**Slaidburn Country Practice**

**Complaints Policy**

|  |  |
| --- | --- |
| **Policy Name** | **Slaidburn Health Centre - Complaints Handling** |
| Date | 1/10/2020 |
| Author | A M Bonner |
| 2nd Author | H Harrison |
| Review Date | 1/10/2022 |

**Contents**

|  |  |
| --- | --- |
| 1.0 | Introduction & Scope |
| 2.0 | Procedure |
| 3.0 | Supporting guidance |
| 4.0 | Period within which complaints can be made |
| 5.0 | Unreasonable complaints |
| 6.0 | Review of complaints |
| 7.0 | Confidentiality |
| 8.0 | Statistics and Reporting |

1. **Introduction**
2. Effective resolution of complaints is integral to developing a loyal and trustworthy reputation as a provider of excellent care.
3. The document is intended to streamline the initial management of a complaint that is brought to the attention of any member of staff at Slaidburn Health Centre.
4. The Practice will take reasonable steps to ensure that patients are aware of:

(a) The complaints procedure.

(b) The role of the East Lancs CCG and other bodies in relation to complaints about services under the contract. This includes the ability of the patient to complain directly to the CCG and to escalate to the Ombudsman where dissatisfied with the outcome.

(c) Their right to assistance with any complaint from independent advocacy services.

 (d) That the complaints procedure is accessible to all patients.

1. Most complaints can be dealt with locally and resolved satisfactorily with open and honest communication.
2. All staff hold a duty of candour to be proactive in the event of an unintended consequence to a healthcare interaction, whether or not there is clear fault.
3. The Complaints Manager for the Practice is Mrs Heather Harrison – Practice Manager
4. Dr Amy Bonner or Alex Bonner will lead on any complaints.
5. This document is available in large print if required
6. **Procedure**

**Complaint received - Complaint is recorded and acknowledgement communicated to complainant within 48 hours**

1. The Practice may receive a complaint made by a patient, or on behalf of a patient – with that patient’s consent, or former patient who is receiving or has received treatment at the Practice.

However where the patient is a child the complaint may be submitted by:

1. Either parent, or in the absence of parents, the guardian or other adult who will act as advocate for the child.
2. 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.
3. By a person duly authorised by a voluntary organisation by which the child is being accommodated

Or

1. Where the patient is incapable of making a complaint, this is undertaken by a nominated relevant person – relative or other adult who has an interest in the patient’s welfare.

2. If the complaint raises a Safeguarding issue, this will be discussed immediately with the practice’s safeguarding lead Dr Amy Bonner, or deputy Heather Harrison in her absence.

3. Verbal complaints resolved within 24 hours are not considered under the formal complaints regulations.

4. In the acknowledgement an offer to discuss the matter in person is to be included if the complaint is not verbal. The discussion will include agreement with the complainant as to how they wish the complaint to be handled including potential timescales and the process. The patient will be kept informed of the next steps and the possible timescales involved.

5. 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 forwarded ensure the complainant is advised of the correct contact details.

**Within 5 working days**

1.Dr Amy Bonner/Alex Bonner informed of complaint

2. Necessary escalation delivered if needed e.g.:

(a) Statutory notifications

(b) Communication with secondary care

(c) Medico-legal team informed

(d) Business Insurer informed

3. Attempt to resolve complaint locally (if appropriate). Offer to discuss the matter in person. The discussion will include agreement with the complainant as to how they wish the complaint to be handled including potential timescales and the process.

4. The patient will be kept informed of the next steps and the possible timescales involved.

5. The complaint must be properly and rigorously investigated. When the complaint involves more than one organisation the Complaints Manager will liaise with her counterpart to agree responsibilities and ensure one co-ordinated response is sent

6. The practice is to provide a written response to the complainant as soon as reasonably practicable ensuring that the patient is kept up to date with progress as appropriate. This will include a full report and a statement advising them of their right to take the matter to the Ombudsman if required.

**Within 28 days**

1.Full resolution and closure of complaint locally

OR

2. Mutually agreed action plan between BH & complainant

OR

3. Complainant supported to seek further assistance

E.g. NHS Ombudsmen / Independent Sector Complaints Advisory Service (ISCAS)

4. The Final Response will include:-

1. A clear statement of the issues, investigations and the findings giving clear evidence-based reasons for decisions if appropriate.
2. Where errors have occurred, explain these fully and state what will be done to put this right or to prevent repetition.
3. A focus on fair and proportionate outcomes for the complainant, including any remedial action or compensation
4. A clear statement that the response is a final one, or that further action or reports will be sent at a later stage
5. An apology or explanation as appropriate.
6. A statement of the right to escalate the complaint, together with the relevant contact details.

#

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

1. The period for making a complaint is normally

(a) Twelve months from the date on which the event (which is the subject of the complaint) occurred.

Or

(b) Twelve months from the date on which the event which is the subject of the complaint comes to the complainant's notice

1. Complaints should normally be resolved within six months. The patient will be kept informed of timescales.
2. The Lead GP and / or the Practice Manager have the discretion to extend the time limits if the complainant has suffered particular distress that prevented them from acting sooner, or where it is still possible to properly investigate the complaint despite extended delay.
3. When considering an extension to the time limit it is important that the GP or Practice/Complaints 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.

 **4. Unreasonable Complaints**

Where a complainant becomes aggressive or unreasonable in their promotion of the complaint, some or all of the following formal provisions will apply and should be communicated to the complainant. The practice operates a zero tolerance policy.

1. The complaint will be managed by either the Complaints Manager or the Lead GP and will be the only contact for the complainant.
2. Contact will be limited to one method only - eg writing/telephone
3. Place a time limit on each contact.
4. The number of contacts within a time period will be restricted
5. A witness will be present for **all** contacts.
6. Repeated complaints about the same issue will be refused.
7. Only acknowledge correspondence regarding a closed matter, not respond to it.
8. Set behaviour standard
9. Irrelevant documentation will be returned to the patient.
10. Detailed records of all contact/s will be kept.

**5. Review of complaints**

1. Complaints received by the practice will be reviewed to ensure that learning points are shared with the whole practice team:
2. Complaints received will be reviewed at the following Practice meeting of practice staff to ensure any actions required are put into practice.
3. A full review of all complaints will be carried out annually to identify any trends or additional actions/learning points to include the following:
4. Statistics on the number of complaints received.
5. Justified/unjustified analysis
6. Known referrals to the Ombudsman
7. Subject matter/categorisation/clinical care
8. Learning points
9. Methods of complaints management
10. Any changes to procedure, policies or care which have resulted from the complaint/s.

**6. Confidentiality**

1. All complaints must be treated in the strictest confidence
2. Where the investigation of the complaint requires consideration of the patient's medical records, the Complaints Officer 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
3. 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.

**7. Statistics and Reporting**

The Practice will submit to NHS England annually details of the number of written complaints received and actioned, together with any learning or changes to procedures which have occurred as a result of the complaint. The report will be made available to any person who requests it and if required, will form part of the Freedom of Information Act Publication Scheme.