

Great Staughton Surgery - Practice Based Complaints Procedure

(Updated April 2016)

INTRODUCTION

This procedure sets out the practice's approach to handling patient complaints and is intended as an internal guide. A leaflet for patient use can be downloaded from the website www.great-staughton-surgery.co.uk or collected from reception.

This practice believes that when something goes wrong, mistakes or errors should be used as an opportunity to learn and so reduce future risks and improve practice. The practice recognises the value of feedback as a way of helping to make changes and improvements.

This policy was produced in accordance with:

Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, http://www.opsi.gov.uk/si/si2009/uksi_20090309_en_1;

Reference is made to the Department of Health (DOH), Guidance in Complaints Handling, Parliamentary and Health Service Ombudsmen (PHSO) and NHS England Complaints Policy and Procedure:

DOH - **Listening, Responding, Improving** (www.dh.gov.uk/mec)

PHSO - **Principles of Good Complaints Handling and An Opportunity to Improve** (<http://www.ombudsman.org.uk/reports-and-consultations/reports/health/>)

NHS England - <https://www.england.nhs.uk/contact-us/complaint/complaining-to-nhse/>

PROCEDURE

1. General Provision

The practice will take steps to ensure the complaints procedure is known and accessible to all patients, their family members and carers, via:

- (a) The practice complaints leaflet.
- (b) The practice complaints policy
- (c) The role of NHS England and the Customer Contact Centre displayed
- (d) The right to assistance with any complaint from independent advocacy services - ICAS.
- (e) Advice regarding the role of the Patient Advisory Liaison Service (PALS)

2. Receiving Complaints

The practice may receive a complaint from:

- 2.1 A patient or former patient, who is receiving or has received treatment at the practice as well as any person who is affected or likely to be affected by the action, omission or decision of the practice.
- 2.2 On behalf of a patient, or former patient, who is receiving or has received treatment, provided there is evidence of patient consent or power of attorney, whichever is appropriate, at the practice.
- 2.3 Where the patient is incapable of making a complaint, by a relative or other adult who has an interest in his/her welfare.

- 2.4 On behalf of a deceased patient, power of attorney may be required.
For further details and clarification see Complaints Regulations, Regulations 5.

3. Period within which Complaints can be made

- 3.1 The period for making a complaint is:
- 12 months from the date on which the event that is the subject of the complaint occurred; or
 - 12 months from the date on which the event that is the subject of the complaint came to the complainant's notice.
- 3.2 There are some occasions when a complaint outside the above time frame may be considered at the discretion of the Practice Manager and Clinicians.

4. Complaints handling

- 4.1 The Practice Manager or a designated person within the practice will be responsible for the management of complaints procedure and investigation of complaints.
- 4.2 Every effort will be made to achieve Local Resolution of the complaint through the actions listed below (point 5.2).

5. Action upon receipt of a complaint

- 5.1 Complaints are received either verbally, in writing or by e-mail.
- 5.2 The complaint needs to be acknowledged within **three** working days. However, before the complaint is acknowledged, the recommended course of action is to:
- define a correct understanding of the issues to be addressed and risk assess the issues raised in the complaint so that any concerns about the safe care of other patients can be identified promptly. (see DoH 'A Guide to Better Customer Care' – 'Assessing How Serious the Complaint is').
 - Decide whether the matter can be resolved by action without the formal process. **(If it is possible to resolve the complaint quickly, i.e. within 24 hours to the complainant's satisfaction, it is not necessary to record this as a formal complaint. However, the incident may need to be recorded and any outcomes / learning acted upon as appropriate).**
 - Establish the Complainant's expectations by making early telephone / email / written contact and invite into a meeting if necessary, or outline by telephone - how the complaint will be investigated.
 - Agree with the complainant an action plan and timescale, eg within **one month** for low risk complaints, **two months** for medium risk or **three months** plus for complex cases or those involving the Mediation / Conciliation service.
 - Arrange an early meeting, if appropriate, using suitable independent advice / support for the complainant such as ICAS.
 - The action plan can then be shared with the complainant at acknowledgement.

6. The Investigation

Having agreed an action plan, the Practice Manager should ensure the complaint is properly investigated and recorded (Case Management Record – Appendix B).

In particular the following points needs to be considered:

- encourage the complainant to have an initial meeting to clarify elements of the complaint and to help manage expectations of possible outcomes.
- within the practice investigate what happened, what should have happened and who was involved. Make written records of the investigation / staff statements.
- make it possible for the complainant to discuss the problem with those concerned, if required.
- make sure an appropriate and sincere apology is made.
- Identify what actions can be implemented to ensure that there is no recurrence and address any training issues, learning points.

- 6.1 Where the complaint relates to a clinical matter, a written report from the appropriate Clinician shall be obtained. This report is potentially disclosable to the complainant and must be written without jargon. The final draft reply should be reviewed by a different doctor, or perhaps a Doctor outside the practice, to ensure the response fully covers the points raised. SU1 and Clinical Governance consideration should always be applied. Also seek independent clinical advice from Defence Organisation - MPS.
- 6.2 The Practice Manager and Partners, must review the final draft response to ensure that it conforms to the Practice Complaints procedure. Independent advice on the suitability of the complaint response can also be sought from MPS.

7 The Response

A written response in plain English and free from medical terminology should be sent to the complainant within the agreed timescale of the receipt of the original complaint. The response must include a report (see Regulation 14) which includes:

- Obtain consent from the individual to investigate the complaint.
- All the issues including how the complaint has been considered.
- Explanations and apologies where appropriate.
- What learning has been gained from the complaint.
- What steps have been taken to prevent a recurrence.
- An offer of a further meeting to discuss the written response.
- What options for further action are available if Local Resolution is not achieved i.e. mediation/conciliation, if not already undertaken, and pursuing the complaint with the Parliamentary and Health Service Ombudsman.

See DoH '**Guide to Better Customer Care**' page 28 for further information and guidance.

- 7.1 If in exceptional circumstances a response cannot be made within agreed timescales, for example if a person who has information about the complaint is on leave, a letter should be sent to obtain agreement of the complainant to a specified revised timescale. It is important to keep the complainant informed of delays.
- 7.2 If the complainant is satisfied with the response, the case will be closed. Issues raised by the complaint and changes to practice / procedures as a result of the investigation would

be subject to ongoing audit and review via the practice's clinical governance procedures and staff training programme (see section 12) - **Review of Complaints**.

- 7.3 If the complainant is dissatisfied, efforts should be made to achieve 'Local Resolution' by:
- identifying outstanding issues.
 - arranging a further meeting.
 - providing a further response
 - involving the mediation/conciliation service.

8 Parliamentary and Health Service Ombudsman (PHSO)

- 8.1 In the response letter the complainant should be advised of the options available if Local Resolution has not been achieved, i.e. pursuing matters with the PHSO (within 12 months of the closure of Local Resolution) www.ombudsman.org.uk .
- 8.2 An explanation of how the mediation / conciliation service can assist in reaching Local Resolution should be included in the letter and their leaflet provided.

9 Confidentiality

- 9.1 All complaints must be treated in the strictest confidence.
- 9.2 If the complaint is brought on behalf of someone else, the practice will require a **Consent Form** (see Appendix D) signed by the complainant and the patient.
- 9.3 Records of Complaints, together with copies of correspondence relating to complaints, are stored separately from the patient's personal medical records.

10 Training

- 10.1 According to the position held, the practice staff should receive appropriate and regularly updated training in customer care and complaints handling.

11 Record of Complaints

- 11.1 The complaint file should be carefully maintained with a chronology to indicate all contacts and action taken and include statements made by staff and extracts from medical records where appropriate.
- 11.2 Correct management of case files is vital; in the event of a case proceeding to the PHSO the file would be requested with all supporting documents.
- 11.3 Records will be used to facilitate practice annual reviews and to form the basis of the practice annual report to NHS England.
- 11.4 Regulation 18 requires the following to be included in an annual complaint report:
- the number of complaints received.
 - the number of complaints to be considered to be well-founded.
 - the number of complaints the practice has been advised are under consideration by the Parliamentary and Health Service Ombudsman.
 - the report must include a summary of the subject matter, matters arising from the investigation and any actions taken to improve services.
 - the annual complaints report must be made available to any person on request.

- a copy of the annual report must be sent to the Cambs and Peterborough Clinical Commissioning Group each May, following year end.
- Refer to Regulation 18 for further clarification.

12. Review of Complaints

- 12.1 Complaints received will be reviewed at respective practice meetings to ensure learning points are shared with the whole team. Consideration may be given to sharing the learning with other practices / NHS England.
- 12.2 All full review of all the complaints received will be carried out annually to identify any trends, additional actions and learning points.

Useful contacts:

NHS England Customer Contact Ctr, NHS England, PO Box 16738, Redditch B97 9PT (Complaints Manager Diane Gypps: 07780 475938)	Tel: 0300 311 2233 Email: england.contactus@nhs.net
Conciliation / Mediation Service	Tel: 01223 477760
Independent Complaints Advocacy Service (ICAS) POhWER ICAS, Unit26A, E Space North, 181 Wisbech Rd Littleport, Cambs, PE6 1RA (East Anglian Team)	Tel: 0300 311 2233 Web: www.pohwer.net Email: pohwer@pohwer.net
Patient Experience Team - Cambs Team: PALS, Heron Court, Block 23, Ida Darwin, Cambridge, CB21 5EE	Tel: 0800 279 2535 Email: c-cpt.PALS@nhs.net
PALS (Addenbrookes)	Tel: 01223 216756 Email: pals@addenbrookes.nhs.uk
PALS (Hinchingsbrooke)	Tel: 01480 428964 / 416580 Email: hch-tr.pals@nhs.net
PALS (Papworth)	Tel: 01480 364896 Email: pals@papworth.nhs.uk
PALS (Peterborough Hospital)	Tel: 01733 673405 Email: pals@pbh-tr.nhs.uk
(PALS) for Cambs Community Service Complaints (Cambs) PALS, Heron Court, Block 23, Ida Darwin, Cambridge, CB21 5EE	Tel: 0800 013 2511 / 01480 355184 Email: ccspals@ccs.nhs.net
Mental Health Services complaints (Fulbourn)	Tel: 0800 376 0775 / 01223 726774 Email: ccspals@cpft.nhs.net
East of England Ambulance Service complaints	Tel 01234 243320 Email: eoasnt.complaints@nhs.net
Cambs Area Healthwatch (link with	Tel: 01223 708790 adam.speed@cambridgeshire.gov.uk
Local Medical Committee (LMC) Glebe Farm Campus, Knapwell, Cambs, B3 8GG	Tel: 01954 268156

DEALING WITH DIFFICULT SITUATIONS

When a patient / visitor is angry:

- Remain calm and try to calm down the patient as quickly as possible.
- Moving away from a public area can be helpful.
- Reassure the patient their problem is understood and you're trying to help. **Do not argue.**
- If you are unable to resolve the problem, and the patient has a valid complaint, (without inflaming the situation) the patient should be advised of the Practice Complaints Procedure and encouraged to meet with the Practice Manager or submit their concerns in writing.
- If not able to calm and help the patient promptly, give the patient the opportunity to discuss their concerns with the Practice Manager.

When a patient / visitor is threatening / aggressive / violent:

- Keep as calm as possible. Ask the individual to stop behaving in an unacceptable way. Sometimes a calm approach is all that is required. **Do not under any circumstances respond in a like way.**
- **Ensure your own safety at all times, use EMIS WEB Panic Button to request help!**
- Never put yourself in a lone position with an aggressive individual.
- Where possible lead the aggressive individual away from other patients in the waiting room as quickly as possible.
- Use verbal persuasion to get the individual to see the Practice Manager or GP and assure them their concerns will be dealt with by someone in authority.
- If verbal reasoning does not work and/or the Practice Manager, GP or another senior staff member is not available – consider calling the Police.
- If an individual is acting in an unlawful manner, causing damage, or strikes an individual – call the Police.
- All such incidents will be documented in detail by staff involved / witnessing the event.

Telephone Conversations:

Abusive or Offensive Calls – the above rules apply (keep calm, do not argue).

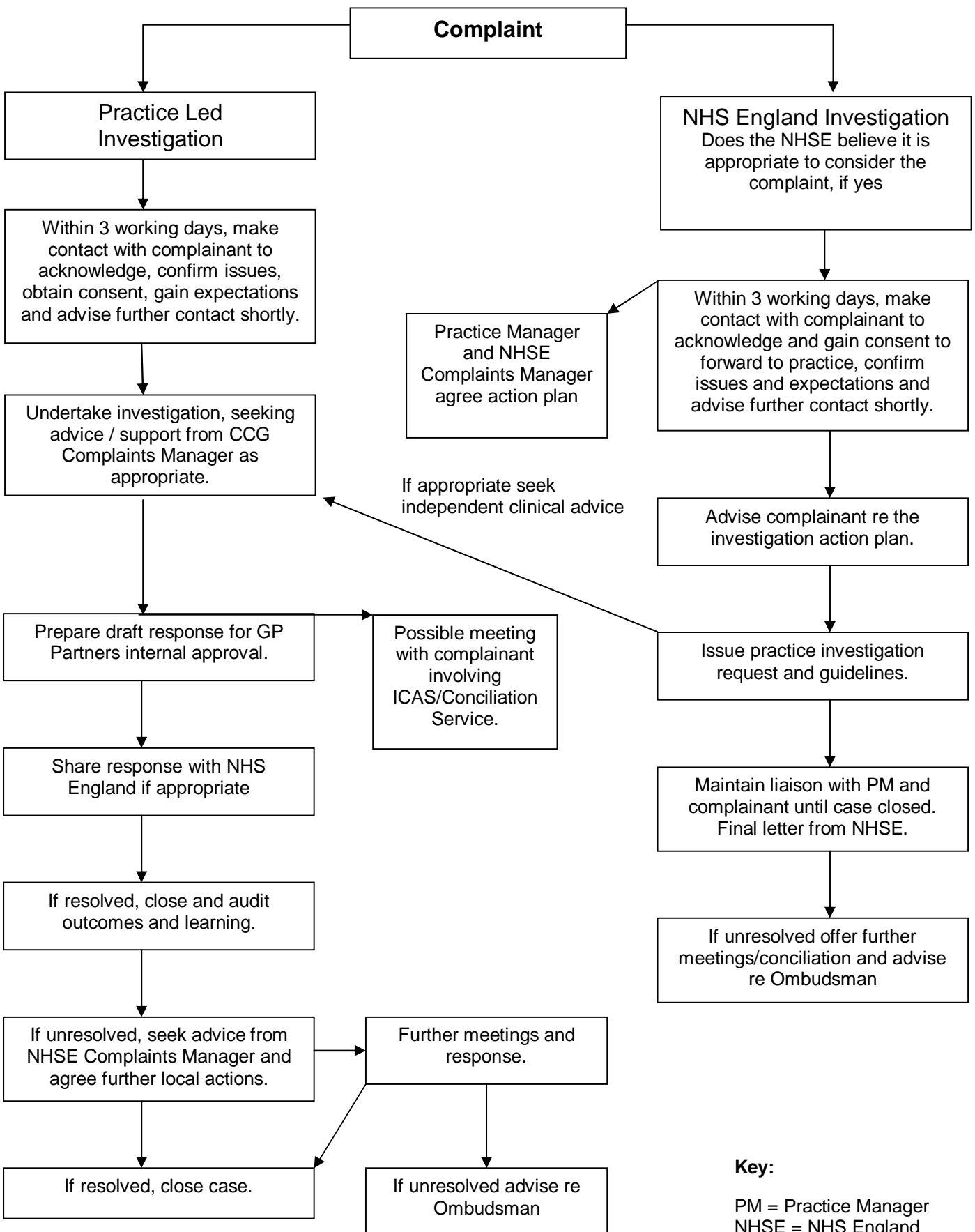
Although staff are not expected to take abusive or offensive calls, patients can be anxious when they ring and can appear angry or rude, all callers must be treated with respect.

The following script may be used to give the caller an opportunity to change their behaviour:

'May I remind you that you are calling your GP surgery and we will try and help you. If you continue to behave in this manner, I will terminate the call'.

If the caller continues to be abusive, staff member should repeat the message and end the call. Inform the Practice Manager or GP of the details and ask them to call the caller back.

Practice Complaints Procedure – Flowchart



CASE MANAGEMENT RECORD

Case Reference Number:

1. INITIAL CONTACT			
Date complaint received:		Date complaint acknowledged (within 3 days of receipt):	
Initial complaint risk assessment: (see Part 5)	Number grading: (eg 3 x 2 = 6)	RED / AMBER / GREEN	
Details of first contact with complainant after receipt of complaint:	Date:	Name of person who made contact:	
2. SUBJECT OF COMPLAINT			
Practitioner/Service complained about:			
3. COMPLAINANT'S DETAILS			
Complainant's name (include title):			
Complainant's address:			
Complainant's telephone numbers:	Home:	Work:	Mobile:
Complainant's email address:			
Specific requirements for future contact (days, times or method):			
Any special requirements, eg large font text, translation, wheelchair user:			
Complainant informed about ICAS or other independent advocacy service?	Yes / No Note: Where client is keen to obtain advocacy support, offer assistance to set this up and suggest devising a plan after contact has been made with an advocate		

3. PATIENT/SERVICE USER'S DETAILS (if different from Complainant)		
Name of Patient / Service User (if different from Complainant):	Relationship of Complainant to patient/service user:	
Patient / Service User's date of birth:	Date of death:	
Is the Patient / Service User aware of this complaint?	Yes / No	
Note: Consider whether Complainant is an appropriate representative and what consent is required.	Consent required?	Date Consent received?
Name and contact details of any other person involved e.g. MP, ICAS, family member or friend:		
4. COMPLAINT DETAILS (including risk assessment)		
Background to Complaint: (complainant's description of events) NB make reference to written statement of complaint as appropriate:		
Consider a meeting to clarify the issues and desired outcomes.	Meeting appropriate? Yes / No Reasons?	Date of meeting
Consider involvement of Independent Conciliator.	Conciliator involved Yes / No	Name and details of Conciliator

5. RISK ASSESSMENT

Determine the likelihood of recurrence of the incident or circumstances giving rise to the complaint. Risk assessing a complaint can ensure that subsequent handling is proportionate to severity of complaint and related risks.

Note: a serious complaint with almost certain recurrence $5 \times 5 = 25$

Seriousness	Likelihood of recurrence				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
1 Minimum	LOW				
2 Minor					
3 Moderate		MEDIUM			
4 Major					
5 Serious				HIGH	

High risk – requires immediate response to minimise risk and to ensure patient safety

Low risk – can be dealt with on a practice or departmental level – early intervention and early resolution within 24 hours may help to prevent complaint escalation and avoiding need to record incident as a complaint.

6. INVESTIGATION PLAN

(must be proportionate to risk assessment above)

	The main issues to investigate	Who / how will be investigated (to be agreed with Complainant) eg: records, other documents, interviews with staff etc.
1.		
2.		
3		
	Outcome the complainant is seeking (eg apology, explanation). Note: If this outcome is unrealistic, manage the Complainant's expectations and explain what is achievable	

7. TIMESCALES REGARDING NEXT ACTIONS AND AGREED TIMEFRAME FOR FINAL RESPONSE:		
Initial contact letter sent (including investigation plan (if appropriate), details of agreed next contact and when final response letter will be due):	Date:	By whom:
8. SUMMARY OF COMPLAINT INVESTIGATION AND OUTCOME/FINDINGS		
Final response letter and Investigation report sent:	Date:	By whom:
Action points:		
Learning:		
9. MONITORING OF OUTCOME/AUDIT		
Action plan	Allocated to:	Date:
Complainant feedback on process requested:	Date sent:	Feedback received:
10. OMBUDSMAN		
Request received	Date:	Ombudsman contact:
Recommendations		
Recommendations actioned	Date:	By whom:

Complaints Procedure

If you have a complaint or concern about the service you have received from the Doctors or any of the staff working in this practice, please let us know. We operate a practice complaints procedure as part of a NHS system for dealing with complaints. Our complaints system meets national criteria as laid down by the NHS. You can also contact the Patient Advice and Liaison Service (PALS) who will listen to your concerns in confidence and give you advice.

You can find out more about PALS here:

<http://www.cambscommunityservices.nhs.uk/PALS/tabid/729/language/en-GB/Default.aspx>

If you would like to talk to someone in PALS, the telephone number for Cambridgeshire is 0800 279 2535 and for Peterborough 01733 758584

How to complain

We hope that most problems can be sorted out easily and quickly, often at the time they arise and directly with the person concerned. If your problem cannot be resolved in this way and you wish to make a complaint, we would like you to let us know as soon as possible - ideally within a matter of days or at most a few weeks - because this will enable us to establish what happened more easily. If it is not possible to do this, please let us have details of your complaint:

- Within 12 months of the incident that is the cause of the problem; or
- Within 12 months of discovering that you have a problem,

Complaining on behalf of someone else: Please note that we keep strictly to the rules of patient medical confidentiality. If you are complaining on behalf of someone else, we have to be assured that you have his or her permission to do so. A note signed by the patient concerned will be needed, unless they are incapable (because of illness) of providing this.

What you should do

Initially, please telephone or speak to the Practice Manager in order to discuss your concerns. The Practice Manager will explain the complaints procedure to you and will make sure your concerns are dealt with promptly. It will be a great help if you are as specific as possible about your complaint and a form will be given to you to complete.

Complaints should be addressed to: **Lorraine Harris** (Practice Manager)

Tel: 01480 860770 **Fax:** 01480 862893 **Email:** greatstaughton@nhs.net

Our Commitment to You

We will acknowledge your complaint within **three working days** and aim to have investigate your complaint within the time scale agreed with you. Time taken to investigate your complaint will depend on its complexity and number of people involved. We will then be in a position to offer you an explanation, or arrange a meeting if more appropriate.

We aim to:

- find out what happened and what should have happened.
- make it possible for you to discuss the problem with those concerned if requested.
- ensure the complaint is resolved to your satisfaction.
- make sure you receive an apology if this is appropriate.
- identify what needs to be done to ensure the problem does not arise again.

Our Principles are:

- To get it right first time and be open and accountable.
- To be patient focussed and act fairly and proportionately.
- To put things right and look to continuously improve by learning from complaints made.

Complaining to NHS England or The Parliamentary and Health Service Ombudsman

We hope that, if you have a problem, you will use our practice complaints procedure to ensure it is resolved. We believe this will give us the best chance of putting right whatever has gone wrong and an opportunity to improve our practice.

This however does not affect your right to approach **NHS England** if you feel you cannot raise your complaint with us or you are dissatisfied with the result of our investigation.

In this instance you should contact: **Customer Contact Centre (CCC), NHS England, PO Box 16738, Redditch B97 9PT; Tel: 0300 311 22 33**

<http://www.england.nhs.uk/contact-us/complaint/>

If your complaint is not resolved by **NHS England** it can be referred to **The Parliamentary and Health Service Ombudsman**.

All records will have to be provided to the Ombudsman to assist with the resolution of your complaint. www.ombudsman.org.uk 03450154033 or phso.enquiries@ombudsman.org.uk or Parliamentary and Health Service Ombudsman, Millbank Tower, Millbank, London, SW1P 4QP.

The Patient Advice and Liaison Service (**PALS**) will provide support regarding issues with other NHS organisations, ie:

- Advice and support to patients, their families and carers
- Information on NHS services
- Listens to concerns, suggestions or queries
- Help to sort out problems quickly

For information and help in making a complaint you can contact **POhWER** who are an Independent Complaints Advocacy Service (ICAS) at Unit 26A, E Space North, 181 Wisbech Road, Littleport, Cambs. CB6 1RA. Helpline number is tel: **0845 4561084**.

PATIENT CONSENT FORM

Full name of patient: _____

Address of Patient: _____

Date of birth: _____

I authorise (name of complainant): _____

Address of Complainant: _____

to act on my behalf and to receive any and all such information as may be relevant to the complaint.

CONSENT FOR THE DISCLOSURE OF PERSONAL RECORDS

I hereby give my consent to the organisations investigating my complaint to share any relevant information in order to complete the investigation. I understand that this likely to include disclosure of my personal records.

Signature of patient: _____

Date: _____

PLEASE RETURN THIS CONSENT FORM TO:

Lorraine Harris, Practice Manager, Great Staughton Surgery