

COMPLAINTS PROCEDURE

A new NHS and social care complaints procedure was introduced in England on 1 April 2009: Meeting the requirements of the Local Authority Social Services and NHS Complaints Regulations 2009.

http://www.legislation.gov.uk/ukxi/2009/309/pdfs/ukxi_20090309_en.pdf

A complaint or concern is an expression of dissatisfaction about an act, omission or decision of Symphony Healthcare Service Practices / Complex Care Hub, either verbal or written, and whether justified or not, which requires a response.

The complaints procedure has two stages:

1. Local resolution: e.g. within the practice
2. When a complainant remains dissatisfied with the initial stage of the process. (Doctors can also complain to the Ombudsman if they are not satisfied with the response provided on their behalf by the CCG).

www.ombudsman.org.uk

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. 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 complaints procedure
- the role of the Clinical Commissioning Group (CCG) and the Area Team of NHS England and other bodies in relation to complaints about services under the contract. This includes the ability of the patient to complain directly to the Area Team 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 Area Team 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

Awareness will be achieved through the Complaints Patient Information Leaflet, the Practice Leaflet and website.

The Complaints Co-Ordinator for the Practice is (insert name)

The lead GP for complaints handling is (insert name)

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 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. Patients will be encouraged to complain in writing where possible. The reply to the patient should be made within 10 working days, or the patient should be provided with an update and an estimate timescale.

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 Clinical Lead if the Practice 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. Where the complaint involves more than one organisation the Practice Manager or Clinical Lead will liaise with the Governance Manager to agree responsibilities to 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 their complaint 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. 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
- The Governance Manager may be contacted if advice and support in managing a complaint is required

Period within which complaints can be made

Complaints must be made not later than:

- twelve months after the date on which the matter which is the subject of the complaint occurred; or
- twelve months after the date on which the matter which is the subject of the complaint came to the notice of the complainant

Complaints should normally be resolved within 6 months. The practice standard will be 10 days for a response (10 days is the suggested response period, but Practices are free to set their own timescale).

The Practice Manager or Clinical Lead 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 Clinical Lead 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.

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 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 and not reinvestigate
- 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 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 sent later
- An apology or explanation as appropriate
- A statement of the right to escalate the complaint, together with the relevant contact detail
- A copy of the final response letter along with a copy of the original complaint letter will be available to the Governance Manager on request.

Review of Complaints

The practice will regularly review complaints received, along with any learning issues or changes to procedures which have arisen and provide assurance at the practice GET meetings of progress.. 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. An overarching SHS complaints report will be submitted to the Governance and Quality Meeting annually.

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 Practice Manager or Clinical Lead 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.

RESOURCES:

Complaint Form - <S:\All Practices\Procedures & Guidance\Patient Complaint Form.pdf>

Complaint Review Form (suitable for annual review)

Complaints Brochure (Patient information) - <S:\All Practices\Procedures & Guidance\Complaints Leaflet.pdf>

Complaints Consent Form – third party