

Version	Date Published	Review Status
2.0	August 22	August 24

COMPLAINTS POLICY

Background & Principles

The purpose of this 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.

1. General Provisions

The Practice will take reasonable steps to ensure that patients are aware of:

- (a) the complaints procedure;
 - (b) the role of the Commissioning Group and other bodies in relation to complaints about services under the contract; and
 - (c) their right to assistance with any complaint from independent advocacy services.
- The Practice will take reasonable steps to ensure that the complaints procedure/leaflet is accessible to all patients.

2. 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; or

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(iii) by a person duly authorised by a voluntary organisation by which the child is being accommodated

(iv) 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

(v) 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. The representative may also be advised to gain consent from the patient so that a full investigation can take place, and so that the patient's medical records can be discussed if needed.

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.

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.

3. 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 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. However the collection or recollection of evidence, clinical guidelines or other resources relating to the time when the complaint event arose may be difficult to establish or obtain. These factors may be considered as suitable reasons for declining a time limit extension if a valid reason is given.

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4. COMPLAINTS HANDLING

Each practice has nominated a complaints officer(s) within the practice:

(a)

- Clarendon Park Medical Centre: Amanda Roberts- Supervisor
- Dishley Grange Medical Practice: Anabel Sharma – Assistant Practice Manager
- Heatherbrook Surgery: Maria Diaz-Smith – Assistant Practice Manager.
- Pasley Road Practice: Leigh-Anne Flowers – Assistant Practice Manager.
- Sayeed Medical Centre: Raj Mistry – Practice Manager.
- The Willows Medical Centre: Nita Pattni- Assistant Practice Manager.
- Willowbrook Medical Centre/Springfield Road Surgery: Zakkiyah Ali – Assistant Practice Manager (WBMC), Lydia Cowley – Supervisor (SRS)

Shabana Kara (Lead Complaints Officer) and Stacey Hubber (Lead Clinical Complaints Officer) are responsible for the operation of the complaints procedure and investigation process for complaints that cannot be resolved at practice level.

(b) Dr Gupta, Dr Kapasi and Dr Prasad are responsible for the effective management of the clinical complaints procedure and for ensuring that action is taken regarding the outcome of any investigation and to ensure that no complainant is discriminated against. Dr Kapasi, Clinical Director, is responsible for providing an independent clinical review of complaints.

5. 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:

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.

This should be done at the time of the member of staff dealing with the issue and only passed to a senior member of staff if the situation is proving difficult to resolve.

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.

Verbal complaints need not be formally recorded, but the learning outcomes discussed with the practice to monitor and improve patient experience.

If resolution is not possible verbally, than the Complaints Manager will set down the details of the verbal complaint in writing and provide a written copy to the complainant within three working days. The process followed will then be the same as for written complaints.

Written Complaints

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On receipt, an acknowledgement will be sent within three working days which assures the complainant that their concerns are being dealt with and that an investigation has commenced.

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. A significant event will be raised and discussed at MDT.

Final Response

This will be provided to the complainant in writing and the letter will be signed by the Responsible Person or Complaints manager under delegated authority. The letter will be on headed paper and will include a full response to the complainants concerns.

Once local resolution has been completed (usually at a practice level), and if the complainant is still unsatisfied with the response; the complaint can then be referred onto the Parliamentary and Health Service Ombudsman:

The Parliamentary and Health Service Ombudsman
 Citygate
 Mosley Street
 Manchester
 M2 3HQ

This can also be done online on: <http://www.ombudsman.org.uk/make-a-complaint> 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.

6. Review of complaints

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

- Complaints received during the month will be reviewed within 6 weeks at 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.
- Primary Care Data collections Annual Declaration of Complaints

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7. 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. Providing their 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.

Informal complaints

The collection of data about informal complaints - often referred to as "grumbles" - is a good tool for identifying trends for low-level dissatisfaction with services or the way they are offered to patients. Staffs are encouraged to raise these issues at practice meetings.

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8. 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.