



## **THE OAK GABLES PARTNERSHIP PRACTICE COMPLAINTS PROCEDURE**

### **INTRODUCTION**

The purpose of the policy 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 adopted in the practice is fully compliant with the relevant NHS Regulations (2009) 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 the 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 must be informed immediately.

### **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
- Their 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.

The principal method of achieving this is the Complaints Patient Information Leaflet, the practice leaflet and the Oak Gables Partnership website.

The Complaints Manager for the Practice is Debra Reynolds.

The lead GP Partner for complaints handling is Dr M N Woodhouse

## **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 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 limit 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.

### **Acting 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:

- The practice will try to deal with the complaint at the earliest opportunity or at the point of complaint.
- If this is not possible, or the outcome is not satisfactory, the patient should be asked to put the complaint in writing. This will ensure that both the patient and the practice are well aware of the issues for resolution. If the patient refuses to put it in writing, then it is advisable for the surgery to put it in writing and check that the patient is happy with the detail of the complaint.
- On receipt of a complaint an acknowledgement will be sent confirming receipt of the complaint letter. This will be sent where practicable within 3 working days from receipt of the complaint. Where that is not possible, the acknowledgement will be made as soon as is reasonably practicable. Within the acknowledgement letter it will state who is dealing with the complaint, i.e., GP, Practice Manager, or both. It will state that a further response will be made within 10 working days following investigation of the issues raised. An offer to discuss the complaint in person will also be made. The discussion will include how the complaint will be handled and a timescale for the response.
- In some instances, an acknowledgement letter may not be required as a resolution to the complaint may be provided in the first response letter. \*\*
- Where the complaint is made verbally a written record will be taken and a copy may be provided to the complainant if requested.
- 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 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.
- If any outside sources need to be contacted to resolve the complaint a patient consent form must be obtained to make such a request.

### **Unreasonable Complaints**

Where a complainant becomes aggressive, or despite effective complaint handling, unreasonable in their promotion of the complaint, some or all 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 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 sent later
- An apology or explanation as appropriate
- A statement of the right to escalate the complaint, together with the relevant contact details
- Include advice on the next step in the process should the complainant still not be satisfied. This would be in the form of a meeting with the Lead GP and Practice Manager to try further reconciliation

- Advice that the patient can contact the Patient Advisory Liaison Service who would arbitrate between both sides to seek a mutual agreement.
- If resolution is still not achieved at that point, the matter can be referred to the Health Commissioner.

### **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.

Complaints received by the practice will be reviewed to ensure that learning points are shared with the whole practice team. Complaints received will be reviewed when required at Practice meetings of practice staff to ensure that any actions required are put into practice.

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.

All complaints are locked away in the Practice Manager's office. The Deputy Practice Manager also has access to the Complaints File.

### **Anonymous Complaints from Professional Organisations \*\***

Guidance from the BMA for complaints received via NHSE, CCG or not direct to the Practice is:

*“When it receives a complaint about a practice, NHS England will seek permission from the complainant to share the details with the practice. If permission is not granted, the complainant will be informed that the matter cannot be taken further”.*

The Practice will adhere to the BMA guidance and if insufficient details to enable an adequate investigation of the complaint, the complaint will be returned to the originator. This has been discussed at Partner level and agreed in the Practice.

Protocol updated 1.4.11

Protocol reviewed and remained unchanged: March 2012

Protocol reviewed and unchanged June 2013

Protocol reviewed and unchanged June 2014

Protocol reviewed and unchanged June 2015

Protocol reviewed and updated April 2016

Protocol reviewed and unchanged May 2017

Protocol reviewed and changes applied to Introduction, Annual review of Complaints and Confidentiality (changes applied marked in italics) - May 2018 DR

Protocol reviewed and changes made to Data Manager title to Deputy Practice Manager May 2019

Protocol reviewed and unchanged April 2021

Protocol reviewed and updated with the additions of “acknowledgement letter not sent if resolution can be provided in the first response letter” and the addition of guidance for Anonymous Complaints. Both Marked \*\* April 2022.

Protocol reviewed and unchanged April 2023