



## **Complaints Policy**

### **INTRODUCTION**

This procedure sets out the Practice's approach to the handling of complaints and is intended as a guidance document which is readily available to all patients and staff.

### **POLICY**

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

- How to raise a complaint
- Their right to assistance with any complaint from independent advocacy services

The principal method of achieving this will be through the Practice Leaflet and Website. Complaints will be handled by The Practice Manager; Mrs Merissa Kenny and lead GP Partner for complaints handling; Dr Nick Connell

### **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 person with parental responsibility for the child;

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

All complaints, written and verbal will be logged on the appropriate spreadsheet. A form is available for all staff to document verbal complaints. These are filed under 'current forms' on the shared drive. These should be signed and dated and passed to practice manager, or duty doctor in her absence.

Written complaints will be acknowledged in writing within three working days of receipt. Patients will be encouraged to complain in writing where possible. The reply to the patient will be made within 20 working days, or the patient should be provided with an update and an estimated timescale if this is not possible.

## **PERIOD DURING WHICH A COMPLAINT CAN BE MADE**

The period for making a complaint is normally:

- (a) 6 months from the date on which the event which is the subject of the complaint occurred; or
- (b) 6 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 is 20 working days for a completed response from the date the complaint was received by the practice..

The Practice 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 Practice Manager 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.

### **Action upon receipt of a complaint**

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

- acknowledge in writing within the period of three working days beginning with the day on which the complaint was received by the practice. Where that is not possible, this should be as soon as reasonably practicable and 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, generally 20 working days.
- Where the complaint is made verbally, a written record will be taken and logged, and a copy will be provided to the complainant.
- Ensure the complaint is properly investigated. Where the complaint involves more than one organisation the Practice Manager will liaise with his / her counterpart to agree responsibilities and ensure that one coordinated response is sent;
- Where the complaint has been sent to the incorrect organisation, advise the patient within three working days and ask them if they want the complaint to be forwarded on. If it is sent on, advise the patient of the full contact details to whom it is directed;

- 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. Where a response is not possible within 20 working days the lead person will provide an update report to the patient with an estimate of the timescale. The final reply will include a full report and a statement advising them of their rights.
- If the patient is not satisfied, they must be advised to take the matter to The Jersey Primary Care Governance Team by contacting Primary Care Manager, Health and Social Services, Maison le Pape, The Parade, St Helier JE2 3PU, or by email [pcgt@health.gov.je](mailto:pcgt@health.gov.je)

## **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 agreed 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
- Acknowledgement of correspondence regarding a closed matter is acceptable, but it will not be considered further.
- 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 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 details
- Details of the Primary Care Governance team and how to contact them

## **Annual Review of Complaints**

The practice has an annual complaints report, incorporating a review of complaints received, along with any learning issues or changes to procedures which have arisen. This includes:

- Statistics on the number of complaints received
- Known referrals to The Primary Care Governance Team and professional bodies such as the GMC and NMC
- 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 Practice 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 keeps a record of all complaints and copies of all correspondence relating to complaints, are scanned and held within the patient's electronic records if appropriate.

**Date of next review:** As required, or 31<sup>st</sup> March 2025