



COMPLAINTS POLICY

INTRODUCTION

This Policy exists to ensure that all our patients (or their representatives), who have cause to complain about their care or treatment, can have freely available access to the process, and can expect a truthful, thorough and complete response, and apology, where appropriate.

The process adopted in our Practice is fully compliant with the NHS Regulations (2009), and the Care Quality Commission.

Everyone in the Practice is aware of the process, and is expected 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.

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 Practice leaflet 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?

ONLY TO either the Practice OR - NHS England (NHSE)

Octagon Medical Practice would encourage our patients to first make their complaint to their own Practice, via its Practice Lead. However, 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:

- either parent or, in the absence of both parents, a guardian, or other adult who has care of the child, a person duly authorised by a local authority in to whose care the child has been committed under the provisions of the Children Act 1989, or 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 Lynnette Brennan, Patient Liaison Officer. She is 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.

Time Limits For Making Complaints

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. 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

A) 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 the member of staff concerned, or the Practice Lead (as appropriate) at the time may, be all that is required.

A minor verbal complaint or concern need not be responded to in writing for the purposes of the regulations, if it is dealt with to the satisfaction of the complainant. Neither does it need to be included in the annual complaints return. The Practice will, however, discuss them at Practice meetings, for the purposes of monitoring trends, and for clinical governance, and minutes of those meetings will be kept. The complaint should be recorded on the complaint analysis spreadsheet.

Significant verbal complaints will be recorded by the Practice Lead on the complaints analysis spreadsheet. If resolution is not possible, the Practice Lead 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 then be the same as for written complaints. Even if the significant verbal complaint is resolved verbally, the Practice Lead should still offer the complainant a summary of their complaint, and outcome, in writing.

B) Written Complaints: The Practice Lead will forward all written complaints to the Patient Liaison Officer, they can be addressed and sent directly to:

Lynnette Brennan, Patient Liaison Officer
Octagon Medical Practice, Wisbech Road, Thorney, Peterborough, PE6 0SD
Email: lynnette.brennan@nhs.net
Telephone: 01733 270219

(There will be new advice for the East and West Practices very soon, this is only a temporary solution, all Practice Leads should currently only pass complex cases to Lynnette, all other written complaints should be dealt with in house)

On receipt, by letter, email or a complaint form (available from Reception) 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, nor 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. All staff named in a complaint should be made aware of the complaint, and given the opportunity to respond whether they are

clinical or administrative staff. The clinician/staff member involved will be given an opportunity to review any records the Practice holds with regards to the complaint.

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.

Final Response

This will be provided to the complainant in writing (or email by mutual consent), and the letter will be signed by the Patient Liaison Officer. The letter will be on Octagon 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 and the findings of the investigation, 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 this 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 (HSO), Citygate, Mosley Street, Manchester, M2 3HQ 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 5pm, Monday to Thursday, 8.30am – 12 noon Friday, or send a text to their 'call back' service: 07624 813 005

The final letter will 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.

As a final precaution, before sending the response letter out, it will be sent to the MDU for its comments and approval, and amended, if necessary.

ANNUAL REVIEW OF COMPLAINTS

The Practice will produce an annual complaints report to be sent to the local Commissioning Body (NHS England), 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 complaints
- Learning points that came out of the complaints, and the changes to procedure, policies or care, which have resulted

All complaints received by the Practice will be reviewed annually and documented.

CONFIDENTIALITY

All complaints must be treated in the strictest confidence and the Practice must ensure that the patient, and /or their representative(s), is made aware of any confidential information to be disclosed to a third party (e.g. NHS England).

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, and no reference which might disclose the fact a complaint has been made, should be included on the computerised clinical record system.

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)
- 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, once responded to in writing
- 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 member) are dealt with by the Practice 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. All staff named in a complaint should be made aware of the complaint and given the opportunity to respond, whether they are clinical or administrative 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, trainees or any other employees. The clinician/staff member involved will be given an opportunity to review any records the Practice holds with regards to the complaint.

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. Staff may field 'grumbles' themselves, or offer the patient an opportunity to speak to the Practice Lead about their issue.

Staff are encouraged to raise these issues with their Practice Lead and at Practice meetings, to identify trends for discussion, and possible amendment of procedures, or targeted training needs.

DATE OF POLICY: 24th September 2019

REVIEWED AND AMENDED by Suzanne Hurst – 13th March 2020

NEXT REVIEW DUE: September 2020