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## COMPLAINTS PROCEDURE- ENGLAND

### 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.

From 1<sup>st</sup> 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:

- the complaints procedure
- The role of NHS Leeds and other bodies in relation to complaints about services under the PMS contract. This includes the ability of the patient to complain directly to NHS Leeds as an alternative to a complaint to the practice and to escalate to the Ombudsman where dissatisfied with the outcome.  
***Note: There is no right of escalation to NHS Leeds where a patient is dissatisfied with the practice response and all escalations are to the Ombudsman only.***
- their right to assistance with any complaint from independent advocacy services

The principal method of achieving this is the Complaints Patient Information Leaflet and the Practice Leaflet.

The Complaints Manager for the Practice is Kathy Harrison.

The lead GP Partner for complaints handling is Dr John Berridge.

### 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.

The practice may receive a complaint under the following conditions:-

- **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 provision of the Children Act 1989

- 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.

All complaints both written and verbal will be recorded. Written complaints will be acknowledged in writing within 3 working days of receipt.

The response to the complaint should be made within 10 working days or the patient should be provided with an update and an estimate timescale.

### **Period within which complaints can be made**

The period for making a complaint is normally:

- 12 months from the date on which the event which is the subject of the complaint occurred; or
- 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 10 days for a response.

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.

When considering an extension to the time limit it is important that the Complaints Manager or the lead GP takes into consideration that the passage of time may prevent an accurate recollection of events by the clinician concerned or by the person making 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**

Complaints may be received either verbally or in writing and must be forwarded to the Complaints Manager or the lead GP if the Complaints Manager is absent. The following process must be followed:-

- acknowledge in writing within the period of 3 working days beginning with the day on which the complaint was received. An offer to discuss the matter in person may be made if appropriate.
- Advise the patient of potential timescales and the next steps.
- Take a written record of verbal complaints and provide the Complainant with a copy of the written record
- ensure the complaint is thoroughly investigated.
- provide a written response to the patient within 10 working days.
- where a response is not possible within 10 working days provide an update report to the patient with an estimate of the timescale.
- the final reply will include a full report and a statement advising them of their right to take the matter to the Ombudsman if required.

## **Final Response**

This will include:

- A clear statement of the issues, investigations and the findings, giving clear evidence-based reasons for decisions if appropriate
- A full explanation if errors have occurred and a statement of what will be done to put them right and/or prevent repetition.
- A focus on fair and proportionate outcomes for the patient
- 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

## **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
- A witness will be present for all contacts
- Only acknowledge correspondence regarding a closed matter, not respond to it
- Set behaviour standards
- Return irrelevant documentation
- Keep detailed records

## **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 <sup>[1]</sup>.

This will include:

- Statistics on the number of complaints received
- Known referrals to the Ombudsman
- Subject matter/categorisation
- 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 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. Such records must be kept separate from patients' medical records.

## **RESOURCES:**

Complaint Form

Complaints Consent Form – third party