

Hook Surgery

Complaints procedure

Background

1. When patients wish to pay a compliment, register a concern or make a complaint, they should find it easy to do so. It is practice policy to welcome complaints and look upon them as an opportunity to learn, adapt, improve and provide better services.
2. Complaints, whether clinical or non-clinical, can be made about the practice by dissatisfied patients, relatives, carers or by organisations representative of patients' interests. Many complaints are made as a result of a misunderstanding or a breakdown in communication and they are usually made regarding issues such as performance of staff, medical teams, services, treatment or facilities provided by the practice.
3. The practice believes that failure to listen to or acknowledge complaints will lead to an aggravation of problems, patient dissatisfaction and possible litigation. The practice believes that most complaints, if dealt with early, openly and honestly, can be resolved between the complainant and the practice. If either are dissatisfied with the result, advice can be sought from the Primary Care Trust (PCT). If the practice cannot successfully resolve the situation it can be investigated by the Ombudsman. These procedures are covered by Statutory Instruments, 2009, No 309.
4. This procedure is intended to ensure that complaints are dealt with properly and that all complaints or comments by patients and users are taken seriously. The protocol is not designed to apportion blame, to consider the possibility of negligence or to provide compensation. It is not part of the practice's internal disciplinary policy.

Aim

5. The aim of the practice is to ensure that its complaints procedure is properly and effectively implemented and that patients feel confident that their complaints and worries are listened to and acted upon promptly and fairly.
6. This document is intended as an internal guide which will be made readily available to all staff.

Goals

7. The goals of the practice are to ensure that:
 - (a) Patients, carers, users and the public are aware of how to complain and that the practice provides easy to use opportunities for them to register their complaints
 - (b) A named person will be responsible for the administration of the procedure
 - (c) Every written complaint is acknowledged within three working days
 - (d) Investigations into written complaints are responded to within a reasonable period of time following negotiation with the complainant
 - (e) All complaints learning is recorded in writing by the practice
 - (f) Complaints are dealt with promptly, fairly and sensitively with due regard to the upset and worry that they can cause to both staff and patients.

Personnel

8. The responsible person (the complaints lead) for the practice is Lorna Campbell , Practice Manager and in her absence Beryl McAllister

Receiving complaints

9. The Practice may receive a complaint made: -

- By a patient, or former patient who is receiving, or has received treatment at the practice.
- On behalf of a patient, or former patient, who is receiving or has received treatment, provided there is evidence of patient consent or power of attorney.

Where the patient is a child, a representative of the child may complain as long as the practice is satisfied that there are reasonable grounds for the complaint being made by the representative and not the child.

Where the patient is incapable of giving consent, a relative or other adult may conduct the complaint in the best interests of the person on whose behalf the complaint is made.

Period within which complaints can be made

10. The period for making a complaint is:

- 12 months from the date on which the event that is the subject of the complaint occurred, or 12 months from the date on which the event came to the complainant's notice.
- Where a complaint is submitted outside 12 months, the practice will still consider the complaint if the complainant has good reasons for not having complained within the time limit, provided it is still possible to investigate the complaint effectively and fairly.

Action upon receipt of a complaint

11. Complaints are received either in writing, by email or fax, they can also be made verbally. Where a complaint is made verbally, a written record of the complaint must be made and a copy provided to the complainant.
12. The complaint needs to be acknowledged, in accordance with the NHS complaints regulations, within 3 working days. The acknowledgement should include an offer to discuss the complaint with the complainant and provide details of the independent complaints advocacy service (ICAS).
13. When the complaint has been received in the practice, the following will occur
 - (a) The complaint will be risk assessed
 - (b) A decision will be made as to whether the matter can be resolved within 24 hours by quick action without the need for investigation under the formal procedure.
 - (c) The handling of the complaint will be planned, if possible in discussion with the complainant.
14. Having agreed an action plan, the complaints officer will ensure that the complainant receives a copy and the complaint is investigated speedily and efficiently. During the

investigation, the practice will keep the complainant informed, as far as reasonably practicable, as to the progress of the investigation.

15. The final response will be sent within the time scale agreed with the complainant. If, in exceptional circumstances a response cannot be made within this timescale, for example if a person who has information about the complaint is absent on leave, then the complainant will be contacted to agree a revised time scale. It is important to keep the complainant informed of delays.

Oral Complaints

16. The procedure outlined below will be followed in dealing with oral complaints.
 - a) All oral complaints, no matter how seemingly unimportant, are taken seriously.
 - b) Front-line reception staff who receive an oral complaint should seek to solve the problem immediately.
 - c) If staff cannot solve the problem immediately, they will offer to consult with the practice manager.
 - d) After talking the problem through, the practice manager or the member of staff dealing with the complaint should suggest a course of action to resolve the complaint. If this course of action is acceptable then the member of staff will clarify the agreement with the complainant and agree a way in which the results of the complaint will be communicated to the complainant (i.e. through another meeting or by letter).
 - e) If the suggested plan of action is not acceptable to the complainant then the member of staff or complaints lead should ask the complainant to discuss a mutually acceptable action plan and give them a copy of the practice complaints procedure.
 - f) In all cases details of the complaints will be recorded.

Written Complaints

17.

Preliminary steps:

- (a) When a complaint is received in writing it will be passed on to the complaints lead who will record it and send an acknowledgment letter within three working days, offering a meeting to discuss the complaint.
- (b) If necessary, further details will be obtained from the complainant — if the complaint is not made by the patient but on the patient's behalf, then the patient's consent, preferably in writing, must be obtained from the complainant
- (c) A leaflet detailing the practice procedure will be forwarded to the complainant, explaining the practice complaints procedure, information on the complaints department at the PCT and the Independent Complaints Advocacy Service (ICAS).
- (d) The risks raised by the complaint will be assessed and a plan for dealing with the complaint developed in discussion with the complainant. (see risk assessment table attached)
- (e) Consideration will be given to taking advice from a medical defence organisation, the LMC or legal advisor.

- (f) If the complainant is not prepared to have the investigation conducted by the practice they should be advised to contact the PCT and be given the relevant contact details.

Investigation of the complaint by the practice:

- (a) Immediately on receipt of the complaint the practice will launch an investigation and within the time scales agreed the practice should be in a position to provide a full explanation to the complainant, either in writing or by arranging a meeting with the individuals concerned
- (b) If the issues are too complex to complete the investigation within the timescales agreed the complainant will be informed of any delays.

Meeting:

- (c) If a meeting is arranged, the complainant will be advised that they can bring a friend or relative or a representative from an independent advocacy service.
- (d) At the meeting a detailed explanation of the results of the investigation will be given to the complainant and also an apology for the patient's distress, if it is deemed appropriate (apologising for what has happened need not be an admission of liability)
- (e) Such a meeting gives the practice the opportunity to show the complainant that the matter has been taken seriously and has been thoroughly investigated.

Follow-up action:

- a) After the meeting, or if the complainant does not want a meeting, a written account of the investigation will be sent to the complainant –including details of how to approach the Ombudsman if the complainant is not satisfied with the outcome
- b) The outcomes of the investigation and the meeting will be recorded in the and any shortcomings in practice procedures should be identified and acted upon
- c) The practice will discuss any complaints and their outcomes at a formal business meeting or in a Critical Incidents Review. The practice complaints procedure will be audited by the complaints lead every three months.

Complaints about more than one service

- 18. Sometimes complaints may also involve the ambulance service, social services or services run by NHS trusts. There is now a single procedure for all health and social care services which will be co-ordinated by a lead agency. This will usually be the organisation that has the largest part of the complaint. The PCT has joint working agreements to investigate complaints covering NHS and social care. In these complaints, the complaints lead will seek the advice of the PCT complaints manager.

19. In the event of a local investigation failing, the complainant has the right to contact the Ombudsman to request an investigation.
20. In the response letter the complainant will be advised of their right to refer their complaint to the Ombudsman if they are unhappy with the way their complaint has been handled.

Administrative guidelines

21. In the event that a patient wants to make a complaint, the practice will give them every opportunity to do so. In particular:
 - a. Provide information on how to complain or raise concerns in the practice information leaflet, on the practice website and be displayed on a poster in the waiting area
 - b. All new patients to the practice should have a leaflet about the complaints procedure given to them on registration.
 - c. Provide information on the role of the Primary Care Trust in the complaints process and the right of patient to submit a complaint directly to the PCT.
22. A record of all complaints will be maintained by the practice. When recording details of a complaint staff a chronology to indicate all contacts and action taken and include statements made by staff and extracts from medical records when appropriate. The record should include:
 - a. The name and address of the complainant
 - b. The date(s) of the event(s) and the date when the complaint was made
 - c. Details of the investigation and the outcome.
23. All records of complaints will be kept separate from a patient's records and stored by the practice for five years.

Confidentiality

24. All complaints must be treated in the strictest confidence. If the complaint is brought on behalf of someone else the Practice will require a consent form signed by the complainant and the patient.

Training

25. It is vital for the success of the in-house complaints procedure that all staff are aware of the practice procedure and of their role within it. Sensitive handling of a complaint at its earliest stage may prevent a small concern becoming more major.
26. According to the position they hold, all practice staff will receive appropriate training in customer care and in dealing with and responding to complaints. Complaints policy training will be included in the induction training for all new staff and in-house discussions on handling complaints will be conducted at least annually and all relevant staff should attend.
27. Staff will be informed of the details of any complaint made against them. They will be involved in the investigation of the complaint and will have the opportunity to answer the issues raised and be kept informed of the progress of the complaint and its outcome by their manager.

28. Lorna Campbell, Practice Manager is responsible for organising and co-ordinating training.

Audit/review

29. *Standards for Better Health* core standards require NHS organisations and contractors to reflect on complaints received and to respond appropriately to the complainant. This will also mean that there must be systems in place to take forward any necessary actions and to share lessons learned with the wider team. QoF education indicator 6 provides guidance relating to audit and review.
30. Complaints received by the Practice will be reviewed at multidisciplinary staff meetings, minuted to record: the issues discussed, any (assigned) actions and the agreed deadlines for completion. Ideally the minutes should highlight the learning that will be / has been disseminated with the practice team (in relation to the complaints review). Where appropriate, consideration may be given to sharing the learning with other Practices.
31. A full review of all the complaints received will be carried out annually to identify the number of complaints received, the number of complaints that were well founded and the number of complaints referred to the Ombudsman. The review will also summarise any trends or additional actions/learning points identified as a result of complaints received. This review and any actions will be formally recorded or minuted will be submitted to the NHS Kingston complaints manager.

Review date

32. The protocol will be reviewed in one year in line with Department of Health guidance.

Date issued: June 09

Date reviewed :

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Appendix A

Assessing how serious the complaint is

By assessing the seriousness of a complaint, it is easier to decide the right course of action. The following tool can be used to assess the impact of the complaint on the people involved, the potential risks to the organisation and the response required. This is taken from Department of Health, *Listening, Responding, Improving: A Guide to Better Customer Care*. 2009 (www.dh.gov.uk).

As well as using the evaluation tool you will also need to bear in mind:

- The views of the complainant
- The staff/team involved (and their track record at resolving issues)
- Historical knowledge (e.g. has there been other complaints of a similar nature of which should have resulted in improvements?)
- The number and type of services involved.

The impact on the patient may not be as important as for the organisation. If the complainant does not want a full investigation but has raised major issues, the practice should investigate fully even if complainant does not wish to be informed (see section 4 on learning from complaints). In the case of single handed practitioners involvement of the PCT should always be considered.

Step 1: Decide how serious the issue is

Seriousness	Description
Low	Unsatisfactory service or experience, not directly related to care. No impact or risk to provision of care. OR Unsatisfactory service or experience related to care, usually a single resolvable issue. Minimal impact and relative minimal risk to the provision of care or the service. No real risk of litigation.
Medium	Service or experience below reasonable expectations in several ways, but not causing lasting problems. Has potential to impact on service provision. Justifiable complaint. Some potential for litigation.
High	Significant issues regarding standards, quality of care, and safeguarding of, or denial of rights. Complaints with clear quality assurance or risk management issues that may cause lasting problems for the organisation, and so require investigation. Possibility of litigation and adverse local publicity. OR Serious issues that may cause long-term damage, such as grossly substandard care, professional misconduct or death. Will require immediate and in-depth investigation. May involve serious safety issues. A high probability of litigation and strong possibility of adverse national publicity.

Step 2: Decide how likely the issue is to recur

Likelihood	Description
Rare	Isolated or one-off – slight or vague connection to service provision
Unlikely	Rare – unusual but may have happened before
Possible	Happens from time to time – not frequently or regularly. May occur again at some time but only occasionally.
Likely	Will probably occur several times a year
Almost certain	Recurring and frequent, predictable

Step 3: Categorise the risk

Seriousness	Likelihood of recurrence				
	Rare	Unlikely	Possible	Likely	Almost certain
Low	Low				
Medium	Moderate				
	High				
High			Extreme		

PMT – Please delete colour from heading below Examples etc!

Examples of issues that are low, medium, high or extreme risk

Low	Medium	High	Extreme
(simple, non-complex issues)	(several issues relating to a short period of care)	(multiple issues relating a longer period of care, often involving more than one organisation or individual)	(multiple issues relating to serious failures, causing serious harm)
Delayed or cancelled appointments. Event resulting in minor harm (e.g. cut, strain). Loss of property. Lack of cleanliness. Transport problems. Single failure to meet care needs Medical records missing. Staff attitude or communication.	Event resulting in moderate harm. (e.g. fracture). Delayed discharge. Failure to meet care needs. Miscommunication or misinformation. Medical errors. Incorrect treatment.	See medium list. Event resulting in serious harm (e.g. damage to internal organs).	Events resulting in serious harm or death. Gross professional misconduct. Abuse or neglect. Criminal offence (e.g. assault).

Step 4: Deciding the best course of action

Low
Front line staff response, verbal or written. Possible involvement of PALS Offer advocacy to complainant

Consider financial redress
Consider seeking advice from LMC/defence organisation
Time scale to be negotiated

Medium

Practice manager/GP investigates (possibly involve senior partner or another partner if complaint about senior partner)
Notify PCT complaints manager
Advice from LMC/defence organisation
Meeting with complainant
Offer advocacy to complainant
Offer conciliation/mediation
Written response directly from practice or with PCT covering letter
Consider financial redress
Follow-up call to complainant to ensure resolution
Time scale to be negotiated

High

Discuss with PCT complaints manager
Offer advocacy to complainant
Consider financial redress
Seek advice from LMC/defence organisation
Involve designated partner (or another partner if complaint about designated partner)
External involvement in the investigation, may include external clinical advice – compulsory for single handed practices (e.g. PCT complaints manager, another GP practice, independent investigator)
Meeting/direct contact with complainant before investigation
Meeting/direct contact with complainant after investigation
Offer conciliation/mediation
Send a written response directly from practice or with PCT covering letter
Ask for a review of complaint file by local PCT or another PCT
Involve the responsible officer for the GMC affiliate
Significant event procedure
Time scale to be negotiated

EXTREME

Discuss with PCT complaints manager
Offer advocacy to complainant
Consider financial redress
Seek advice from LMC/defence organisation
Involve designated partner (or another partner if complaint about designated partner)
External investigation – compulsory for single handed practices (e.g. PCT complaints manager, another GP practice, independent investigator)
Meet /direct contact with complainant before the investigation
Meet/direct contact with complainant after investigation
Offer conciliation/mediation
Send a written response via PCT
Ask for a review of complaint file by local PCT or another PCT
Involve GMC affiliate responsible officer
Significant event procedure
Time scale to be negotiated