
Chelmer Village Surgery

COMPLAINTS PROCEDURE - ENGLAND

INTRODUCTION

The Complaints Manager at Chelmer Village Surgery is the Practice Manager, Georgina Morgan. It is the duty of the Complaints Manager to manage the complaints handling procedure in compliance with the regulations.

The Responsible Person at Chelmer Village Surgery is Dr Latha Amma. It is the duty of the Responsible Person to ensure that all aspects of regulations and constitutional rights have been complied with in respect of all complaints received by the Practice.

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 oblige NHS organisations to have arrangements in place to deal with complaints.

The Health Act 2009 places a duty on NHS Organisations (including contractors) to 'have regard to the NHS Constitution'.

The NHS Constitution sets out the following rights for patients:

- To have the right to have any complaint about NHS services dealt with efficiently and to have it properly investigated
- To have the right to know the outcome of any investigation of a complaint
- To have the right to take the complaint to the Independent Health Service Ombudsman if not satisfied with the way the complaint has been handled by the NHS organisation.

There are two stages of complaints handling:

- Local resolution at Practice or NHS England/CCG level
- Referral to the Ombudsman

Policy Objectives

Chelmer Village Surgery will:

- Ensure patients are aware of the right to complain
- Ensure patients know how to complain and who to complain to
- Ensure patients understand how their complaint will be handled and the time frame
- Ensure there is a robust system to respond record and review complaints.

Main Provisions of the Regulations

Patients wishing to complain may do so orally, in writing or electronically to either the practice or the CCG as commissioner.

- Complaints can be made within 12 months of an incident occurring or them becoming aware of the problem. The time limit can sometimes be extended (so long as it's still possible to investigate the complaint). An extension might be possible, for instance in situations where it would have been difficult for the patient to complain earlier, for example, if grieving or undergoing trauma.

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- Oral complaints that are satisfactorily resolved no later than the next working day are not subject to the regulations.
 - Complaints can be made by patients or anyone affected by the actions, omissions or decisions of the Practice, whether on their own behalf or by a representative. In the case of a representative, the Practice must be satisfied that he/she is acting in the best interests of the person on whose behalf the complaint is being raised. If the practice decides this is not the case, the complainant will be notified in writing and an explanation given.
 - Complainants can complain directly to the CCG or NHS England rather than to the Practice. The CCG or NHS England is obliged to notify the Practice.
 - All NHS organisations (including voluntary and independent sector organisations under contract) are all governed by the same legislation therefore coordinated complaint handling should be easier. If a complaint is received that involves other organisations, the Practice should, with the patient's consent, copy the complaint and the acknowledgement letter to the organisations concerned.
 - Procedure
 - Patients will be encouraged to give feedback to the practice. The process for doing so will be advertised in the Practice Leaflet and also on signage in the waiting room. An information leaflet is also available for patients to take away which gives details of how and to whom the complaint can be made.
 - 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.

- Where a complaint is made orally, the complaint shall be recorded and a copy of the written record given to the complainant.
- The complaint shall be acknowledged within 3 working days of receipt and may be made orally or in writing.
- When acknowledging the complaint, we will offer to discuss the complaint, with the complainant, at a time to suit them. We will advise the manner in which the complaint will be investigated and the likely timescale for this investigation and when the complainant is likely to receive a response.
- If the complainant does not accept the offer of a discussion then we will determine the response time and notify the complainant in writing.

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- The investigation of the complaint will be made in the most appropriate manner and shall be conducted efficiently, at all times keeping the patient up to date with progress. As soon as possible after completion of the investigation, the complainant will be sent a written response.
 - The response will include an explanation of how the complaint has been considered, conclusions reached and how they may affect the complainant. It will confirm any actions that need to be taken as a consequence of the complaint. If local resolution has not been reached, it will identify the right to take the complaint to the Health Service Ombudsman.

Reporting

Chelmer Village Surgery will undertake an annual review of complaints

An annual report will be produced giving details of:

- The number of complaints received
- A summary of subject matter
- A summary of outcomes
- Lessons learned and any improvements made
- The way complaints were handled
- The number of complaints passed to Ombudsman

The Health Service Ombudsman

The Ombudsman is completely independent of the NHS and Government. The Ombudsman can be contacted at Millbank Tower, Millbank, London SW1P 4QP, Tel: 0345 015 4033 or by emailing phso.enquiries@ombudsman.org.uk or by accessing www.ombudsman.org.uk.

PROCEDURE

Receiving of complaints

Complaints should normally be resolved within 6 months. The practice standard will be 10 days for a response (10 days is the suggested response period, but Practices are free to set their own timescale).

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

- It is always better to try and deal with the complaint at the earliest opportunity and often it can be concluded at that point.
- If it is not possible or the outcome is not satisfactory the patient should be asked to put it in writing. This ensures that each side are well aware of the issues for resolution. If the patient does refuse to put it in writing then it is advisable for the surgery to put it in writing and check that the patient is happy with the detail of the complaint.
- On receipt of a written complaint an acknowledgement should be sent confirming receipt and saying that a further response will be sent within 10 days following an investigation of the issues. It should also say who is dealing with it i.e. GP or practice manager.
- If it is not possible to conclude any investigations within the 10 days then the patient should be updated with progress and possible time scales.
- A full investigation should take place with written notes and a log of the progress being made.
- It may be that outside sources will need to be contacted and if that is the case then a patient consent form will need to be signed to make such a request.

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
- 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:

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- 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
 - It should also advise on the next step in the process if the complainant is still not satisfied. That would normally be an offer of a meeting with the Lead GP and Practice Manager to try further reconciliation.

 - After that the patient can contact the local PALS (Patient Advisory Liaison Service) who would arbitrate between both sides to seek a mutual agreement. This often takes time but can be very helpful having a third person review

 - If at that point resolution is still not achieved then either side can refer the matter to the Health Commissioner.

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 ^[*]

Complaint Review Form (suitable for annual review) ^[*]

Complaints Brochure (Patient information) ^[*]

Complaints Consent Form – third party ^[*]