

MINET GREEN HEALTH PRACTICE

COMPLAINT HANDLING PROCEDURE FOR STAFF

Last Reviewed: Oct 23
Next Review Due: Oct 24

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. A summary setting out the approach to complaint handling is available at reception for any patient requesting a copy.

POLICY

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

- The complaints procedure
- The timeframe for resolution
- How it will be dealt with
- Who will deal with it
- Practice lead for handling complaints (Practice Operations Manager)
- 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
- Information about how to make a complaint on behalf of a third party and consent

PROCEDURE

Receiving of complaints

The Practice may receive a complaint made by, or (with their 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.

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 30 days for a response (the practice will aim to resolve complaints within 10 days, but this time limit may be extended if circumstances surrounding the investigation require it, for example a key member of staff being on leave.)

The Practice Business 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 in a letter or email. This ensures that each side is well aware of the issues for resolution. If the patient does refuse to put it in writing then the Operations Manager (or other senior member of the team) will discuss the complaint with the complainant, either in person or by phone, and will make a written record on behalf of the patient. The Operations Manager should check that the patient is happy with the detail of the complaint.
- On receipt of a written complaint by letter or email, an acknowledgement should be sent (or made by phone) confirming receipt and saying that a further response will be sent within an agreed timescale (no greater than 30 days) following an investigation of the issues. It should also say who is dealing with it i.e. Practice Operations Manager with liaison from GP Partner.
- If it is not possible to conclude any investigations within the 30 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.

- MPS/MDU to be sent details of the complaint where appropriate.
- 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:

- 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 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 sent 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 Practice Operations Manager to try further reconciliation.
- If at that point resolution is still not achieved, then either side can refer the matter to the Parliamentary and Health Service Ombudsman.

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

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.