

Clayhall Group Practice

Main Surgery – 14, Clayhall Avenue, Clayhall, Essex, IG5 0LG
Branch surgery – 2, Roding Lane North, Woodford Green, IG8 8NR

COMPLAINTS POLICY

- Updated on 5/11/2019

INTRODUCTION

This policy outlines procedures and responsibilities within Clayhall Group Practice and its Branch surgery for handling any concerns, issues or complaints that may arise.

1. RELEVANT CQC FUNDAMENTAL STANDARD(S)

- Regulation 16: Complaints

2 PURPOSE AND OBJECTIVES

The purpose of this Policy is to ensure that the rights and commitments set out in the NHS Constitution relating to complaints or concerns are correctly managed.

The rights and commitments set out in the NHS Constitution are:

- The right to have any complaint made about NHS services dealt with efficiently and to have it properly investigated.
- The right to know the outcome of any investigation into a complaint.
- The right to take a complaint to the independent Health Service Ombudsman if the complainant is not satisfied with the way their complaint has been dealt with by us
- The commitment to ensure patients are treated with courtesy and receive appropriate support throughout the handling of a complaint; and the fact that they have complained will not adversely affect their future treatment.
- When mistakes happen they shall be acknowledged; an apology made; an explanation given of what went wrong and the problem rectified quickly and effectively.
- The commitment to ensure to ensure that the organisation learns lessons from complaints and claims and uses these to improve our services.

This policy serves to indicate how issues concerning patient concerns or complaints should be managed within Clayhall Group Practice and its Branch surgery.

3 DUTIES AND RESPONSIBILITIES

Mrs Susan Ninan holds overall responsibility for ensuring the development, implementation and operation of this policy regarding complaints. She will lead and oversee the process of the implementation of this policy, as well as monitoring its compliance and effectiveness. A designated GP partner will support Mrs Susan Ninan when clinical input is needed in complaints management.

Mrs S Ninan will act as the designated complaints manager for the practice. She is:

- responsible for managing the procedures for handling and considering complaints.
- ensuring that action is taken if necessary in the light of the outcome of a complaint or investigation.
- responsible for the effective management of the complaints procedure.

4. PRINCIPLES

Clayhall Group Practice and its Branch surgery will:

- publicise for patients how any complaints can be made, and also how any concerns or issues can be raised.
- Clayhall Group Practice and its Branch surgery will aim to resolve any concerns or issues without recourse to the need to make use of the formal complaints policy whenever possible.
- acknowledge receipt of a complaint and offer to discuss the matter with the complainant within three working days.
- deal efficiently with complaints and investigate them appropriately.
- write to the complainant on completion of any investigation explaining how it has been resolved, what appropriate action has been taken, and (for NHS funded patients) reminding them of their right to take the matter to the Health Services Ombudsman if they are still unhappy.
- assist the complainant in following the complaints procedure, or provide advice on where they may obtain such assistance.

If a complaint is made orally and is resolved to the complainant's satisfaction within 24 hours, it need not be responded to formally

Clayhall Group Practice and its Branch surgery 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. Complaints may also be made:

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

- 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 complaint involves another organisation as well, Clayhall Group Practice and its Branch surgery will endeavour to ensure that the complainant should be sent a single, co-ordinated response. The organisation which has the most serious complaint or large number of issues about it would normally take the lead.

5. NHS FUNDED CARE

Where a patient receiving care via Clayhall Group Practice and its Branch surgery is an NHS funded patient then they can expect to receive the same approach to handling their complaints as a patient would receive within the NHS as a whole.

Clayhall Group Practice and its Branch surgery will therefore pay close attention to current complaints systems and guidance in force for the NHS, and modify its own policies accordingly should this prove necessary to accommodate any changes in NHS complaints arrangements.

6. PROCEDURES

6.1. *Period within which complaints can be made*

The period for making a complaint is normally:

- (i) 12 months from the date on which the event which is the subject of the complaint occurred; or
- (ii) 12 months from the date on which the event which is the subject of the complaint comes to the complainant's notice.

The Practice has discretion to vary this time limit if appropriate. i.e. where there is 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 Practice Manager 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.

6.2. *Action upon receipt of a complaint*

Complaints may be received either verbally or in writing and must be forwarded to the Practice Manager, who must:

- Acknowledge the complaint within 3 working days verbally or in writing and at the same time,
 - offer to discuss, at a time to be agreed with the complainant
 - the manner in which the complaint is to be handled,

- the period within which the investigation of the complaint is likely to be completed and the response is likely to be sent to the complainant.
- From the discussion, a complaint action plan should be developed. A response will be given. Clayhall Group Practice and its Branch surgery 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. Where a response is not possible within 10-14 working days provide an update report to the patient with an estimate of the timescale.

If the complainant does not accept the offer of a discussion, Clayhall Group Practice and its Branch surgery must determine the response period and notify the complainant in writing of that period.

6.3 Complaints Action Plan

If a clear plan and a realistic outcome can be agreed with the complainant from the start, the issue is more likely to be resolved satisfactorily. Having a plan will help Clayhall Group Practice and its Branch surgery respond appropriately. It also gives the person who is complaining more confidence that Clayhall Group Practice and its Branch surgery are taking their concerns seriously.

Having a clear understanding of the complaints process is also crucial in helping managers decide on the best response.

If someone makes a complaint, the person making the complaint will want to know what is being done and when. However, accurately gauging how long an issue may take to resolve can be difficult, especially if it is a complex matter involving more than one person or organisation. To help judge how long a complaint might take to resolve, it is important to:

- address the concerns raised as quickly as possible
- stay in regular contact with whoever has complained to update them on progress
- follow closely any agreements made – and, if for any reason this is not possible, then explain why.

It is good practice to review any case lasting more than six months, to ensure everything is being done to resolve it.

6.4 Investigation and Responses to Complaints

During the investigation, the complainant will be kept informed of progress either verbally or in writing as agreed with the complainant. The response must be signed by Practice Manager [and/or GP Partner] and include:

- an explanation of how the complaint has been considered;
- the conclusions reached in relation to the complaint, including any remedial action to be taken
- (for NHS funded cases) details of the complainant's right to take their complaint to the Health Service Ombudsman

7. AUDIT

The operation and effectiveness of this policy will be incorporated into Clayhall Group Practice and its Branch surgery's ongoing audit programme.

As required, anonymised summaries of complaints received from patients receiving NHS funded care will be provided to relevant commissioner(s) as required by relevant contractual agreements.

8. ANNUAL REVIEW OF COMPLAINTS

Clayhall Group practice and its Branch Surgery will issue 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.

The Complaints Report 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.

9. 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 Practice Manager must inform the patient or person acting on his/her behalf if the investigation may involve disclosure of information contained in those records to a person other than the Practice or an employee of the organisation

10. 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 may 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.