

# **BIRCHWOOD MEDICAL CENTRE**

## **PRACTICE COMPLAINTS PROCEDURE**

### **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. A leaflet for patient use is given at Appendix A.

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:

(a) the complaints procedure;

(b) the role of the Primary Care Trust and other bodies in relation to complaints about services under the contract. This includes the ability of the patient to complain directly to the PCT 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 the PCT where a patient is dissatisfied with the practice response and all escalations are to the Ombudsman only.*

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

The Practice will take reasonable steps to ensure that the complaints procedure is accessible to all patients.

The Complaints Manager for the Practice is Alison Warburton.

The lead GP Partner for complaints handling is Dr S W Redfearn.

### **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.

Oral complaints that are satisfactorily resolved no later than the next working day are not subject to these Regulations.

All other complaints, whether made orally, in writing or electronically, will be recorded, and must be acknowledged, either orally or in writing, within 3 working days of receipt. Patients will be encouraged to put their complaint in writing where possible if this is a matter that is not going to be resolved within one working day. The final response 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.

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**

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 unavailable), who must:

- acknowledge orally or 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. If the complainant declines the offer to discuss the issue, the practice should decide how the complaint will be handled, based on the available information.
- 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.
- 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;
- 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 timescales. 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
- The letter should be signed by the "Responsible Person" (or someone delegated by the practice to carry out this function on his/her behalf) and include a statement of the right to escalate the complaint, together with the relevant contact detail

## **Review of complaints**

The complaints handling procedure will be monitored to ensure that it is working effectively and that no discrimination against complainants has ensued. 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.

| <b>DATE</b> | <b>REVIEWED BY</b> | <b>COMMENTS</b> |
|-------------|--------------------|-----------------|
| Sept 2009   | A Warburton        |                 |
| Oct 2010    | A Warburton        | No changes      |
| Nov 2012    | A Warburton        | No changes      |

## APPENDIX A

### If you are Dissatisfied with the Outcome

You have the right to approach the Ombudsman. The contact details are:

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

**Tel: 0345 0154033**

**Website: [www.ombudsman.org.uk](http://www.ombudsman.org.uk)**

**You may also approach PALS for help or advice;**

The Patient Advice and Liaison Service (PALS) is based at NHS Warrington and provides confidential advice and support, helping you to sort out any concerns you may have about the care we provide, guiding you through the different services available from the NHS

**NHS Warrington  
930 – 932 Birchwood Boulevard  
Millennium Park  
Birchwood  
Warrington  
WA3 7QN**

**Tel: 01925 843600**

The practice Complaints Manager is:

**Alison Warburton**

**BIRCHWOOD MEDICAL CENTRE**

## Complaints Procedure

## Making a Complaint

Most problems can be sorted out quickly and easily, often at the time they arise with the person concerned and this may be the approach you try first.

Where you are not able to resolve your complaint in this way and wish to make a formal complaint you should do so, preferably **in writing** as soon as possible after the event and ideally within a few days, as this helps us to establish what happened more easily. In any event, this should be:

Within 12 months of the incident,

or within 12 months of the date the matter came to your notice.

If you are a registered patient you can complain about your own care. You are unable to complain about someone else's treatment without their written authority. See the separate section in this leaflet.

We are able to provide you with a third-party authority form to enable a complaint to be made by someone else. Please ask at reception for this. You can provide this in your own format providing this covers all the necessary aspects.

### **Send your written complaint to:**

Alison Warburton, Practice Manager

## What we do next

We look to resolve complaints as soon as possible.

We will acknowledge receipt within 3 working days, and aim to have looked into the matter within 10 working days. You may then receive a formal reply in writing, or you may be invited to meet with the person(s) concerned to attempt to resolve the issue. If the matter is likely to take longer than this we will let you know, and keep you informed as the investigation progresses.

When looking into a complaint we attempt to see what happened and why, to see if there is something we can learn from this, and make it possible for you to discuss the issue with those involved if you would like to do so.

When the investigations are complete your complaint will be determined and a final response sent to you.

Where your complaint involves more than one organisation (e.g. social services) we will liaise with that organisation so that you receive one coordinated reply. We may need your consent to do this. Where your complaint has been sent initially to an incorrect organisation, we may seek your consent to forward this to the correct person to deal with.

The final response letter will include details of the result of your complaint and also your right to escalate the matter further if you remain dissatisfied with the response.

## Complaining on Behalf of Someone Else

We keep to the strict rules of medical and personal confidentiality. If you wish to make a complaint and are not the patient involved, we will require the written consent of the patient to confirm that they are unhappy with their treatment and that we can deal with someone else about it.

Where the patient is incapable of providing consent due to illness or accident it may still be possible to deal with the complaint. Please provide the precise details of the circumstances which prevent this in your covering letter.

Please note that we are unable to discuss any issue relating to someone else without their express permission, which must be in writing, unless the circumstances above apply.

We may still need to correspond direct with the patient, or may be able to deal direct with the third party and this depends on the wording of the authority provided.