

LARKSIDE PRACTICE EMPLOYEE HANDBOOK POLICY & PROCEDURE

Practice Information

Patient Complaints

Introduction

The purpose of having a robust complaints policy and procedure in place is to ensure that all patients, or their representatives, who have the cause to complain about their care or treatment can have freely available access to the process and can expect a truthful, full and complete response and an apology where appropriate. Complainants have the right not to be discriminated against as the result of making a complaint and to have the outcome fully explained to them. The process in place at Larkside Practice is fully compliant with the relevant NHS Regulations and guidance available from defence organisations, doctors' representative bodies and the Care Quality Commission. Everyone in the practice is expected to be aware of the process and to remember that everything they do and say may present a poor impression of the practice and may prompt a complaint or even legal action.

The general principle of Larkside Practice in respect of all complaints will be to regard it first and foremost as a learning process, however in appropriate cases and after full and proper investigation the issue may form the basis of a separate disciplinary action. In the case of any complaint with implications for professional negligence or legal action, the appropriate defence organisation will be informed immediately.

Complaints Policy & Responsibilities

At Larkside Practice it is the responsibility of the Partners of the practice and the Practice Manager to ensure all complaints are managed appropriately and to ensure that the practice complaints procedure is followed at all times. The Partners and Practice Manager are the Complaints Managers for the practice and charged with ensuring complaints are handled in accordance with the regulations, that lessons learned are fully implemented, and that no complainant is discriminated against for making a complaint.

It is the responsibility of all staff at the practice to be fully conversant with the complaint's procedure and understand that patients, and other individuals, have a right to have their complaint acknowledged and investigated as necessary.

Larkside Practice takes complaints seriously and ensures that they are investigated in an unbiased, transparent, non-judgemental and timely manner. The Practice Manager will maintain communication with the complainant, or their representative, throughout and ensure that the complainant is made aware the complaint is being taken seriously. The Practice Manager will then manage the complaint as set out in this complaints policy and the current guidelines as expected by NHS England with the support of the Partners and other members of the management team as necessary.

Where an individual makes a complaint via a member of the practice team about Larkside Practice, it is that member of staff's responsibility to inform the Practice Manager or, if unavailable, another member of the management team as soon as possible. This refers to any complaint, whether written or verbal and regardless of whom the complaint refers to. Where a member of staff is named or involved in a complaint being made, they will be responsible for assisting in any investigations into the cause of the complaint by making verbal or written statements concerning the events and their involvement.

Availability of information

The practice will ensure that there are notices advising on the complaints process conspicuously displayed in all reception/waiting areas and that leaflets containing sufficient details for anyone wishing to make a complaint are available without the need to ask. The practice website and any other public material will

similarly provide this information and also signpost the complainant to the help available through the NHS Complaints Advisory Service.

Confidentiality

All complaints will be treated in the strictest confidence and the Practice will ensure that the patient or patient representative is made aware of any confidential information to be disclosed to a third party (e.g. NHSE).

The Practice will keep a record of all complaints and copies of all correspondence relating to complaints, however, such records will be kept separate from patients' medical records and no reference which might disclose the fact a complaint has been made should be included on the patient clinical record, neither hardcopy record nor electronic.

Who can a formal complaint be made to?

Complaints related to Larkside Practice can be made to either the practice or NHS England. Written or verbal complaints made to the practice will be referred to the Practice Manager for appropriate action.

In the event that a patient or individual does not wish to make their complaint to the practice, they should be directed to make their complaint to NHSE:

- By post to: NHS England, PO Box 16738, Redditch, B97 9PT.
- By email to: england.contactus@nhs.net, stating 'For the attention of the complaints team' in the subject line.
- By telephone: 0300 311 22 33.

In the event that the complaint is made to NHS England, Larkside Practice will comply with all appropriate requests for information and the Practice Manager will co-operate fully in assisting with the complaint by investigating and responding as necessary.

Who can make a complaint?

A complaint can be made by a current registered patient or, with consent, a representative of the patient; a former patient who is receiving or has received treatment at the Practice; or someone who may be affected by any decision, act or omission of the practice.

A representative of a patient may be:

- 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; or by a person duly authorised by a voluntary organisation by which the child is being accommodated.
- a person acting on behalf of a patient/ former patient who lacks physical capacity, or capacity under the Mental Health Capacity Act 2005, to make a complaint and that person is acting in the interests of the patient welfare.
- a person acting for the relatives of a deceased patient/former patient

In all cases, where a representative makes a complaint in the absence of patient consent, the practice will consider whether they are acting in the best interests of the patient and, in the case of a child, whether there are reasonable grounds for the child not making the complaint on their own behalf. In the event a complaint from a representative is not accepted, the grounds upon which this decision was based will be advised to them in writing.

Unreasonable or Aggressive Complaints

Where a complainant becomes unreasonable, excessively rude or aggressive in their delivery of the complaint, some or all of the following formal provisions will apply and must be communicated to the patient by the Practice Manager, or other senior responsible person, in writing:

- The complaint will be managed by one named individual. The complaints manager in this instance will be either the Practice Manager, another member of the management team or one of the Partners as appropriate, who will be the only point of contact for the patient or representative
- Contact or correspondence to and from the complainant will be limited to one method only. This would usually be in writing.
- A time limit on each event of correspondence will be made
- The number of contacts in a time period will be restricted
- A witness will be present for all events of verbal contact
- Repeated complaints about the same issue will be refused unless additional material is being brought forward
- The senior person taking responsibility for managing the complaint will only acknowledge correspondence regarding a closed matter, not respond to it
- The complaint manager will set behaviour standards
- Irrelevant documentation received from the complainant will be returned
- Detailed records will be kept of each encounter

Complaints Involving Locums

It is important that all complaints made to the practice regarding or involving a locum Doctor, nurse or any other temporary staff, are dealt with by the Practice and not referred to a Locum or Employment Agency, or to the individual concerned, to investigate the complaint and respond. The responsibility for handling and investigating all complaints relating to locums and temporary staff working at the surgery at the time of the complaint rests with the Practice.

Locum and temporary staff will be advised of the complaint involving them and will be included at an early stage of the complaint investigation in order that they can provide any explanations. It will not be seen as appropriate for any opinions to be expressed by the Practice on Locum and temporary staff. Providing their factual account alongside any factual account from the Practice, is seen as the best way to proceed

The Practice Manager will ensure that, on engaging any Locum, the Locum Agreement will include an assurance that they will participate in any complaint investigation where they are involved or can provide any material evidence. The Practice Manager, or nominated complaints manager, will ensure that there is no discrepancy in the way it investigates or handles a complaint involving any Locum or other temporary staff and that which involves the Partners, salaried staff, students or trainees or any other employees.

Time limits for making complaints.

The period for making a complaint is:

- (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.

The practice has discretion to extend these limits if there is good reason to do so and it is still possible to carry out a proper investigation. The collection or recollection of evidence, clinical guidelines or other resources relating to the time when the complaint event arose, may on occasions be difficult to establish or obtain. These factors may be considered as suitable reasons for declining a time limit extension, however that decision should be able to stand up to scrutiny.

Complaints Procedure

Action upon receipt of a complaint

Verbal complaints:

Wherever possible, the practice will deal with a complaint at the earliest opportunity and often it can be concluded at point of a verbal complaint. A simple explanation and apology by staff at the time may be all that is required. This would usually be carried out by a member of the management team or other senior members of staff.

A verbal complaint need not be responded to in writing for the purposes of the regulations if it is dealt with to the satisfaction of the complainant by the end of the next working day, neither does it need to be included in the annual Complaints Return. The practice will however record them for the purposes of monitoring trends or for Clinical Governance and that record will be kept and monitored by the Practice Manager. Verbal complaints not formally recorded will be discussed when trends or issues need to be addressed and at least annually, with minutes of those discussions kept.

If resolution is not possible, the Practice Manager will set down the details of the verbal complaint in writing and provide a copy to the complainant within three working days. This ensures that each side is well aware of the issues for resolution. The process followed will be the same as for written complaints.

Written Complaints:

On receipt of a written complaint, a written acknowledgement will be sent to the complainant within three working days. The written acknowledgement will advise the complainant of the process for investigating the complaint and may offer the opportunity for a discussion, either face-to-face or by telephone, on the matter. This is seen as an opportunity to gain an indication of the outcome the complainant expects and also to clarify the details of the complaint. In the event that a discussion is not practical or appropriate, the initial response should give some indication of the anticipated timescale for investigations to be concluded and an indication of when the outcome can be expected.

It may be a possibility that other bodies, such as secondary care, Community Services, etc, will need to be contacted to provide evidence. If that is the case, then a patient consent form will need to be obtained at the start of the process and a consent form should be included with the initial acknowledgement for completion and return before investigations can proceed

If it is not possible to conclude any investigations within the advised timescale, then the complainant must be updated with progress and time scales revised on a regular basis. In most cases such complaints should be completed within six months unless all parties agree to an extension.

Informal complaints

The collection of data relating to informal complaints, often referred to as "grumbles", is seen by Larkside Practice as a good tool for identifying trends for low-level dissatisfaction with services or the way they are offered to our patients. Patient feedback forms are kept at reception for completion by an individual wishing to make an informal complaint or compliment. Staff are encouraged to request that the patient raising an informal issue, completes a feedback form with their comments. Staff are also advised to ensure the feedback forms are passed to a member of the management team or, if felt necessary, to raise informal complaints and comments made by patients directly with the Practice Manager. The issues, negative comments and feedback can be discussed at Practice meetings and minuted.

The Investigation

The practice will ensure that the complaint is investigated in a manner that is appropriate to resolve it speedily, effectively and proportionate to the degree of seriousness that is involved. The investigations will be recorded in a complaints file created specifically for each incident and, where appropriate, will include evidence collected as individual explanations or accounts taken in writing.

Final Response

A final response will be provided to the complainant in writing by letter which will be signed by the Practice Manager, or other responsible person under delegated authority. A written final response can be forwarded to the complainant via email by mutual consent. The letter will be on the Practice headed paper and should include:

- An apology if this is appropriate. The Compensation Act 2006, Section 2 expressly allows an apology to be made without any admission of negligence or breach of a statutory duty.
- A clear statement of the issues, details of the investigations and the findings, and clear evidence-based reasons for decisions if appropriate
- Where errors have occurred, a full explanation will be given including what has been, or will be, done to put these errors right or prevent repetition. Clinical matters will be explained in accessible language
- A clear statement that the response is final and that the Practice is satisfied it has done all it can to resolve the matter at local level
- A statement of the complainants right should they not be satisfied with the final response that they can refer the complaint to the Parliamentary and Health Service Ombudsman at <http://www.ombudsman.org.uk/make-a-complaint> to complain online or to download a paper form. Alternatively, the complainant may call the PHSO Customer Helpline on 0345 015 4033.

A final response letter will **not** include:

- Any discussion or offer of compensation without the express involvement and agreement of the relevant defence organisation
- Detailed or complex discussions of medical issues with the patient's representative unless the patient has given informed consent for this to be done where appropriate.

Annual Review of Complaints

The practice will produce an annual complaints report. This report will be provided to NHSE, the local commissioning body, and will form part of the Freedom of Information Act Publication Scheme.

The annual report will include:

- Statistics on the number of complaints received by the Practice
- The number of complaints considered to have been upheld
- Known referrals to the Ombudsman
- A summary of the issues giving rise to the complaints
- Learning points that came out of the complaints and the changes to procedure, policies or care which have resulted

Care will be taken to ensure that the report does not inadvertently disclose any confidential data or lead to the identity of any person becoming known.

Practice Resources

Complaint Form

Complaint Review Form (for annual review)

Complaints Procedure Poster and Leaflet (Patient information)

Policy reviewed & edited January '24 (ER)
Complaints – Third Party Consent Form

Policy review date: Jan '25

Complaints training for all staff is available from the e-Learning platform

Date for procedure review: January 2025

Larkside Practice Complaints Handling Flowchart

