

Agenda item:	9
Report title:	Better signposting programme update
Report by:	Amanda Downing , Head of Policy and Planning, Fitness to Practise Amanda.downing@gmc-uk.org , 020 7189 5085
Action:	To note

Executive summary

We receive a high number of enquiries from patients and the public that do not meet our Fitness to Practise thresholds and/or are not issues the GMC can address. This has an impact on the resource it requires to process these concerns, but more importantly these are people who want an answer or resolution to their concerns and we are not able to meaningfully help them.

We know the health care complaints landscape across the UK is disparate and complex for patients and the public to understand and navigate. We want to better support them to be able to direct their concerns to the right organisation the first time around. This aim is in support of our strategic aims to strengthen collaboration with our regulatory partners across the health services and to strength our relationship with the public.

We have already implemented several initiatives in this area in recent years, but the evidence shows this has not had the impact we would like. Therefore, we are embarking on a three year programme better understand the problem and impact of our previous initiatives; and to work with our regulatory partners and stakeholders across the four nations to identify and implement further initiatives that will make a difference.

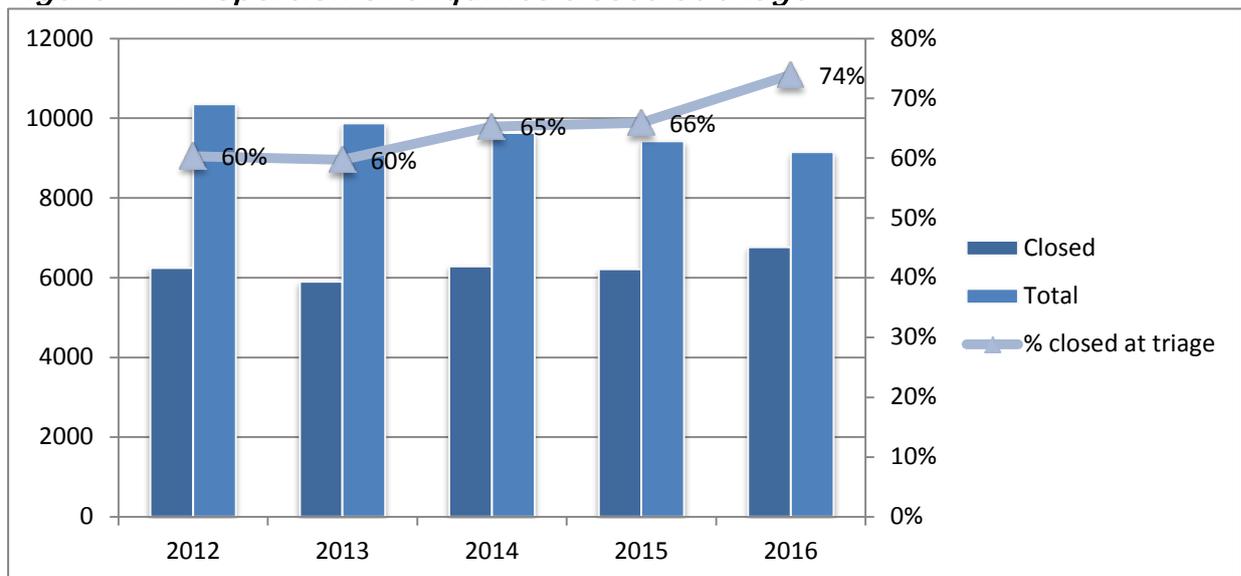
Recommendation

The Board is asked to note the update on the approach to the better signposting work.

Background

- 1 There has been little or no change in the proportion of fitness to practise enquiries closed at triage stage since 2012, except there has been an increasing trend in 2016. Based on the annual fitness to practise statistics in 2016 74% of enquiries were closed at triage without progressing to provisional enquiry or a full investigation, compared to 66% in 2015. That proportion is even higher when you look at enquiries from the public. SOMEPE statistics show that in 2016 84% of enquiries from the public closed immediately.

Figure 1 – Proportion of enquiries closed at triage



- 2 We have already done a lot of work to understand this issue and have implemented a number of changes to attempt to address this trend, including:
 - a Website - we have web pages that relate to signposting. These pages contain links to patient groups, health and social care regulators and NHS organisations. The majority of respondents to our online complaints form survey have said that they found this information easy to understand.
 - b Guidance - we have Fitness to Practise Signposting guidance. This is a thorough 22 page document that sets out the different scenarios that a complainant may face, and provides answers (including hyperlinks for signposting) for the four countries and additionally for private care.
 - c Channels for raising concerns - our webpages already encourage complainants to use our online form, which includes signposting questions.

- d** Information sharing - we already have mechanisms in place to signpost and share information with regulators and other bodies.
- e** Triage closure letters - the letters we send to complainants to inform them of the outcome of their concern includes information about the more appropriate resolution body.
- f** External publications - we have a number of publications (in English, Welsh and Easy Read) which detail how and where a patient or complainant should take their concern to. We emphasis in the publications what our role is, and what we can and can't do.
- g** Online form - our online form for raising fitness to practise concerns has been recently updated to make clearer what we can and cannot do and is staged with the aim of signposting complainants to a more appropriate body for resolution. The majority of respondents to our online complaints form survey have said that they found the online complaint form easy to use.
 - Step 1. We advise complainants that we cannot investigate a number of other professionals and provide them with links to websites for relevant regulators.
 - Step 2. If the complainant selects that their concern is about a doctor, we provide them with information of the types of concerns that we cannot address and the type of cases that we do investigate.
 - Step 3 highlights the importance and value of raising concerns locally. We provide them with a link to a page that includes publications related to the four countries – *Getting help with making a complaint*.
- h** Contact centre - the contact centre provides advice and signposting information to complainants who contact them in line with the guidance and materials published above.

Purpose, Aims and Benefits

- 3** The overarching purpose of this programme is to better support patients and the public to get the earliest possible resolution to their concerns. We want to support them to be able to direct their concerns to the right organisation the first time around.
- 4** To achieve this we have three main objectives:

- a** Continue to develop a better understanding of how and why concerns come to the GMC and the local and national complaints procedures in the four countries. We need to ensure that our knowledge of the complex and evolving landscape is comprehensive and up to date. We have already done a lot of work in this area that we will continue to build on.
 - b** Work with regulatory partners and other stakeholders to reduce the proportion of concerns that the GMC receives that do not meet our thresholds or that are not for us to investigate. We have made significant progress in this area with referrals from employers with the introduction of the Employer Liaison Service and we would like to achieve this with enquiries from the public.
 - c** Develop a model that provides greater support for patients seeking to make a complaint, building on the success of the Employer Liaison Service in providing support to organisations referring doctors to the GMC. This will reduce the processing of information at triage that is not for the GMC and we will achieve this by working with other stakeholders, including Trusts, and those who manage and support local complaints processes in both primary and secondary care.
- 5** The ultimate benefits we want to deliver include greater awareness of the GMC's role in concerns about health services and professionals; improved customer service by helping the public know where and how to complain before having taken the time to send us their concerns; and a reduction in the resource required to process concerns that don't meet our thresholds or that are not for us to investigate.

Approach

- 6** 2018 will be focussed on evidence gathering and initial stakeholder engagement activity. Research activity has been commissioned to map the complaints handling landscape across the four nations; understand the drivers behind why patients and the public raise concerns with the GMC and where else they have raised their concerns; review our data to identify any themes in concerns that are closed early in the triage process; and to evaluate the impact of our current signposting materials. We will also review existing feedback mechanisms from the online concerns form and the patient liaison service to identify any additional themes. Finally we will review the statistics about the use of the online complaint form compared to other complaints channels to identify any significant trends or themes for improvement.
- 7** The launch of the new website will also give us insight into how our signposting materials are accessed. We will work with colleagues in strategic communications and engagement to develop an engagement strategy to identify stakeholders and partners that we can work with, as we will not be able to educate and influence patients and the public on our own. We have already had positive engagement from the Parliamentary and Health Service Ombudsmen.

- 8 In 2019 we will focus on the analysis and insight from the evidence we have gathered and work with partners and stakeholders to develop and begin to implement a series of initiatives.

Governance

- 9 A project board will be set up in 2018 within the Fitness to Practise directorate. It will comprise of colleagues from across the GMC including the devolved offices, the Regional Liaison Service, strategic communications and engagement, the contact centre, the intelligence and insight unit and other directorates as required. Progress will be monitored by the Fitness to Practise Director and reported on through the Fitness to Practise business plan reporting process.
- 10 The project will report back to the Executive Board in 2019 to discuss and approve a series of proposed initiatives that will be identified.

Interdependencies

- 11 We have already identified a number of interdependencies for this work which include local first; patient and public working group; GMC customer service strategy; digital transformation 2020; equality, diversity and inclusion strategy; research programme; and insight and intelligence unit activity. We will work together with leads for these other pieces of work throughout 2018 to map out interdependencies and align activities where possible.

Project Team

- 12 The project leads for this work are Natasha Bidad (Business Transformation Team Manager) and Lana Koubat (Policy and Planning Manager). If you have any questions or comments please get in contact with them.