

ST PAUL'S & ASHFIELD MEDICAL CENTRES POLICY DOCUMENT – COMPLAINTS

GENERAL STATEMENT

All members of the St Paul's & Ashfield Medical Centre teams endeavour to maintain the highest standards of service and care for patients, and if they feel we have failed, to address their concerns and complaints thoroughly and promptly.

This complaints procedure has been developed in line with the Local Authority Social Services and National Health Service (Complaints) Regulations, 2009 and the National Patient Safety Agency's 'Being Open' guidelines, 2009.

Procedure Requirements

The regulations require all responsible bodies to make arrangements for dealing with complaints to ensure that:

- Complaints are dealt with efficiently
- Complaints are properly investigated
- Complainants are treated with respect and courtesy
- Complainants receive, so far as is reasonably practical, assistance to enable them to understand the procedure in relation to complaints or advice on where they may obtain such assistance
- Complainants receive a timely and appropriate response
- Complainants are told the outcome of the investigation of their complaint
- Action is taken if necessary in the light of the outcome of the complaint
- Complainants are advised of their options to take if the complaint has not been resolved to their satisfaction.

Who can make a complaint under this procedure?

- ✓ Patients currently or previously registered at St Paul's Medical Centre or Ashfield Medical Centre. Those aged 16+ whose mental capacity is unimpaired should normally complain themselves.
- ✓ Parents or legal guardians of children aged under 16 years. Some older children aged under 16 may be considered competent to make a complaint in their own right, and if so, they may do so.
- ✓ Representatives of patients who lack capacity to make decisions for themselves, such as a partner or relative, or someone appointed under the Mental Capacity Act of 2005 with lasting power of attorney.
- ✓ A patient's nominated representative, such as a solicitor or MP.

The patient may require assistance in making a complaint, due to lack of confidence, learning difficulties, disability or limited understanding of the English language, for example. In these cases, the patient may wish to involve a friend, relative, advocate or interpreter, and this is entirely permissible.

The practice has a responsibility to ensure that the person making the complaint (if this is not the patient concerned) has the legal authority to do or has the patient's consent, and is working in the best interest of the patient. If the practice is not satisfied that these conditions have been met, the complaint will not be considered and the reasons for the decision will be given in writing.

The patient and/or his representative must be treated with courtesy and respect at all times during the complaints process, and the fact that a complaint has been made must not influence the future care of the patient in a negative way.

What complaints does the procedure cover?

- ✓ Complaints made about the care or treatment provided by St Paul's and Ashfield GPs or staff (current and former), whether based at St Paul's Medical Centre or Ashfield Medical Centre
- ✓ Complaints made about the premises or systems relating to services provided by St Paul's & Ashfield Medical Centres.

What complaints does the procedure exclude?

- × Complaints about the care or treatment provided by non-practice staff such as Health Visitors, District Nurses and visiting practitioners from other agencies.
- × Complaints about the care or treatment provided by hospitals or other secondary care providers.
- × Complaints about the same subject matter as a complaint that has previously been made and resolved.
- × Complaints alleging a failure to comply with a request for information under the Freedom of Information Act 2000.

Where a complaint relates to care provided by more than one responsible body, there is a 'duty to co-operate'. This means the responsible bodies must work together and share information so that a single response, agreed by each body as part of the final response, can be provided for the complainant. The responsible bodies must agree which one will take the lead in providing the final response and liaising with the complainant.

Time limits for making complaints

The regulations requiring a complaint to be made within 12 months from the date on which the matter occurred, or from when the matter came to the attention of the complainant have now been relaxed.

How does the procedure work?

In many cases, a complaint or concern can be raised informally in person or by telephone by contacting the Patient Services Lead, a Supervisor or Manager at either site, or any member of staff in their absence. Such complaints will be resolved within one working day wherever possible.

If the matter is serious or cannot be dealt with as above, the complainant should be encouraged to give full details of the complaint in writing by letter or using a practice complaint form. This should be forwarded to the Patient Services Lead who is the Complaints Manager for both practices.

The Complaints Manager will acknowledge receipt of the complaint in writing or by 'phone within 3 working days, and will investigate the matter. It may be appropriate to hold an initial meeting with the complainant to agree an action plan covering how the complaint will be managed, timescales, how the response should be provided, etc.

Members of staff will be informed if they have been complained about and, where appropriate, will be given the opportunity to respond. The practice will maintain its duty of care to members of staff and will ensure they are treated fairly within the complaints procedure.

The GP's defence body should be involved in an early stage in complex cases, if there is a claim for negligence or if the complaint relates to a matter under police investigation.

The complainant has the right to receive a prompt, open, constructive and honest response including an explanation and, if appropriate, an apology. This can be in writing or at a meeting. The MDU has provided guidance on what to include in a written response.

In the majority of cases the response will be provided within 10 working days of receipt of the complaint, or up to a month if discussion at the next available partners' meetings is required before a response can be sent. However, if a response is not provided within six months (or a later date if one was agreed with the complainant), the Complaints Manager must write to the complainant and explain why it is delayed.

The complainant may choose to raise the concern with NHS England Lancashire Local Area Team rather than the practice. In this case, the Local Area Team (LAT) will decide whether it is appropriate to act on the complaint directly or to refer it to the practice for a response. The LAT will obtain the complainant's consent for this.

What if the complaint is not satisfactorily resolved?

If the complainant is not satisfied with the written response, conciliation can be offered as a second stage of local resolution. This is a meeting arranged and funded by the practice, which will include the following representatives:

- ✓ The complainant, who may be accompanied by a friend or relative.
- ✓ The practice Senior Partner, who is the 'Responsible Person', i.e. the partner with overall responsibility for the operation of the complaints procedure.
- ✓ A chairperson (complaints manager)
- ✓ The GP involved in the complaint
- ✓ An independent GP for a second opinion
- ✓ A note-taker

If still dissatisfied, the complainant may e-mail NHS England at england.contactus@nhs.net or write to:

Patient Experience Lead
NHS England
Lancashire Area Team
Room 207
Preston Business Centre
Watling Street Road
Fulwood
Preston
PR2 8DY

If this stage of local resolution is unsuccessful, the complainant may complain to the Parliamentary and Health Service Ombudsman within 12 months of the final correspondence at completion of local resolution either online via www.ombudsman.org or in writing to:

Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP

The Ombudsman's representative will interview all those involved.

A confidential draft report is prepared for the complainant and doctor to check for accuracy. GPs should seek advice from their defence body.

A doctor may not challenge the conclusions the Ombudsman draws from the agreed facts of the case, though representations can sometimes be made in relation to the conclusions and recommendations.

The Ombudsman's final report is sent to all interested parties. It is also sent to the senior partner for action on any recommendations made. A copy is also sent to the Secretary of State and published, in anonymised form, on the Ombudsman's website.

Disciplinary Action

The complaints procedure is a means for addressing patient complaints and does not have a disciplinary function. However some complaints may suggest a need for disciplinary investigation.

Any disciplinary investigation will be treated entirely separately from the complaints procedure.

Complainants have no role in decisions to initiate disciplinary investigations (although they can refer serious concerns about GPs directly to the GMC or about nurses to the NMC) and no right to know the details or the outcome of such procedures.

Record keeping, monitoring and reporting

All the action taken in responding to a complaint must be recorded. This includes all communication with the complainant and statements collected during the investigation, in addition to the letter of complaint and the final response.

A record must also be kept of verbal complaints that are resolved within 24 hours, using the relevant complaints log.

Records relating to formal and informal complaints must not be kept in the patient's medical record, but will be held by the Complaints Manager.

The Patient Services Lead will produce a monthly Clinical Governance report containing details of all informal and formal complaints. This will be presented for discussion at the monthly partners' meeting. Any learning points identified at the meeting will be disseminated as appropriate.

Where appropriate, a complaint may lead to a more formal risk assessment, or may be put forward for discussion at a multi-disciplinary Significant Event meeting.

The Patient Services Lead will produce an annual report of formal complaints, which will be discussed by the partners and sent to the appropriate body (LAT or CCG). Partners may retain a copy of the report for their portfolio for discussion at their appraisal.

The annual report will contain the following information:

- ✓ Numbers of formal (written) complaints received.
- ✓ Numbers of complaints that were considered well-founded (upheld)
- ✓ Number of complaints referred to the Ombudsman
- ✓ A summary of the subject matter or nature of complaints (excluding confidential information)
- ✓ Any matters of general importance arising from the complaints, such as lessons learned, or from the way in which they were handled.
- ✓ Details of action taken to improve services as a result of the complaint.

No patient identifiable information will be included in the complaints annual review or submissions to the PCT (or its successor).

Publicity

The practice must ensure that patients, their carers and any visitors to the premises for which it is responsible are aware of the complaints procedure, e.g. by a poster in the waiting room, paragraph in the practice leaflet and information on the website.

The practice must also ensure that all its staff members are informed about and appropriately trained in the operation of the complaints procedure.

Signed on behalf of the practice

Dr C G Evans
Senior Partner

Date

V1: 08.10.2004
V2: 22.12.2009
V3: 14.01.2013
V4: 28.05.2014
V5: 01.10.2014