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## COMPLAINTS PROCEDURE

### 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 1<sup>st</sup> 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 NHS England and the Parliamentary and Health Ombudsman in relation to complaints about services under the contract. This includes the ability of the patient to complain directly to NHS England or the Ombudsman as an alternative to a complaint to the practice, and to escalate to NHS England or the Ombudsman where dissatisfied with the outcome.

The principal method of achieving this is the Complaints Patient Information Leaflet and the practice website.

The Complaints Manager for the Practice is the Operations Manager, Amy Baker.

The lead GP for Clinical Governance and Quality is GP Partner Dr Emma Palmer supported by the Practice Manager, Jennifer Wain.

### 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 standard working days of receipt. Patients will be encouraged to complain in writing

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where possible as this allows for clarity of concerns and enables a more efficient investigation. The formal response to the patient should be made within 3 weeks, or the patient should be provided with an update and an estimate timescale to fully investigate the complaint.

In exceptional circumstances the Practice may be unable to meet these timescales. This would be due to 'emergency circumstances' that see our Practice facing high demand and challenges to delivering clinical services that need to be prioritised. However, complaints that are deemed as relating to clinical safety will not be unduly delayed.

## **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 Practice Standard is 3 weeks to resolve a complaint however we aim to have all fully resolved within 6 months, unless there are exceptional circumstances.

The Complaints Manager or Governance Team 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 Governance Team 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 will be addressed in the following manner:**

If the complaint is in regards to the Patient Services Team, appointments, medical reports, data usage or administrative processes they may be addressed by an Operational Coordinator. If the complaint is in relation to prescribing this may be addressed by the Senior Pharmacy Technician.

- They will respond to the patient within 3 working days in the manner preferred by the patient stated at the time they raised their complaint/concerns.
- The aim is for them to understand the complaint/concerns and assess if we could have done things differently or if we need to provide more clarity on our systems and processes.
- If further investigation is required they will advise the patient/complainant and will advise the timescale to look into the matter, which should usually take less than 15 working days.
- They will respond to the patient with a final response in writing.

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- They will inform the Complaints Manager of the complaint and the outcome of their liaison with the patient; one outcome may be that the matter needs to be escalated to the Complaints Manager to investigate in more detail and address through Clinical Governance meetings.

If the complaint is in regards to clinical care then this will need to be dealt with by the Complaints Manager and the Governance Team. These complaints should be made in writing to ensure the accuracy and clarity of the patient/complainants concerns. In the Complaints Managers absence this should be passed to the Practice Manager.

- acknowledge in writing within the period of 3 standard working days beginning with the day on which the complaint was made or, where that is not possible, as soon as reasonably practicable.
- Advise the patient of potential timescales and the next steps.
- Ensure the complaint is properly investigated. 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. Where a response is not possible within 3 weeks provide an update report to the patient with an estimate of the timescale to fully investigate the complaint.

### **Vexatious 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, not respond to it
- Set behaviour standards
- Return irrelevant documentation
- Keep detailed records

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## 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
- 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

## Practice Documentation of Complaints

The practice will ensure a clear and auditable record of all complaints is kept. This is the responsibility of the Complaints Manager and will include:

- All complaints will be kept in a designated file with copies of all written and electronic correspondences and summaries of verbal correspondences relating to the complaint. This will be kept separate to the patient's clinical record.
- A standing item on the agenda of practice meetings for the discussion of any new or outstanding complaints.
- A summary of all discussions related to a complaint being kept in the designated file including details of persons present at the discussions. This includes practice meetings, meetings with the complainant or their representative and ad-hoc discussions directly related to the complaint.
- An electronic log will be kept detailing dates and times of complaints, discussions and correspondences, along with any outstanding work related to the complaint.
- Any action or learning need identified as a result of the complaint will be documented, clearly stating the person or persons responsible for completing that action and the timescale for completion.

## 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.

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

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## **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.

## **Improved Access Service**

The weekend service provided to patients is coordinated by the Southern Primary Care Collaborative Board and all complaints relating to the weekend service should be directed to [improved.access@nhs.net](mailto:improved.access@nhs.net)