

APPENDIX 1

Learning and Improvements from ICB Complaints 2024-2025

Shown below are examples of learning and service improvements identified from ICB complaints which were upheld/partially upheld during the period 01 April 2024 to 31 March 2025.

All Age Continuing Healthcare

- CHC staff have been reminded to ensure all clinical and personal identifiable information is recorded on Broadcare.
- The importance of good communication between nurse assessors and clients has been discussed within the CHC team.
- The importance of accurate record keeping has been reiterated to all staff within the CHC team.
- The case management team will be reminded of the importance of all Best Interest meetings being documented. This will reduce the risk of miscommunication and errors and will ensure the safety and security of clients. The reason for any meeting and discussion should be clear and
- transparent to all parties.
- The nurse assessor was reminded of the importance of ensuring clients are provided with appropriate information to allow them to make an informed choice about support mechanisms such as access to advocacy.
- Staff have been reminded of the importance of clear and prompt communication with clients and their families.
- Measures have been put in place by the CHC team to ensure prompt replies are sent in response to emails to the team's central mailbox. Improvements have been implemented within the CHC appeals process to ensure that the generic email box is more routinely checked following periods of staff leave to identify any new cases and ensure these are processed
- To reduce delays in sharing funding decisions with patients/representatives, a review of the verification process is taking place.
- A recruitment programme is underway to address the ongoing delays in managing CHC appeals.

Cancer Care

- The Trust involved in this complaint is reviewing their access policy to ensure this appropriately references the NHS Constitutional right of patients to access services and makes clear how staff members should respond if approached by patients with a request for an alternative provider.
- The ICB is developing a standard operating procedure which should improve patient experience where they have an excessive wait for treatment.

Children's end of life care commissioning

- The gap in overnight provision will be reviewed and addressed by the ICB.

The ICB will ensure that care pathways and potential spot purchase arrangements by the CCC team are clearly understood by the Children's Holistic Integrated Palliative Care Service for the North East and North Cumbria (CHIPS).

Community pharmacy commissioning

- The ICB will review internal processes for sending notifications of pharmacy opening times changes to key NHS partners. This will include reminding practices of the official NHS tools that should be used to confirm community pharmacy opening times.
- The ICB pharmacy contracting team will be asked to follow up with the pharmacy contractor involved in the complaint to seek assurance that their procedures for incident reporting have been updated to include detail to ensure correct and timely reporting.
- A review of the recording and reporting processes and learning from primary care incidents will take place to enable quality oversight by the ICB.

COVID-19 and flu vaccination programme

- The ICB has liaised with the pharmacy involved in the complaint to provide advice on the steps they should take in times of potential IT outage or functionality loss; training resources have also been shared.
- The ICB has reviewed the site details on the digital software that manages access to vaccination stock management and activity recording for vaccination providers and is satisfied these are correct.

Dental care commissioning

The ICB's Dental Commissioning Team is working closely with local dental networks and dental services to make improvements. Examples include:

- Dental practices who are able to offer extra hours of service have been given more funding to provide extra clinical sessions outside of their opening normal opening. This is to provide treatment for patients with urgent dental care needs and some specific groups of patients.
- Funding has been made available to improve the clinical triage of dental problems via the NHS 111 service and to increase the availability of out of hours dental treatment services.
- Incentives have been offered to try to retain dentists, particularly in areas where there are problems with the availability of NHS dentists.
- A training grant to support the employment of overseas dentists is available to local dental practices.
- £7.5m has been earmarked to secure a new NHS dental contract to address gaps in provision.

GP practice commissioning

- The ICB will conduct a further patient satisfaction survey to gauge the satisfaction levels of patients using the GP practice involved in this complaint.

- The ICB will review the rating given by CQC's follow-up visit to the GP practice involved in this complaint ahead of considering whether any further action is needed by the ICB.
- The ICB will ask the GP practice involved in the complaint to remove the ICB information from the front page of the website and to include partner and leadership team details on this page. This would provide greater transparency and clarity of who is in charge of these practices and clear information on who to contact regarding compliments or complaints.

Weight management

- In 2021, a Healthy Weight and Treating Obesity Workstream was established by the ICB which is led by a Clinical Lead, Associate Director of Public Health and a Strategic Manager. The workstream has made significant progress in terms of securing additional funding, promoting preventative weight management approaches and improving access for patients to both specialist services and to weight management drugs. The ICB is aware of the effect that extended waiting lists have on patients and is prioritising how to expand access to specialist weight management services in an attempt to address this. Part of the work being undertaken is to consider the needs of patients at all stages of the journey, including during the time spent awaiting referral to specialist services.