

COMPLAINTS POLICY

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Aim and Introduction:

This procedure sets out the Practice's approach to the handling of complaints and is intended as an internal guide which should be made readily available to all staff and a summary setting out the approach to complaint handling 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 complaint's procedure including:

- How a complaint can be made.
 - The time limit for resolution.
 - How it will be dealt with.
 - Who will deal with it.
 - Further action they can take if not satisfied.
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- This includes the ability of the patient to complain directly to 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 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 principal method of achieving this is by the Complaints “Patient Information Leaflet”, the Practice Leaflet and website incorporation.

The Complaints Manager for the Practice is Nadine Bristow - Practice Manager. The lead GP Partner for complaints handling is Dr Shobha Vallabhaneni.

PROCEDURE

When a person raises a concern or complaint in the first instance, members of the team should:

- a. Respond positively to the person.
- b. Resolve the problem there and then if possible.
- c. Explain that the practice has a procedure for handling complaints.
- d. Ask the person if they wish to make a complaint using the practice procedure.

If the person does want to use the complaints procedure, the team member should:

- a. Explain the procedure.
- b. Check that the person is happy to make the complaint verbally or whether they wish to put it in writing.
- c. Take a note of the details for verbal complaint and make sure the complainant is happy and agree with the written details recorded.
- d. Pass the details of the complaint to the complaints officer.

Receiving of complaints

1. Complaints may be made:

- a. verbally in person*
- b. verbally over the telephone*
- c. by e-mail*
- d. by letter*

2. Complaints will be accepted from:

- a. a patient*
- b. a person acting on behalf of a patient with the patient’s consent*
- c. a person acting on behalf of a patient where consent is not required.*

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.

All complaints, written and verbal will be recorded, and written complaints will be acknowledged in writing within 3 working days of receipt. A full written response will be provided to the patient within a six-month period, as per NHS guidance.

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 beginning with 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. He or she will
 - a. Speak with staff involved.
 - b. Review any systems and processes involved.

- Advise the partners on the appropriate response to the complaint.
- Where the complaint involves more than one organisation the Complaints 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 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 written report on the investigation and a statement advising them of their right to take the matter to the Ombudsman if required. In addition the complainant will be given the opportunity to discuss the report findings at a meeting.

Unreasonable Complaints

Where a complainant becomes aggressive or, despite effective complaint handling, unreasonable in their promotion of the complaint, some or all 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 rights, 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 detail.

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.



MEDICENTRE
Complaint Analysis Form

Complaint reference	Date of Complaint	Target group GP/ Nurse /Reception
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1. Complaint summary

2. Issues raised?

3. How might we have done things differently?

4. Reflective Learning points

5. Actions needed if any

How serious would you rate this event:

Major

Minor

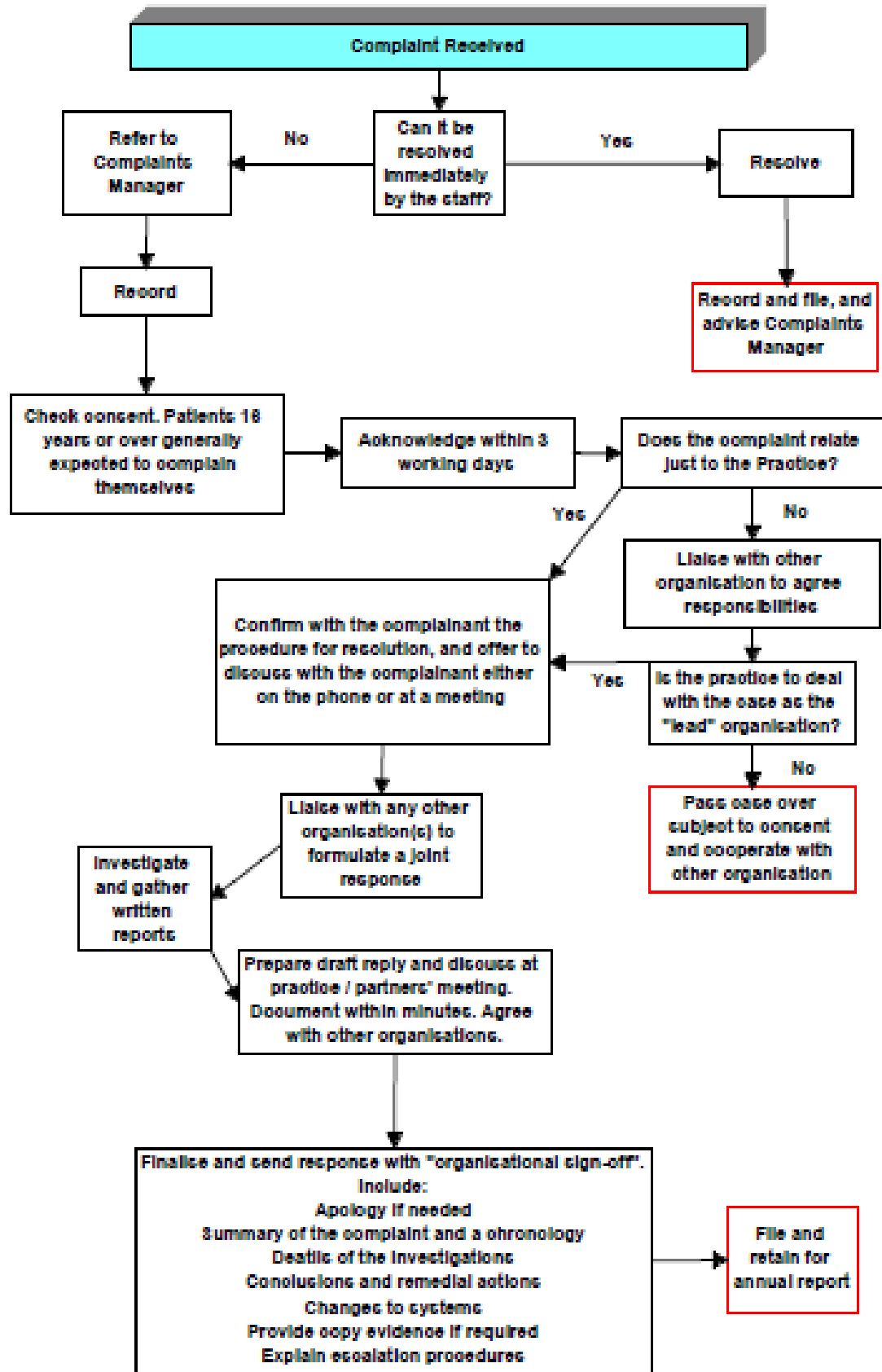
Medium

Is it likely to happen again: Yes

No

Name:.....

Signature:.....



Thank you once again for bringing your concerns to our attention.