



COMPLAINTS POLICY AND PROCEDURE

Policy Information

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1.0 INTRODUCTION

The purpose of this policy is to ensure that all patients (or their representatives) who have the cause to complain about their care or treatment can have freely available access to the process and can expect a truthful, full and complete response and an apology where appropriate. Complainants have the right not to be discriminated against as the result of making a complaint and to have the outcome fully explained to them. The process adopted in the practice is fully compliant with the relevant NHS Regulations (2009) and guidance available from defence organisations, doctors' representative bodies and the Care Quality Commission. Everyone in the practice is expected to be aware of the process and to remember that everything they do and say may present a poor impression of the practice and may prompt a complaint or even legal action.

The general principle of the practice in respect of all complaints will be to regard it first and foremost as a learning process, however in appropriate cases and after full and proper investigation the issue may form the basis of a separate disciplinary action. In the case of any complaint with implications for professional negligence or legal action, the appropriate defence organisation must be informed immediately.

2.0 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
- Right of appeal
- Further action they can take if they are not satisfied
- The fact that any issues will not affect any on-going treatment from the surgery and they will continue to be treated.
- The role of the CCG, NHS England and other bodies in relation to complaints about services under the contract. This includes the ability of the patient to complain directly to CCG and NHS England as an alternative to a complaint to the practice, and to escalate to the Parliamentary and Health Service Ombudsman where dissatisfied with the outcome. *Note: There is no right of escalation to the CCG or NHS England 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

The practice will ensure that there are notices advising on the complaints process conspicuously displayed in all reception/waiting areas and that leaflets containing sufficient details for anyone to make a complaint are available without the need to ask. The practice website and any other public material (Practice Leaflet etc.) will similarly provide this information and also signpost the complainant to the help available through the NHS Complaints Advisory Service.

The Complaints Lead for the Practice is the Practice Manager (CB).

The lead GP for complaints handling is Dr Claire Hatton.

Patients are only able to make a complaint to either the practice OR to NHS England. If a patient wishes to complain directly to NHS England they should contact:-

Post: **NHS England**
 PO Box 16738
 Redditch
 B97 9PT

Email: england.contactus@nhs.net

Telephone: **0300 311 22 33**

3.0 PROCEDURE

3.1 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

(b) where the patient is incapable of making a complaint, by a relative or other adult who has an interest in his/her welfare.

3.2 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 to acknowledge the complaint within 3 working days and respond by 28 working days.

The Practice Manager (CB) 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. Investigation of a complaint could include conducting interviews with staff, reviewing records etc.

When considering an extension to the time limit it is important that the Practice Manager (CB) or the Lead 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.

3.3 Action upon receipt of a complaint

3.3.1 Verbal Complaints

It is always better to try and deal with the complaint at the earliest opportunity and often it can be concluded at that point. A simple explanation and apology by staff at the time may be all that is required

A verbal complaint need not be responded to in writing for the purposes of the Regulations if it is dealt with to the satisfaction of the complainant by the end of the next working day, neither does it need to be included in the annual Complaints Return. The practice will however record them for the purposes of monitoring trends or for Clinical Governance and that record will be kept and monitored by Practice Manager (CB). Verbal complaints not formally recorded will be discussed when trends or issues need to be addressed and at least annually, with minutes of those discussions kept.

If resolution is not possible, the Practice Manager (CB) will set down the details of the verbal complaint in writing and provide a copy to the complainant within three working days. This ensures that each side is well aware of the issues for resolution. The process followed will be the same as for written complaints.

3.3.2 Written Complaints

On receipt, an acknowledgement will be sent within three working days which offers the opportunity for a discussion (face-to-face or by telephone) on the matter. This is the opportunity to gain an indication of the outcome the complainant expects and also for the details of the complaint to be clarified. In the event that this is not practical or appropriate, the initial response should give some indication of the anticipated timescale for investigations to be concluded and an indication of when the outcome can be expected.

It may be that other bodies (e.g. secondary care/ Community Services) will need to be contacted to provide evidence. If that is the case, then a patient consent form will need to be obtained at the start of the process and a pro-forma consent form included with the initial acknowledgement for return.

If it is not possible to conclude any investigations within the advised timescale, then the complainant must be updated with progress and revised time scales on a regular basis. In most cases these should be completed within six months unless all parties agree to an extension.

3.4 The Investigation

The practice will ensure that the complaint is investigated in a manner that is appropriate to resolve it speedily and effectively and proportionate to the degree of seriousness that is involved.

The investigations will be recorded in a complaints file created specifically for each incident and where appropriate should include evidence collected as individual explanations or accounts taken in writing.

3.5 Final Response

This will be provided to the complainant in writing within 28 working days (or email by mutual consent) and the letter will be signed by the Responsible Person or Practice Manager (CB) under delegated authority. The letter will be on headed notepaper and include:

- An apology if appropriate (The Compensation Act 2006, Section 2 expressly allows an apology to be made without any admission of negligence or breach of a statutory duty)
- A clear statement of the issues, details of the investigations and the findings, and clear evidence-based reasons for decisions if appropriate
- Where errors have occurred, explain these fully and state what has been or will be done to put these right or prevent repetition. Clinical matters must be explained in accessible language
- A clear statement that the response is the final one and the practice is satisfied it has done all it can to resolve the matter at local level
- A statement of the right, if they are not satisfied with the response, to refer the complaint to the Parliamentary and Health Service Ombudsman, Millbank Tower, Millbank, London, SW1P 4QP or visit the '[Making a complaint page](http://www.ombudsman.org.uk/make-a-complaint)' at <http://www.ombudsman.org.uk/make-a-complaint> (to complain online or download a paper form). Alternatively the complainant may call the PHSO Customer Helpline on 0345 015 4033 from 8:30am to 5:30pm, Monday to Friday or send a text to their 'call back' service: 07624 813 005

The final letter should not include:

- Any discussion or offer of compensation without the express involvement and agreement of the relevant defence organisation(s)
- Detailed or complex discussions of medical issues with the patient's representative unless the patient has given informed consent for this to be done where appropriate

3.6 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

3.7 Filing of Complaints

Complaints documentation should be stored separately from the patient record. Complaint documentation will be saved into the Complaints folder on the shared drive (or scanned if the letter is hand written) and given a reference number. Anonymous information, recorded using reference number as identifier, should be logged on to the complaints summary spreadsheet in the shared drive.

4.0 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

5.0 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 Practice Manager (CB) 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.

6.0 Complaints involving Locums

It is important that all complaints made to the practice regarding or involving a locum (Doctor, Nurse or any other temporary staff) are dealt with by the practice and not passed off to a Locum Agency or the individual locum to investigate and respond. The responsibility for handling and investigating all complaints rests with the Practice.

Locum staff should however be involved at an early stage and be advised of the complaint in order that they can provide any explanations, preferably in writing. It would not be usually appropriate for any opinions to be expressed by the Practice on Locum staff. Providing their factual account along with any factual account from the practice is the best way to proceed.

The practice will ensure that on engaging any Locum, the Locum Agreement will include an assurance that they will participate in any complaint investigation where they are involved or can provide any material evidence. The practice will ensure that there is no discrepancy in the way it investigates or handles complaints between any Locum staff and either practice Partners, salaried staff, students or trainees or any other employees.

7.0 Equality and Diversity

A key principle of this procedure is to ensure that all complainants will be treated equally, and will not be discriminated against because of race, ethnic origin, nationality, gender, culture, religion or belief, sexual orientation, age or disability.

The complainant is entitled to seek external advice and support to ensure that their complaint is handling in line with national good practice and to refer their complaint to the Parliamentary and Health Service Ombudsman.

Appendix 1 – Complaints Handling Flowchart

