

James Street Group Practice

Complaints Policy & Protocol

Document Control

A. Confidentiality Notice

This document and the information contained therein is the property of James Street Group Practice.

This document contains information that is privileged, confidential or otherwise protected from disclosure. It must not be used by, or its contents reproduced or otherwise copied or disclosed without the prior consent in writing from James Street Group Practice.

B. Document Details

Title	Complaints Policy & Protocol
Classification:	For all clinical and non-clinical staff at James Street Group Practice
Author and Role:	Elaine McLaughlin Practice Manager
Organisation:	James Street Group Practice
Document No:	3.0.1
Current Version Number:	002
Date last reviewed	May 2016
Date of next planned review:	May 2017
Document available on Practice Intranet:	

James Street Group Practice

Complaints Policy & Procedure

Introduction

This procedure sets out the Practice's approach to the handling of complaints and is intended both as an internal guide that should be made readily available to all staff, and also as a summary setting out the approach to complaint handling that should be available at reception for any patient requesting a copy.

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.

Policy

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

- Their right to complain
- The complaints procedure.
- The time limit for resolution.
- How it will be dealt with.
- Who will deal with it?
- Lead GP handling the complaint.
- Their right of appeal
- Further action they can take if not satisfied.
- The fact that any issues will not affect any ongoing treatment from the surgery and they will continue to be treated.

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:

- 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.

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 will aim for a standard of 10 days for a response.

The Complaints Manager 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. For example, longer periods of complaint timescales may apply to specific clinical areas.

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

- We aim to deal with a patient complaint quickly but thoroughly and aim to give a satisfactory response to the patient.
- On receipt of a written complaint an acknowledgement will be sent confirming receipt and saying that a further response will be sent within 10 days following an investigation of the issues. It will 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 will 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 pursuance 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
- 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:

- 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
- An apology or explanation as appropriate
- A statement of the right to escalate the complaint, together with the relevant contact detail

Responsible Officers:

The Complaints Manager for the practice is:

The Practice Manager

The responsible Partner for the practice is:

Dr McGreevy

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 will include:

- Statistics on the number of complaints received
- Justified / unjustified analysis
- Known referrals to the Ombudsman
- Subject matter / categorisation / clinical care
- Learning points
- 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

Doc No: 3.0.1

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.

Complaints to NHS England

The Practice will use its best endeavours to resolve the Patient's concerns at local level. Where this proves not to be possible, the Patient may raise the complaint directly with NHS England.

A complaint or concern can be received by mail, electronically or by telephone.

By telephone: 03003 11 22 33
By email: england.contactus@nhs.net
By post: NHS England, PO Box 16738, Redditch, B97 9PT

Resources

How to make a complaint about an NHS service;
<http://www.nhs.uk/chq/pages/1084.aspx?categoryid=68>

Contact Nos:

A patient can also seek advice from PALS (Patient Advice and Liaison Services). Their contact no is 0300 1239006

If a patient is unhappy with the local resolution of the complaint, the patient may refer to the Health Service Ombudsman. The Ombudsman is completely independent of the NHS and Government. Contact details:

In writing to Millbank Tower, Millbank, London SW1P 4QP, by telephone 03459154033 (local rate service), by e-mail phso.enquiries@ombudsman.co.uk (0830 to 1730 Mon-Fri).