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Complaints procedure	
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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. In August 2015 the BMA published "The NHS complaints procedure: guidance for primary care". The LSMP complaints procedure has been influenced by this document and also meets the mandatory requirements of our PMS contract.

Policy

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

- The complaints procedure.
- The time limit for resolution.
- How it will be dealt with.
- Who will deal with it?
- Lead GP handling complaints.
- 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 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.

If the complainant is not the patient, written consent needs to be obtained from the patient before the complaint can be processed.

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.

Beyond this timescale it's at the practice's discretion to investigate the matter. Complaints should normally be resolved within 6 months. 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. 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

- It is always better to try and deal with an oral complaint at the earliest opportunity and if the concerns are resolved within 24 hours no written response is required.
- If it is not possible or the outcome is not satisfactory the patient should be asked to put their concerns in writing. This ensures that each side is well aware of the issues for resolution. If the patient refuses or is unable to put in writing then the surgery

will put it in writing and check that the patient is happy with the detail of the complaint.

- A written complaint needs to include the patient's phone number and/or email address. All complaints need to have been made or recorded in writing.
- All written complaints are shared with the Complaints Team which includes Vanessa Hails, Practice Manager, and Dr Esther Sterrenburg, GP Partner and Complaints Lead. Complaints are handled by Dr Julianne Lyons in the absence of Dr Esther Sterrenburg or in the event of a complaint being received regarding a member of the Complaints Team.
- Within three working days of receipt of a written complaint an acknowledgement will be sent to the complainant which includes an agreed complaints plan if already discussed or draft proposed plan with invitation to discuss, and details of an advocacy service.
- The complaints plan template is completed by the complaints manager – see template enclosed with this policy.
- The complaints plan will include an agreed time-scale for a response. If the investigation is likely to take more than a few weeks the complainant will be regularly updated at specified intervals and this will be included in the complaints plan.
- The investigation of a complaint will include the following elements where appropriate: a detailed review of the clinical records, interviewing relevant staff members to obtain their account of events, review of relevant policies and protocols. Doctors that are named in a complaint are expected to provide a written reflection and share this with the complaints team.
- 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

Where a complaint is directed to LSMP, but relates to secondary care, or a third party, LSMP will inform the complainant of the most appropriate route to follow.

Final Response

This will include:

- An apology where appropriate or some acknowledgement of distress
- A summary of the main issues they have raised in their complaint
- The action that was taken to investigate the complaint and the outcome of the investigation
- A clear explanation in response to each of the issues raised
- What action the practice is taking as a result of the complaint to reduce the risk of a similar occurrence
- An invitation to meet or contact the practice again if the complainant has further questions
- Their right to use the NHS Complaints Advocacy or the local PALS (Patient Advisory Liaison Service) who would arbitrate between both sides to seek a mutual agreement.
- If at that point resolution is still not achieved then either side can refer the matter to the Parliamentary Health Service Ombudsman.
- The wording used in every response letter will be:

"If you are not satisfied with our response, you have the right to take your complaint to the Parliamentary Health Service Ombudsman. The Ombudsman is independent of government and the NHS. Her service is confidential and free. There are time limits for taking a complaint to the Ombudsman, although she can waive them if she thinks there is good reason to do so.

If you have questions about whether the Ombudsman is able to help you, or about how to make a complaint, you can contact their helpline on 0345 015 4033, email phso.enquiries@ombudsman.org.uk or fax 0300 061 400. Further information about the Ombudsman is available at ombudsman.org.uk

You can write to the Ombudsman at:

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

Annual Review of Complaints

All complaints are discussed after anonymising in an annual complaints meeting within the practice to encourage reflection and if appropriate change of practice.

The practice establishes 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 made available to any person who requests it, and may form part of the Freedom of Information Act Publication Scheme [1].

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.

Alternative Options

The patient information leaflet contains contact details for Patient Advice and Liaison Service (PALS), which is a confidential and free service to guide patients through NHS services. They are available to help patients who have concerns but do not want to lodge a complaint. Local Healthwatch provides an advocacy service for people making a complaint.

If the complainant feels that a complaint has not been resolved they can contact the Health Service Ombudsman to request an independent review.

The Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London SW1P 4QP
Telephone: 0345 015 4033
Email: phso.enquiries@ombudsman.org.uk
Web: www.ombudsman.org.uk to NHS England

NHS England

If a complainant has concerns relating to a directly commissioned service by NHS England, then the first step is, where appropriate, for complaints and concerns to be resolved on the spot with their local service provider. This is called by NHS England 'informal complaint resolution' and is in line with the recommendations of the Complaints Regulations of 2009.

If it is not appropriate to raise a concern informally or where informal resolution fails to achieve a satisfactory outcome, the complainant has the right to raise a formal complaint with either the service provider or the commissioner of the service 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

All complaints to NHS England will be acknowledged no later than 3 working days after it has been received by telephone, email or letter, to consider how to progress the complaint;

- Complainant's expectations and desired outcomes
- Agreed timescales to respond to complaint
- Explain the complainants' rights as they are defined in the NHS Constitution
- Complaint Action Plan
- Whether an independent advocacy service is available in the complainant's area
- Consent for NHS England to handle the complaint if it requires input or investigation from organisations or parties that are not part of NHS England

The complainant will be kept up to date with the progress of their complaint by NHS England staff members, in their preferred method of communication (e.g. by email, telephone or written letter). If the complainant is not satisfied with the outcome, then they will have the right to progress this further based on the complaints procedure that NHS England will provide to them during this process.

As part of the guidance on protecting data and personal information, if the complaint involves several organisations then the complainant will be asked for their permission to share or forward a complaint to another body, and further consent will be required to forward the complaint to any provider.

Resources

Complaint Form ^[*]

Complaints Brochure (Patient information) ^[*]

Complaints Consent Form – third party ^[*]

The Parliamentary and Health Service Ombudsman – Principles of Good Complaint Handling (2008)

The Health Act – 2009

GMC, Openness and Honesty When Things Go Wrong: The Professional Duty of Candour

Medical Protection Society – A Guide to Effective Complaints Resolution

PMS Agreement 2015/2016

BMA guidance August 2015 - complaints in primary care

www.bma.org.uk/advice/employment/raising-concerns/complaints-in-primary-care

How to make a complaint about an NHS service;

<http://www.nhs.uk/chq/pages/1084.aspx?categoryid=68>

NHS England

How to Complain;

<https://www.england.nhs.uk/contact-us/complaint/>

NHS England Complaints policy;

<http://www.england.nhs.uk/wp-content/uploads/2015/01/nhse-complaints-policy.pdf>

NHS England Complaints Procedures;

<http://www.england.nhs.uk/wp-content/uploads/2015/01/nhs-complaints-procedures.pdf>

TEMPLATE COMPLAINTS PLAN

Complaint reference number	
Date complaint received	
Complainant's name	
Complainant's address	
Complainant's phone number	
Complainant's email address	
Complainant's preferred means of contact	
Patient's name if different to above	
Has consent been obtained (if appropriate)	
Name of person who contacted the complainant	
Date of contact	
Summary of complaint with dates of incidents	
List of issues to be investigated	
Outcome the complainant is seeking	
Agreed investigation plan	
Consent to share information with those involved in the investigation	
Agreed time-scale for a response	
Response by email or letter	
Details of source of advocacy suggested	
Any further information (language/disability)	