**CASTLE MEAD MEDICAL CENTRE**

**COMPLAINTS PROCEDURE PROTOCOL**

**COMPLAINTS PROCEDURE**

**INTRODUCTION**

This procedure sets out the Practice’s approach to the handling of complaints and is intended as an internal guide who should be made readily available to all staff and also a summary setting out the approach to complaint handling 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. This procedure complies with this.

# 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.
* There 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.
* their right to assistance with any complaint from independent advocacy services

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

*(see appendices 1)*

The Complaints Manager for the Practice is **Alison Ellis**

The lead GP Partner for complaints handling is **Dr RR Glastonbury**

**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, 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.

All complaints, written and verbal will be recorded, and written complaints will be acknowledged in writing within 3 working days of receipt. Patients will be encouraged to complain in writing where possible. The reply to the patient 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:

(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 10 days for a response (10 days is the suggested response period, but Practices are free to set their own timescale).

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 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. This ensures that each side are well aware of the issues for resolution. If the patient does refuse to put it in writing then it is advisable for the surgery to put it in writing on Complaints Report Form *(Appendices 4)* and check that the patient is happy with the detail of the complaint.
* acknowledge in writing within the period of 3 working days beginning with the day on which the complaint was made or, where that is not possible, as soon as reasonably practicable. Include an offer to discuss the matter in person. The discussion will include agreement with the patient as to how they wish the complaint to be handled. *(see appendices 3 first repsonse letter)*
* Advise the patient of potential timescales and the next steps.
* Where the complaint is made verbally a written record will be taken and a copy will be provided to the complainant. (*Appendices 4 Complaint report and a Letter to patient)*
* ensure the complaint is properly investigated. Where the complaint involves more than one organisation the Complaints Manager will liaise with his / her counterpart to agree responsibilities and ensure that one coordinated response is sent; record on Complaints LOG
* Where the complaint has been sent to the incorrect organisation, advise the patient within 3 working days and ask them if they want it to be forwarded on. If it is sent on, advise the patient of the full contact details;
* 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 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.

**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 the 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 send later
* An apology or explanation as appropriate
* A statement of the right to escalate the complaint, together with the relevant contact detail

**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

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.

APPENDIX 1 – Complaints Brochure

We are always pleased to receive suggestions for improving our services and getting compliments as well.

We hope you will never have cause for serious complaint but if you do, we have a complaints procedure. Please initially either speak directly to:

Mrs Samantha Blower Or Mrs Alison Ellis (Practice Manager)

OR write using the Patient Complaint Form available on the website and in reception to: –

**Mrs Alison Ellis**

**Castle Mead Medical Centre**

**Hill Street**

**Hinckley**

**LE10 1DS**

If you are not the patient and wish to complain on the patients behalf we ask that you fill in the ‘Third Party Consent Form’ and ask the patient to sign the form (if they are able) giving you consent to act on their behalf**.**

**Complaints Procedure**

The doctors and staff at Castle Mead Medical Centre strive to deliver high quality patient care at all times and in all areas of contact with the patient or patient’s representative, and are realistic enough to appreciate that there are times when less than efficient service may be given or instances where the patient is less than happy with the service they have received.

In order to attain and maintain high standards of care, feedback is needed from those to whom the care is delivered. One mechanism is the complaints procedure.

As a patient, you have a right to complain about any aspect of the service with which you are less than satisfied, and the Practice has produced this Complaints Procedure to assist you through this.

Any complaint you wish to make can be accepted either in writing or verbally, and should preferably be addressed in either case to the Practice Manager. If you feel the doctor is the most appropriate person to approach, you are free to do so.

If your complaint is written, you will receive acknowledgment within three working days from receipt.

If your complaint is verbal, you will receive written acknowledgment within three working days, with a factual statement of what is perceived to be the complaint.

Any complaint you make will be investigated and you will receive a written report from the Practice as to the outcome of the investigations and, where appropriate, the steps taken to ensure the situation does not recur.

If considered appropriate by all parties, you will be invited to attend the surgery to discuss the matter with the Practice Manager and, where appropriate, one or more of the doctors, following which you will receive a written statement from the Practice as to the discussion and the outcome within 10 working days.

Where other parties are involved, you will be kept informed as to the steps being taken to obtain their statements.

Should you wish to discuss any part of this document with the Practice Manager:- Mrs Alison Ellis, please ask the Receptionist or your doctor to arrange this for you.

If you would like any independent support in pursuing your complaint you are entitled to seek free assistance from the NHS Complaints Advocacy Service, who can be contacted on the following number – 0300 456 8347

You have the right to ask the Parliamentary and Health Service Ombudsman (PHSO) to review your complaint if you remain unhappy once local resolution is completed.

The address is:

The Parliamentary and Health Services Ombudsman, Millbank Tower, Millbank, London SW1P 4QP Telephone: 0345 0154033

Email: [phso.enquiries@ombudsman.org.uk](mailto:phso.enquiries@ombudsman.org.uk)

APPENDIX 2: **CASTLE MEAD MEDICAL CENTRE**

**PATIENT COMPLAINT FORM**

Patient’s Full Name:

Date of Birth:

Address:

Contact telephone number:

Complaint details: (Include dates, times, and names of practice personnel, if known)

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SIGNED……………………………Print name………………………… Date:…….

(Continue overleaf if necessary)

Official use only

Received by:……………………………………. Date:…………………

Acknowledged by:……………………………. Date……………………

APPRENDIX 3:

**Castle Mead Medical Centre**

**PATIENT COMPLAINT - THIRD-PARTY CONSENT FORM**

PATIENT'S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ENQUIRER /

COMPLAINANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**IF YOU ARE COMPLAINING ON BEHALF OF A PATIENT OR YOUR COMPLAINT OR ENQUIRY INVOLVES THE MEDICAL CARE OF A PATIENT THEN THE CONSENT OF THE PATIENT WILL BE REQUIRED. PLEASE OBTAIN THE PATIENT’S SIGNED CONSENT BELOW.**

I fully consent to my Doctor releasing information to, and discussing my care and medical records with the person named above.

This authority is for an indefinite period / for a limited period only (delete as appropriate)

Where a limited period applies, this authority is valid until……………………..(insert date)

Signed ………………………………………............................... (Patient)

Date…………………………………………..

APPENDIX 4: – First response letter

**CASTLE MEAD MEDICAL CENTRE**

**Dr N J Willmott Hill Street**

**Dr R R Glastonbury Hinckley**

**Dr D Tull Leicestershire**

**Dr R E Dockrell LE10 1DS**

**Dr J E Patterson Telephone: (01455) 637659**

**Facsimile: (01455) 238754**

~[Today...]

Ref: NHS. No:~[NHS Number] Date of Birth:~[Date Of Birth]

~[Title] ~[Forename] ~[Surname]

~[Patient Address Block]

~[Post Code]

Dear ~[Title] ~[Surname],

Thank you for bringing to our attention the problem you have experienced/your letter of ~[Free Text:Date of complaint letter].

I am looking into the points you have made as a matter of urgency. We aim to respond to complaints within 10 working days but if for any reason our investigation takes longer than this I will contact you again at that time.

Please do contact me again in the meantime if I can help you.

Yours sincerely

Alison Ellis

Practice manager

## APPENDIX 5: CASTLE MEAD MEDICAL CENTRE

## Complaints report

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of patient/person incident is about:**  **Name:** | | | **Address:** |
| **Name of person/s involved in the incident** | **Name/s**  **Contact details:** | | |
| **Date of incident:** | |  | |
| **Date** **event reported to the practice:** | | | **Date event acknowledged:** |
| **Complaint Report written by:** | | | |
| **Complaints Report:** | | | |
| **Outcome of meeting:** | | | |
| **Action taken:** | | | |
| **Review date for any action taken:** | | | |
| **Signature of person writing the report** | | | **Date of report** |

APPENDIX 6: **CASTLE MEAD MEDICAL CENTRE**

**SIGNIFICANT EVENTS AND COMPLAINTS INVESTIGATION REPORT**

|  |  |
| --- | --- |
| **Date of event:** | **Patient DOB and Initial:** |
| **This report should be clear and logical and should explain the following** | |
| **1. what happened (i.e. chronology of events);** | |
|  | |
| **2. who it happened to;** | |
|  | |
| **3. who else was involved;** | |
|  | |
| **4. when it happened;** | |
|  | |
| **5. where it happened;** | |
|  | |
| **6. how it happened (i.e. what went wrong);** | |
|  | |
| **7. why it happened (i.e. what underlying, contributory or deep rooted factors caused things to go wrong).** | |
|  | |
| **Name of person writing the report: Date:** | |
|  | |
| **Report reviewed by** | |
|  | |

APPENDIX 7

**Yes**

**No**

**Yes**

**No**

**No**

**Explain escalation procedures**

**Provide copy evidence if required**

**Changes to systems**

**Conclusions and remedial actions**

**Details of the investigations**

**Summary of the complaint and a chronology**

**Apology if needed**

**Include: within in 10 working days**

**Finalise and send response with "organisational sign-off".**

**with other organisations.**

**Document within minutes. Agree**

**practice / partners' meeting.**

**Prepare draft reply and discuss at**

**on the phone or at a meeting**

**discuss with the complainant either**

**procedure for resolution, and offer to**

**Confirm with the complainant the**

**other organisation**

**and cooperate with**

**subject to consent**

**Pass case over**

**response**

**formulate a joint**

**organisation(s) to**

**Liaise with any other**

**"lead" organisation?**

**with the case as the**

**Is the practice to deal**

**responsibilities**

**organisation to agree**

**Liaise with other**

**Manager**

**advise**

**Record and**

**by the staff?**

**immediately**

**resolved**

**Can it be**

**working days**

**Acknowledge within 3**

**just to the Practice?**

**Does the complaint relate**

**Themselves. Ask complainant**

**To ask permission from patient if 3rd party given them consent form unless incapable**

**expected to complain**

**years or over generally**

**Check consent. Patients 16**

**Manager**

**Alison Ellis**

**or Sam Blower**

**Refer to**

**Record on Complaints Report FORM and spreadsheet**

**Resolve**

**Yes**

**COMPLAINT RECEIVED**

**File and retain for annual report**

**review as**

**necessary**

**Written reports from all parties concerned**

**and gather route cause analysis**

**Investigate**