



# Complaints Policy and Procedure

September 2020





# Version Control

## A Confidentiality Notice

This document and the information contained therein is the property of Primary Care Knowsley.

This document contains information that is privileged, confidential or otherwise protected from disclosure. It must not be used by, or its contents reproduced or otherwise copied or disclosed without the prior consent in writing from Primary Care Knowsley.

## B Document Details

<b>Title</b>	<b>Complaints Policy and Procedure</b>
<b>Classification</b>	For all clinical and non-clinical staff
<b>Author and Role</b>	Erika Howell – Director of Governance
<b>Organisation</b>	<b>Primary Care Knowsley</b> Bluebell Lane Medical Practice Cornerways Medical Centre Dr Maassarani and Partners Roseheath Surgery Aston Healthcare
<b>Document Number</b>	1
<b>Current Version Number</b>	2
<b>Date last reviewed</b>	September 2020
<b>Authorised by</b>	Dr Faisal Maassarani
<b>Date of next review</b>	September 2021
<b>Document available on Practice Intranet</b>	Yes



## Table of Contents

<b>Introduction</b> .....	<b>4</b>
<b>Complaints Policy</b> .....	<b>4</b>
<b>Complaints Procedure</b> .....	<b>5</b>
Receiving of Complaints.....	5
Patients / Former Patients.....	5
Children.....	5
Mental/ Physical Capacity.....	5
<b>Managing Complaints</b> .....	<b>5</b>
Period within which complaints can be made.....	5
Action upon receipt of a complaint .....	6
Verbal Complaints.....	6
Written Complaints.....	7
Complaints involving more than one organisation .....	7
Complaints involving Locums .....	8
Unreasonable Complaints.....	8
<b>Complaint Investigation</b> .....	<b>9</b>
<b>Final Response</b> .....	<b>9</b>
<b>Confidentiality</b> .....	<b>10</b>
<b>Complaints Log</b> .....	<b>10</b>
<b>Annual Review of Complaints</b> .....	<b>10</b>



## Introduction

This document sets out Primary Care Knowsley policy and procedure in relation to the handling of complaints and is intended as a guide with which those who work within the practices need to be fully familiar in order to ensure that complaints are managed appropriately.

This includes all employees and also other people who work at the practice e.g. self-employed staff, temporary staff and contractors.

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

## Complaints Policy

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

- their right to complain
- the complaints procedure.
- the time limit for resolution.
- how it will be dealt with.
- who will deal with it?
- 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.
- their right to assistance with any complaint from independent advocacy services

*This will be supported with*

- signs informing patients of the complaints process are displayed in the reception and waiting areas.
- leaflets informing the patients of the complaints procedure are freely available in the practice.
- the practices websites also providing information



## Complaints Procedure

### Receiving of Complaints

#### Patients / Former Patients

The Practice may receive a complaint made by, or on behalf of a patient, or former patient (with their consent), who has received treatment at the Practice.

Additionally, complaints can be made by someone acting for the relatives of a deceased patient/former patient.

#### Children

Where the patient is a child, complaints can be made

- 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

#### Mental/ Physical Capacity

Where the patient lack mental capacity (under the Mental Capacity Act 2005) or physical capacity to make a complaint, complaints may be made by someone acting on their behalf who has an interest in their welfare.

### Managing Complaints

Erika Howell, Director of Operations & Governance will manage the complaint supported by a Lead GP where appropriate (see Appendix 1).

#### 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.



Erika Howell, Director of Operations & Governance 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 Erika Howell, Director of Operations & Governance 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. When deemed appropriate to extend the time limit, the practice will contact the complainant and explain the reasons for the delay.

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.

Complaints should normally be resolved within 6 months. The practice standard will be 10 working days to complete an investigation and to provide a response back to the patient.

### Action upon receipt of a complaint

Complaints may be received either verbally or in writing and must be forwarded to the Practice Manager and will be dealt with as follows:

#### Verbal Complaints

Verbal complaints are best dealt with and finalised as early as possible and should be dealt with as follows

- Staff should listen to the patient's complaint and where possible, provide the patient with an explanation.
- Where appropriate, a verbal apology should be given by staff.
- If the complaint has been finalised to the complainant's satisfaction by the end of the next working day, the complaint will not require a written response (unless deemed serious enough to warrant a formal response when the written complaints procedure should be followed).
- The complaint's log will be updated to record details of the complaint for monitoring and learning purposes.
- Complaints finalised to the complainant's satisfaction by the end of the next working day do not need to be included in the annual Complaints Return.

If the complaint cannot be resolved, the complaint must be sent via email to the Practice Manager who will record details of the complaint and will send an acknowledgement to the



complainant within three working days. The process followed will be the same as for written complaints.

## Written Complaints

### Complaints that involve the Practice only

- Respond to a written complaint where possible by telephone in the first instance. This will provide an opportunity for details of the complaint to be clarified and the outcome required by the patient.
- Formally acknowledge the complaint in writing within the period of 3 working days, beginning with the day on which the complaint was made. Where this is not possible, as soon as reasonably practicable.
- Invite the complainant the opportunity to discuss the matter in person. Again, as this will provide an opportunity for details of the complaint to be clarified and the outcome required by the patient.
- Inform the patient of potential timescales and the next steps.
- Record the complaint within the complaints log.
- Investigate the complaint thoroughly completing the appropriate documentation.
- 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 10 working days 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 right to take the matter to the Ombudsman if required.

### Complaints involving more than one organisation

- 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.
- Whoever acknowledges the complaint will need to ensure that the patient's consent is obtained, in writing, to allow the sharing of information between organisations.

### Complaints sent to the incorrect organisation

Where the complaint has been sent to the incorrect organisation,

- advise the patient within 3 working days, where possible by telephone, and ask them if they want it to be forwarded on to the correct organisation.
- If it is forwarded to another organisation, write to the patient to confirm the full contact details of the receiving organisation.



### Complaints involving Locums

Complaints made to the practice regarding or involving a locum (Doctor, Nurse or any other temporary staff) must be dealt with by the practice in accordance with the Practice's Complaints Policy and Procedure.

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.

It is necessary for practices to seek an agreement from locums that they will participate in the complaints procedure if required to do so. As complaints can be made to the practice up to a year after the reason for the complaint, it is possible that complaints will arise after the locum GP has moved on.

Practices should ensure that locums involved in the complaints process are given every opportunity to respond to complaints and it is important that there is no discrepancy between the way the process treats locums, salaried GPs or GP partner

### Unreasonable Complaints

Where a complainant becomes unreasonable, aggressive or, rude, despite effective complaint handling, 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)
- A time limit will apply to 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





## Complaint Investigation

The practice will determine the seriousness of the complaint and ensure that the complaint is investigated accordingly.

Finding should be recorded using the appropriate documentation and all documents, including any statements taken, duly signed and dated, to support the investigation, should be saved within the relevant complaints folders.

Details of the investigation findings will be recorded on the Complaints Log.

## Final Response

A formal written response will be given to the complainant by the Practice Manager or Lead GP. In the event that the complaint involves clinical matters the response must be in accessible language. The final response 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, a full explanation and details of the action that will be taken to either put the matter right, or prevent repetition
- An apology or explanation as appropriate
- A clear statement that the response is the final one, or that further action or reports will be sent later
- A statement of the right to escalate the complaint, together with the relevant contact details
- 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' 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.



## 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 practices 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 and no reference to the complaint should be recorded on the computerised clinical record system.

## Complaints Log

All complaints will be recorded on the Complaints Log and will be reviewed and discussed at the Monthly Practice Meetings, and when necessary at the daily Whiteboard meetings.

## 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