

# Collingwood Health Group

## Complaints Policy and Procedure

### Introduction

The procedure applies to complaints received from patients, former patients, or any person who is affected by or likely to be affected by the action, omission or decision of the practice. Complaints should be made as soon as possible after an event, and not more than 12 months after the date the incident occurred or the patient was aware of the event. If there are good grounds for extending this and it is still feasible to investigate the complaint, then extending this limit should be considered.

The NHS Constitution states that “any individual has the right to:-

- Have any complaint they make about NHS services dealt with efficiently and have it properly investigated
- Know the outcome of any investigation into their complaint
- Take their complaint to the independent Health Service Ombudsman if they are not satisfied with the way the NHS has dealt with their complaint
- Make a claim for judicial review if they think they have been directly affected by an unlawful act or decision of an NHS body
- Receive compensation where they have been harmed by negligent treatment.”

The Complaints Manager is Mrs Alice Southern. The Responsible Person for monitoring complaints investigations is Dr Dave Tomson. Where Dr Tomson is involved in the complaint, Dr Derry will be the Responsible Person.

### Receiving a complaint

Complaints do not have to be made in writing, they can be made in person by telephone or by email.

Any member of staff may receive a comment, concern or complaint relating to the services of the practice. The team member who handles the initial contact should give the complainant a copy of the practice complaints leaflet. If the complaints manager is not available, any member of the team may take details of the complaint, using the Complaint Record Form. The complainant should be asked to sign the form, if their complaint is made in person.

The team member should not attempt to investigate the complaint further.

If the Complaints Manager or deputy is not available to speak to the complainant at the point of contact, the complainant should be made aware of the absence and informed about a likely date when they will be contacted.

**NB** It may be appropriate for this to be done away from the main reception area in order for the complaint to remain confidential.

## **Receiving comments or concerns**

It may be that a patient decides to raise a comment or concern regarding a service provided by the practice. The patient may not want to make a formal complaint; however, the practice should act on any issues raised if they can improve the services provided. It is important that people know that they have been heard and that in some cases action is taken. In these cases, the issue should be recorded and passed to the Complaints Manager to see if any action is required.

## **Investigating a complaint**

We follow the principles of good complaint handling, namely

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

All complaints will be investigated by the complaints manager and discussed with all those involved in the complaint as well as with Dr Tomson as Executive Partner. The Complaints Manager may need to see or telephone the person complaining as soon as possible and always in private if more details are needed in order to investigate the case fully. Sufficient time should be set aside to hear the person's concerns and notes documented. An expression of regret or apology may be appropriately given at this stage.

If the person complaining is not the patient, the practice will need consent from the patient to investigate the complaint.

All complaints should be acknowledged in writing or in a format accessible to the complainant, within 2 working days of receipt.

We aim, where possible, to thoroughly investigate the complaint within 10 working days – if this timescale is not possible for any reason this will be communicated to the complainant. We should then be able to offer a full written response or a meeting to discuss the issues further.

- In the event that the complaint is made by a third party confirmation should be given that consent is required to allow the disclosure of confidential information and this should be obtained before any further action is taken.
- Where a complaint involves more than one organisation, consent to pass the complaint to the other organisations involved should be sought. Again, this should be obtained before taking any further action.

- a) What should have been happened? What did the patient / service user / relatives, expect?
- b) What actually happened? Did the standards fall short, of what could reasonably be expected?
- c) Is there a difference between a) and b)?
- d) If the answer to c) is yes, how did it fall short and why?
- e) If the answer to c) is no, why does the person making the complaint think otherwise?
- f) What was the impact of the failure? Did the shortfall alter the outcome for the patient, and if so how?
- g) What should be done to avoid a recurrence?
- h) What should be done to put things right?

## **Writing a response**

First, begin with a suitable opening paragraph thanking the person making the complaint for taking the time to raise their concerns and providing reassurance that the practice welcomes such feedback and adopts an open and honest approach to their investigations and response. Add condolences if required.

- Clearly state what information that you have relied upon in order to investigate the concerns raised. This should include the names of staff who have provided statements, (verbally or in writing), documentation used i.e. medical records, policies / procedures, protocols, national guidance, legislation applicable at the time of the incident – sources of evidence that will need to be tested against i.e. a code of conduct, best practice.
- It is beneficial and constructive to set out a statement or summary of the points that you conclude are well founded early on. This allows your attention and resources to be focused on the points of disagreement and the reasons why you have not upheld them.
- Highlight each concern in turn and then respond to the issues raised. You should begin by stating whether the concern was well founded or not and the rationale behind your decision together with references to the evidence used to determine this.
- Where an issue is well founded, provide an appropriate apology and confirm the action taken to prevent a recurrence, ensuring that the actions are appropriate and proportionate – detail the timeframe to implement the actions to be taken.
- In order to support the staff, conclude by summarising your findings, particularly where things did go well.
- Finally, once again thank the person making the complaint for taking the time to raise their concerns and providing you with an opportunity to address them. Where appropriate, confirm that should they require clarification of any issues, that they can discuss this further with you by phone or in person. In the case of bereavement, a meeting should always be offered.

Within the final response to the complainant, the practice should advise the complainant that if they are dissatisfied with the response received they can contact the Complaints Manager to discuss the matter further or they have the right to refer their complaint to the Health Service Ombudsman. A copy of the practice complaints leaflet should be enclosed which gives details of what they can do next.

Any correspondence relating to a complaint will be in writing, however, arrangements can be made for correspondence to be in the form of Braille or on audio tape.

### **Monitoring complaints**

The practice must record and report back on:

- Number of complaints received
- Number of complaints found to be well founded / upheld

In addition to this, all complaints should be discussed with members of the practice team with details as to what the complaint was about, action taken and any learning points from the complaint or any actions which need to be taken as a result.

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