



Linden Medical Centre

Reviewed 1 May 2018
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Policy Owner Practice Manager

COMPLAINTS POLICY

Introduction

1. This policy 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. It accompanies a leaflet setting out the approach to complaint handling which should be available at reception for any patient requesting a copy.
2. 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.
3. The Practice will take reasonable steps to ensure that patients are aware of:
 - The complaints procedure.
 - The anticipated time period for resolution.
 - How it will be dealt with.
 - Who will deal with it.
 - 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.

Procedure

4. **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:
 - i. by either parent, or in the absence of both parents, the guardian or other adult who has care of the child;
 - ii. 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;
 - iii. 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 or giving consent for a complaint to be made, by a relative or other adult who has an interest in his/her welfare.

5. **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.
6. **Resolution timescales.** Complaints should normally be resolved within 6 months. The practice standard will be 3 days for a response (acknowledgement) and within 10 days for a reply to the complaint or attempt to resolve informally.
7. The Practice Manager or a partner have 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.
8. When considering an extension to the time limit it is important that the Practice 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.
9. **Action Upon Receipt of a Complaint.** It will be the intention of the practice to resolve every complaint at the lowest level possible, informally where possible. This is in order to achieve swift resolution and prevent a poor relationship from developing between patient and practice.
10. If it is not possible or the outcome is not satisfactory the patient should be invited to submit a written complaint. This ensures that each side is well aware of the issues that require resolution. If the patient refuses to submit a written complaint then the Practice Manager will document the complaint to the fullest extent possible and check that the patient is happy with the detail of the complaint.
11. On receipt of a written complaint an acknowledgement should be sent confirming receipt and saying that a further response will be sent within 10 days following an investigation of the issues. It will also say who is dealing with it i.e. GP or Practice Manager.
12. If it is not possible to conclude any investigations within the 10 days then the patient will be updated with progress and possible time scales.
13. A full investigation should take place with written notes and a log of the progress being made.
14. It may be that outside sources will need to be contacted and if that is the case then a patient consent form will need to be signed to make such a request.
15. **Final Response.** This will include:
 - a. A clear statement of the issues, investigations and the findings, giving clear evidence-based reasons for decisions if appropriate
 - b. Where errors have occurred, explain these fully and state what will be done to put these right, or prevent repetition
 - c. A focus on fair and proportionate the outcomes for the patient, including any remedial action or compensation

- d. A clear statement that the response is the final one, or that further action or reports will be send later
- e. An apology or explanation as appropriate
- f. A statement of the right to escalate the complaint, together with the relevant contact detail

Unreasonable Complaints

16. 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:

- a. The complaint will be managed by one named individual at senior level who will be the only contact for the patient
- b. Contact will be limited to one method only (e.g. in writing)
- c. The number of contacts in a time period will be restricted
- d. A witness will be present for all contacts
- e. Repeated complaints about the same issue will be refused
- f. Correspondence regarding a closed matter will be acknowledged only, not responded to
- g. The complainant will be reminded of expected behaviour standards
- h. Irrelevant documentation will be returned.
- i. Detailed records will be kept

Annual Review of Complaints

17. 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.

18. This will include:

- a. Statistics on the number of complaints received
- b. Justified / unjustified analysis
- c. Known referrals to the Ombudsman
- d. Subject matter / categorisation / clinical care
- e. Learning points
- f. Methods of complaints management
- g. Any changes to procedure, policies or care which have resulted

Confidentiality

19. All complaints must be treated in the strictest confidence.
20. 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.
21. 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.

Escalating a Complaint – Complaints to NHS England

22. If a complainant has concerns relating to a directly commissioned service by NHS England, then the first step is, where appropriate, for complaints and concerns to be resolved on the spot with their local service provider (as above). This is called by NHS England 'informal complaint resolution' and is in line with the recommendations of the Complaints Regulations of 2009.
23. If it is not appropriate to raise a concern informally or where informal resolution fails to achieve a satisfactory outcome, the complainant has the right to raise a formal complaint with either the service provider or the commissioner of the service NHS England. A complaint or concern can be received by mail, electronically or by telephone.
 - a. By telephone: 03003 11 22 33
 - b. By email: england.contactus@nhs.net
 - c. By post: NHS England, PO Box 16738, Redditch, B97 9PT
24. Further information on the NHS England complaints procedure can be found online.

Escalating a Complaint Further

25. If the complainant is not content with the response from NHS England then it can be raised, finally, to the Parliamentary and Health Service Ombudsman. This free and independent service can be accessed online or by calling 0345 015 4033.

Assistance with a complaint

26. SEAP (Support Empower Advocate Promote) provide an advocacy service for patients who need help with making a complaint about the NHS. They can be contacted by telephone on 0330 440 9000, email on info@seap.org.uk, or patients can write to SEAP, PO Box 375, Hastings, TN34 9HU.

Hospital Complaints

27. Hospital complaints should be directed to the appropriate Patient Advice and Liaison Service (PALS). Wexham Park – 01753 633365, palswexhampark@fhft.nhs.uk, RBH – 0118 322 8338, talktous@royalberkshire.nhs.uk