

Complaints Procedure Worcester Street Surgery

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Change History		
Version	Date	Comments
CGC01 Complaints Procedure Version 1	July 2003	1.7.03 Reviewed by C Bateman
CGC02 Complaints Procedure Version 2	September 2005	28.9.05 Policy reviewed by R Dunnington, checked by C Bateman.
CG02 Complaints Procedure Version 3	August 2006	23.8.06 policy reviewed by R Dunnington, ratified by C Bateman. Details added re the period in which complaints can be made, the authorised persons to make a complaint where the patient is a child, complaints review and confidentiality.
CG02 Complaints Procedure Version 4	September 2007	27.9.07 Policy reviewed by R Dunnington, ratified by C Bateman.
CG02 Complaints Procedure Version 5	January 2008	31.1.08 Policy updated following QOF review.
CG02 Version 5	October 2008	Reviewed Ali Marsden Dudley PCT. No amendments required.

CG02 Version 6	May 2009	Reviewed and overhauled in line with national new complaints procedure for England. Adapted from First Practice Management Standard Policy.
CG02 Version 7	July 2009	PCT Complaints Policy Appendix B Adapted and Adopted for use in General Practice.
CG02 Version 8	January 2010	Updated patient complaints leaflet to include information about getting help to make a complaint. Reference made to CQC. Ratified and approved by Ali Marsden.

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.

From 1st April 2009 a common approach to the handling of complaints was introduced across health and adult social care. This procedure complies with this.

Why is reform needed?

Successive national reports have found that some complaints take too long to resolve and services do not systematically try to learn from the important feedback that complaints offer. In addition, there is strong evidence that some people do not complain because they either do not know how to or believe doing so will not result in any action.

Definition of a Complaint

A complaint is a statement made by an individual, either verbally or in writing, who is dissatisfied with an occurrence/procedure, involving a person(s) or organisation(s) that delivers a service, which requires investigation and verbal or written feedback, clarifying or rectifying the situation. All complaints should be recorded. Any identified lessons learnt should be agreed following full discussions with all team members, not just those individuals involved, and then disseminated to prevent recurrence. This definition has been agreed within Dudley as local interpretation.

What has changed with the new regulations?

- **Complainants and NHS organisations being able to agree upon an individual timescale and approach to resolving a case.** The previous legislative timescales of 10 working days for FHS Contractors, and 25 working days for PCT Services, has been effectively removed from the new regulations; this means that the Contractor and the Practice will need to agree with each complaint an appropriate timescale to resolve the complaint. The PCT Governance Committee agreed to continue with a 10 to 25 working day timescale for responses as a "yard-stick" for all complaints (including those relating to FHS Contractors), however this timescale will be depend upon the complexities of the complaint and the complainants expectations of response times.
- **A greater emphasis upon the quick resolution of straight-forward cases by managers and commissioners,** as well as greater use of options such as mediation to resolve complex cases locally.
- **Complainants being able to complain directly to the PCT rather than to the provider of the service.** Where a complaint is made to the commissioning organisation, it will be for the Practice to determine how best to handle it. In some instances, it may be recorded and passed to the provider to handle the complaint, where in others, the Practice may wish to take over the handling of the complaint. In making this decision, it is expected that the Practice will take into account a number of factors, for example: complainant's wishes, their vulnerability and any safety issues.
- **An end to the role of the Healthcare Commission as the first point of appeal for NHS cases that cannot be resolved locally.** A complainant who is unhappy with the way their case has been handled still being able to ask the Health Service Ombudsman or the Local Government Ombudsman to review their case.

- **Seek to ensure lessons are learnt** from individual complaints, and those lessons lead to service improvement.
- **Co-ordinated working across boundaries** an important principle behind complaints reform is that all health and social care organisations work together to ensure co-ordinated handling and to provide the complainant with a single response that represents each organisations final response.

What needs to be done to ensure Practice compliance?

There are a number of actions that are required to ensure that a contractor meets its obligations under the new regulations, these are summarised below:

- **Ensure Practice policy is compliant with revised regulations**
- **Ensure practice staff are appraised of revisions to policy**

POLICY

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

- the complaints procedure
- the role of the Primary Care Practice (PCT) and other bodies in relation to complaints about services under the contract. This includes the ability of the patient to complain directly to the PCT and to escalate to the Ombudsman
- their right to assistance with any complaint from independent advocacy services

The principal method of achieving this is the Complaints Patient Information Leaflet [®], the Practice Leaflet and website incorporation.

The Complaints Manager for the Practice is Cathryn Bateman (Practice Manager)

PROCEDURE

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:

- 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;

- by a person duly authorised by a voluntary organisation by which the child is being accommodated

(b) where the patient is incapable of making a complaint, by a relative or other adult who has an interest in his/her welfare.

All complaints, **written and verbal** will be recorded, and written complaints will be acknowledged in writing within **3 working** days of receipt. Patients will be encouraged to complain in writing where possible.

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.

Complaints should normally be resolved within 6 months. The practice standard will be 25 days for a response.

The Complaints Manager or lead GP has the discretion to extend the time limits if the complainant has good reason for not making the complaint sooner, or where it is still possible to properly investigate the complaint despite extended delay.

When considering an extension to the time limit it is important that the Complaints Manager or the GP takes into consideration that the passage of time may prevent an accurate recollection of events by the clinician concerned or by the person bringing the complaint. The collection 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 reason for declining a time limit extension.

Action upon receipt of a complaint

Complaints may be received either verbally or in writing and must be forwarded to the Complaints Manager (or the lead GP if the Complaints Manager is unavailable), who must:

- acknowledge in writing within the period of 3 working days beginning with the day on which the complaint was made or, where that is not possible, as soon as reasonably practicable. Include an offer to discuss the matter in person. Advise the patient of potential timescales and the next steps;
- ensure the complaint is properly investigated. Where the complaint involves more than one organisation the Complaints Manager will liaise with his / her counterpart to agree responsibilities and ensure that one coordinated response is sent;

- Where the complaint has been sent to the incorrect organisation, advise the patient within 3 working days and ask them if they want it to be forwarded on. If it is sent on, advise the patient of the full contact details;
- provide a written response to the patient as soon as reasonably practicable ensuring that the patient is kept up to date with progress as appropriate. This will include a full report and a statement advising them of their right to take the matter to the Ombudsman if required.

Unreasonable Complaints

Where a complainant becomes aggressive or, despite effective complaint handling, unreasonable in their promotion of the complaint, some or all of the following formal provisions will apply and will be communicated to the patient:

- 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 (and may be considered vexacious, in which case the Practice will refer to appendix B of Dudley PCT complaints procedure, adapted for use within General Practice)
- Only acknowledge correspondence regarding a closed matter, not respond to it
- Set behaviour standards
- Return irrelevant documentation
- Keep detailed records

Final Response

This will include:

- A clear statement of the issues, investigations and the findings, giving clear evidence-based reasons for decisions if appropriate
- Where errors have occurred, explain these fully and state what will be done to put these right, or prevent repetition
- A focus on fair and proportionate the outcomes for the patient, including any remedial action or compensation
- A clear statement that the response is the final one, or that further action or reports will be send later
- An apology or explanation as appropriate
- A statement of the right to escalate the complaint, together with the relevant contact detail

Annual Review of Complaints

The practice will establish an annual complaints report, incorporating a review of complaints received, along with any learning issues or changes to procedures which have arisen. This

report is to be made available to any person who requests it, and may form part of the Freedom of Information Act Publication Scheme ^[*].

This will include:

- Statistics on the number of complaints received
- Justified / unjustified analysis
- Known referrals to the Ombudsman
- Subject matter / categorisation / clinical care
- Learning points
- Methods of complaints management
- Any changes to procedure, policies or care which have resulted

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 Manager 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.

RESOURCES:

Complaint Form ^[*]

Complaints Brochure (Patient information) ^[*]

Complaints Consent Form – third party ^[*]

Help on Dealing with Complaints: How to Get It Right First Time

The people who use our services understand that mistakes sometimes happen. When something goes wrong, often all the affected person wants to know is how it happened, that the Practice is sorry, and what steps will be taken to prevent it from happening again.

The initial contact we have with a person who is unhappy about our service is key. It is crucial to obtain all the information that will allow the Practice to assess someone's concerns correctly, resolve them quickly and build a good ongoing relationship with them.

Things to remember to do when someone says they are unhappy:

Ask the person how they would like to be addressed – as Mr, Mrs, Ms or by their first name.

- If someone has phoned you, offer to call them back and give them the chance to meet face to face to discuss the issue.
- Ask them how they wish to be kept informed about how their complaint is being dealt with – by phone, letter, email or through a third party such as an advocacy or support service.
- If they say by phone, ask them for times when it is convenient to call and check that they are happy for messages to be left on their answer phone.
- If they say by post, make sure that they are happy to receive correspondence at the address given.
- Check if the person has any disabilities or circumstances you need to take account of (for example, do they require wheelchair access, or are they on medication that can make them drowsy?).
- Offer to meet the person at a location convenient to them.
- Make the person aware that they can request an advocate to support them throughout the complaints process, including at the first meeting.
- Systematically go through the reasons for the complaint with the person who is unhappy – it is important that you understand why they are dissatisfied.
- Ask them what they would like to happen as a result of the complaint (for example, an apology, new appointment, reimbursement for costs or loss of personal belongings or an explanation). Tell them at the outset if their expectations are not feasible or realistic.
- Agree a plan of action, including when and how the person complaining will hear back from the Practice.
- If you think you can resolve the matter quickly without further investigation do so as long as the person complaining is happy with that and there is no risk to other service users.
- For any complaint, remember to:
 - check if consent is needed to access someone's personal records, and let the complainant know the name and contact details of the manager who will investigate their complaint.

References:

www.firstpracticemanagement.co.uk

Dudley PCT Complaints Procedure ratified October 2006

How to Make a Complaint regarding our Service

If you have a complaint or concern about the service you have received from the doctors or any of the personnel working in this practice, please let us know. We operate a practice complaint procedure as part of an NHS complaints system, which meets national criteria.

HOW TO COMPLAIN

We hope that we can sort most problems out easily and quickly, often at the time they arise and with the person concerned. If you wish to make a formal complaint, please do so AS SOON AS POSSIBLE - ideally within a matter of a few days. This will enable us to establish what happened more easily. If doing that is not possible your complaint should be submitted within 12 months of the incident that caused the problem; or within 12 months of discovering that you have a problem. You should address your complaint in writing to the Practice Manager (you can use the attached form). He/she will make sure that we deal with your concerns promptly and in the correct way. You should be as specific and concise as possible.

GETTING HELP TO MAKE YOUR COMPLAINT

Making a complaint can feel like rather a daunting process, but there is help available.

[The Patient Advice and Liaison Services \(PALS\)](#): There is a PALS in every NHS trust and they can provide further information and discuss options with you about how your complaint can be resolved. Some complaints can be taken up by PALS on your behalf and resolved to your satisfaction. Other complaints may require an investigation to be carried out, subject to the nature of your complaint. In either case, PALS is a good starting point. You can locate your local PALS through [PALS Online](#) or by visiting the [NHS Choices website](#).

[The Independent Complaints Advocacy Service \(ICAS\)](#): ICAS is a free, confidential and independent service which can help you make a formal complaint about NHS services.

[NHS Direct](#): Free health advice and information.

[Citizens Advice Bureau](#): They can advise on NHS complaints

COMPLAINING ON BEHALF OF SOMEONE ELSE

We keep strictly to the rules of medical confidentiality. If you are not the patient, but are complaining on their behalf, you must have their permission to do so. An authority signed by the person concerned will be needed, unless they are incapable (because of illness or infirmity) of providing this. A Third Party Consent Form is provided below.

WHAT WE WILL DO

We will acknowledge your complaint within 3 working days and aim to have fully investigated within 25 working days of the date it was received. If we expect it to take longer we will explain the reason for the delay and tell you when we expect to finish. When we look into your complaint, we will investigate the circumstances; make it possible for you to discuss the

problem with those concerned; make sure you receive an apology if this is appropriate, and take steps to make sure any problem does not arise again.

You will receive a final letter setting out the result of any practice investigations

TAKING IT FURTHER

If you remain dissatisfied with the outcome you may refer the matter to:

The Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP

Tel 0345 0154033

www.ombudsman.org.uk
www.cqc.org.uk

Worcester Street Surgery COMPLAINT FORM
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Patient Full Name:

Date of Birth:

Address:

Complaint details: (Include dates, times, and names of practice personnel, if known)

SIGNED.....Print name.....(Continue overleaf if necessary)

PATIENT THIRD-PARTY CONSENT

PATIENT'S NAME: _____
TELEPHONE NUMBER: _____
ADDRESS: _____

ENQUIRER / COMPLAINANT NAME: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

IF YOU ARE COMPLAINING ON BEHALF OF A PATIENT OR YOUR COMPLAINT OR ENQUIRY INVOLVES THE MEDICAL CARE OF A PATIENT THEN THE CONSENT OF THE PATIENT WILL BE REQUIRED. PLEASE OBTAIN THE PATIENT'S SIGNED CONSENT BELOW.

I fully consent to my Doctor releasing information to, and discussing my care and medical records with the person named above in relation to this complaint, and I wish this person to complain on my behalf.

This authority is for an indefinite period / for a limited period only (delete as appropriate)

Where a limited period applies, this authority is valid until..... (insert date)

Signed: (Patient only)

Date:

Appendix B -

Worcester Street Surgery (adapted from Dudley PCT)

Continual/Vexatious Complaints Policy

Purpose of the Policy

This policy should be used to identify situations where the complainant might be considered to be continual or vexatious, and suggests ways of responding to these situations. The policy should only be used as a last resort and after all reasonable measures have been taken to try to resolve complaints following the NHS Complaints Procedure, i.e. through local resolution or conciliation. The policy should only be implemented in exceptional circumstances and then only with the approval of both the Partners and Manager of the Practice. All possible vexatious complaints will be discussed with the PCT complaints department prior to any action being taken.

Definition of a Continual/Vexatious Complainant

Complainants (and/or anyone acting on their behalf) may be deemed to be continual or vexatious complainants where previous or current contact with them shows that they meet TWO OR MORE of the following criteria: Where the complainant:

- ☐ Is in frequent contact with the Complaints Department. They make contact every day, and in some cases, more frequently, either by telephone or by physically calling into the department.
- ☐ Persist in pursuing a complaint where the NHS Complaints Procedure has been fully and properly implemented and exhausted.
- ☐ Changes the substance of a complaint or continually raises new issues, or seeks to prolong contact by continually raising further concerns or questions upon receipt of a response whilst the complaint is being addressed. (Care must be taken not to discard new issues that are significantly different from the original complaint. These might need to be addressed as separate complaints.)
- ☐ Challenges written documentation by claiming that the records have been altered. Refuses to accept contemporaneous notes, even though different people have made them.
- ☐ Receives a response from the organisation and immediately responds by either raising new concerns or presenting an old problem in a new way.
- ☐ Seeks an unrealistic outcome and intends to continue until that outcome is achieved. Examples could include wanting to have a member of staff dismissed.
- ☐ Tries to manipulate the complaint by:
 - complaining about the member of staff dealing with the complaint
 - dictating who they will and will not speak to, e.g. wanting to speak directly to the Partners of the Practice, or the Practice Manager
 - stating they wish to meet with a person, and then either refusing to arrange a date, or not turn up after the meeting has been arranged
 - making the same, or a slightly different, complaint to other people, e.g. the Press, the local Member of Parliament, the Health Secretary, etc.

If a complainant (patient, carer or visitor) threatens or uses actual physical violence towards staff at any time, personal contact with the complainant and/or their representatives will be discontinued. Thereafter, the complaint will only be pursued through written communication. If the complainant that is displaying verbally abusive or threatening behaviour, or has caused actual harm and is currently a patient, a clinical decision will be made by the Practice Manager and Partners (which may require specialist advice) as to whether their behaviour is attributed to the illness, and whether the complaint should be pursued. (All such incidences will be recorded on the Practice's Incident Reporting documentation.)

Handling Continual/Vexatious Complainants

The Partners and Manager of the Practice should agree that the complainant falls into the category of a continual/vexatious complainant. The decision should be recorded and the reason for the decision should also be noted. To check that the complainant's concerns have been fully investigated and that the information has been forwarded, the complainant should be encouraged to request a review by the Healthcare Commission. This would mean that the initial complaints handling process would be scrutinised by independent people and if, in their opinion, the aims of local resolution had been met, the request would be refused. The complainant should be advised of their right to contact the Health Service Ombudsman in the normal way. If the complainant is not prepared to request a review, or insists on raising the same issue again, they should be advised that as the Chief Executive has responded fully to the points raised, the matter is now closed. They will be advised of the following:

- ☐ No further correspondence will be entered into unless they have a new complaint
- ☐ Staff will no longer deal with the complainant over the telephone
- ☐ Complainants have the right to contact the Health Service Ombudsman if they remain dissatisfied.

If a complainant replies again, the next response will inform them that the letter they sent has been received and the contents noted. A copy of the letter answering the complaint will be enclosed with a statement to the effect that there is nothing further to add to that letter. In extreme cases, where abusive behaviour continues, complainants may be informed that the Practice's Solicitors may have to become involved. As a last resort, an injunction may be sought but only following seeking legal advice and informing the Strategic Health Authority.

Withdrawing Continual or Vexatious Status

Once complainants have been identified as „continual or vexatious“ there needs to be a mechanism for withdrawing this status at a later date.

This decision will be made by the Partners of the Practice and the Manager of the Practice if the complainant subsequently demonstrates a more reasonable approach or if they submit a further complaint for which the normal Complaints Procedure would appear appropriate.

References: A Practical Guide to Complaints Handling The Health Service Ombudsman in England, Scotland and Wales Complaints Procedure – Health Boards – Section 5 – Continual and Vexatious Complainants