



Manor Park Surgery

Complaints Procedure

1. Introduction

- 1.1. This protocol sets out the approach of Manor Park Medical Centre and Hampden Park Surgery to the handling of complaints.
- 1.2. It is in line with the common approach introduced by the Department of Health across health and adult social care on 1st April 2009 and with the requirements of the Care Quality Commission (CQC).
- 1.3. This protocol is relevant to all employees and anyone who works at the surgeries detailed in 1.1. Individuals training and visitors/observers on the premises must adhere to it also.
- 1.4. This protocol will be reviewed annually to ensure that it remains effective and relevant.

2. Policy

- 2.1. The Practice will take reasonable steps to ensure that patients are aware of:
 - the complaints procedure
 - the time limit for resolution
 - how it will be dealt with
 - who will deal with it
 - the Lead GP handling complaints
 - the right of appeal
 - 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.

3. How complaints can be made

- 3.1 Complaints may be received in writing or orally. Patients can use their own format or they can use the practice's standard Complaints Form.

3.2 Where a patient is unable to communicate a complaint by either means on their own, then arrangements will be made to facilitate the giving of the complaint. The complaint can be given by a third party but patient consent is required to enable the practice to talk with the third party about the patient concerned. There is a third party consent form attached to the standard Complaints Form.

4. Persons who can complain

4.1 Complaints can be made by patients, former patients, or someone who is affected, or likely to be affected, by the action, omission or decision of individuals working at the practice - or by a representative of a patient who is incapable of making the complaint themselves. This is usually a relative or other adult who has an interest in his/her welfare.

4.2 When a complaint is made on behalf of a child, there must be reasonable grounds for the complaint being made by the representative rather than the child and the complaint must be made in the best interests of the child. If this is not the case, then written notification of the decision not to investigate the complaint must be sent to the representative.

4.3 Child representatives can include:

- either parent, or in the absence of both parents, the guardian or other adult who has care of the child;
- a person duly authorised by a local authority to whose care the child has been committed under the provisions of the Children Act 1989;
- a person duly authorised by a voluntary organisation by which the child is being accommodated

5. Time limit for making a complaint

5.1 Complaints can be made up to 12 months after the incident that gave rise to the complaint, or from when the complainant was made aware of it. Beyond this timescale, it is at the discretion of the practice as to whether to investigate the matter.

6. Persons responsible for handling complaints

6.1 Responsible Person: the Responsible Person is a partner responsible for the supervision of the complaints procedure and for making sure that action is taken in light of the outcome of any investigation. This is Dr Russell Brown, Senior Partner.

6.2 Complaints Manager: the Complaints Manager is responsible for the handling and investigation of complaints. This is Anita Taylor, Practice Manager.

7. Initial handling of complaints

- 7.1 When a patient wishes to make an oral complaint, then the Complaints Manager is to arrange to meet the complainant in private to make an assessment of the complaint. The complainant is to be asked whether they would like to be accompanied at this meeting.
- 7.2 The complaint should be resolved at this meeting if possible. If the complaint is resolved then it should be recorded in the complaints register and the implicated member of staff is to be told about the details of the complaint.
- 7.3 When the complaint cannot be resolved, the patient is to be asked to make a written complaint. If necessary, the Complaints Manager is to write down the complaint on their behalf verbatim. The written complaint is to be recorded in the complaints register.
- 8.4 The Complaints Manager is to acknowledge a written complaint in writing within 3 working days and will aim to have looked into the matter within 10 working days. If the matter is likely to take longer than this, the Complaints Manager will let the complainant know, stating the anticipated date by which they can expect a full response.

8. Investigation of complaint

- 8.1 The Complaints Manager is to discuss the complaint with the implicated member of staff to establish their recollection of events (and with any other members of staff, as appropriate). 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.
- 8.2 If the complaint is against the Complaints Manager, then the complaint is to be referred to the Responsible Person for investigation.
- 8.3 The complainant is to be invited to a meeting to discuss the complaint with the Complaints Manager and asked if they would like to be accompanied at this meeting. If appropriate and with prior consent from the complainant, the staff member complained about can be present at that meeting. Minutes should be taken.
- 8.4 The timescale to respond (maximum 6 months) is to be agreed with the complainant at that meeting and documented in the complaints register.
- 8.5 The full response to the complainant is to be signed by the Responsible Person and include:
 - a) an explanation of how the complaint was considered
 - A clear statement of the issues, investigations and the findings, giving clear evidence-based reasons for decisions if appropriate
 - b) the conclusions reached in relation to the complaint and any remedial action that will be needed;
 - 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 the outcomes for the patient, including any remedial action or compensation
- c) confirmation as to whether the practice is satisfied that any action has been taken or will be taken;
- d) A clear statement that the response is the final one, or that further action or reports will be sent later;
- e) An apology or explanation as appropriate;
- f) A statement of the right to escalate the complaint, together with the relevant contact detail.

9. Escalating the complaint further

9.1 If the complainant is dissatisfied with the handling of the complaint then they are to be advised/offered to:

- Meet with the Responsible Person;
- Contact NHS England;
- Contact the Health Services Ombudsman; or
- Contact the Care Quality Commission.

Contact details for the above are as follows:

NHS England

Address: PO Box 16738, Redditch, B97 9PT

Telephone: 0330 311 2233

Email: england.contactus@nhs.net

Website: www.england.nhs.uk

Role: Oversee Clinical Commissioning Groups and GP surgeries

The Parliamentary and Health Service Ombudsman

Address: Millbank Tower, Millbank, London, SW1P 4QP

Telephone: 0345 015 4033

Fax: 0300 061 4000

Email phso.enquiries@ombudsman.org.uk

Website: www.ombudsman.org.uk.

Role: Independent from government and the NHS. Confidential and free. Time limits in place for taking a complaint although these can be waived if the ombudsmen feels there is good reason to do so.

If you need any **help or advice** to make your complaint to the Ombudsman, you can contact your local Independent Complaints Advocacy Service. This is:

SEAP (Support, Empower, Advocate, Promote)

Address: PO Box 375, Hastings TN34 9HU

Phone: 0330 440 9000

Email: info@seap.org.uk

Website: www.seap.org.uk

Role: to support and help people represent their views when making a complaint about the NHS.

Care Quality Commission (CQC)

Telephone: 03000 61 61 61

Email: enquiries@cqc.org.uk

Website: www.cqc.org.uk where you access their online web form

Role: to ensure that hospitals, care homes, dentists, GPs and services in your home are meeting national standards.

PALS Service - discontinued

In the past, complaints could be directed to the Primary Care Trust and their PALS (Patient Liaison Service). Primary Care Trusts ceased to exist on 1st April 2013 and the Local Clinical Commissioning Group (CCG) can only deal with complaints regarding hospital or community health services. They have advised patients to go directly to NHS England who oversee CCGs and GP practices. There is no GP PALS service (only PALS for hospitals and mental health services).

9.2 Complaints about hospitals

Complaints about services provided by hospitals should be sent to the Hospital Complaints Team direct (or their Patient Liaison Service PALS). Contact details for each hospital trust can be found on the NHS website: www.nhs.uk.

10. Recording complaints and investigations

10.1 A record must be kept of:

- a) each complaint received;
- b) the subject matter of the complaint;
- c) the steps and decisions taken during an investigation;
- d) the outcome of each investigation;
- e) when the practice informed the complainant of the response period and any amendment to that period;
- f) whether a report of the outcome of the investigation was sent to the complainant within the response period or any amended period.

This information is kept in the practice's Complaints Register.

11. Review of complaints

11.1 Complaints received by the practice are to be reviewed at staff meetings to ensure that learning points are shared.

11.2 All complaints are recorded on a Complaints Log. A review of all complaints will be conducted annually by the Complaints Manager to identify any patterns that are to be reported to the Responsible Person.

- 11.3 The Complaints Manager will notify the Responsible Person of any concerns about a complaint leading to non-compliance. The Responsible Person will identify ways for the practice to return to compliance.
- 11.4 A report on written complaints is to be submitted to NHS England on an annual basis. Their definition of a written complaint is as follows:

For the purposes of the return a written complaint is one that is made in writing to any member of staff, or is originally made orally and subsequently recorded in writing. Once it is so recorded, it should be treated as though it was made in writing from the outset. Oral complaints and comments/suggestions that do not require investigation should not be included *(from Health and Social Care Information Centre (HSCIC) 'KO41 (b) – General Practice (including Dentist) Written Complaints: A guide to completing the collection Data Collections' May 2014).*

12. Publicity

- 12.1 This complaints policy is available to all patients and staff in the reception area and via the website.

13. Unreasonable complainants

- 13.1 When faced by an unreasonable complainant, staff will take action in accordance with the Department of Health's Listening, Responding, Improving: a guide to better customer care (p34) (extract below).

On rare occasions, despite your best efforts to resolve a complaint, the person making it can become aggressive or unreasonable. It is important to know how to handle circumstances such as these.

There are a number of ways to help manage the situation:

- *Make sure contact is being overseen by a manager at an appropriate level in the organisation.*
- *Provide a single point of contact with an appropriate member of staff and make it clear to the complainant that other members of staff will be unable to help them.*
- *Ask that they contact you only in one way, appropriate to their needs (e.g. by phone).*
- *Place a time limit on any contact with the complainant.*
- *Restrict the number of calls or meetings you will have with them during a set period.*
- *Ensure that any contact involves a witness.*
- *Refuse to register repeated complaints about the same issue.*
- *Only acknowledge correspondence you receive about a matter that has already been closed.*
- *Explain that you do not respond to correspondence that is abusive.*
- *Make contact through a third person such as a specialist advocate.*

- *Ask the complainant to agree how they will behave when dealing with your service in the future.*
- *Return any irrelevant documentation and remind them that it will not be returned again.*

When using any of these approaches to manage contact with unreasonable or aggressive people, it is important to explain what you are doing and why, and to keep a detailed record of the ongoing relationship.

13.2 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

14. Confidentiality

14.1 All complaints must be and will be treated in the strictest confidence

14.2 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.

14.2 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.