

Grove Medical Centre

COMPLAINTS PROCEDURE

Introduction

This procedure sets out the Practice's approach to the handling of complaints and is intended both as an internal guide that should be made readily available to all staff, and also as a summary setting out the approach to complaint handling that should be available at reception for any patient requesting a copy.

From 1st April 2009 a common approach to the handling of complaints was introduced across health and adult social care. This procedure complies with this.

Policy

The Practice will take reasonable steps to ensure that patients are aware of:

- The complaints procedure.
- The time limit for resolution.
- How it will be dealt with.
- Who will deal with it?
- Lead GP handling complaints.
- Their right of appeal
- Further action they can take if not satisfied.
- The fact that any issues will not affect any ongoing treatment from the surgery and they will continue to be treated.

Procedure

Receiving of complaints

The Practice may receive a complaint made by, or (with his/her consent) on behalf of a patient, or former patient, who is receiving or has received treatment at the Practice, or:

(a) Where the patient is a child:

- by either parent, or in the absence of both parents, the guardian or other adult who has care of the child;

- by a person duly authorised by a local authority to whose care the child has been committed under the provisions of the Children Act 1989;
- by a person duly authorised by a voluntary organisation by which the child is being accommodated
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(b) Where the patient is incapable of making a complaint, by a relative or other adult who has an interest in his/her welfare.

Period within which complaints can be made

The period for making a complaint is normally:

(a) 12 months from the date on which the event which is the subject of the complaint occurred; or

(b) 12 months from the date on which the event which is the subject of the complaint comes to the complainant's notice.

Complaints should normally be resolved within 6 months. The practice standard will be 15 working days for a full response.

The Complaints Manager or lead GP has the discretion to extend the time limits if the complainant has good reason for not making the complaint sooner, or where it is still possible to properly investigate the complaint despite extended delay. For example, longer periods of complaint timescales may apply to specific clinical areas.

When considering an extension to the time limit it is important that the Complaints Manager or the GP takes into consideration that the passage of time may prevent an accurate recollection of events by the clinician concerned or by the person bringing the complaint. The collection of evidence, clinical guidelines or other resources relating to the time when the complaint event arose may also be difficult to establish or obtain. These factors may be considered as suitable reason for declining a time limit extension.

Action upon receipt of a complaint

- It is always better to try and deal with the complaint at the earliest opportunity and often it can be concluded at that point.

- If it is not possible or the outcome is not satisfactory the patient should be asked to put it in writing. This ensures that each side are well aware of the issues for resolution. If the patient does refuse to put it in writing then it is advisable for the surgery to put it in writing and check that the patient is happy with the detail of the complaint.
- On receipt of a written complaint an acknowledgement should be sent confirming receipt and saying that a further response will be sent within 10 days following an investigation of the issues. It should also say who is dealing with it i.e. GP or practice manager.
- If it is not possible to conclude any investigations within the 10 days then the patient should be updated with progress and possible time scales.
- A full investigation should take place with written notes and a log of the progress being made.
- It may be that outside sources will need to be contacted and if that is the case then a patient consent form will need to be signed to make such a request.

Unreasonable Complaints

Where a complainant becomes aggressive or, despite effective complaint handling, unreasonable in their promotion of the complaint, some or all of the following formal provisions will apply and will be communicated to the patient:

- The complaint will be managed by one named individual at senior level who will be the only contact for the patient
- Contact will be limited to one method only (e.g. in writing)
- Place a time limit on each contact
- The number of contacts in a time period will be restricted
- A witness will be present for all contacts
- Repeated complaints about the same issue will be refused
- Only acknowledge correspondence regarding a closed matter, not respond to it
- Set behaviour standards
- Return irrelevant documentation
- Keep detailed records

Final Response

This will include:

- A clear statement of the issues, investigations and the findings, giving clear evidence-based reasons for decisions if appropriate
- Where errors have occurred, explain these fully and state what will be done to put these right, or prevent repetition
- A focus on fair and proportionate outcomes for the patient, including any remedial action or compensation
- A clear statement that the response is the final one, or that further action or reports will be sent later
- An apology or explanation as appropriate
- A statement of the right to escalate the complaint, together with the relevant contact detail
- It should also advise on the next step in the process if the complainant is still not satisfied. That would normally be an offer of a meeting with the Lead GP and Practice Manager to try further reconciliation.
- After that the patient can contact the local PALS (Patient Advisory Liaison Service) who would arbitrate between both sides to seek a mutual agreement. This often takes time but can be very helpful having a third person review
- If at that point resolution is still not achieved then either side can refer the matter to the Health Commissioner.

Annual Review of Complaints

The practice will establish an annual complaints report, incorporating a review of complaints received, along with any learning issues or changes to procedures which have arisen. This report is to be made available to any person who requests it, and may form part of the Freedom of Information Act Publication Scheme ^[*].

This will include:

- Statistics on the number of complaints received
- Justified / unjustified analysis
- Known referrals to the Ombudsman
- Subject matter / categorisation / clinical care
- Learning points
- Methods of complaints management
- Any changes to procedure, policies or care which have resulted

Confidentiality

All complaints must be treated in the strictest confidence.

Where the investigation of the complaint requires consideration of the patient's medical records, the Complaints Manager must inform the patient or person acting on his/her behalf if the investigation will involve disclosure of information

contained in those records to a person other than the practice or an employee of the practice.

The practice must keep a record of all complaints and copies of all correspondence relating to complaints, but such records must be kept separate from patients' medical records.

Complaints to NHS England

If a complainant has concerns relating to a directly commissioned service by NHS England, then the first step is, where appropriate, for complaints and concerns to be resolved on the spot with their local service provider. This is called by NHS England 'informal complaint resolution' and is in line with the recommendations of the Complaints Regulations of 2009.

If it is not appropriate to raise a concern informally or where informal resolution fails to achieve a satisfactory outcome, the complainant has the right to raise a formal complaint with either the service provider or the commissioner of the service NHS England. A complaint or concern can be received by mail, electronically or by telephone.

By telephone: 03003 11 22 33
By email: england.contactus@nhs.net
By post: NHS England, PO Box 16738, Redditch, B97 9PT

All complaints to NHS England will be acknowledged no later than 3 working days after it has been received by telephone, email or letter, to consider how to progress the complaint;

- Complainant's expectations and desired outcomes
- Agreed timescales to respond to complaint
- Explain the complainants' rights as they are defined in the NHS Constitution
- Complaint Action Plan
- Whether an independent advocacy service is available in the complainant's area
- Consent for NHS England to handle the complaint if it requires input or investigation from organisations or parties that are not part of NHS England

The complainant will be kept up to date with the progress of their complaint by NHS England staff members, in their preferred method of communication (e.g. by email,

telephone or written letter). If the complainant is not satisfied with the outcome, then they will have the right to progress this further based on the complaints procedure that NHS England will provide to them during this process.

As part of the guidance on protecting data and personal information, if the complaint involves several organisations then the complainant will be asked for their permission to share or forward a complaint to another body, and further consent will be required to forward the complaint to any provider.

Resources

How to make a complaint about an NHS service;
<http://www.nhs.uk/chq/pages/1084.aspx?categoryid=68>

NHS England

How to Complain;
<https://www.england.nhs.uk/contact-us/complaint/>

NHS England Complaints policy;
<http://www.england.nhs.uk/wp-content/uploads/2015/01/nhse-complaints-policy.pdf>

NHS England Complaints Procedures;
<http://www.england.nhs.uk/wp-content/uploads/2015/01/nhs-complaints-procedures.pdf>

N.B. if you experience problems with these links, try copying and pasting them into the address window of your internet browser