

COMPLAINTS POLICY

INTRODUCTION

This procedure sets out the Practice's (the 'responsible body') approach to the handling of complaints.

From 1st April 2009 a common approach to the handling of complaints was introduced across health and adult social care (The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009). This procedure complies with these regulations.

POLICY

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

- the complaints procedure
- the role of the CCG and other bodies in relation to complaints about services under the contract. This includes the ability of the patient to complain directly to the NHS England as an alternative to a complaint to the practice, and to escalate to the Ombudsman where dissatisfied with the outcome.

Note: There is no right of escalation to the NHSE where a patient is dissatisfied with the practice response and all escalations are to the Ombudsman only.

- their right to assistance with any complaint from independent advocacy services
- escalation to Health Service Ombudsman

The principal method of achieving this is the Complaints Patient Information Leaflet, the Practice leaflet and the Practice website www.unityhealth.info

The Complaints Manager is Louise Johnston, Managing Partner, who will be readily accessible to the public and will deal with all complaints. She may, if authorised, sign the complaint response on

behalf of the responsible person.

In the absence from the Practice of the Complaints Manager, the deputy will be Emma Wilcox, Medical Secretary.

The lead GP Partner for complaints handling (the 'responsible person') is Dr Alison Hunter. The responsible person will ensure that the Practice complies with the complaints procedure and will ensure that actions that have been identified as necessary during the investigation of a complaint are taken. The responsible person, or someone authorised to act on his or her behalf, must sign all complaints responses.

In the absence from the Practice of the Complaints Lead GP Partner, the deputy will be Dr Richard Wilcox.

PROCEDURE

Receiving of complaints;

The Practice may receive a complaint made by current or former patients or nominated representatives (providing they have the authority to do so) or:

(a) where the complainant is a child, under the age of 16 years:

- in accordance with the GMC's 0-18 years: guidance for all doctors, children under the age of 16 years who are able to do so may make their own complaint
- 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

(b) where the patient is incapable of making a complaint, because of physical incapacity or a lack of capacity within the meaning of the Mental Capacity Act 2005, by a relative or other adult who has an interest in his/her welfare.

Partners

Dr Alison Hunter / Dr Richard Wilcox / Dr Mark Astill / Louise Johnston

The responsible body must be satisfied that the representative is acting in the best interests of the person on whose behalf the complaint is made. If the responsible body is not satisfied that the representative is appropriate, it must not consider the complaint and must give the representative reasons for the decision in writing.

Oral complaints resolved within 24 hours

It may be possible to resolve simple oral complaints within 24 hours and front-line staff should be encouraged to do so. If a complaint is resolved in this way, and the patient is happy with the response, the regulations do not require a formal written response, though confirmation in writing of the discussion may be provided.

Complaints resolved in this way should be recorded in the complaints file, but do not need to be included in any monitoring or annual reports as they do not fall within the Regulations.

All other complaints

All complaints, written and verbal will be recorded, and will be acknowledged in writing within 3 working days of receipt. Oral complaints will be recorded in writing and a copy given to the complainant.

Patients will be encouraged to complain in writing where possible.

Complaints excluded from the Policy:

Complaints made by one NHS body against another

- Complaints made by employees in relation to their work for an NHS body
- Complaints that were first made orally and which were resolved to the complainant's satisfaction within one working day
- Complaints about the same subject matter as a complaint that has previously been made and resolved
- Complaints alleging failure by a public body to comply with a requirement for information under the Freedom of Information Act 2000

- Complain about care solely provided by the independent healthcare sector, which has its own procedures

If the Practice considers that it is not required to consider a complaint, it must inform the complainant in writing of the decision and the reasons for it.

Complaints involving more than one organisation

Where a complaint relates to care provided by more than one responsible body, for example primary and secondary care, the Regulations include a 'duty to co-operate'.

Responsible bodies are required to;

- work together, provide information to the other, attend joint meetings
- co-ordinate a single response agreed by each body
- decide between them which one will take the lead in liaising with the complainant.

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.

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.

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

Complaints may be received either verbally or in writing and must be forwarded to the Complaints Manager (or the lead GP if the Complaints Manager is unavailable), who must:

- acknowledge in writing within the period of 3 working days from the day on which the complaint was made or, where that is not possible, as soon as reasonably practicable. Include an offer to discuss the matter in person. The discussion will include agreement with the patient as to how they wish the complaint to be handled.
- Advise the patient of potential timescales and the next steps.
- Where the complaint is made verbally a written record will be taken and a copy will be provided to the complainant.
- Ensure the complaint is properly investigated.
- Where the complaint has been sent to the incorrect organisation, advise the patient within 3 working days and ask them if they want it to be forwarded on. If it is sent on, advise the patient of the full contact details;
- Provide a written response to the patient as soon as reasonably practicable ensuring that the patient is kept up to date with progress as appropriate. The final reply will include a full report and a statement advising them of their right to take the matter to the Ombudsman if required.

Meeting with complainants

The complainant should be offered the opportunity to discuss an agreed approach to the complaint, either by telephone or in person.

A further meeting may be required as part of the investigation into the

complaint. Areas for discussion will be agreed in advance and the complainant will be encouraged to bring a friend or person from an advisory/advocacy service to the meeting. Also in attendance will be the Complaints Manager, who will chair the meeting, and the person who is the subject of the complaint.

The purpose of the meeting could be to gather information or to provide a forum to discuss and understand the issues better. It may be possible to resolve concerns at the meeting.

The meeting will be recorded and all parties agree the minutes afterwards. The outcome of the meeting should be fed into the response and any learning points that arise from the investigation.

If the complainant remains dissatisfied a further meeting may be offered to explore the patient's remaining concerns as this may help to resolve matters.

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

Record keeping

All communication with the complainant should be recorded. Oral complaints resolved within 24 hours should also be recorded in writing. Records should include the name of the complainant, the subject matter and date on which the complaint was made. Complaints records should be kept separate from patients' clinical records.

Response

This will include:

- A clear statement of the issues, investigations and the findings, giving clear evidence-based reasons for decisions if appropriate, using empathetic language the complainant can understand.
- Where errors have occurred, explain these fully and state what will be done to put these right, or prevent repetition
- Set out any relevant care standards, guidance, policies or good practice applicable to the case and whether they were met.
- Give your view about the care or service provided and clear reasons for every decision you have reached.
- A focus on fair and proportionate the 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 send later
- An apology or explanation as appropriate
- A statement of the right to escalate the complaint, together with the relevant contact detail

The Complaints Manager must ensure the complainant receives a response as soon as possible.

Complaints should normally be resolved within 6 months.

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

Policy Reviewed by:



Print Name:

Louise Johnston, Managing Partner

Updated:

21.12.18

Date of Next review:

Sep 2019

COMPLAINT REVIEW FORM

INTRODUCTION

This form is designed for use as part of an initial discussion of complaints received from patients, and to facilitate analysis of the complaint, with the identification of possible learning points.

The analysis categories on the form also relate to the Annual Complaints Report.

It may also be used to ensure that any actions arising from the complaint can be reviewed after an appropriate period, so that changes to procedure etc identified have been consolidated into practice day to day procedure.

It is assumed that complaints forwarded to another organisation to be dealt with under the NHS joint-agency complaints process will still be recorded and reviewed

The form may be attached to the front of the complaint documents.



COMPLAINT REVIEW FORM

Patient identifier:		Date of Review:	
BRIEF DESCRIPTION OF EVENT			
1. Subject Matter of Complaint	Subject Matter	Please tick	
	Communication / attitude		
	Premises		
	Practice / surgery management		
	General practice administration		
	Clinical		
	Other		
2. Any matters of general importance arising out of this complaint, or the way in which it was handled (include any learning points)			
3. Any matters where action has been taken to improve services as a consequence of this complaint (include any specific action required)			
4. Any trends that have been identified			

Name of person completing the report: _ _ _ _ _ Date: _ _ _ _

Contact Phone Number: _ _ _ _ _

Contact Email: _ _ _ _ _

Partners

Dr Alison Hunter / Dr Richard Wilcox / Dr Mark Astill / Louise Johnston

Analysis (Delete that which does not apply)

TYP E	Source	Staff Group	Justification
Clinical Care	Patient	Doctor	Fully Justified
Prescribing	Patient Relative	Nurse	Partially Justified
Attitude	Healthcare Professional	Administration	Not Justified
Administration	Other Healthcare worker	Reception	Genuine
Policy / Procedures	Visitor	External worker	Not Genuine
Referral	Carer		
Premises	Other organisation / advocate		
Hospital Care			
Patient complaint			
Relative complaint			
Shared Agency			

Requires later review	Management	Resolution	
No	Wholly within Practice	1 day	
3 months	Shared with another agency (Practice response)	10 days	
6 months	Shared with another agency (referred to them)	20 days	
End of year	Other agency to provide copy of resolution	3 months	
	Escalated by patient to Ombudsman	12 months	
	Referred by patient to the GMC	24 months	
		Not resolved	

Reviewed by:

Date:

**PRACTICE COMPLAINTS PROCEDURE: ADMINISTRATIVE
ARRANGEMENTS**

