

Policy

- The Practice will take all reasonable steps to ensure that their staff are aware of and comply with this Procedure.
- The Practice has appointed its Deputy practice Manager, Michelle Gilmour, as the first point of contact for a complaint and for managing the procedures in accordance with the policy. If, for any reason, the Deputy Practice Manager is not able to manage the procedure it should be passed to the Practice Manager, Lorraine Townshend.
- The Practice Management team are responsible for ensuring compliance with the Policy and Procedure, and in particular ensuring that action is taken if necessary, in the light of the outcome of a complaint.
- The Practice will take all reasonable steps to ensure that patients are aware of the complaint's procedure
- All complaints will be treated in the strictest confidence.
- Patients who make a complaint will not be discriminated against or be subject to any negative effect on their care, treatment or support.
- Where a complaint investigation requires access to the patient's medical records and involves disclosure of this information to a person outside the practice, all personal identifiable information will be removed
- The Practice will maintain a complete record of all complaints and copies of all related correspondence. These records will be kept separately from patients' medical records.

Procedure

Complaint initiated on Practice Premises

- In the event that any practice staff member notices that a patient appears to be dissatisfied with an aspect of our service whilst on the practice premises, every effort will be made to identify and resolve the problem immediately. The member of staff should contact the Deputy Practice Manager, in the first instance, or in their absence, the Practice Manager.
- If the patient is unable to remain on the premises but wishes to leave their details so as to receive a phone call from the practice, this information should be sent by EMIS task and followed up with an EMIS email.

Receipt and acknowledgement of complaints

The Practice may receive the following complaints:

- A complaint made directly by the patient or former patient, who is receiving or has received treatment at the practice;
- A complaint made on behalf of a patient or former patient (with his/her consent), who is receiving or has received treatment at the practice;
- 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 into 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.
- Where the patient is incapable of making a complaint, by a representative who has an interest in his/her welfare.
- The practice can only respond to complaints regarding care or services provided by The Sides Medical Centre.

- All written complaints will be acknowledged in writing within 3 working days of receipt.

Periods of time within which complaints can be made

- The periods of time within which a complaint can be made is normally:
 - 12 months from the date on which the event / incident which is the subject of the complaint occurred; or
 - 12 months from the date on which the event / incident which is the subject of the complaint comes to the complainant's notice.
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Initial action upon receipt of a complaint

All complaints, whether verbal or in writing must be forwarded immediately to the Deputy Practice Manager, in the first instance. The Practice Manager will deputise for should the need arise.

Where the complaint is made verbally, a written record will be held for reporting and quality improvement purposes.

An acknowledgement of receipt of the complaint must be made as soon as possible and not later than 3 working days after the day on which the Practice receives the complaint.

If it is considered that the matter can be resolved quickly without further investigation, the Practice will do so, providing the complainant agrees and there is no risk to other service users.

In the event the complainant cannot be placated, the practice will itself determine the next steps, including the response period and notify the complainant in writing of that period.

Investigation and response

Complaints should be resolved within a “relevant period” i.e. 6 months from the day on which the complaint was received.

However, at any time during the “relevant period”, the practice has the discretion to liaise with the complainant to extend this timeframe to a mutually agreeable date, provided it is still possible to carry out a full and proper investigation of the complaint effectively and fairly.

The Practice will investigate the complaint speedily and efficiently and as far as reasonably practicable, keep the complainant informed of the progress of the investigation.

After the investigation is completed, the Practice will send the complainant a response within the relevant period. The response will incorporate:

- A summary of each element of the complaint
- Details of policies or guidelines followed
- A summary of the investigation
- Details of key issues or facts identified by an investigation
- Conclusions of the investigation: was there an error, omission, or shortfall? Did this disadvantage the complainant, and if so, how?
- An apology, if one is needed
- An explanation of what will happens next (e.g., what will be done, who will do it, and when)
- Confirmation as to whether the practice is satisfied that any necessary action has been taken or is proposed to be taken;

- A statement of the complainant's right to take their complaint to the Parliamentary and Health Service Ombudsman and information on what the person complaining should do if they are still unhappy and wish to escalate the complaint.

If the Practice cannot send the complainant a response within the agreed period, it will inform the patient

Handling Unreasonable Complaints

- In situations where the person making the complaint can become aggressive or unreasonable, the practice will instigate the appropriate actions from the list below and will advise the complainant accordingly:
 - Ensure contact is being overseen by an appropriate senior member of staff who will act as the single point of contact and make it clear to the complainant that other members of staff will be unable to help them.
 - Ask that they make contact in only one way, appropriate to their needs (e.g. in writing).
 - Place a time limit on any contact.
 - Restrict the number of calls or meetings during a specified period.
 - Ensure that a witness will be involved in each contact
 - Refuse to register repeated complaints about the same issue.
 - Do not respond to correspondence regarding a matter that has already been closed, only acknowledge it.
 - Maintain a detailed record of each contact during the ongoing relationship.

Annual Review of Complaints

- In line with National Guidance, the Practice will supply the following information to NHS England:
 - The number of complaints received;
 - The issues that these complaints raised;
 - Whether complaints have been upheld;
 - The number of cases referred to the Ombudsman.

Reporting a Summary of Complaints to the Care Quality Commission

The Practice will adhere to the Care Quality Commission's requirement of producing a summary of complaints at a time and in a format set out by the CQC and then send the summary within the timeframe specified.