

PRACTICE COMPLAINTS PROCEDURE

1. Introduction

On 1 April 2009 the Care Quality Commission came into force, bringing together the responsibilities of the Commission for Social Care Inspection, the Mental Health Act Commission and the Healthcare Commission. At the same time the role of the Healthcare Commission in independently reviewing complaints will be taken on by the Parliamentary Commissioner for Health (the Ombudsman). This means that there will be only two stages to resolving complaints: local resolution at practice/PCT level or referral to the Ombudsman.

It is important to note that this new complaints process¹ involves not only general practice and primary care but reaches beyond to acute trusts and social services. To reflect this new Regulations come into force relating to complaints handling.

2. Procedure

2.1 General provisions

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

- publicise complaints procedures
- acknowledge receipt of a complaint and offer to discuss the matter within three working days
- deal efficiently with complaints and investigate them properly and appropriately
- write to the complainant on completion of a complaint investigation explaining how it has been resolved, what appropriate action has been taken, and reminding them of their right to take the matter to the Health Services Ombudsman if they are still unhappy
- assist the complainant in following the complaints procedure, or provide advice on where they may obtain such assistance

- ensure there is a designated manager for complaints, Mrs J McBride, Complaints Manager
- have someone senior who is responsible for both the complaints policy and learning from complaints, Dr R D Cocker
- produce an annual report about complaints that have been received, the issues they raise, and any matters where action has been taken or is to be taken to improve services as a result of those complaints.

The Practice will take reasonable steps to ensure that the complaints procedure is accessible to all patients

2.2 Receiving of complaints

If a complaint is made orally and is resolved to the complainant's satisfaction within 24 hours, it need not be responded to formally

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. The complainant:

- can choose to complain to a commissioner instead of the service provider, ie, the PCT rather than the practice.
- 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; or
 - by a person duly authorised by a voluntary organisation by which the child is being accommodated
- where the patient is incapable of making a complaint, by a relative or other adult who has an interest in his/her welfare.
- If the complaint involves two or more organisations, the complainant should be sent a single, co-ordinated response. The organisation which has the most serious

complaint or large number of issues about it would normally take the lead.

3. Period within which complaints can be made

People wishing to make a complaint must do so within 12 months of an incident happening or of becoming aware of the matter complained about.

4. Complaints handling

Complaints Manager, Practice Manager, Mrs J McBride

- the Practice Manager is be responsible for ensuring compliance with the NHS complaints procedure (Mrs J McBride) and
- responsible for managing the procedures for handling and considering complaints.
- Dr Cocker is the responsible person for the complaints policy and for ensuring that action is taken in the light of the outcome of any investigation

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:

- Acknowledge the complaint within 3 working days verbally or in writing and at the same time,
 - offer to discuss, at a time to be agreed with the complainant
 - the manner in which the complaint is to be handled,
 - the period within which the investigation of the complaint is likely to be completed and the response is likely to be sent to the complainant.
- From the discussion, a complaint action plan, agreeing the timescale, should be created – it is important to:
 - Ensure you understand what the issues are
 - Find out what they want to happen as a result
 - Maintain regular communication

If the complainant does not accept the offer of a discussion, the practice must determine the response period and notify the complainant in writing of that period. Guidance is given in the Department of Health's 'a guide to better customer care'.

6. Assessing seriousness of a complaint

It is useful to categorise a complaint when first received, and then review that category based on the results of any investigation. It is also important to remember that a complaint can have a very different effect on an organisation compared with an individual. This is especially important if someone is vulnerable for any reason, such as poor health, communication difficulties or recent bereavement.

The following process will be used to assess the seriousness of an issue and take the relevant action.

7. Complaints Action Plan

If the practice can agree a clear plan and a realistic outcome with the person complaining from the start the issue is more likely to be resolved satisfactorily. Having a plan will help the practice respond appropriately. It also gives the person who is complaining more confidence that the practice are taking their concerns seriously. Having a clear understanding of the complaints process is also crucial in helping managers decide on the best response.

If someone makes a complaint, the person making the complaint will want to know what is being done – and when. However, accurately gauging how long an issue may take to resolve can be difficult, especially if it is a complex matter involving more than one person or organisation. To help judge how long a complaint might take to resolve, it is important to:

- address the concerns raised as quickly as possible
- stay in regular contact with whoever has complained to update them on progress
- stick to any agreements the practice make – and, if for any reason the practice can't, explain why.

It is good practice to review any case lasting more than six months, to ensure everything is being done to resolve it.

8. Investigation and Responses to Complaints

During the investigation, the complainant will be kept informed of progress either verbally or in writing as agreed with the complainant. The response must be signed by Dr R D Cocker and include:

- an explanation of how the complaint has been considered;
- the conclusions reached in relation to the complaint, including any remedial action to be taken
- details of the complainant's right to take their complaint to the Health Service Ombudsman

9. Review of complaints

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

- A full review of all complaints will be carried out annually to identify any trends or additional actions/learning points, and
- We are required to provide an annual report on complaints which should include the action taken and should be made available to any person on request.

10. 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.

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Practice Manager

Joanne McBride

Lead GP Dr R D Cocker