

SHAH ZAMAN SURGERY

PRACTICE 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. A leaflet for patient use is given at Appendix A.

The purpose of the policy is to ensure that all patients (or their representatives) who have the cause to complain about their care or treatment can have freely available access to the process and can expect a truthful, full and complete response and an apology where appropriate. Complainants have the right not to be discriminated against as the result of making a complaint and to have the outcome fully explained to them. The process adopted in the practice is fully compliant with the relevant NHS Regulations (2009) and guidance available from defence organisations, doctors' representative bodies and the Care Quality Commission. Everyone in the practice is expected to be aware of the process and to remember that everything they do and say may present a poor impression of the practice and may prompt a complaint or even legal action.

The general principle of the practice in respect of all complaints will be to regard it first and foremost as a learning process, however in appropriate cases and after full and proper investigation the issue may form the basis of a separate disciplinary action. In the case of any complaint with implications for professional negligence or legal action, the appropriate defence organisation must be informed immediately.

General provisions

Procedure

Availability of information

The practice will ensure that there are notices advising on the complaints process conspicuously displayed in all reception/waiting areas and that leaflets containing sufficient details for anyone to make a complaint are available without the need to ask. The practice website and any other public material (Practice Leaflet etc.) will similarly provide this information and also signpost the complainant to the help available through the NHS Complaints Advisory Service.

Who can a formal complaint be made to?

A complaint can be made to either the practice, NHS England or at www.ombudsman.org.uk

In the event of anyone not wishing to complain to the practice they should be directed to make their complaint to NHSE at:

By telephone: 03003 11 22 33

By email: england.contactus@nhs.net

By post: NHS England, PO Box 16738, Redditch, B97 9PT

In those cases where the complaint is made to NHS England, the practice will comply with all appropriate requests for information and co-operate fully in assisting them to investigate and respond to the complaint.

Who can make a complaint?

A complaint can be made by or, with consent, on behalf of a patient (i.e. as a representative); a former patient, who is receiving or has received treatment at the Practice; or someone who may be affected by any decision, act or omission of the practice.

A Representative may also be

- 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; or by a person duly authorised by a voluntary organisation by which the child is being accommodated
- someone acting on behalf of a patient/ former patient who lacks capacity under the Mental Capacity Act 2005 (i.e. who has Power of Attorney etc.) or physical capacity to make a complaint and they are acting in the interests of their welfare
- someone acting for the relatives of a deceased patient/former patient

In all cases where a representative makes a complaint in the absence of patient consent, the practice will consider whether they are acting in the best interests of the patient and, in the case of a child, whether there are reasonable grounds for the child not making the complaint on their own behalf. In the event a complaint from a representative is not accepted, the grounds upon which this decision was based must be advised to them in writing.

Who is responsible at the practice for dealing with complaints?

The practice "Responsible Person" is Dr A Zaman – Lead GP. They are charged with ensuring complaints are handled in accordance with the regulations, that lessons learned are fully implemented, and that no Complainant is discriminated against for making a complaint.

The practice "Complaints Manager" is *Suzanne Brennan – Practice Manager* and they have been delegated responsibility for managing complaints and ensuring adequate investigations are carried out. *(N.B. they can be the same person but the Responsible Person must be a Lead GP, who may then delegate the complaints management role to someone else - omit or amend as per practice choice)*

Period within which complaints can be made

The period for making a complaint is:

- 12 months from the date on which the event which is the subject of the complaint occurred; or
- 12 months from the date on which the event, which is the subject of the complaint, comes to the complainant's notice (provided that the complaint is made no later than 12 months after the date of the event).

The practice has discretion to extend these limits if there is good reason to do so and it is still possible to carry out a proper investigation. The collection or recollection 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 reasons for declining a time limit extension, however that decision should be able to stand up to scrutiny.

Action upon receipt of a complaint

Complaints may be received either verbally or in writing and must be forwarded to the Complaints Officer (or his/her stand-in if the Complaints Officer is unavailable), who must:

- Acknowledge in writing within the period of three working days, beginning with the day on which the complaint was made, or where that is not possible, as soon as reasonably practicable.
- Ensure the complaint is properly investigated within the period of 25 working days, beginning with the day on which the complaint was received by the Complaints Officer, or where that is not possible, as soon as reasonably practicable, the complainant must be given a written statement of the investigation and its conclusions.

Verbal Complaints: It is always better to try and deal with the complaint at the earliest opportunity and often it can be concluded at that point. A simple explanation and apology by staff at the time may be all that is required.

A verbal complaint need not be responded to in writing for the purposes of the Regulations if it is dealt with to the satisfaction of the complainant by the end of the next working day, neither does it need to be included in the annual Complaints Return. The practice will however record them for the purposes of monitoring trends or for Clinical Governance and that record will be kept and monitored by Suzanne Brennan – Practice Manager. Verbal complaints not formally recorded will be discussed when trends or issues need to be addressed and at least annually, with minutes of those discussions kept.

If resolution is not possible, the Complaints Manager will set down the details of the verbal complaint in writing and provide a copy to the complainant within three working days. This ensures that each side is well aware of the issues for resolution. The process followed will be the same as for written complaints.

Written Complaints: On receipt, an acknowledgement will be sent within three working days which offers the opportunity for a discussion (face-to-face or by telephone) on the matter. This is the opportunity to gain an indication of the outcome the complainant expects and also for the details of the complaint to be clarified. In the event that this is not practical or appropriate, the initial response should give some indication of the anticipated timescale for investigations to be concluded and an indication of when the outcome can be expected.

It may be that other bodies (e.g. secondary care/ Community Services) will need to be contacted to provide evidence. If that is the case, then a patient consent form will need to be obtained at the start of the process and a pro-forma consent form included with the initial acknowledgement for return.

If it is not possible to conclude any investigations within the advised timescale, then the complainant must be updated with progress and revised time scales on a regular basis. In most cases these should be completed within six months unless all parties agree to an extension.

The Investigation

The practice will ensure that the complaint is investigated in a manner that is appropriate to resolve it speedily and effectively and proportionate to the degree of seriousness that is involved. The investigations will be recorded in a complaints file created specifically for each incident and where appropriate should include evidence collected as individual explanations or accounts taken in writing.

Review of complaints

Complaints received by the practice will be reviewed to ensure that learning points are shared with the whole practice team.

- Complaints received during the month will be reviewed at monthly practice & clinical meetings of practice staff to ensure any actions required are put into practice.
- A full review of all complaints will be carried out annually to identify any trends or additional actions/learning points.

Final Response

This will be provided to the complainant in writing (or email by mutual consent) and the letter will be signed by the Responsible Person or Complaints manager under delegated authority. The letter will be on headed notepaper and include:

- An apology if appropriate (The Compensation Act 2006, Section 2 expressly allows an apology to be made without any admission of negligence or breach of a statutory duty)
- A clear statement of the issues, details of the investigations and the findings, and clear evidence-based reasons for decisions if appropriate
- Where errors have occurred, explain these fully and state what has been or will be done to put these right or prevent repetition. Clinical matters must be explained in accessible language
- A clear statement that the response is the final one and the practice is satisfied it has done all it can to resolve the matter at local level
- A statement of the right, if they are not satisfied with the response, to refer the complaint to the Parliamentary and Health Service Ombudsman, Millbank Tower, Millbank, London, SW1P 4QP or visit the 'Making a complaint page' at <http://www.ombudsman.org.uk/make-a-complaint> (to complain online or download a paper form). Alternatively the complainant may call the PHSO Customer Helpline on 0345 015 4033 from 8:30am to 5:30pm, Monday to Friday or send a text to their 'call back' service: 07624 813 005

The final letter should not include:

- Any discussion or offer of compensation without the express involvement and agreement of the relevant defence organisation(s)
- Detailed or complex discussions of medical issues with the patient's representative unless the patient has given informed consent for this to be done where appropriate.

Annual Review of Complaints

The practice will produce an annual complaints report to be sent to the local Commissioning Body (NHSE) and will form part of the Freedom of Information Act Publication Scheme.

The report will include:

- Statistics on the number of complaints received
- The number considered to have been upheld

- Known referrals to the Ombudsman
- A summary of the issues giving rise to the complaints
- Learning points that came out of the complaints and the changes to procedure, policies or care which have resulted

Care must be taken to ensure that the report does not inadvertently disclose and confidential data or lead to the identity of any person becoming known.

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 Officer 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.

Unreasonable or Vexatious Complaints

Where a complainant becomes unreasonable or excessively rude or aggressive in their promotion of the complaint, some or all of the following formal provisions will apply and must be communicated to the patient by the Responsible Person in writing:

- 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 unless additional material is being brought forward
- Only acknowledge correspondence regarding a closed matter, not respond to it
- Set behaviour standards
- Return irrelevant documentation
- Detailed records will be kept of each encounter

Complaints involving Locums

It is important that all complaints made to the practice regarding or involving a locum (Doctor, Nurse or any other temporary staff) are dealt with by the practice and not passed off to a Locum Agency or the individual locum to investigate and respond. The responsibility for handling and investigating all complaints rests with the Practice.

Locum staff should however be involved at an early stage and be advised of the complaint in order that they can provide any explanations, preferably in writing. It would not be usually appropriate for any opinions to be expressed by the Practice on Locum staff. Providing their factual account along with any factual account from the practice is the best way to proceed.

The practice will ensure that on engaging any Locum, the Locum Agreement will include an assurance that they will participate in any complaint investigation where they are involved or can provide any material evidence. The practice will ensure that there is no discrepancy in the way it investigates or handles complaints between any Locum staff and either practice Partners, salaried staff, students or trainees or any other employees.

Appendix A – Practice Complaints Procedure leaflet

FEEDBACK AND COMPLAINTS PROCEDURE

➤ If you have any concern or complaint about the service you have received from any of the staff working in the practice, please let us know. We operate a practice complaints procedure as part of the NHS system for dealing with complaints. Our complaints system meets the national criteria.

➤ **How to complain**

➤ We hope that most problems can be sorted out easily and quickly, often at the time they arise and with the person concerned. If your problem cannot be sorted out in this way and you wish to make a complaint, we would like you to let us know as soon as possible, ideally within a matter of days, because this will enable us to establish what has happened more easily. Alternatively you can ask for your complaint to be investigated by NHS England on 0300 311 2233 or england.complaints-westmidlands@nhs.net

➤ More information can be obtained from
<http://www.nhs.uk/choiceintheNHS/Rightsandpledges/complaints/Pages/NHScomplaints.aspx>

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➤ You may ask for an appointment with Suzanne Brennan, the Practice Manager, to discuss your concerns. She will explain the complaints procedure to you and will make sure that your concerns are dealt with promptly. Alternatively, you could write to Suzanne Brennan or Dr Zaman. It would be a great help if you were as specific as possible about your complaint.

➤ **What we shall do**

➤ We shall acknowledge your complaint within three working days and aim to have looked into your complaint usually within 25 working days of the date when you raised it with us. We shall then be in position to offer you an explanation, or a meeting with the people involved.

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➤ When we look into a complaint, we aim to:

- a. Find out what happened and what went wrong.
- b. Make it possible for you to discuss the problem with those concerned, if you would like this.
- c. Make sure you receive an apology, where this is appropriate.
- d. Identify what we can do to make sure the problem does not happen again.

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➤ **Complaining on behalf of someone else**

➤ Please note that we keep strictly to the rules of medical confidentiality. If you are complaining on behalf of someone else, we have to know you have their permission to do so. A note signed by the person concerned will be needed, unless they are incapable (because of illness) of providing this.

The practice manager is responsible for implementing, maintaining and reviewing this policy.

