Surrey);

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<sup>3</sup>Enquiries do not legally require acknowledgement within 3 working days and so have not been included in this analysis; however, in practice, the PECs works to the same acknowledgement deadline as for complaints.

- 38 related to acute care services
  - 13 - Ashford and St. Peter's Hospitals NHS Foundation Trust
  - 16 - Royal Surrey County Hospital
  - 9 - Epsom and St Helier University Hospitals NHS Trust.



When complaints are redirected for investigation, it is as if the complainant has complained directly to the provider; the CCG subsequently closes them down on receipt of acknowledgement. Providers are required to report on complaints submitted to them and these include complaints that have been redirected by the CCGs. The exception to this would be if the complainant has specifically asked the CCG to coordinate the investigation and response - usually when the complaint is complex and involves multiple providers.

### 2.2.5 Unreasonably persistent behaviour

The CCGs interacted with two complainants over this period that were deemed upon full review to demonstrate unreasonable persistent behaviour as defined in the Complaints Policy. Both complaints had been fully investigated by the CCG and relevant providers. The CCG did all they could to assist the complainants to reach a satisfactory conclusion but unfortunately the complainants continued to make persistent and at times abusive contact with the CCG.

The CCG took the decision to stem future correspondence with these complainants in line with the complaints policy after a sustained period of communication because the nature of their correspondence and calls to the CCG causing distress and stress to staff members in

receipt of the calls. Complainants were advised of the escalation route to the PHSO and were provided with all relevant information to be able to do so.

## 2.3 Complaints related to Continuing Healthcare (CHC)

### 2.3.1 Quarter 1 - 28 complaints received

The complaint reasons were varied. All complaints were screened for lessons to be learned and feedback given to the clinical and administration teams. Overall, handling time of complaints improved this quarter compared to previous quarters in 2018/19, indicated by the reduction in the number exceeding 25 working day guideline:

- 96% of complaints in Q1 2019/20 were achieved within the required response time.
- 40% of complaints were responded to between 16-20 days.
- One complaint response breached the threshold due to input required from multiple members of staff.

#### Lessons learned

- The team took action to send a holding letter when receipt of Subject Access Requests were delayed to reduce the recurrence of complaints in this area.

The team reviewed the Appeals process and implemented changes in response to complaints around confusing process and paperwork.

### 2.3.2 Quarter 2 - 29 complaints received

The number of complaints received in Q2 19/20 shows a decrease compared to the same period last year. Over the first 6 months of 19/20 a total of 62 complaints were received, compared to 72 in the same period of 18/19, a 13.9% reduction.

#### Lessons learned

- 2 x complaints regarding the Health Needs Form (HNF). Complainant was unable to ascertain from the HNF which staff member at the nursing home had completed the form as there is was no box for that information. This was discussed with the Senior Leadership Team (SLT) and HNFs are no longer used by the CHC clinical team for review purposes.
- 2 x cases of patients being assessed with 1 x clinician. Multidisciplinary Team (MDT) noted on Decision Support Tool (DST) as RGN at nursing home but no signature obtained. This was discussed at SLT meeting. A retrospective review was offered for the period from the checklist to present date as DST is invalidated. Moving forward all MDTs must be formed with two clinicians from different disciplines or with one clinician and one social worker.
- 2 x complaints received from next-of-kin (NOK) whose appeals have moved to retrospective claims once their relative had passed away. There seemed to be a lack of understanding around process. On review of this, the Appeals paperwork was revised.

- 2 x complaints regarding the accumulation of evidence for patients being assessed in their own home. Individuals and carers felt that they were not being invited to submit important information prior to the assessment taking place. Discussed at SLT meeting. Bookings letters were revised to notify patients and carers to have any up to date evidence that may be relevant ready for the assessor to review.

### 2.3.3 Quarter 3 - 32 complaints received

Overall the handling time for complaints in Q3 was longer than the working guideline of 25 days in the CCG's Complaints Policy. In general however, more complaints were answered in shorter timeframes. Complaints in the 30+ day category were due to the need to gather essential information from external sources to inform the complaint response. This impacted on the timeliness of our response. In all of these cases holding letters were sent.

#### Lessons learned

- Following 3x complaints around the delay in the appeals process we will communicate to the appellant when unexpected delays occur in the process out of courtesy and for transparency.
- Following 2x complaints about the name of the member of staff who completed the Health Needs Form not being included on the form, a mandatory box is now on the HNF for the name of staff involved.

### 2.3.4 Quarter 4 - 17 complaints received

#### Lessons Learnt

- Following a complaint regarding a complex Learning Disabilities (LD) assessment. LD assessments must now include an LD clinician.
- Following 2 x complaints around the delay in the appeals process due to staff sickness, holding letters were implemented to keep the appellant informed.

### 2.3.5 Number of CHC complaints upheld in 2019/20

- Total amount of complaints received across the year =106
- Upheld/well founded = 4
- Partially upheld/areas of improvement identified within the complaint =19
- Number that we have been informed have been referred to the Parliamentary Health Services Ombudsman=2

In the last 6 months of 19/20 a total of 49 complaints were received, compared to 70 in the same period last year, which may be related to the impact of Covid-19. This continues the downward trend in complaints regarding CHC over the past three years.

## 2.4 Parliamentary and Health Services Ombudsman (PHSO)

### 2.4.1 Surrey Downs CCG

The PHSO notified Surrey Downs CCG on 9<sup>th</sup> July 2019 that they intended to investigate their handling of a complaint received by the CCG on 14<sup>th</sup> November 2018. This complaint related to the withdrawal of patient transport services (PTS) from a young person attending an eating disorders service. Epsom and St Helier University Hospitals NHS Trust was providing the patient transport service as part of the acute contract at the time.

The PHSO, apportioning split responsibility between the CCG and the provider, Epsom and St Helier University Hospitals NHS Trust, upheld this complaint in October 2019.

The PHSO made the following recommendations, to both the CCG and Epsom and St Helier University Hospitals NHS Trust:

- a) Provide the complainant with an apology, which acknowledged and apologised for the withdrawal of services without proper consultation with, or adequate risk assessment of, a vulnerable patient and the impact that has caused.
- b) A compensation payment of £2057 to the patient.
- c) Appropriate action taken that clearly identifies how the CCG and the Trust will reduce the risk of recurrence of this issue. This to be clearly described and shared with both the PHSO and the complainant within three months of the date of the report, including supporting evidence. This to be clearly described and shared
- d) The current scheme for assessing patient eligibility for patient transport to be shared with the PHSO and the family within three months.

It should be noted in the context of this report that the PHSO did not make any recommendations in relation to how the CCG handled the complaint itself. Surrey Downs CCG has apologised to the family (point a) and compensated the family (point b); points c & d sit with the provider and the CCG is working to support the provider to meet the request.

The PHSO notified Surrey Downs CCG on the 21<sup>st</sup> February 2020 that they intended to investigate the handling of complaint received by the CCG on 4<sup>th</sup> November 2019. This relates to the request for funding for a Transitional Living Unit in Merseyside, this treatment is not routinely funded on the NHS. The PHSO has not yet concluded their investigation so the outcome is yet to be determined.

### 2.4.2 Continuing Healthcare

Recommendations received from the PHSO regarding a case that had been upheld. The request was for the CHC Team to action the recommendations within 8 weeks of receipt of the letter. There was a delay in meeting some of the recommendations due to dependency on third party providers however the PHSO was kept informed on progress and agreed extensions

## 2.5 Summary

The CCGs met their statutory duties in 2019/20 in relation to complaints handling, notwithstanding the minority of acknowledgement breaches that have been explained: just over 95% complainants contacting the CCG with their complaint received an acknowledgement within three working days. In addition, the CCGs responded to just under 90% complainants within the policy guideline of 25 working days.

Business continuity and consistency in handling has been improved by the following:

- Using the Complaints Module on Datix software to log and manage complaints (accessible to all approved and trained users);
- Following the merger a designated Patient Experience and Complaints Officer manages complaints supported by the Head of Engagement. Business continuity will be maintained by the Community Engagement Officers covering the Patient Experience and Complaints Officer when required.

## 3. GP Quality Alerts

The following section covers quality alerts received during Quarter 3 and 4 (October 2019 – March 2020) by ICP area (formally CCG area) where this is available. It also provides an annual review where available.

### 3.1 Guildford and Waverley ICP

The Guildford and Waverley (G&W) quality portal is managed by the SHCCG Quality (safety) team. A summary of findings from the alerts received during Quarter 3 and 4 is outlined below and some additional charts are provided in appendix 1.

Key Points to note from Q3 and Q4 2019/20

- A total of 23 alerts were received through the quality portal. This is slightly down from 26 alerts in the previous two quarters.
- Similar to the previous two quarters, Cranleigh Medical Practice submitted the most alerts (11), followed by Merrow Park Surgery (2) and Binscombe Medical Centre (2).
- There were four quality alerts received from GP's outside of Guildford and Waverley. These all originated from GP's within the Hampshire & Isle of Wight Partnership of Clinical Commissioning Groups.
- Issues relating to 'referrals' (35%) were raised most often, followed by 'other' (31%) and 'discharges / admissions' (17%).
- The majority of alerts related to the Royal Surrey NHS Foundation Trust (RSFT).

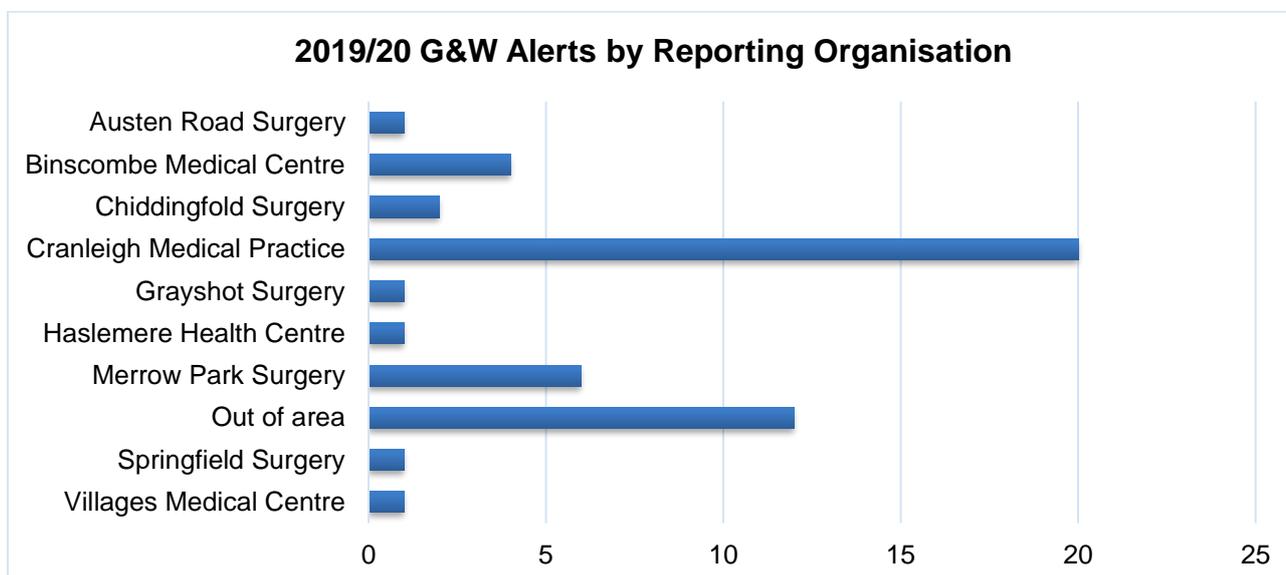
Many of the alerts received relate to individual patient queries, however the following table presents a summary of alerts that may influence general patient experience.

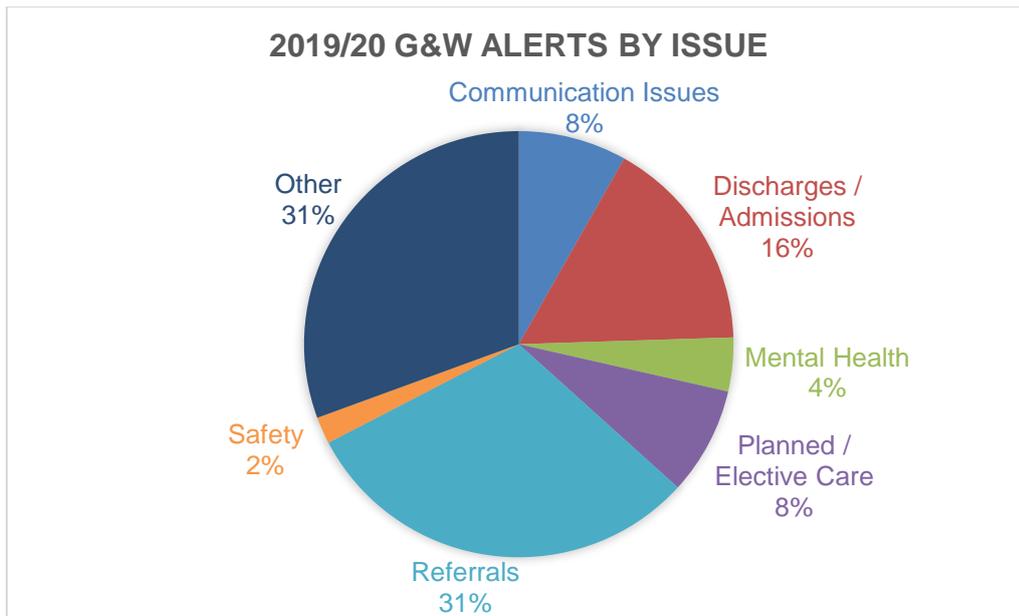
| Description of Issue  | Action Taken   |
|---|--|
| Medication patch left on patient after discharge from hospital.   | RSFT ward staff have been reminded to ensure they remove patches if medication is stopped.   |
| GP did not receive discharge letter requesting they make a two week referral (TWR) for a patient, resulting in a delay. | RSFT have reinforced to their administrative staff the importance of checking all patient notes for discharge summaries and the need to send these out in a timely manner. |
| GP did not receive discharge summary. Patient unaware that they had abnormal liver function test results.               | RSFT have reiterated to Doctor involved the importance of sending discharge summaries and ensuring they include test results.  |

### 3.1.1 Annual Overview 2019/20

The charts below provide an annual overview of alerts received by reporting organisation and by issue. In total Surrey Heartlands CCG received 49 alerts from Guildford and Waverley GPs during 2019/20, with Cranleigh Medical Practice submitting the most. We do not have data available to compare with the full year 2018/19, due the Quality (safety) team only inheriting the portal in June 2018. However, the CCG received 40 alerts during Q3 and Q4 in 2018/19, which indicates a decline in alerts submitted.

With regard to issue of alert, 'referrals' (31%) and 'other' (31%) were raised most often. Followed by 'discharges / admissions' (16%).





### 3.2 North West Surrey ICP

In North West Surrey (NWS), GPs use 'Talk to Us' a web based form that is completed online via a link on their desktops. The form generates an email which is sent to an inbox monitored by the Quality (safety) team. A summary of findings from the alerts received during Quarter 3 and 4 (October 2019 – March 2020) is outlined below.

Key Points to note from Q3 and Q4 2019/20

- A total of four alerts were received through 'Talk to Us'. This is down from 14 alerts in the previous two quarters.
- Shepperton Medical Practice submitted two alerts, while St Johns Health Centre and Ottershaw Surgery both submitted one.
- Two of the alerts received related to 'clinical' issues, with the other two to 'prescribing' and 'admin'.
- Three of the alerts received related to Ashford and St. Peter's Hospital NHS Foundation Trust, with the remaining alert to primary care.
- All alerts received related to individual patient queries, as opposed to wider soft intelligence.

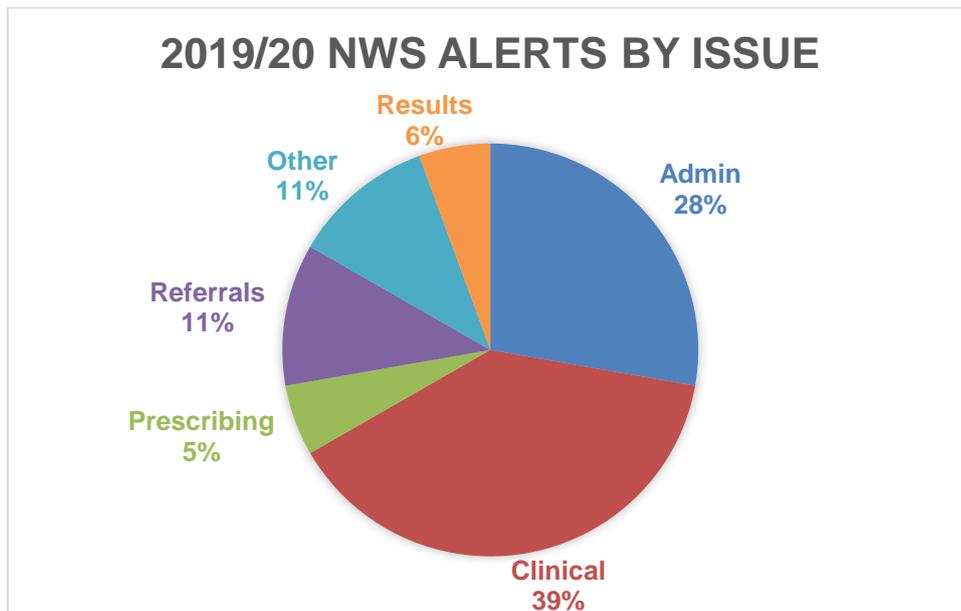
#### 3.2.1 Annual Overview 2019/20

The charts below provide an annual overview of alerts received by reporting organisation and by issue. In total Surrey Heartlands CCG received 18 alerts from North West Surrey GPs during 2019/20, with Shepperton Medical Practice submitting the majority.

We do not have data available to compare with the full year 2018/19, however the CCG received 27 alerts during Q3 and Q4 in 2018/19, which shows a clear drop in alerts submitted. This in part can be attributed to general software and hardware updates to

primary care over the last year, whereby the ‘Talk to Us’ icon went missing from many of the GPs desktops leaving them unable to access it.

With regard to issue of alert, ‘clinical’ (39%) was raised most often, followed by ‘admin’ (28%).



### 3.3 Surrey Downs ICP

In Surrey Downs, GPs complete a Quality Alert Form which is emailed directly to the relevant Trust/provider as opposed to going through the CCG. The Trust's report on alerts received and actions taken through their Clinical Quality Review Meetings.

#### 3.3.1 Epsom and St Helier University Hospitals NHS Trust

Feedback from Quarter 2 (July – September 2019) indicate that the Trust received 50 alerts in total, however only nine of those alerts originated from a Surrey Downs GP. Of the nine alerts received, the following themes were identified – Discharge Summary (3), Results/Tests (2), Data Quality (1), Medication (1), Patient Care (1), Referral (1).

There were a number of learning/actions identified by the Trust relating to some of the alerts above, which they have cascaded to staff. These include –

- Discharge summaries must be clear and concise, ensuring GPs are not asked to prescribe hospital only medication.
- Hospital numbers and date of birth should be checked when populating letters.
- GPs should not be asked to follow up results that are the responsibility of the hospital.

#### 3.4 CRESH ICP (East Surrey Data)

Previously, East Surrey CCG had an email link on their website that could be used by Primary Care to raise concerns. However, the majority of correspondence received through this link related to enquiries, rather than quality concerns and therefore were not formally reported on within the CCG and there is no historical data available for Q3 and Q4. Following the establishment of the new Surrey Heartlands CCG in April 2020, all quality alerts relating to the East Surrey geographical area will be collated by the Quality (Safety) team.

## 4. Conclusion

This report presents an overview of patient experience data. It demonstrates that there are systems and processes in place to manage, monitor and report on patient experience as required by national guidance and a route through the Clinical Quality Review meetings to pick up and seek assurance or take contractual action as required on the actions being taken in relation to any areas of non-compliance.

## 5. Appendix 1 – Guildford and Waverley GP Quality Alerts Q3 & Q4

